The Governance of Postgraduate Medical Education and Training

The Arrangements in Scotland

Approved June 2008
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## Key messages

1. We are moving towards a trained doctor delivered service with much less service being delivered by doctors in training than is current practice. However, training numbers continue to grow.

2. Key factors driving change are:
   - *Modernising Medical Careers*: training programmes are the fundamental managed unit through which postgraduate training is delivered and are central to the governance of postgraduate medical education.
   - *Programmes must deliver curricula approved by and to the standards set by the regulatory bodies*: all training (including general practice and foundation training) takes place within training programmes approved by the regulatory bodies.
   - *The Working Time Regulations*: require that by 2009 the average working week is not more than 48 hours. Time in training needs to be managed to be effective.
   - *A changing medical workforce and a changing career structure*: a substantial increase to medical school output across the UK coupled with immigration regulation supporting less reliance on non-EEA graduates.
   - *Increased public expectations of high standards of care*.

3. NHS Education for Scotland (NES) and its postgraduate deans are responsible for the governance (managing the delivery) of postgraduate training, within the programmes they sponsor, to standards required by the regulatory bodies - The Postgraduate Medical Education and Training Board (PMETB) and The General Medical Council (GMC). NES and its postgraduate deans share this responsibility with NHS Boards for the trainees within their employment and with universities for the first year of postgraduate training.

4. Improved governance in the delivery of medical training raises the profile of training within NHS Boards and creates opportunities for more effective organisation and delivery of multi-professional education and training.

5. Governance arrangements for managing the delivery of postgraduate medical education require to be underpinned by *Service Level Agreements*, which support educational and financial obligations between all provider NHS Boards and NES.
# Key Numbers:
## Postgraduate education and training in numbers

| 5,823 | Number of postgraduate trainees (wte September 2008) estimate by NES: 1,605 foundation; 3,748 specialty (including GP); and 470 FTSTAs. |
| 5,317 | Number of postgraduate trainees (wte September 2004) source ISD: 802 HO/FY1; 2,647 SHO/FY2; 1,558 specialty training registrars; 310 GP registrars (estimate). |
| 9.5  | Percentage overall increase in training grades 2004-2008 estimate |
| 39   | Percentage medical trainee workforce of total medical workforce (including GP trainees) 2008 estimate. |

| 54 | Number of specialties in which training is provided to the level of a CCT |
| 178 | Number of specialty training programmes sponsored by NES’ 4 deaneries. |
| 54 | Number of foundation training programmes sponsored by NES’ 4 deaneries. |

| 24.7 | Mean age on starting training (809 starting Foundation year 1) (Max 42.8, Min 21.5). (2007-08) |
| 36.7 | Mean age for the award of a CCT (1,093 specialty awardees, excluding GP) (Max 58.9, Min 28.4). Period 1.1.05 - 29.5.08. |

| £220m | Basic salary costs of trainees (2008). This excludes banding payments paid by NHS boards and the base salary costs of 190 Board funded FTSTAs. |

**Note:**
- **FTSTA** Fixed term Specialty Training Appointments. Appointments in the early years of specialty training made for up to one year.
- **CCT** Certificate of Completion of Training. Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by PMETB.
- **Curriculum** This is the statement of the aims and learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning assessment, supervision and feedback. If appropriate, it will also set the entry criteria and duration of the programme.
- **Further data** See Annexes C, D and E.
Changing the way we are: why and how

‘The medical workforce can only be secured by simplifying its structure, through service re-design and by effective regional and national planning. This will deliver the doctors and the service Scotland needs.’

Securing Future Practice: Shaping the New Medical Workforce for Scotland, Scottish Executive 2004.

1. The arrangements in PGME in place in Scotland today are no longer fit for purpose. They will not meet the new and pressing challenges of the 21st century. Supervision is often opportunistic still owing much to the tradition of apprenticeship learning and is not geared to delivering quality training across the country. The proposals set out here make explicit existing best practice within PGME and introduce new arrangements better geared to meet the demand for more effective, managed training.

2. This document sets out in principle new policy for the governance of PGME. An implementation strategy is required to ensure revised arrangements, once agreed, meet the requirements set out here. Detailed operational arrangements are being developed with service and key partners, will require co-ordination across Scotland, and will be performance managed by NHS Education for Scotland (NES). Local variations may be appropriate, but they should remain within the overall framework identified.

3. Over the course of the next year a new framework of Service Level Agreements between NES and individual NHS Boards will be developed to underpin the financial and educational arrangements.

Setting the scene

4. The educational infrastructure that currently supports postgraduate medical education and training in Scotland has developed piecemeal over many years. It is complex, inequitable in its application and effect, and now merits review. New standards of training set by regulatory bodies and new provisions for managing the delivery of postgraduate medical education set by Government, Modernising Medical Careers, are added drivers for reform. The Working Time Regulations, changes to the training workforce, coupled with increased expectations of trainees, the service and the public are further pressures. Together they call for a new approach to governance to ensure that their requirements are met.

5. It is a formidable challenge to deliver quality training in more than 50 different specialties and to more than 5,500 trainees in many different geographical locations across Scotland. Arrangements need to be responsive to a changing medical workforce, reflect the needs of service and, importantly, must secure opportunities for trainee service experience and contribution essential for effective training.

6. NHS Education for Scotland (NES) recognised the need for change and the key role of governance in achieving it. It published a consultation paper on the
matter\(^1\) and received much comment and support for the principles proposed. These have been discussed further in a number of fora, including the Scottish Association of Medical Directors (SAMD), The Academy of Royal Colleges and Faculties in Scotland and individual Royal Colleges.

7. Informed by that consultation and subsequent discussions, this paper sets out new arrangements for the governance of postgraduate medical education in Scotland. Nationally the Scottish Government has set out governance provisions for MMC\(^2\) and these arrangements build on them. It is acknowledged that they may take time to develop and implement and that their interpretation and operation may vary across Scotland. Three factors are fundamental to their success:

- the first is that they rely on a partnership between NES, the service and the profession;
- the second recognises that they are a response to different and concurrent drivers for change; and
- the third acknowledges that taking no or limited action risks compromising training.

### Key principles in developing governance for postgraduate medical education

8. NES promotes the development of a multi-professional approach to all education and training where appropriate. Changes proposed here for the delivery of medical training raise both the profile of training within NHS boards and create opportunities for more effective organisation and delivery of multi-professional education and training.

9. NES and its postgraduate deans are responsible for managing the delivery and for the governance of postgraduate training to standards required by the regulatory bodies – The Postgraduate Medical Education and Training Board (PMETB) and The General Medical Council (GMC). They share this responsibility with NHS Boards for the trainees within their employment and with universities for the first year of postgraduate training. NHS Boards are responsible for the quality control of postgraduate medical education and training (PGME) as it occurs in their ‘provider’ environments and should have an officer accountable for this function who could be a **Director of Medical Education**.

10. Postgraduate deaneries are responsible for the quality management of PGME i.e. the arrangements by which they ensure that they discharge their responsibilities for managing the delivery of PGME and for its quality to the standards required by PMETB and the GMC. **The Postgraduate Dean** is the responsible officer.

11. All specialty (including general practice) training takes place within PMETB approved training programmes. The same applies to foundation training where

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\(^1\) The Governance of Postgraduate Medical Education and Training in Scotland; A document for Consultation, NHS Education for Scotland, November 2007.

\(^2\) Letter from the Chief Medical Officer: Modernising Medical Careers: New Governance Arrangements in Scotland, October 2007.
training is delivered through foundation training programmes. Responsibility for educational approval for foundation training is shared between the GMC and PMETB.

12. Postgraduate deaneries are responsible for the governance of training programmes they sponsor. National training programmes, including those crossing more than one deanery, will have particular governance needs.

13. Each programme, whether for specialty, general practice or foundation training, requires a **Training Programme Director** and within each programme each hospital or training location ordinarily requires at least one **Educational Supervisor** for trainees in any one specialty. For every clinical placement within a programme the trainee will have a named **Educational** and **Clinical Supervisor** – the latter is normally a relevant consultant, suitably trained specialist or general practitioner directly supervising training. In some elements of a programme rotation, the same individual may provide both clinical supervision and educational supervision, but the respective roles and responsibilities should be clearly defined.

14. Governance arrangements require to be underpinned by **Service Level Agreements**, which support educational and financial obligations between all provider NHS Boards and NES. Such agreements will need to be updated to reflect the changes proposed in this paper.

15. These principles apply equally to general practice training.

**UK regulatory bodies**

_The General Medical Council_

16. The GMC is a statutory body responsible for regulating the medical profession in the United Kingdom. Its purpose is to:

   'protect, promote and maintain the health and safety of the community by ensuring proper standards in the practice of medicine.'

17. The GMC has statutory powers under the Medical Act 1983, as amended, to take action when concerns are raised about the performance, conduct or health of an individual doctor of a level of seriousness which calls into question the doctor’s fitness to remain on the medical register without restriction.

18. Amongst its other functions set out below, the GMC has a statutory role to promote high standards and co-ordinate all stages of medical education. The GMC sets the standards and outcomes for basic medical education in the United Kingdom (UK). This covers undergraduate education and the first year of training after graduation. It also runs a quality assurance programme for UK medical schools to ensure those standards and outcomes are achieved. It complements the role of PMETB, which has responsibility for establishing the standards of, supervising and regulating postgraduate medical education and training, and shares with it supervision of the two years of foundation training that follow graduation. PMETB will we merged with the GMC by 2010 to provide a unitary regulatory body encompassing the continuum of medical education and training.

19. The GMC licenses doctors to practise medicine in the United Kingdom. The law gives the GMC four main functions:
Keeping up to date registers of qualified doctors.
Fostering good medical practice.
Promoting high standards of medical education.
Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

20. A key aspect of public protection is the GMC’s responsibility to investigate complaints about doctors. It does so using its ‘Fitness to Practise’ procedures.

21. A Memorandum of Understanding underpins an agreement for co-operation and collaboration between the GMC and NES.

**The Postgraduate Medical Education and Training Board (PMETB)**

22. PMETB is currently the independent regulatory body responsible for postgraduate medical education and training. It ensures that postgraduate training for doctors is of the highest standard.

23. Its vision is to achieve excellence in postgraduate medical education, training, assessment and accreditation throughout the UK, and to improve the knowledge, skills and experience of doctors and the health and healthcare of patients and the public.

24. PMETB promotes and develops UK postgraduate medical education, aiming to improve both the skills of doctors and the quality of healthcare offered to patients and the public. A key objective is to ensure that the needs of employers and those engaging the services of general practitioners and specialists within the National Health Service are met by the standards it establishes. It does this by:

- establishing and overseeing standards in postgraduate medical education and training and by quality assuring training programmes and posts/placements;
- approving specialist curricula (and with the GMC approving the curriculum for foundation training) and related management systems;
- certifying doctors for application to the Specialist and General Practitioner Registers, including those applying for a Certificate of Completion of Training (CCT) and those whose skills, qualifications and experience are equivalent to a CCT (Certificate confirming Eligibility for Specialist Registration - CESR) or (Certificate confirming Eligibility for GP Registration - CEGPR); and
- independently leading on the content and outcomes for the future of postgraduate medical education and training.

PMETB:

- was established by The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 to develop a single, unifying framework for postgraduate medical education and training;
- began operations on 30 September 2005;
- took over the responsibilities of the Specialist Training Authority of the Medical Royal Colleges and the Joint Committee on Postgraduate Training for General Practice;
• is accountable to Parliament and acts independently of government as the UK competent authority; and
• will we merged with the GMC by 2010 to provide a unitary regulatory body encompassing the continuum of medical education and training.

NHS Education for Scotland

25. The responsibility of NHS Education for Scotland (NES) is to help provide better patient care by designing, commissioning, quality assuring and, where appropriate, providing education, training and lifelong learning for the NHS workforce in Scotland. Quality assurance for medical training is discharged in partnership with the General Medical Council (GMC), the Postgraduate Medical Education Training Board (PMETB) and other bodies, including The Academy of Royal Colleges and Faculties in Scotland, the universities and NHSScotland, which are concerned with quality and regulation of postgraduate medical education and training.

26. The aims of NES are based on eight fundamental principles:
• patient-centred outcomes for all NES’s work streams;
• equity of access to educational support for all NHS Scotland staff;
• an appropriate balance between uni-/multi-disciplinary approaches to education.
• responses to service needs that are speedy and effective;
• working in partnership;
• evidence based and quality assured frameworks for all developments;
• a value-added dimension to all NES’s initiatives; and
• valuing diversity and striving for a culturally competent workforce.

27. NES has statutory responsibilities set out in its commissioning Order; The NHS Education for Scotland Order, 2002: SSI 2002 No.103. This provides for NES to be a Special Health Board for the whole of Scotland and for it to exercise functions of the Scottish Ministers in respect of providing, co-ordinating, funding and advising on education and training for persons providing services under the National Health Service (Scotland) Act 1978 (article 4).

NES and postgraduate deaneries

28. There are four postgraduate deaneries of varying size and based on the university medical centres of Aberdeen, Dundee, Edinburgh and Glasgow. They are each an integral part of NES and are responsible for managing the delivery of postgraduate training through the programmes for which each is responsible to the standards set by the regulatory bodies. Their planning responsibilities are co-terminus with or link to the relevant service regional workforce planning groups. Deaneries have responsibilities for quality managing postgraduate medical education and training within a quality assurance framework set by the regulatory bodies.
NES and specialty boards

29. Seven specialty boards and a foundation board have been established by NES to support the management of operational change and to facilitate planning education and training from a local to a national level. The Chairs of these Boards are appointed by NES.

30. The Boards are advisory and report to NES via the Medical Director and the Medical Department Executive Team (MDET). The remit of the specialty boards is attached at Annex A.

31. MDET’s remit is the overall effective management of the NES Medical Directorate including educational governance and quality management.

NHSScotland

32. NHSScotland fulfils a fundamental and significant role in ensuring and supporting the delivery of multi-professional education and training and in providing for supervised training across the continuum of medical education. It employs almost all postgraduate trainees who will ordinarily deliver service as part of their training. Through its trained consultant, specialist and general practitioner staff it enables the supervision of training required by NES and its postgraduate deaneries to standards set by the regulatory bodies.

Royal Colleges and Faculties

33. The Medical Royal Colleges and their faculties ensure that the training and education of doctors is of appropriate quality and fit for the purpose for the needs of the Health Service in Scotland. This is achieved through their activities in working with PMETB to:

- develop specialty curricula in accordance with the principles of training and curriculum development established by PMETB. Only curricula approved by PMETB can be used for delivering specialty training programmes resulting in the award of a CCT.
- conduct examinations; and to
- set standards for assessments of training programmes, posts and individual practitioners.

34. Royal Colleges/Faculties and their delegated local representatives work in partnership with NES and are supported in this by a Memorandum of Understanding between The Academy of Royal Colleges and Faculties in Scotland and NES. They provide invaluable advice to NES and its Specialty Boards on which they are represented ordinarily through college regional advisors or, where practicable, through College Specialty Advisory Committee (SAC) representatives. They also work closely with NES and postgraduate deaneries (for example, by contributing to or participating in deanery programme Specialty Training Committees to ensure that curricula are delivered at a local level). The remit of a deanery-based programme Specialty Training Committee is attached at Annex B. Royal Colleges and their Faculties also support the quality management of training delivered within training units.
35. Royal colleges and their Faculties are involved in the postgraduate dean lead process for appointing Training Programme Directors (TPDs); and in the local arrangements with DMEs and TPDs in the appointment of educational supervisors.

36. College tutors and regional advisers may also hold appointments as training programme directors or educational supervisors and as such will be accountable, within the governance provisions of PGME in Scotland, to postgraduate deans and to NHS Boards in discharging these appointments.

37. The Academy of Royal Colleges and Faculties in Scotland plays a key role in enabling these arrangements.

The Universities

38. The medical universities of Scotland have responsibilities for promoting and developing research and for providing and contributing to the continuum of health care education including, specifically, basic medical education. They make a significant and invaluable contribution to medical research, innovation and service delivery across NHSScotland and to the professional development of graduate doctors. In particular they have a major role in the career development of clinical lecturers.

39. Under the aegis of The Board for Academic Medicine for Scotland, universities, working with NES, have established The Scottish Clinical Research Excellence Development Scheme (SCREDS). This provides an integrated clinical and academic pathway enabling more than 100 doctors at a time to pursue opportunities for professional development encompassing research and clinical training.

The training model

Training programmes

40. The Government has confirmed that specialty training should be programme-based and designed to deliver nationally agreed standards.3

41. Programmes and posts must conform to the training standards set by PMETB, in order for specialty training approval to be granted by PMETB. PMETB has determined that

“A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty. A programme may either deliver the totality of the curriculum though linked stages in an entirety to CCT, or the programme may deliver different component elements of the approved curriculum. An example of the latter – where a PMETB approved curriculum distinguishes an early “core”

element such as core medical training and then a later specialty specific element to complete the training to CCT, there will be two programmes to be approved."

PMETB approves programmes of training in all specialties, including general practice, which are based on a particular geographical area – which could be in one or more deaneries if a programme crosses boundaries. They are managed by a training programme director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee.

42. Training programmes are therefore the fundamental managed unit through which postgraduate training is delivered and central to the governance of postgraduate medical education.

43. Programmes provide a flexible but robust framework capable of change as the arrangements for PGME may change. The number of foundation training programmes and trainees is set out in Annex C. while the number of specialty training programmes and trainees is set out in Annex D. Across the four Scottish deaneries there are in August 2008:

- 54 foundation and 178 specialty PMETB approved training programmes covering some 54 specialties (including general practice) leading to a Certificate of Completion of Training (CCT).
- 1,605 Foundation doctors and 4,218 specialist whole time equivalent trainees including some 470 Fixed Term Specialty Training Appointments (FTSTAs). These numbers are approximate.
- 28 programmes which are ‘national programmes’ where one deanery has responsibly for managing the delivery of the programme across Scotland. These arrangements are currently under development.
- 24 programmes which currently deliver ‘core training’ which do not directly lead to a CCT in the following areas: Acute Care Common Stem (ACCS); Core Medical Training (CMT) and Core Psychiatry Training (CPT).

44. Given the varying size and complexity of programmes the infrastructure to support programme delivery will require to be tailored according to need but in line with the principles set out here. It will therefore vary across programmes.

45. The definition of what is a specialty and what a sub-specialty is set out in the “Definitive List of approved single specialties and approved sub-specialties as at 31st August 2007” published by PMETB. This listing is attached at Annex E.

Note: Scotland does not provide training programmes in all of the listed PMETB specialties and sub-specialties.

Educational and clinical supervision

46. NHS Boards recognise that supervised training is a core responsibility. It is necessary to ensure sound clinical governance and patient safety as well as the supply and development of a trained medical workforce to provide for future service needs. The commissioning arrangements developed between NES and educational provider NHS Boards are informed by these principles and should also apply to all healthcare organisations that are commissioned to provide postgraduate medical education.
Postgraduate deans will need to be satisfied that those involved in managing postgraduate training have the required competences. This includes training programme directors, educational supervisors, clinical supervisors and any other agent who works on behalf of deaneries or employers to deliver or manage training.

**Deanery-based Specialty Training Committee.**

The Gold Guide\(^4\) provides for a deanery-based supporting infrastructure as follows:

"Postgraduate Deans will implement a range of models to manage their specialty training programmes overall. The models will vary but will rely on senior doctors in the specialty providing advice and programme management. Various models are in existence or in development which rely on deanery and Royal College/Faculty joint working (usually through their Specialist Advisory Committees – SACs) to support this, for example, specialty training committees, specialty schools, specialty boards. Whichever model is used these structures will seek advice and input from the relevant Royal College/Faculty and their delegated representatives on specialty training issues, including such areas as: the local content of programmes; assessments of trainees; remedial training requirements; and training the trainers."

The remit in Scotland of a deanery Specialty Training Committee is set out in Annex B.

**Quality Assurance of Postgraduate Medical Education**

The overarching framework for quality assurance of postgraduate medical education and training in the UK is determined by the regulator – (PMETB) and in collaboration with the General Medical Council (GMC) for foundation training\(^5\).

PMETB has determined that it will undertake Quality Assurance - encompassing all the policies, standards, systems and processes directed to ensuring maintenance and enhancement of the quality of postgraduate medical education in the UK. PMETB will undertake planned and systematic activities to provide public and patient confidence that postgraduate medical education satisfies given requirements for quality within the principles of better regulation.

In turn the regulator requires that postgraduate deaneries undertake Quality Management - the arrangements by which the postgraduate deanery discharges its responsibility for the standards and quality of postgraduate medical education. It satisfies itself that local education and training providers are meeting the PMETB standards through robust reporting and monitoring mechanisms. The deaneries work in conjunction with medical Royal Colleges, faculties and associations; trainees; trainers; service users; NHS trusts and health boards.

"The Quality Assurance Framework (QAF) ... puts in place a system which will be led at a local level by postgraduate deaneries with support from medical Royal Colleges and Faculties."

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“PMETB recognises postgraduate deaneries as the unit of accountability for managing the quality of postgraduate medical education and training, responsible to PMETB for maintaining and improving standards of training over time.”

52. **Local education providers**, will be expected to undertake **Quality Control** - the arrangements (procedures, organisation) within local education providers (health boards, NHS trusts, GP practices, independent sectors) that ensure postgraduate medical trainees receive education and training that meets local, national and professional standards.

53. Standards for training are an essential element of the PMETB Quality Assurance Framework (QAF). They form the backbone of the framework against which the other elements are developed and measured. Of particular relevance to QA are the PMETB Generic Standards for Training, and the joint PMETB and GMC Standards for Foundation Training.

54. To ensure that PGME in Scotland meets the PMETB standards, NES has established a **National Medical Quality Management Group**, including representation from the four postgraduate deaneries, The Academy of Royal Colleges and Faculties in Scotland, the Scottish Medical Directors’ Group and NHS Quality Improvement Scotland. This Group reports to the NES Medical Department Executive Group (MDET), and to the NES Educational Governance Committee and receives reports from deanery-based Quality Management Groups.

55. The National Medical Quality Management Group has developed a framework based on the following principles:
   - Local quality management of PGME must meet PMETB standards.
   - Local quality management of PGME must meet GMC standards, particularly in relation to foundation training.
   - Local quality management of PGME must comply with NES educational governance standards.
   - Local quality management of PGME will be undertaken by NES in partnership with the specialties – represented by the Medical Royal Colleges and Faculties in Scotland.
   - Local quality management of PGME will be undertaken in partnership with the NHS service.
   - Local quality management and surveillance of training posts (placements) and programmes will be an integral part of training and service agreements between NES and NHS Boards.
   - Local quality management of PGME will be the responsibility of the Postgraduate Dean.

56. At deanery level, local **Deanery Quality Management Groups** have the following remit to advise the dean on:

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6 These arrangements are subject to a current consultation by PMETB.
7 PMETB: Generic Standards for Training, April 2006.
8 PMETB / GMC: Standards for Training for the Foundation Programme, June 2007.
- quality management of foundation and specialty (including general practice) training programmes sponsored by the deanery to meet the standards required by PMETB and the GMC, as appropriate.
- ensuring that foundation and specialty training programmes deliver training to meet the curriculum, and provide, induction, appraisal, assessment and equitable access to educational opportunities.
- the selection and approval of posts/placements and programmes.

57. In addition the deanery quality management groups will:
- report to the National Quality Management Group on behalf of the deanery.
- receive reports from deanery specialty training committees (via the TPD),
- undertake an annual review of training programmes sponsored by the deanery and report to the postgraduate dean and to the National Quality Management Group.
- be responsible for a programme of deanery-led accreditation visits to posts/placements and programmes, in close co-operation with the relevant medical Royal College, Faculty or others as appropriate.
- manage, on behalf of the deanery, external regulatory inspection visits by the PMETB and the GMC.
- manage, on behalf of the deanery, internal and external surveys of training programmes e.g. PMETB trainee and trainer survey.

Intelligence and information support

58. The availability of valid and effective intelligence and information services to support the PGME across Scotland is crucial. All deaneries draw support from NES common information services, e.g. workforce intelligence services such as the Pinnacle database and NES recruitment system; as well as educational support from DOTS (Doctors on Line Training System).

Communication

59. Delivery of effective PGME across Scotland requires a well honed communication strategy able to respond promptly both to implementing operational decisions and to expressed interests from trainees and from a range of stakeholders. A key part of NES’s governance provisions is maintaining the capacity for effective communication.

The governance of postgraduate training

60. The key functions (managerial and advisory), lines of accountability of educational managers and how, together, these support the delivery of training programmes are set out in the accompanying chart (1) The Governance of Postgraduate Medical Education - Overview of key managerial and advisory functions and their lines of accountability (see over).
61. The key personnel necessary for the delivery of training programmes are:
   - **Deanery Support**: led by the postgraduate dean assisted the GP director and associate deans;
   - **Programme support**: led by a training programme director assisted by educational and clinical supervisors
   - **Service support for programmes with placements in health boards**: led by a director of medical education or equivalent appointment.

62. Further details of the job description, person specification, arrangements for appointment and accountability for the principal programme appointments are set out in **Annex F**.

**CHART 1, The Governance of Postgraduate Medical Education – Overview of key managerial and advisory functions and their lines of accountability**

![Governance Chart](chart.png)
Directors of Medical Education - NHS Boards (DME)

63. NHS Boards, through their Medical Director, will be responsible for appointing a Director of Medical Education (DME) or equivalent appointment to meet the PMETB requirement to “have an executive or non-executive at Board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in medical training.”

64. This post may be responsible for both postgraduate and undergraduate medical education. Some larger NHS Boards may require more than one DME or a DME plus deputies. It may also be feasible for NHS Boards to share posts within a region subject to clear lines of reporting and an appropriate accountability framework.

65. DMEs will be appointed by NHS Boards in association with postgraduate deans and will work in close collaboration with postgraduate deans. Within the quality assurance framework set by the regulatory bodies they provide quality control on behalf of the local education provider.

66. NHS Boards have indicated that these may not be board level appointments but should report into the Board usually via the medical director.

67. Guidance on the appointment of DMEs or equivalent appointments (including job description and person specification) is given at Annex F.

Postgraduate Deans

68. Postgraduate deans provide strategic leadership and direction for postgraduate medical education and training meeting the requirements of the GMC and PMETB and taking account of advice of Royal Colleges and Faculties. In doing so, they ensure consistent regional delivery of NES’ and national policies. In addition, the Dean is a member of the Medical Department Executive Team and as such is a senior manager within NES, with corporate responsibilities within the national medical team for the promotion of NES’ mission including multi-professional work.

69. The postgraduate deans are assisted by:
   - associate postgraduate deans, GP directors and GP assistant directors; and also by
   - deanery programme Speciality Training Committees; and
   - seven Speciality Boards and one Foundation Board set up on a Scotland-wide basis to advise the Medical Director and Deans on the management of programmes.

70. These appointments are made by NES with accountability to NES. Support is primarily provided by NES.

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Training Programme Directors (TPD)

71. PMETB requires that specialty (including general practice) and foundation training programmes are led by TPDs (or their equivalent). They include:

- a **TPD** for each specialty training programme;
- a **Foundation Programme Director (FPD)** for each Foundation Training programme (replacing the existing Foundation Tutor who currently discharges that role); and
- a **TPD** for each GP training programme.

72. The job description, person specification, arrangements for appointment and accountability are set out in **Annex F**.

73. For each deanery based programme (e.g. cardiology) the TPDs from each deanery will form a national TPD Group for that specialty. A **Training Programme Director Group Chair (TPDGC)** will be appointed by the group for that specialty from its number. The TPDGC (or for national programmes the TPD) may also be able to take on the role of Specialty Advisory Committee (SAC) or equivalent representative for the relevant Royal College. This would ensure the Royal College interests on a UK wide basis are fed back to NES, its specialty boards and the TPD group.

**Appointment of TPDs/TPDGCs to Specialty Boards**

- For national programmes the TPD will be appointed to the relevant specialty board with the agreement of the Chair of the specialty board.
- The TPDGC for each specialty group of training programmes will be appointed to the relevant specialty board with the agreement of the Chair of the specialty board. For general practice this function may best be discharged on the relevant specialty board through the deanery GP directors.
- Speciality boards with few specialties may seek to appoint a TPD from each deanery to the Board and not necessarily seek TPDGCs.
- Very large specialty boards (e.g. medicine and surgery) may opt to limit membership of the Boards for operational reasons by appointing a limited number of TPDGCs. They will, however, need to identify means for capturing contributions from all relevant specialties.

74. The job description, person specification, arrangements for appointment and accountability for a TPD are set out in **Annex F**.

Educational supervisors

75. Educational supervisors are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress. They include educational supervisors for:

- specialty training programmes;
- foundation training programmes; and for
- GP training programmes.
76. Where possible, it is desirable for trainees to have the same educational supervisor for the whole of their training programme or for stages of training (e.g. the early years or more advanced years of training). However educational supervisors may provide educational supervision to individual trainees:

- for the entirety of a programme;
- for part of a training programme; or
- for trainees in a particular location e.g. hospital unit.

Note: for general practice:

i. General medical practices are contracted with their Health Board to provide medical services. The educational supervisor is also a GP trainer and the clinical supervisor role within general practice is discharged by an identified practitioner from the practice or by the trainer.

ii. In GP programmes there will normally be one educational supervisor for each trainee throughout the three or four year programme who will be based in general practice.

77. Educational supervisors are responsible both for the educational appraisal of trainees, and also for review of their performance based on Good Medical Practice. This links educational appraisal and performance review (workplace based NHS appraisal) of trainees.

78. These important educational and review roles make it essential that for educational supervisors there are unambiguous lines of educational accountability for educational programme arrangements through the TPD and also managerial accountability into the management structure of the trainee’s employer (e.g. through clinical directors or the designated lead for medical education such as the Director of Medical Education) so that there is clarity about:

- who is providing educational supervision;
- the clear link between the appraisal, assessment and planning of a trainee’s educational programme and their performance as a doctor;
- the transparency of the process ensuring that the trainee is aware of the information being shared with the employer; and
- the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with the postgraduate deanery in line with wider regulatory requirements.

79. The job description, person specification, arrangements for appointment and accountability for a TPD are set out in Annex F.

Clinical Supervisors

80. Each trainee should have a named clinical supervisor for each placement, usually a senior doctor, who is responsible for ensuring that appropriate clinical supervision of the trainee’s day-to-day clinical performance occurs at all times, and who will provide regular feedback.

81. The job description of an clinical supervisor is set out in Annex F
Note: General medical practices are contracted with their Health Board to provide medical services. The educational supervisor is also a GP trainer and the clinical supervisor role within general practice is discharged by an identified practitioner from the practice or by the trainer.
NHS Education for Scotland

Terms of Reference of a Specialty Board

1. Purpose

To support NHS Education for Scotland (NES), postgraduate deans and NHSScotland in commissioning and delivering specialty training (including Specialty and Specialist Registrars (StRs/SpRs), fixed term specialty training appointments (FTSTAs) and locum appointments for training (LATs)), as part of Modernising Medical Careers.

2. Timescale

These Terms of Reference are for the year 2008-09 and are subject to review.

3. Board functions in general

Specialty Boards:

- support the management of operational change and facilitate planning education and training from a local to a national level.
- advise NES Medical Directorate Executive Team (MDET), are non-executive and discharge specific responsibilities.
- have a Scotland-wide remit and encompass deaneries.
- complement the work of deaneries which are responsible for managing the delivery of postgraduate education and training to individual trainees to standards set by the Postgraduate Medical Education and Training Board (PMETB).

4. Terms of reference

a) Workforce and educational planning

In accordance with the objectives of Modernising Medical Careers and with agreed respective responsibilities of different parties for workforce planning to advise NES on:

- the provision of deanery, inter-deanery or national specialty training programmes in those specialities which are the remit of a particular Board (as listed in Appendix A - attached) and within the overall numbers of training
placements (StR, SpR, and FTSTA) for each specialty provided by the Scottish Government and confirmed by NHS Education for Scotland NES.

- the overall structure of programmes across Scotland approved by PMETB and the number of training placements within each sponsoring deanery, subject to any conditions for approval required by PMETB.

- prioritising placements to take account of academic and sub-specialty training, as well as service and geographical needs.

- the distribution (and any changes to distribution) of training placements between and across regional workforces consistent with policy directions from the Scottish Government and any guidance on implementation of such policy issued by NES.

- the vacancies for recruitment to each programme taking into account anticipated CCT awards, numbers re-entering training, and any requirements to modify the national specialty training establishment set by the Scottish Government.

b) **Service interests**

Boards will:

- take account of the national and local service requirements of specialties to ensure service delivery (including the need for StR/SpRs, FTSTAs and LATs) and of Health Board plans for commissioning service design/redesign.

- liaise with regional workforce planning groups in making workforce recommendations.

c) **Recruitment and selection**

Boards will work with the NHS and the deaneries, to lead support for delivering recruitment/selection procedures for relevant specialities in line with any national appointments process put in place.

d) **Contributing to and advising on a broader remit**

Boards will advise and confirm with NES MDET priorities for developing or contributing to a broader agenda which could include:

- selection methodologies and training for interview panels.

- curriculum and assessment development.

- strategies to support effective academic training, sub-specialty programmes and to explore the place for atypical additional short-term training posts (“national treasure posts”).

- tailoring training to meet specific Scottish workforce needs.

- appropriate quality control procedures for speciality training programmes to meet PMETB requirements.
- planning and implementation of a new system of governance of postgraduate medical education and training in Scotland.
- faculty development requirements.

5. Membership

- The Chair of a Board will be appointed by NES.
- The Chair will normally be an associate postgraduate dean with an interest in one or more of the Board’s specialties.
- Board members are appointed in accordance with the Schedule of Specialty Board Members’ Responsibilities issued by NES and are required to have the capability and network to communicate outwith the Board.
- Deputies may attend at the discretion of the Chair.
- There will be an annual review of membership.
- There should be induction arrangements for new Chairs and members.
- Membership of a Board will be agreed between MDET and the Board Chair, will provide for the interests of relevant specialties or, where that is not practicable, alternative arrangements will be made.

Membership will include as a minimum:

a) *service representatives:*
- medical or clinical director(s) in relevant specialties nominated by NHS Board Chief Executives or Medical Directors.
- HR representative(s) nominated by NHS Board Chief Executives or Directors of HR.
- a regional workforce planning representative nominated by NHS Board Chief Executives or workforce planning directors.

b) *professional representatives:*
- consultant(s) in relevant specialities [nominated by BMA or service].
- current trainee(s) in relevant specialities [nominated SJDC].

c) *Royal College representative(s) [nominated by relevant College].*

d) *an academic representative [nominated by universities].*

e) *NES representatives:*
- a postgraduate dean or a representative of a postgraduate dean.
- TPD representatives (arrangements as set out in the statement on Governance arrangements, Para 73).
- NES central management representation.
f) Scottish Government workforce planning (for confirmation)

6. Meetings and Operational Arrangements

- Meetings will be held as required and will be agreed by the Chair with the Board.
- Secretariat support will be provided by NES Medical Directorate and will be agreed with the Chair. Any further support required by the Board will require to be agreed in advance with NES.
- Workforce/educational planning information will be provided to Boards by NES Medical Directorate and Scottish Government workforce planning, taking account of existing training numbers, composition of current programmes and other relevant background information.
- Detailed information requirements to be submitted by a Board to NES will be issued to Board Chairs along with standard templates for their submission where these are required. Timescales for the provision of information will be agreed with Boards in advance.

7. Reporting Requirements

- The Board will report, via the Chair, to the NES Medical Director and NES Medical Department Executive Team MDET providing interim, final and ad hoc reports as required.
- Boards are required to seek effective means to liaise and communicate with other Boards, to share experiences and to report.
- Board chairs will either be members of the Selection and Recruitment Delivery Board or will be required to actively liaise with that Board.

NHS Education for Scotland
June 2008
## Appendix A

### Specialties and programmes by Specialty Board 2008-09

<table>
<thead>
<tr>
<th>Board</th>
<th>CCT Specialty/Core Programme</th>
<th>CCT Specialty/Core Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anaesthetics &amp; Emergency Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>Anaesthetics</td>
<td></td>
</tr>
<tr>
<td>ACCS emergency medicine</td>
<td>ACCS anaesthetics</td>
<td></td>
</tr>
<tr>
<td>Intensive care Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine in general (Core medical Training)</td>
<td>ACCS acute medicine</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>Acute medicine</td>
<td></td>
</tr>
<tr>
<td>Clinical neuro-physiology</td>
<td>Clinical oncology</td>
<td></td>
</tr>
<tr>
<td>Clinical pharmacology &amp; therapeutics</td>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Endocrinology &amp; diabetes</td>
<td>Gastroenterology</td>
<td></td>
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<tr>
<td>Clinical genetics</td>
<td>Genito-urinary medicine</td>
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<tr>
<td>Geriatric medicine</td>
<td>Haematology</td>
<td></td>
</tr>
<tr>
<td>Immunology</td>
<td>Infectious diseases</td>
<td></td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Medical ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>Nuclear medicine</td>
<td></td>
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<tr>
<td>Palliative medicine</td>
<td>Rehabilitation medicine</td>
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<tr>
<td>Renal medicine</td>
<td>Respiratory medicine</td>
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<tr>
<td>Rheumatology</td>
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<tr>
<td><strong>Diagnostics</strong></td>
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</tr>
<tr>
<td>Chemical Pathology</td>
<td>Clinical Radiology</td>
<td></td>
</tr>
<tr>
<td>Histopathology</td>
<td>Medical Microbiology - microbiology</td>
<td>Medical Microbiology - virology</td>
</tr>
<tr>
<td>Infectious diseases + MM/V med micro</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiothoracic surgery</td>
<td>ENT surgery</td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Oral &amp; maxillofacial surgery</td>
<td></td>
</tr>
<tr>
<td>Paediatric surgery</td>
<td>Plastic surgery</td>
<td></td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedic surgery</td>
<td>Urology</td>
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<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
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<tr>
<td>Core psychiatry training</td>
<td>Forensic psychiatry</td>
<td></td>
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<tr>
<td>General adult psychiatry</td>
<td>Old age psychiatry</td>
<td></td>
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<tr>
<td>Psychiatry of learning disability</td>
<td>Psychotherapy</td>
<td></td>
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<tr>
<td>Child &amp; adolescent psychiatry</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ob Gyn and Paediatrics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics and gynaecology</td>
<td>Paediatrics</td>
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<tr>
<td>Paediatric cardiology</td>
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</tr>
<tr>
<td><strong>Community &amp; primary care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health medicine</td>
<td>Occupational medicine</td>
<td></td>
</tr>
<tr>
<td>General practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Purpose
To advise and support training programme directors, postgraduate deans and NHSScotland in delivering specialty training (to include the training of Specialty and Specialist Registrars StRs/SpRs, fixed term specialty training appointments FTSTAs and locum appointments for training LATs), as part of the requirements of the Government and the regulatory bodies.

2. Timescale
These Terms of Reference are for the year 2008-09 and are subject to review.

3. Specialty Training Committee functions in general
Each specialty training programme is sponsored by a postgraduate deanery and will be led by a training programme director. Each will have a deanery-supported Specialty Training Committee to:

- advise on and support the management and delivery of specialist training programmes to individual trainees to standards set by The Postgraduate medical Education and Training Board (PMETB).
- facilitate planning education and training at local (deanery) level and at a national level for any ‘national programme’ for which their sponsoring deanery is responsible.
- have responsibility, within a sponsoring deanery, ordinarily for one or more training programmes in a particular specialty or discipline.

STCs are advisory and may be asked to discharge specific responsibilities.

4. Terms of reference
   a) Educational
In accordance with the objectives of Modernising Medical Careers to advise the postgraduate dean and the training programme director on:

- the provision of a deanery training programme(s) within the overall numbers of training placements (StR, SpR, and FTSTA) for which the Committee is concerned and which are provided by the Scottish Government and confirmed by NHS Education for Scotland (NES).
- the overall structure of the training programme(s) for which the Committee is concerned and the number of training placements, subject to any conditions for approval required by PMETB.
- tailoring training to meet specific Scottish workforce needs.
- prioritising programme placements to take account of academic and sub-specialty training, as well as service and geographical needs.
- the distribution (and any changes to distribution) of training placements.
- the vacancies for recruitment to each programme (or as otherwise directed) taking into account anticipated CCT awards, numbers re-entering training, and any requirements to modify the national specialty training establishment set by the Scottish Government.
- on the delivery of the Annual Review of Competence Progression (ARCP) or Record of In Training Assessment (RITA).

b) **Service interests**

- STCs will take account of local service requirements of specialties to ensure service delivery (including the need for StR/SpRs, FTSTAs and LATs) and of Health Board plans for commissioning service design/redesign.
- Where relevant the STC will liaise with local workforce planning groups in making any workforce recommendations.

c) **Contributing to and advising on a broader remit**

STCs will advise training programme directors and postgraduate deans on priorities for developing or contributing to a broader agenda which could include:

- working with the deanery quality management committee to support appropriate quality control procedures for speciality training programmes to meet PMETB requirements.
- support for faculty development requirements.
- working with the postgraduate deaneries, specialty boards to support recruitment/selection procedures.

5. **Membership**

- The Chair of a deanery STC will be appointed by the postgraduate dean who sponsors the related training programmes(s). Tenure will be agreed by the postgraduate dean.
- STC members are required to have the capability and network to communicate outwith the Board.
- Deputies may attend at the discretion of the Chair.
- There should be induction arrangements for new members.
Membership of an STC and tenure will be agreed between the PGD and the STC Chair and will provide for the interests of relevant specialty. Membership will normally include:

- a postgraduate dean or a representative of a postgraduate dean.
- a quality improvement officer from the deanery
- educational supervisors, e.g., from sites delivering training
- clinical director(s) or their representatives in relevant specialties usually nominated by an NHS DME
- current trainee(s) in relevant specialties.
- Royal College representatives.
- an academic representative, as appropriate, nominated by universities.
- where practicable, a lay representative.

6. Meetings and Operational Arrangements

- Meetings will be held as required and will be agreed by the Chair with the STC.
- Secretariat support will be provided by the sponsoring postgraduate deanery and will be agreed with the Chair. Any further support required by the STC will require to be agreed in advance with the postgraduate dean.
- Workforce/educational planning information will be provided to STCs by NES Medical Directorate and postgraduate deans, and Scottish Government workforce planning, taking account of existing training numbers, composition of current programmes, anticipated demand and other relevant background information.
- Detailed information requirements to be submitted by an STC to postgraduate deaneries will be issued to STC Chairs along with standard templates for their submission where these are required. Timescales for the provision of information will be agreed with STCs in advance.

7. Reporting Requirements

- The STC will report, via the Chair, to the sponsoring postgraduate dean through the training programme director providing interim, final and ad hoc reports as required.
- STCs are required to seek effective means to liaise and communicate with other STCs, to share experiences and to report.

NHS Education for Scotland
June 2008
# Annex C

## Foundation Programmes & Trainee Numbers 2008

<table>
<thead>
<tr>
<th>Deanery</th>
<th>Number of Programmes</th>
<th>Total Number of trainees in 2 year programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>East of Scotland</td>
<td>6</td>
<td>186</td>
</tr>
<tr>
<td>North of Scotland</td>
<td>10</td>
<td>266</td>
</tr>
<tr>
<td>South East Scotland</td>
<td>12</td>
<td>372</td>
</tr>
<tr>
<td>West of Scotland</td>
<td>26</td>
<td>780</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
<td><strong>1604</strong></td>
</tr>
</tbody>
</table>

*Note: Further details may be found on the MMC Scotland Website – Scottish Foundation Allocations Scheme (SFAS).*
Annex D

Specialties Programmes and Trainee Numbers by Specialty Board: 2008-09 (estimate)

<table>
<thead>
<tr>
<th>Board</th>
<th>CCT Specialty/Core Programme</th>
<th>P</th>
<th>T&lt;sup&gt;11&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anaesthetics &amp; Emergency Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency medicine</td>
<td>4</td>
<td>124 Anaesthesics</td>
</tr>
<tr>
<td></td>
<td>ACCS emergency medicine</td>
<td>4</td>
<td>80 ACCS anaesthetics</td>
</tr>
<tr>
<td></td>
<td>Intensive care Medicine</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Medicine in general (Core Medical Training)</td>
<td>7</td>
<td>203 ACCS acute medicine</td>
</tr>
<tr>
<td></td>
<td>Cardiology</td>
<td>4</td>
<td>61 Clinical genetics</td>
</tr>
<tr>
<td></td>
<td>Clinical neuro-physiology</td>
<td>1n</td>
<td>3 Clinical oncology</td>
</tr>
<tr>
<td></td>
<td>Clinical pharmacology &amp; therapeutics</td>
<td>1n</td>
<td>15 Dermatology</td>
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<tr>
<td></td>
<td>Endocrinology &amp; diabetes</td>
<td>4</td>
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<td></td>
<td>Acute medicine</td>
<td>4</td>
<td>35 Genito-urinary medicine</td>
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<td>Geriatric medicine</td>
<td>4</td>
<td>77 Haematology</td>
</tr>
<tr>
<td></td>
<td>Immunology</td>
<td>1n</td>
<td>1 Infectious diseases</td>
</tr>
<tr>
<td></td>
<td>Medical Oncology</td>
<td>1n</td>
<td>22 Medical ophthalmology</td>
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<tr>
<td></td>
<td>Neurology</td>
<td>1n</td>
<td>25 Nuclear medicine</td>
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<tr>
<td></td>
<td>Palliative medicine</td>
<td>4</td>
<td>16 Rehabilitation medicine</td>
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<td></td>
<td>Renal medicine</td>
<td>4</td>
<td>37 Respiratory medicine</td>
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<td></td>
<td>Rheumatology</td>
<td>4</td>
<td>23</td>
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<tr>
<td></td>
<td>Diagnostics</td>
<td></td>
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<tr>
<td></td>
<td>Chemical Pathology</td>
<td>1n</td>
<td>13 Clinical Radiology</td>
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<td></td>
<td>Histopathology</td>
<td>4</td>
<td>64 Medical Microbiology - microbiology</td>
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<td>Medical Microbiology - virology</td>
<td>1n</td>
<td>5 Infectious diseases + MM/V med micro</td>
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<td></td>
<td>Surgery</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Cardiothoracic surgery</td>
<td>1</td>
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<td></td>
<td>General Surgery</td>
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<td>231 Neurosurgery</td>
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<td></td>
<td>Ophthalmology</td>
<td>4</td>
<td>78 Oral &amp; maxillofacial surgery</td>
</tr>
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<td></td>
<td>Paediatric surgery</td>
<td>1</td>
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<tr>
<td></td>
<td>Trauma &amp; Orthopaedic surgery</td>
<td>4</td>
<td>165 Urology</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core psychiatry training</td>
<td>5</td>
<td>149 Forensic psychiatry</td>
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<td></td>
<td>General adult psychiatry</td>
<td>4</td>
<td>82 Old age psychiatry</td>
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<td></td>
<td>Psychiatry of learning disability</td>
<td>3</td>
<td>18 Psychotherapy</td>
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<td></td>
<td>Child &amp; adolescent psychiatry</td>
<td>4</td>
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<tr>
<td></td>
<td>Obstetrics &amp; Gynaecology / Paediatrics</td>
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<tr>
<td></td>
<td>Obstetrics and gynaecology</td>
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<td>Paediatric cardiology</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>Community &amp; primary care</td>
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<td></td>
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<td>Public health medicine</td>
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<td>40 Occupational medicine</td>
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<td>General practice 3 year</td>
<td>18</td>
<td>883</td>
</tr>
<tr>
<td></td>
<td>General practice 4 year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>10</sup> P = number of Approved Training programmes (*under review*) where “n” = national programme.

<sup>11</sup> T = provisional number of ST, SpR and FTSTA trainees associated with programmes by specialty.
The Postgraduate Medical Education and Training Board

Definitive List of Approved Single Specialties and Approved Sub-specialties as at 31st August 2007

Legal Framework

1. According to Articles 13(4)(b) and 13(5)(a)&(b) of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003, a doctor can have sub-specialty training indicated against his/her name in the Specialist Register along with the main specialty if he/she satisfies the Board that he/she has satisfactorily completed sub-specialty training approved by the Board. A number of sub-specialties continue to be recognised by PMETB following their approval by its predecessor, the Specialist Training Authority. A list of these is attached.

2. If, however, the need for recognition of a new sub-specialty arises, or a sub-specialty currently recognised by PMETB is no longer required, the applicant can apply to PMETB to either add or remove a sub-specialty from the list of recognised sub-specialties.

3. Herewith is the relevant extract from the 2003 Order which enacts the above right:

“13(4) The Specialist Register shall indicate –

a) the specialty in respect of which each person’s name is included in the register; and

b) subject to paragraph (5), where the Board is satisfied that he has a particular expertise in a field within that specialty and he so requests in his application under paragraph (3) or subsequently, the name or a description of that field.

(5) In order to satisfy the Board that he has a particular expertise in a field such that he is entitled to have that expertise indicated in the register under paragraph (4)(b), the person must satisfy the Board that he has satisfactorily completed –

a) sub-specialty training in the United Kingdom that is approved by the Board; or

b) any other sub-specialty training outside the United Kingdom that the Board is satisfied is equivalent to sub-specialty training approved by the Board.”
### Single CCT specialties

<table>
<thead>
<tr>
<th>Royal College/Faculty/HTC</th>
<th>Single CCT specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Royal College of Anaesthetists</strong></td>
<td>• Anaesthetics</td>
</tr>
</tbody>
</table>
| **Royal College of Radiologists** | • Clinical Oncology  
  • Clinical Radiology |
| **College of Emergency Medicine** | • Emergency Medicine (also known as Accident and Emergency Medicine) |
| **Royal College of General Practitioners** | • General Practice |
| **Royal College of Anaesthetists** | • Intensive Care Medicine |
| **Joint Royal Colleges of Physicians Training Board** | **Physicianly specialties:**  
  • Allergy  
  • Audiological Medicine  
  • Cardiology  
  • Clinical Genetics  
  • Clinical Neurophysiology  
  • Clinical Pharmacology and Therapeutics  
  • Dermatology  
  • Endocrinology and Diabetes Mellitus  
  • Gastroenterology  
  • Genito-urinary Medicine  
  • Geriatric Medicine  
  • General (Internal) Medicine  
  • Haematology  
  • Immunology  
  • Infectious Diseases  
  • Medical Oncology  
  • Medical Ophthalmology  
  • Neurology  
  • Nuclear Medicine  
  • Paediatric Cardiology  
  • Palliative Medicine  
  • Pharmaceutical Medicine  
  • Rehabilitation Medicine  
  • Renal Medicine  
  • Respiratory Medicine  
  • Rheumatology  
  • Sport and Exercise Medicine  
  • Tropical Medicine |
| **Joint Committee of Higher Surgical Training** | **Surgical Specialties:**  
  • Cardio-thoracic surgery  
  • Otolaryngology  
  • General surgery |
<table>
<thead>
<tr>
<th>Royal College/Faculty/HTC</th>
<th>Single CCT specialties</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Neurosurgery</td>
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<tr>
<td></td>
<td>• Oral and maxillo-facial surgery</td>
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<td></td>
<td>• Paediatric surgery</td>
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<td></td>
<td>• Plastic surgery</td>
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<td></td>
<td>• Trauma and Orthopaedic surgery</td>
</tr>
<tr>
<td></td>
<td>• Urology</td>
</tr>
<tr>
<td>Royal College of Obstetricians and Gynaecologists</td>
<td>Obstetrics and Gynaecology</td>
</tr>
<tr>
<td>Faculty of Occupational Medicine</td>
<td>Occupational Medicine</td>
</tr>
<tr>
<td>Royal College of Ophthalmologists</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Royal College of Paediatrics and Child Health</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Royal College of Pathologists</td>
<td>Pathology Specialties:</td>
</tr>
<tr>
<td></td>
<td>• Chemical Pathology</td>
</tr>
<tr>
<td></td>
<td>• Clinical Cytogenetics and Molecular Genetics <em>(being decommissioned)</em></td>
</tr>
<tr>
<td></td>
<td>• Histopathology</td>
</tr>
<tr>
<td></td>
<td>• Medical Microbiology and Virology</td>
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<tr>
<td>Royal College of Psychiatrists</td>
<td>Psychiatry Specialties:</td>
</tr>
<tr>
<td></td>
<td>• General Psychiatry</td>
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<tr>
<td></td>
<td>• Child and Adolescent Psychiatry</td>
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<td></td>
<td>• Forensic Psychiatry</td>
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<td></td>
<td>• Old Age Psychiatry</td>
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<td></td>
<td>• Psychiatry of Learning Disability</td>
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<td></td>
<td>• Psychotherapy</td>
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<tr>
<td>Faculty of Public Health Medicine</td>
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## PMETB CCT sub-specialties

<table>
<thead>
<tr>
<th>Sub-specialties in relation to the main CCT specialty</th>
<th>Main CCT specialty</th>
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</thead>
<tbody>
<tr>
<td>• Metabolic Medicine</td>
<td>General (Internal) Medicine Chemical Pathology</td>
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<tr>
<td>• Stroke Medicine</td>
<td>Cardiology General (Internal) Medicine Clinical Pharmacology and Therapeutics Geriatric Medicine Neurology Rehabilitation Medicine</td>
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<tr>
<td>• Community Child Health</td>
<td>Paediatrics</td>
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<tr>
<td>• Neonatal Medicine</td>
<td></td>
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<tr>
<td>• Paediatric Clinical Pharmacology and Therapeutics</td>
<td></td>
</tr>
<tr>
<td>• Paediatric Diabetes and Endocrinology</td>
<td></td>
</tr>
<tr>
<td>• Paediatric Gastroenterology, Hepatology and Nutrition</td>
<td></td>
</tr>
<tr>
<td>• Paediatric Immunology, Infectious Diseases and Allergy</td>
<td></td>
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<tr>
<td>• Paediatric Intensive Care Medicine</td>
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<tr>
<td>• Paediatric Nephrology</td>
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<td>• Paediatric Neurodisability</td>
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<td>• Paediatric Neurology</td>
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<tr>
<td>• Paediatric Oncology</td>
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<td>• Paediatric Respiratory Medicine</td>
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<td>• Paediatric Rheumatology</td>
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<td>• Child Mental Health</td>
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<td>• Cytopathology</td>
<td>Histopathology</td>
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<td>• Forensic Pathology</td>
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<td>• Neuropathology</td>
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<tr>
<td>• Paediatric Pathology</td>
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<tr>
<td>• Gynaecological Oncology</td>
<td>Obstetrics and Gynaecology</td>
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<tr>
<td>• Maternal and Fetal Medicine</td>
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<tr>
<td>• Reproductive Medicine</td>
<td></td>
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<tr>
<td>• Sexual and Reproductive Health (previously known as Community Gynaecology)</td>
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<tr>
<td>• Urogynaecology</td>
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<tr>
<td>• Hepatology</td>
<td>Gastroenterology General Psychiatry</td>
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<tr>
<td>• Liaison Psychiatry</td>
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<tr>
<td>• Rehabilitation Psychiatry</td>
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<tr>
<td>• Substance Misuse Psychiatry</td>
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<tr>
<td>• Paediatric Emergency Medicine</td>
<td>Emergency Medicine Paediatrics</td>
</tr>
</tbody>
</table>
The Governance of Postgraduate Medical Education and Training in Scotland

Job Descriptions and Person Specifications for

Directors of Medical Education
Training Programme Directors
Educational Supervisors
Clinical Supervisors

June 2008
Introduction

The Government has confirmed that specialty training should be programme-based and designed to deliver nationally agreed standards.\(^{12}\)

The *Gold Guide\(^ {13}\)* sets out arrangements agreed by the four UK Health Departments for core and/or specialty training programmes. The Guide was commissioned by the UK Modernising Medical Careers Co-ordinating Group (UK MMC CG). The *Operational Framework for Foundation Training\(^ {14}\)* sets out equivalent arrangements for the period of foundation training.

The following extracts from the *Gold Guide* are relevant to the appointment of *directors of medical education* (DMEs) or their equivalent, *training programme directors* (TPDs), as well as *educational and clinical supervisors*:

**Specialty training programmes/posts, including those in general practice:**

Programmes and posts must conform to the training standards set by PMETB\(^ {15}\), the regulatory body, in order for specialty training approval to be granted by PMETB.

PMETB has determined that

“A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty. A programme may either deliver the totality of the curriculum though linked stages in an entirety to CCT, or the programme may deliver different component elements of the approved curriculum. An example of the latter – where a PMETB approved curriculum distinguishes an early “core” element such as core medical training and then a later specialty specific element to complete the training to CCT, there will be two programmes to be approved.”

PMETB approves programmes of training in all specialties, including general practice, which are based on a particular geographical area – which could be in one or more deaneries if a programme crosses boundaries. They are managed by a *training programme director* (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee.

**The local training faculty:**

- Postgraduate deans, with the Royal Colleges/Faculties and the NHS, should develop locally based specialty trainers to deliver educational and clinical supervision and

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\(^{14}\) Operational framework for foundation training, Departments of Health, NHSScotland. August 2007.

\(^{15}\) PMETB: The Postgraduate Medical Education and Training Board.
training in the specialty. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.

- Postgraduate deans will need to be satisfied that those involved in managing postgraduate training have the required competences. This includes training programme directors, educational supervisors, clinical supervisors and any other agent who works on behalf of deaneries or employers to deliver or manage training.

Educational supervision:

- All trainees must have a named clinical and educational supervisor for each placement in their specialty programme or each post. In some elements of a programme rotation, the same individual may provide both clinical supervision and educational supervision, but the respective roles and responsibilities should be clearly defined. These important educational and review roles make it essential that there are unambiguous lines of accountability for educational supervisors into both educational programme arrangements through the TPD and also into the management structure of the trainee’s employer (e.g. through clinical directors or the designated lead for medical education such as the Director of Medical Education so that there is clarity about:
  - who is providing educational supervision;
  - the clear link between the appraisal, assessment and planning of a trainee’s educational programme and their performance as a doctor;
  - the transparency of the process ensuring that the trainee is aware of the information being shared with the employer; and
  - the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with the postgraduate deanery in line with wider regulatory requirements, notably those set out in documents such as Professional Standards in the NHS and Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century.

Recognition of supervisory role:

- Employers of educational supervisors must have this role recognised within job planning arrangements.

Important note:

The diagram over sets out a model for the governance of postgraduate medical education showing, as an overview, lines of accountability. Note that training programmes vary in size and while each will have training programme director not all will attract educational supervisors. Provided roles and lines of accountability are clear, it is possible for an individual to hold appointments as TPD, educational and or clinical supervisor.
CHART 1, The Governance of Postgraduate Medical Education – Overview of key managerial and advisory functions and their lines of accountability

Scottish Government Health Department

NHS Education for Scotland

Specialty & Foundation Boards
Remit: national & advisory

National Medical Quality Management Group
Remit: national & advisory

Deanery Quality Management Groups
Remit: deanery & advisory

Specialty Training Committees
Remit: programme & advisory

Postgraduate Dean
GP Director & Associate Deans

Training Programmes - Structure

Training Programme Director

Educational Supervisor
Educationally accountable to the TPD
Managerially accountable to the DME

Clinical Supervisor

DME - Health Boards

- 5,823 trainees estimate Aug. wte
- 54 specialties awarding CCTs
- 178 specialty programmes
- 54 foundation programmes

June 2008
Director of Medical Education

Guidance Note

Note: The appointment of a Director of Medical Education is a matter for the service in Scotland and for health boards. The attached job description and accompanying person specification is provided as guidance only. However the Postgraduate Medical Education and Training Board (PMETB) has made the attached standard a mandatory requirement\(^\text{16}\). Note: NES has not seen that such an appointment need be made at “board level”.

Job Description

The Director of Medical Education (DME) is responsible for maintaining and developing high quality medical education and training within their NHS Board. He or she:

- should develop a local strategy for medical education and training and be responsible for its provision, quality control and improvement;
- will ensure that medical education and training is fully integrated with the delivery and future requirements of the service both operationally and strategically;
- will work closely with the both postgraduate and undergraduate deans in ensuring the delivery of medical education and training to meet the standards of regulatory bodies; and
- will ensure the delivery of the Service Level Agreements (SLAs) with NHS Education for Scotland (NES).

Education and training are core NHS responsibilities and require robust governance policies and procedures such as those set out in the recent NES consultation document “The Governance of Postgraduate Medical Education and Training: the Arrangements in Scotland”. The provisions for delivering medical education and training within an NHS Board should encompass undergraduate medical students, postgraduate medical trainees, and career grade doctors. The DME should also ensure the educational components of job planning encompass the processes of NHS appraisal, revalidation, and continuing professional development of all doctors - including provision of pastoral support within the Board. Therefore, in addition to postgraduate medical education and training, DME responsibilities should extend across the continuum of medical education to include undergraduate education and continuing professional development. They will also have a role in developing and supporting a wider multi-professional education agenda.

\(^{16}\) Domain 7, Management of Education and Training, Mandatory Standard: Education and training must be planned and maintained through transparent processes which show who is responsible at each stage. “It is highly desirable that all employing organisations, providing postgraduate medical education and training, have an executive or non-executive director at Board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in medical training.” Generic Standards of Training, PMETB, March 2006.
Specialty training is programme-based and designed to deliver nationally agreed standards. The size of specialty training programmes varies across specialties and, while each will have a Training Programme Director (TPD), the number of Educational Supervisors (ES) and Clinical Supervisors (CS) will relate to the numbers of trainees on the programme. Although there is flexibility, an ES must have time set aside in their contracts and job plans to allow for educational supervision. Most specialty training programmes are based entirely within a deanery. Some, however, although sponsored by a deanery, may have a Scotland-wide national role and have governance structures to support that broader remit.

The DME may be a consultant or general practitioner within the NHS Board and usually reports to the Board medical director. However NHS Boards may consider this a multi-professional appointment with wider multi-professional role. They will have a close professional relationship with the relevant NES postgraduate dean(s) to ensure quality control of training programmes as set out in the NES Quality Management Framework. If a doctor he or she may also combine the role with that of an educational and/or clinical supervisor.

General responsibilities within the NHS Board
The DME will:

- take responsibility for ensuring that the Board can deliver the standards of postgraduate and undergraduate medical education and training, as set by the General Medical Council (GMC), PMETB and NES, in all placements within the Board including those provided in primary care;
- in association with the local postgraduate dean, provide professional leadership and vision on medical education and training issues for the Board;
- in association with the appropriate stakeholders including postgraduate and undergraduate deans, produce, implement and monitor a strategy for the provision of medical education and training at all levels;
- liaise with medical schools to ensure a smooth transition from undergraduate to post graduate training;
- align medical training and education with service objectives as defined by the Board and
- represent the Board on medical education and training issues, both externally and internally.

In order to deliver these the DME will:

- work with the NES postgraduate deanery and with the local university medical school to:
  - identify structure(s) for the local delivery of medical education and training, (including postgraduate foundation, specialty and sub-speciality training programmes and/or placements within such programmes) ensuring that all

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those involved have clear roles and responsibilities and are accountable for those educational roles;

- ensure that educational roles are included in the job planning process and are identified as specific funded sessions or as part of the SPA time; and
- support and develop all educational and clinical supervisors and be involved in their appointment.

- manage resources and budgets devolved by the NHS Board to support medical education and training.
- manage data collection and reporting processes necessary for both internal quality control as well as external reporting to the PG Dean for regulatory bodies such as PMETB and GMC.
- liaise with other educational leaders in the development of multi-professional learning as appropriate.
- work with other DMEs in support of training arrangements or programmes that cross health board boundaries.
- be trained in equality and diversity to promote equality of opportunity and eliminate unfair discrimination.

Key Result Areas
The DME will:

- provide evidence of robust systems for educational governance and quality control as required by statute for the GMC, PMETB and other external bodies and as set out in the NES Quality Management Framework;
- ensure that trainers and trainees employed by the Board are fit for purpose;
- report to the NHS Board, as appropriate to ensure awareness of the impact of changes in medical education and training on the Board; and
- in partnership with the NES postgraduate deanery implement, monitor and improve medical training placements within the Board.

Procedure for appointment and accountability
The appointment process will be the responsibility of the Board and the postgraduate dean(s) and (where relevant) the undergraduate dean(s) should be involved in the appointment. It is expected that the DME will be managerially accountable to the Board medical director.

An annual review of the role will take place through the appraisal and job planning process.
## Person Specification

<table>
<thead>
<tr>
<th>Factor</th>
<th>Essential Criteria</th>
<th>Desirable Criteria</th>
<th>How obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attainments</td>
<td>• Held a senior or significant appointment in the NHS</td>
<td></td>
<td>Application Form</td>
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<tr>
<td></td>
<td>• Hold professional registration with a relevant regulatory body</td>
<td></td>
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</tr>
<tr>
<td>Knowledge and Interests</td>
<td>• Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.</td>
<td>• Evidence of relevant research and/or publications.</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>• Interest and enthusiasm for improving delivery of medical education and training and of continuing professional development.</td>
<td>• Evidence of experience at strategic level of national or international education organisations.</td>
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<td></td>
<td>• Knowledge of assessment methods.</td>
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<td></td>
</tr>
<tr>
<td>Special Aptitudes</td>
<td>• Evidence of ability to work in a team and to organise and manage the work of the department.</td>
<td>• Understand strategies for supporting trainees and trainers.</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>• Effective leadership and communications skills, motivating and developing others, approachability, good interpersonal skills.</td>
<td>• Understand use of IT in education.</td>
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<tr>
<td></td>
<td>• Evidence of delivering well evaluated teaching sessions/tutorials.</td>
<td>• Evidence of successful delivery of training programmes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ability to manage change.</td>
<td>• Evidence of working with other specialties/professions.</td>
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<td></td>
<td></td>
<td>• Evidence of audit/research in education.</td>
<td></td>
</tr>
<tr>
<td>Physical requirements</td>
<td>• Health standards applicable – senior health professional in NHS</td>
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<td>OH, Application form</td>
</tr>
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<td></td>
<td>• Acceptable attendance record</td>
<td></td>
<td>Interview Referees</td>
</tr>
</tbody>
</table>

NHS Education for Scotland
Training Programme Director: to include Foundation Programme Director

Note:

1. PMETB requires that training programmes are led by Training Programme Directors (TPDs) (or their equivalent).
2. Training Programme Directors and Educational Supervisors are educational and training appointments to specialty training programmes for which NHS Education for Scotland and its associated deaneries are responsible. The appointment process will involve the NES deaneries, the relevant Royal Colleges and their Faculties, and the service. The arrangements are set out in the relevant job descriptions and person specifications which follow.
3. These arrangements apply also to general practice training programmes.
4. Each foundation programme is currently led by a Foundation Tutor - an appointment synonymous with that of a specialty Training Programme Director – and is also supported by foundation programme educational and clinical supervisors. The arrangements that follow also apply to foundation programmes. The title Foundation Programme Director will replace that of Foundation Tutor.

Job Description

The day to day management of specialty training, including responsibility for the quality management of specialty training programmes, rests with the postgraduate deans who are accountable to NES.

Specialty training should be programme-based and designed to deliver nationally agreed standards. The size of specialty training programmes varies across specialties and, while each will have Training Programme Director (TPD), the number of Educational Supervisors (ES) will relate to the numbers of trainees on the programme. Although there is flexibility, an ES must have time set aside in their contracts and job plans to allow for educational supervision. Most specialty training programmes are based entirely within a deanery. Some, however, although sponsored by a deanery, may have a Scotland-wide national role, as a national programme, and have governance structures to support that remit.

Each programme has a designated Training Programme Director. He or she has responsibility for managing foundation or specialty training programmes providing for doctors holding the following appointments: foundation; specialty registrar (StR); fixed term specialty training appointments (FTSTAs); and locum appointments for training (LATs).

The TPD should be a consultant or general practitioner and will report to the postgraduate dean or appropriate GP Director or associate dean. They will have a close relationship with the relevant DME(s) and Royal Colleges to ensure quality management of their training programme as set out in the NES Quality Management Framework. He or she may also combine the role with that of an educational and/or clinical supervisor.

**General responsibilities**

The TPD should:

- participate in or provide advice to NES Specialty and Foundation Training Boards (STBs);
- participate in local arrangements (including Specialty Training Committees (STCs)) developed by the postgraduate dean to support and advise on the management of the specialty training programme(s) within the deanery or across deanery boundaries;
- work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience;
- take into account the collective needs of trainees in the programme when planning training for individual trainees;
- ensure the allocation of trainees to appropriate placements and the coordination of rotational arrangements.
- manage the provision of study leave within the programme.
- coordinate and participate in the Annual Review of Competence Progression process;
- be trained in equality and diversity to promote equality of opportunity and eliminate unfair discrimination;
- provide support for clinical and educational supervisors within the programme;
- contribute to the annual assessment outcome process in the specialty including the provision of an annual report to the deanery to support the Annual Deanery Report to PMETB;
- provide and validate programme information to support NES information services;
- ensure that all trainees receive a comprehensive induction into the specialty and to ensure that any subsequent induction to placements within the programme takes place in a timely manner;
• help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required;

• provide advice on Out-of-Programme experience and how it may be accessed; and

• have adequate time within their job plans to undertake these responsibilities.

TPDs also have a career management role. They will need to:

• be familiar with the deanery policy for careers management and counselling which covers the needs of all trainees in their specialty programme.

• have career management skills (or be able to provide access to them)

• play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating taster sessions during foundation training, career fair representation, or liaison with specialty leads and with Royal Colleges/Faculties.

**Key Result Areas**

• Provide evidence of robust quality management for the programme as required by PMETB quality assurance process, NES Quality Management Framework and other external bodies as required.

• Deliver an *Annual Speciality Quality Management Report* to the PG Dean.

**Procedure for appointment and accountability**

The appointment process will be the responsibility of the postgraduate dean. DMEs and the relevant Royal College will be involved in the appointment. The TPD will be managerially accountable to the PG Dean.

An annual review and appraisal will take place lead by the PG Dean, GP Director or an appropriate associate postgraduate dean.

**Tenure**

3 years (renewable 3 yearly, subject to the approval of the postgraduate dean)

**Person Specification**

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<th>Desirable Criteria</th>
<th>How obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attainments</td>
<td>• GMC full registration</td>
<td>• PG qualification in education</td>
<td>Application Form</td>
</tr>
<tr>
<td></td>
<td>• Hold Specialist or General Practitioner registration</td>
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<tr>
<td>Knowledge and Interests</td>
<td>• Knowledge of management and governance structures in</td>
<td>• Evidence of relevant research and/or</td>
<td>Interview</td>
</tr>
<tr>
<td>Factor</td>
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<td>medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.</td>
<td>publications.</td>
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<td>requirements</td>
<td>• Health standards applicable – Doctor</td>
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<td>• Acceptable attendance record</td>
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Educational Supervisor

Note:

1. Training Programme Directors and Educational Supervisors are educational and training appointments to specialty training programmes for which NHS Education for Scotland and its associated deaneries are responsible. The appointment process will involve the NES deaneries, the relevant Royal Colleges and their Faculties, and the service. The arrangements are set out in the relevant job descriptions and person specifications which follow.

2. These arrangements apply also to general practice training programmes.

3. Each foundation programme is currently led by a Foundation Tutor - an appointment synonymous with that of a specialty Training Programme Director – and is also supported by foundation programme educational and clinical supervisors. The arrangements that follow also apply to foundation programmes. The title Foundation Programme Director will replace that of Foundation Tutor.

Job Description

The day to day management for specialty training, including responsibility for the quality management of specialty training programmes, rests with the postgraduate deans who are accountable to NES. Each programme has a designated Training Programme Director normally supported by educational supervisors (ES). Training programmes providing for doctors holding the following appointments: foundation; specialty registrar (StR); fixed term specialty training appointments (FTSTAs); and locum appointments for training (LATs).

Specialty training should be programme-based and designed to deliver nationally agreed standards. The size of specialty training programmes varies across specialties and, while each will have Training Programme Director (TPD), the number of Educational Supervisors (ES) will relate to the numbers of trainees on the programme. Although there is flexibility, an ES must have time set aside in their contracts and job plans to allow for educational supervision. Most specialty training programmes are based entirely within a deanery. Some, however, although sponsored by a deanery, may have a Scotland-wide national role and have governance structures to support that remit.

A trainee must have a named educational supervisor and also, for each placement, a named clinical supervisor who is usually a senior doctor responsible for ensuring that

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that appropriate supervision of the trainee’s day to day clinical performance occurs at all times.

Educational supervisors:

- are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress;
- may provide educational supervision to individual trainees for the entirety of a programme, for part of a training programme or for trainees in a particular location e.g. hospital unit (In GP programmes there will normally be one educational supervisor for each trainee throughout the three or four year programme who will be based in general practice);
- need to demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by PMETB for the specialty;
- are responsible for their educational role to the TPD and DME.
- are also likely to be clinical supervisors.

Some Educational Supervisors may assume a “functional role” to support a large programme or the deanery: e.g. developing and implementing policies on assessment; or administering the rotational placements within programmes of different trainees.

Note: General medical practices are contracted with their Health Board to provide medical services. The educational supervisor is also a GP trainer and the clinical supervisor role within general practice is discharged by an identified practitioner from the practice or by the trainer.

General Responsibilities

The educational supervisor should:

- be adequately prepared for the role and have an understanding of educational theory and practical educational techniques e.g. have undertaken formal facilitated training or an on-line training programme and/or participate in relevant training the trainers programmes;
- be trained to offer educational supervision and undertake appraisal and feedback;
- undertake training in competence assessment for specialty training;
- be trained in equality and diversity to promote equality of opportunity and eliminate unfair discrimination;
- develop a Learning Agreement and educational objectives with the trainee which is mutually agreed and is the point of reference for future appraisal;
- provide regular appraisal opportunities which should take place at the beginning, middle and end of each placement;
- provide regular feedback to the trainee on their progress;
- be responsible for ensuring that trainees whom they supervise maintain and develop their specialty learning portfolio and participate in the relevant specialty assessment process;
- ensure that the structured report (Annual Review of Competence Progression) which is a detailed review and synopsis of the trainee’s learning portfolio is returned within the necessary timescales;
- be familiar with NES policy on remedial training and contact the TPD, DME, and the Postgraduate Dean should the level of performance of a trainee gives rise for concern;
- be able to advise the trainee about access to career management, and
- have adequate time within their job plan to undertake the above responsibilities.

Educational supervisors also have responsibilities through their supervision of trainees to support the delivery of the Service Level Agreements (SLAs) with NHS Education for Scotland (NES).

**Key Result Areas**
- develop learning agreements and educational objectives with the trainees for whom they are responsible which are mutually agreed and are the point of reference for future appraisal

**Procedure for appointment and accountability**

The appointment process will be the responsibility of the NHS Board and should be lead by the DMEs. TPDs and the relevant Royal College should be involved in the appointment. Educational Supervisors will be managerially accountable to the DME. It is essential that there are unambiguous lines of accountability for educational supervisors into both educational programme arrangements through the TPD and also into the management structure of the trainee’s employer (e.g. through clinical directors or the designated lead for medical education such as the Director of Medical Education.

An annual review of the role will take place through the appraisal and job planning process.

**Tenure**

3 years (renewable 3 yearly, subject to the approval of the DME.)

**Person Specification**

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<tr>
<th>Factor</th>
<th>Essential Criteria</th>
<th>Desirable Criteria</th>
<th>How obtained</th>
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<tbody>
<tr>
<td>Attainments</td>
<td>• GMC full registration</td>
<td>• PG qualification in education</td>
<td>Application Form</td>
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<td></td>
<td>• Hold Specialist or General Practitioner registration</td>
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<td>Knowledge</td>
<td>• Knowledge of management and governance structures in</td>
<td>• Evidence of relevant research and/or</td>
<td>Interview</td>
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| and Interests               | medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.  
• Interest and enthusiasm for improving delivery of medical education and training and continuing professional development.  
• Knowledge of assessment methods.                                                                                                                   | publications.  
• Evidence of experience at strategic level of national or international education organisations.                                                          |                                                                                      |
| Special Aptitudes           | • Effective leadership and communications skills, motivating and developing others, approachability, good interpersonal skills.  
• Evidence of delivering well evaluated teaching sessions/tutorials.  
• Evidence of successful delivery of training programmes.  
• Evidence of personal development in medical education.                                                                                             | • Evidence of supporting trainees and trainers.  
• Understand use of IT in education.  
• Evidence of audit/research in medical education.                                                                                                  | Interview                                                                                               |
| Physical requirements       | • Health standards applicable – Doctor  
• Acceptable attendance record                                                                                                                                                                                   |                                                                                      | OH, Application form  
Interview  
Referees                                                                                                                |
Clinical Supervisor

Each trainee must have a named *clinical supervisor* for each programme placement, usually a senior doctor, who is responsible for ensuring that appropriate clinical supervision of the trainee’s day-to-day clinical performance occurs at all times, with regular feedback. All clinical supervisors should:

- understand their responsibilities for patient safety
- be fully trained in the specific area of clinical care
- offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee
- ensure that no trainee is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise
- ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care
- consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee.
- be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty
- be trained in equality and diversity and human rights best practice.

*Note: General medical practices are contracted with their Health Board to provide medical services. The educational supervisor is also a GP trainer and the clinical supervisor role within general practice is discharged by an identified practitioner from the practice or by the trainer.*