

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

The General Medical Council (GMC) Recognition of Trainers (RoT) Requirements

2. Author(s) of Paper

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3. Purpose of Paper

To provide the Board with an overview of the project undertaken to deliver a substantial new set of regulatory (GMC) requirements on a once-for-Scotland basis.

4. Key Issues

All GMC requirements have been met and we have been recognised by the GMC as leading the way in RoT implementation.

This has been a very substantial exercise, but has allowed us to lead on a once-for-Scotland basis a process involving all NHS Scotland Boards and all 5 Medical Schools. It has also capitalised on our investment in digital infrastructure through SOAR and TURAS.

5. Educational Implications

The GMC requirements aim to improve the quality of education and training to medical students and trainees, by ensuring that all recognised trainers meet defined standards. It also aims to strengthen the role of trainers, improve the perceived status in role, and ensure that appropriate time and resources are made available.

6. Financial Implications

No immediate financial implications and the GMC expect the requirements to be cost neutral. However, we will need to keep this under review as Boards and Directors of Medical Education (DMEs) report increased costs and workloads.

There will also be additional costs to NES from the introduction of the Quality Management system in due course.

7. Which of the 9 Strategic Outcome(s) does this align to?

- 1 A demonstrable impact of our work on healthcare services.
- 2 An excellent learning environment where there is better access to education for all healthcare staff.

- 7 Improved and consistent use of technology with measureable benefits for user satisfaction, accessibility and impact.
- 8 Consistently well-developed educational support roles and networks to enable education across the workplace.

8. Impact on the Quality Ambitions

We will seek to improve undergraduate & postgraduate medical education in Scotland by triangulating the results of the RoT process with quality management data on the training environment including undergraduate and postgraduate trainee surveys.

9. Key Risks and Proposals to Mitigate the Risks

The key risks are set out in the paper. The main risks are reputational and that we lose the advantages we have gained from the project to date.

10. Equality and Diversity

We are scheduled to complete an Equality Impact Assessment over the next few months.

11. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes No

A Communications Plan format template is available in the 'Meetings' and 'Communications' sections of the NES Intranet.

12. Recommendation(s) for Decision

The Board is asked to note this report.

**NES
October 2016
DSI**

The General Medical Council Recognition of Trainers Requirements

1. Introduction

- 1.1 Recognition of Trainers (RoT) is a General Medical Council (GMC) initiative that requires all secondary care medical trainers in two postgraduate roles (Education Supervisor and Clinical Supervisor) and in two undergraduate roles to be suitably qualified and “recognised” as a trainer. The rationale for this initiative was described by the GMC as being *“The quality of medical practice and the safety of patients are crucially dependent on the quality of the training provided to medical students and trainees.”*¹ Primary Care trainers are already formally approved by the GMC but they do not have the statutory powers to approve non-GP trainers. The recognition process is seen by the GMC as an appropriate interim arrangement until they obtain the legal authority to approve non-GP trainers.
- 1.2 This paper provides an overview of the project to deliver the GMC requirements. This was a joint project led by NES with the five Scottish Medical Schools and all territorial Health Boards. The aim of the project was to ensure the GMC requirements for RoT were achieved efficiently and effectively across Scotland. The requirements were set out in an Implementation Plan² published by the GMC in 2012 where four milestones were identified. The final milestone was *“to confirm that all medical trainers in the four roles, or entering any of the four roles, are fully recognised i.e. have met the Education Organiser (EO) criteria, without use of interim concessions by 31 July 2016”*.
- 1.3 We successfully completed milestone 4 and on 29 July 2016 submitted to the GMC a list of 3459 recognised trainers on behalf of NES and the five Medical Schools. The GMC is planning to publish a list of recognised trainers sometime in 2017.
- 1.4 During the four-year implementation period we have maintained regular contact with the GMC and Scotland has been recognised as leading the way in implementing their RoT requirements and the single system approach in Scotland that has been recognised by them as best practice. In addition, they have also recognised that our system not only administers the recognition process effectively, but also has an evolving system of built-in quality management controls.
- 1.5 We expect to be required to demonstrate the robustness of our RoT systems during the GMC visiting process in 2017.

2. Background

- 2.1 The RoT Project, which was set up in response to the GMC requirements, followed a previous NES project, The Faculty Development for Scotland Project, which was a multi-stakeholder initiative to ensure all medical trainers in Scotland were appropriately trained. When the GMC requirements to recognise all secondary care trainers were announced in 2012 the work

¹ GMC RoT Implementation Plan - [GMC Implementation Plan](#)

² GMC RoT Implementation plan - [GMC Implementation Plan](#)

previously completed allowed us to develop a single-system approach in Scotland to meet the new requirements.

2.2 We set up a Project Board to oversee the project with representatives from the various stakeholder groups:

- NES Medical Directorate Executive Team (MDET),
- the Directors of Medical Education (DME) Group representing all 14 territorial Health Boards and
- the Scottish Deans Medical Education Group (SDMEG) representing all five Medical Schools.

2.3 When we initiated the original Faculty Development for Scotland Project in 2011 it was recognised that NES and each Medical School had different requirements for their teachers and trainers, and that there was no formal acknowledgement that a secondary care doctor was suitably qualified as an educator. The aim was therefore to introduce a Scotland-wide system to support faculty development for doctors. Initial work included a teaching competencies survey of all doctors in Scotland about their attitude to training which resulted in a publication in the journal *Medical Teacher* in 2014³. The main message from this work was that the topic was controversial and emotive, emphasising the importance of further work to engage trainers, and was used as the basis for developing a “Scottish Trainer Framework”.

2.4 We developed the Scottish Trainer Framework⁴ an online resource designed to support all medical teachers and trainers working in Scotland. The website provides guidance on how to develop skills as a trainer and provides details on how trainers can access relevant training. The website was launched in 2015, is well used and has received very positive feed-back. The website was developed by Claire MacRae, Education Manager at Dundee University who was seconded to NES to support the project on a part-time basis. Claire won an award for this work at the NES Medical Education Conference in May 2015.

2.5 When the GMC initiated their RoT project and published the Implementation Plan in 2012 we were able to bring together the learning from the Faculty Development Project with the need to meet the RoT requirements. The main concern initially (as recognised in the teaching competencies survey) was that trainers would consider the GMC requirements to be overly complex, bureaucratic and may have the unintended consequence of doctors giving up on training roles. During the implementation phase of the RoT project (2012 – 2016) we have built upon the initial survey results and facilitated an attitudinal change to trainer recognition over this period with the result that we were able to recognise nearly 3500 trainers in Scotland by the end of July 2016. This was achieved through the development of the Scottish Trainer Framework, regular engagement with DMEs and Medical Schools, an ‘open-door’ policy to address concerns and uncertainty, regular communication with individual trainers by email and hosting various trainer events.

3. Overview of RoT Process

3.1 In Scotland the Education Organisers (EOs) are NES and the five Medical Schools. EOs have responsibility for recognising trainers eligible for the four “named” roles requiring recognition and setting criteria to meet the RoT requirements which are based on the seven areas in A

³ Core competencies in teaching and training for doctors in Scotland: a review of the literature and stakeholder survey – Michael Ross et al

⁴ Scottish Trainer Framework -[Scottish Trainer Framework](#)

*Framework for the Professional Development of Postgraduate Medical Supervisors published by the Academy of Medical Educators (AoME).*⁵

- 3.2 Details of “named” trainers (those holding one of the four roles requiring recognition) in any EO in Scotland are held on Turas (our training management system) which is used by NES, the Medical Schools and DMEs. The process to recognise trainers uses the Scottish Online Appraisal and Revalidation (SOAR) system with specially designed RoT pages to be completed as part of the annual appraisal process and reviewed with the trainer’s appraiser. Turas sends details of named trainers across Scotland to SOAR on a daily basis.
- 3.3 Following appraisal SOAR confirms if the trainer has declared whether or not they are “ready” for recognition/re-recognition and a Form 7 is generated for review by the DME and the relevant EO(s), which identifies only issues related to RoT. This is the only part of the appraisal system which can be accessed by the DMEs and EOs. The DME is required to make a recommendation about eligibility for recognition based on the eligibility criteria set out in the Scottish Trainers Framework. The final recognition/re-recognition decision is made by the relevant EO (NES or the Medical School) based on the trainer’s Form 7 and DME recommendation.
- 3.4 At the end of July cut-off date there were around 500 “named” trainers in Scotland who had not been recognised. We agreed arrangements for a transition phase with the Implementation Group to ensure that all trainers at the cut-off date are fully recognised or are removed as trainers from Turas. The transition phase will be complete by the end of October.
- 3.5 Following completion of the implementation phase and submission of the initial list of recognised trainers to the GMC at the end of July, all trainers appointed to “named” roles after that date require to be recognised prior to appointment. A new appointments process has been agreed with DMEs and Medical Schools through the Implementation Group. DMEs are required to ensure appropriate local systems are in place to oversee the appointment of named trainers and that these systems are documented. Newly appointed trainers are required to complete the RoT process on SOAR at their next appraisal following appointment.
- 3.6 Once recognised a trainer retains this status until their next clinical revalidation date when they also require to be re-recognised as a trainer, or the status is removed due to a Quality Management review by the EO (see para 4 below) or the trainer being subject to a Fitness to Practice investigation.

4. Quality Management of RoT Decisions

- 4.1 Following on from the successful completion of milestone 4 and submission of the list of recognised trainers to the GMC, the project has now moved into a new phase where we will introduce a quality management system to assure the quality of RoT decisions that are made in Scotland. This acknowledges that the RoT system relies on self-declaration through the annual appraisal system and the quality of input from appraisers on RoT issues in the first year has been variable.

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http://www.medicaleducators.org/write/MediaManager/A_framework_for_the_professional_development_of_postgraduate_medical_supervisors.pdf

4.2 The quality management system will test the robustness of recognition recommendations made by DMEs and recognition decisions made by the EOs. This phase commenced in August 2016 with a series of pilot projects to assess how practical it will be to review all trainers over an agreed period of time. The aim is to have a Quality Management Policy agreed with stakeholders by August 2017.

5. Project Governance

5.1 The project has been led throughout by NES with the support of a Project Board with representatives from each stakeholder group. The Terms of Reference (ToR) for the Project Board were reviewed in 2015 and the name of the group changed to *'The RoT Implementation Group'* to ensure the focus was firmly on meeting the final GMC deadline.

5.2 The main duties of the group are:

- to provide oversight of the work to implement the RoT requirements,
- to ensure the parties operate effectively together,
- to monitor the project plan,
- and to ensure the project remained on track to meet the GMC 2016 dead-line.

5.3 It has subsequently been agreed to extend the remit of the group to oversee the quality management phase of the project.

5.4 The project has been led by the PG Dean responsible for Professional Development supported by a Project Manager, employed on a part-time consultancy basis by NES. The only other project support has been ad hoc consultancy from an educational manager from Dundee University and an administrator. The project has also benefited from input from the SOAR team and the Turas team.

5.5 The project has benefited throughout from strong project governance which has ensured appropriate programme quality and performance. This has been a necessity from the outset as there is no requirement for each of the key stakeholders (Medical Schools, Health Boards and NES) to sign up to the single system approach if it is not seen to be operating effectively and to the benefit of all stakeholders.

5.6 The Implementation Group is chaired by the PG Dean for Professional Development and managed by the Project Manager. Formal update reports and presentations have regularly been provided to each stakeholder group and the group has maintained a strong focus on communications. Early in the previous Faculty Development Project we identified that one of the main challenges was effective communications with stakeholders, including with individual trainers.

5.7 Progress towards the 2016 dead-line was monitored by the Project Manager and Implementation Group using a status report showing the number of trainers recognised and in the process of being recognised.

5.8 Standards for the project were set in conjunction with stakeholders and agreed through the Implementation Group. The biggest challenge was that compromises had often to be made to ensure the project could be delivered – for example there was some initial tension between the DMEs who had a responsibility to review all their trainers and ensure they had sufficient

evidence while maintaining an adequate cohort of trainers, and the EOs (NES and the Medical Schools) who are required to ensure all trainers meet GMC standards in full. This was managed through very effective engagement with the various stakeholder groups and using the Implementation Group to make consensus decisions on behalf of stakeholders.

- 5.9 The RoT project was recently reviewed by the Educational Governance Executive Group where the RoT report to the group was very well received. No follow up actions were identified but the group recognised that there were a number of aspects of the project where lessons could be learned that would be applicable to work within other directorates within NES.

6. Next Steps

- 6.1 Now that we have implemented the GMC requirements we will seek to facilitate the continuous improvement of undergraduate & postgraduate medical education in Scotland by triangulating the results of the RoT Quality Management process with Quality Management data on the training environment using our quality management system including undergraduate and postgraduate trainee surveys.

- 6.2 We also plan to review and update the Scottish Trainers Framework to ensure it remains the 'go-to' resource for named trainers in Scotland and those that aspire to these roles.

- 6.3 We also plan to build the RoT work into the evolving Faculty Development Support Unit within the Professional Development Work-stream in the directorate to sit alongside the Faculty Development Alliance as a single unit of support for the development and recognition of trainers in Scotland. This will ensure we use our knowledge and experience gained from the RoT project to inform future development of NES training products.

7. Stakeholder engagement

- 7.1 We have received regular feedback throughout the project from stakeholder groups and individual trainers. As well as initial resistance from individual trainers, the other main concern was that the process would be too complex, time consuming and costly for DMEs to manage. Regular concerns were expressed by the DME Group and various compromises were agreed by the Implementation Group to ease the burden on the service whilst at the same time maintaining the integrity of the GMC requirements.

- 7.2 Regular trainer information sessions were held to provide advice and support to doctors on their role as a trainer. Regular emails were also sent to all named trainers who were required to comply with the new requirements and we encouraged trainers to make contact with their DMEs, SOAR helpdesk or the RoT Project Manager to address any concerns. The volume of queries increased throughout the project until the final dead-line.

- 7.3 The new appointments process from August 2016 encourages competitive appointments for named trainer roles, especially where time is being made available in job plans for these roles. We anticipate that this should encourage the best trainers to come forward for appointment. We have also designed the SOAR system to support doctors who aspire to be trainers by voluntarily completing the RoT requirements for appraisal.

8. Equality and Diversity and Inclusivity

- 8.1 We are due to complete an Equality Impact Assessment over the next few months.
- 8.2 We have included non-medics in our Scotland-wide RoT system, even though the GMC does not require non-medics to be recognised as they have no authority over this group. We take the view that all trainers who hold a “named” role should meet the standards set by the GMC.

9. Risks

9.1 The RoT Implementation Group has maintained a strong focus on the management of risk throughout the project. The recent report to the Educational Governance Executive Group identified the main risks with the project at the present time as being:

- Future appointments to named trainer roles may be made without the GMC requirements being met in full with the result that the quality of medical education may reduce and there is a reputational impact with the GMC.
- The Quality Management system may become too complex and not work effectively so that we lose the goodwill of RoT stakeholders and fail to demonstrate the quality of RoT decisions.
- In future we may struggle to retain or recruit trainers to named roles so reducing the quality of medical education and effecting training programmes.
- There may be a loss of stakeholder confidence in the single system approach with a reputational risk to NES if the single system we have developed in Scotland does not continue.
- Failure to maintain the Scottish Trainers Framework as a useful and up-to-date resource resulting in a potential lack of clarity about eligibility requirements and how to meet them which would represent a reputational risk to NES.
- Failure to deliver the quantity or quality of faculty development activities to allow trainers to meet their requirements with reputational risk to NES, disengagement of trainers and frustration from DMEs.

9.2 Appropriate mitigating actions have been put in place to manage and reduce all of the above risks and they continue to be monitored by the Implementation Group.

10. Recommendation

10.1 The Board is asked to note this report.

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