

# Guidance concerning the appointment and re-appointment of Educational Supervisors (GP Trainers) in HEE KSS

## Introduction

GP Training in the UK is subject to:

- the UK Statutory Instrument 2003 No. 1250 The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (<http://www.opsi.gov.uk/SI/si2003/20031250.htm#20>)
- The GMC standards for Specialist Training in the UK: Promoting excellence: standards for medical education and training (January 2016). <http://www.gmc-uk.org/education/standards.asp>

GP Trainers and potential GP Trainers (Educational Supervisors) in KSS need to demonstrate evidence for initial selection and reselection, in a process that the HEE KSS undertakes on behalf of the GMC. Approval processes include:

- evidence to support demonstration of personal skills and capabilities pertinent to the role
- evidence to support the suitability of the clinical learning environment including that they meet the standards required by Primary Care Quality Framework(s) and the CQC.

This evidence required is congruent with that required by the GMC and also the Guidance for GP Training (COGPED/RCGP 2014) and the Framework for the Professional Development of Postgraduate Medical Supervisors (Academy of Medical Educators 2010) adopted by the GMC.

The initial appointment and re-appointment of GP Trainers is a process that Local Education Training Boards undertake on behalf of the GMC.

The approval process is supported by completion of application paperwork (KSS approval and assessment application) which is validated by a senior member of the HEE KSS team (Patch Associate GP Dean), and presented for approval by the HEE KSS Trainer Selection Committee (TSC). The HEE KSS GP TSC, has a duty to ensure a high standard of teaching and training in the HEE KSS GP School, and responsibility of alerting the Head of Primary and Community Care Education and the Postgraduate Dean where steps are deemed necessary to ensure that this standard is maintained.

The Trainer Selection Committee is chaired by a Lay representative, and comprises all Patch Associate Deans, the Heads of GP School and of Primary and Community Care

Updated – April 2016

Education, members of the HEKSS GP School administrative team, and has representation from:

Local Medical Committees  
Royal College of GPs faculties  
GP Training Programme Directors

All decisions of the TSC are ratified through the KSS Primary and Community Care Operational Meeting which is part of the HEE KSS Governance Structure and is accountable to the Postgraduate Dean.

All decisions and requirements of the TSC will be quickly communicated with GP trainers following meetings in writing.

Once accredited, GP Trainers must demonstrate their commitment to developing their knowledge and skills through continuing professional development activities relevant to their educational role.

These regulations for GP Trainers in the KSS GP School describe the governance framework supporting the approval and re-approval of GP Trainers in HEE KSS, which continue to develop the educational governance for GP Training previously defined by HEE KSS.

## **EDUCATIONAL SUPERVISOR (GP TRAINER) APPROVAL**

1. GPs applying for the first time to be approved as GP Trainers must:
  - a) Be in possession of MRCGP
  - b) Provide evidence to support their participation in annual NHS appraisal
  - c) Meet the standard required for re-licencing and re-certification (revalidation)
  - d) Have successfully completed the KSS GP educator pathway
  - e) Be in possession of a PG certificate in Medical Education (or higher equivalent postgraduate degree)
  - f) Have usually been in their current practice for one year
  - g) GP Trainers must provide no less than 4 clinical sessions in the Training Practice and be able to attend the appropriate number of Trainer support events in addition to any other responsibilities they may have.
  - h) Have usually gained a minimum of three years post CCT
  - i) Undertake mandatory Equality and Diversity on-line Training as stipulated by HEE KSS as required for all GP Educators to be updated every 3 years

Only GPs who have been formally approved by HEE KSS as GP Trainers are eligible to undertake the role of Educational Supervisor. GP Trainers can be:

Updated – April 2016

- The nominated Clinical Supervisor and Educational Supervisor for their GP trainees where the GP trainee has a placement in the Training Practice of the GP Trainer
- Educational Supervisor with clinical supervision being undertaken by an approved HEE KSS supervisor in a different approved clinical learning environment
- The Clinical Supervisor for a GP trainee.

Note: GPs who have successfully completed the first module of the GP Educators course are eligible to be a nominated Clinical Supervisor for a Foundation trainee in a GP placement or may (where this agreed with the GP School via the Patch Associate Dean) support the clinical supervision of GP trainees whilst in a Practice placement where the GP practice is both approved and has an approved Educational Supervisor working within the practice.

A first appointment as a GP Trainer will be for a maximum of two years, during which time they will have their first re-appointment (solo) visit.

Approved GP Trainers will become eligible for a five year re-approval period from their next scheduled re-approval.

The maximum time of approval will be five years. This period is congruent with the revalidation period for clinicians and GP Trainers will need to demonstrate appropriate preparation and evidence for revalidation (evidence and professional development as a GP and GP Trainer) and that they have been successfully revalidated.

The maximum time of approval will be only given by the TSC when all requirements and conditions for the GP Trainer are deemed satisfactory and are based on robust evidence.

The TSC will have the ability to investigate and / or suspend or remove an individual GP Trainer's approval during that Trainer's previously agreed term of approval, should the TSC become aware of any issues or problems that significantly impinge on that Trainer's ability to maintain the required criteria, carry out the training of GP trainees appropriately as required or call into question the quality of the clinical learning environment.

Shorter periods of approval will be given when the TSC needs further evidence of development by the GP Trainer or the Training Practice, or where mandatory criteria need to be evidenced and demonstrated. Continuing approval will be conditional on this evidence being provided within the timescale.

Extensions to the approval time for GP Trainers:

- a) A short extension to a pre-existing approval period for a GP Trainer may be given by the TSC where this is required in order for a GP Trainer to take a GP trainee. The TSC will need clear and robust information from the Patch Associate GP Dean that there are no problems or issues that may affect the

training in order to give this. This will be for a period normally no longer than 6 months.

- b) GP Trainers who have been given a 5 year period of approval will not normally be eligible for extensions, and will need to ensure that their re-approval as a GP Trainer is carried out in good time.

## **REQUIREMENTS FOR GP TRAINERS**

GP Trainers are required to sign a service level agreement with HEE KSS (which defines the responsibilities for the GP Trainer and HEE KSS for the duration of the training) for each GP trainee placed with them, no later than the start date of the placement of that GP trainee.

GP Trainers must ensure that they declare any commercial or financial relationships with their trainees, and should not charge their trainees for any educational or training support related to the delivery of the learning outcomes of the GP Curriculum.

GP Trainers are required to inform HEE KSS via the relevant Patch Associate GP Dean of any material or significant change in their circumstances, either professional, personal, in the organisation / management of the Practice or in the fabric and structure of the buildings used. This is important to allow a consideration of whether the changes impinge on their ability to deliver effective training and support GP trainees appropriately. This includes but is not limited to:

- Complaints against them or the Practice that are being investigated at a significant level (e.g. NHS England Area Team, CCG, CQC, GMC, NCAS)
- Civil / criminal investigations
- Revalidation concerns
- Resignation from clinical practice
- Absences of longer than two weeks from practice
- Merger / take over of another GP practice\*

HEE KSS recognises that the above circumstances may present challenges at many levels and would seek to support Trainers, their Practices and their trainees at these times. This includes determining the best way forward when any of the above occur. Withholding of such information may result in suspension of Training approval. GP Trainers and their Practices must ensure that they have a process for tracking and recording any significant or untoward events, and the actions they have taken in response to these.

*\*In cases where an approved GP Training Practice has merged with another GP Practice that is not an approved GP Training Practice, the GP Training Practice must inform the TSC and in order to continue approval must be able to demonstrate that the whole new merged Practice can satisfy the requirements for GP Training Practices*

## TRAINEE/TRAINER RELATIONSHIP PROBLEMS

It is recognised that on occasion relationships between GP Trainers and their trainees may come under strain and indeed break down.

Both trainers and trainees are encouraged to seek local support through Programme Directors and the Local Faculty Group and early intervention can be helpful in trying to resolve issues. However, it is also recommended that, should any local action not demonstrate a timely or sustained resolution the issue should be escalated to Patch Associate GP Deans (PADs) who will organise an exploration aimed at resolving, where possible, the issues without prejudice. This exploration will likely include:

- Review of decision making as to which PAD will undertake the exploration (*This will usually be the Local PAD but may be by an external PAD*)
- Discussion between GP Trainer and PAD to gain background context
- Meetings with the trainer / trainee / supporting PD to inform exploration. These meetings may be conducted separately or jointly
- Summary meeting with all parties to share differing perspectives
- Identification of specific areas in which the GP trainer needs to develop
- Formulation of an educational plan for the GP trainer, should this be appropriate
- Such a plan may include, or be solely, issues around the suitability of the educational environment
- Identification of resources to provide support to the GP trainer, which might include from a PD colleague, PAD, or other specified resource

Following this exploration the PAD will present a summary to the Head of the GP School through the monthly GP Operations meeting, or direct to the Head of School where the issues are deemed urgent and pressing. A summary will also be shared with the Trainer Selection Committee at the next available opportunity.

Outcomes of the exploration may include:

- No further action – trainee remains in practice (+/- additional support)
- No further action – trainee is moved to an alternative practice
- A Trigger Visit being undertaken by a different PAD
- Temporary suspension of GP trainer approval, without prejudice, pending further investigation
- Temporary abeyance of GP trainer approval, pending remedial action

In all the above scenarios, the actions taken will aim to be proportional and during the time of exploration the GP Trainer and trainee will be provided with support through the nomination of a Programme Director to provide support to each party.

Payment of any trainer grant follows the trainee – so in the event of a change in trainee placement, any trainer grant to the original GP trainer/ practice will cease.

During exploration the GP Trainer is most likely able to continue to be part of the local training network and participate accordingly in trainer development / support opportunities.

During exploration there will need to be discussions regarding trainers continuing to provide remote supervision to other learners linked to them. Decisions would aim to be proportional and risk assessed, according to the five themes which form the GMC standards for medical education and training, accessible here: <http://www.gmc-uk.org/education/standards.asp>, but where abeyance is the outcome trainees requiring remote supervision will be transferred to another Educational Supervisor.

Where a trigger Visit takes place the process will:

- Undertake a further exploration of risk based on Guidance provided by the GMC and the Academy of Medical Educators Framework for Medical Educators
- The report will be shared with the trainer to correct any factual misunderstandings
- The report (including recommendations) will be shared with the GP Operations Meeting
- Recommendations to be agreed – or referred to the Postgraduate Dean and where deemed necessary to the HEE KSS Quality Management Group chaired by the Postgraduate Dean
- Report and plan shared with TSC (remotely if necessary dependent on timing of meetings) to support/review recommendations
- Follow up on action plan through monthly GP Operations group

## **TEMPORARY ABEYANCE OF APPROVAL**

Following the above process, in the event of a premature and unplanned termination of the GP Trainer / GP Trainee relationship, and where the above exploration process deems that the trainer would benefit, the options include:

- a) Placing the GP trainer's accreditation as a trainer into temporary abeyance
- b) Asking for a further review of evidence by the TSC. As part of this, the TSC may require the Trainer to present further evidence to the TSC, and may invite the Trainer to an interview to help clarify the issues
- c) Request further input from other senior members of the GP department in assessing and working with the GP trainer to resolve on-going concerns
- d) Rescinding the approval of that GP as a GP Trainer

Whilst their approval as a GP Trainer is in abeyance, it is the expectation that the doctor will normally continue to be eligible to be part of the HEE KSS support structure and processes for GP Trainers, unless stated otherwise. The anticipation is that following a period of abeyance, the trainer will resume their training role in the future.

In certain circumstances, where there are significant concerns presented to the HEE KSS relating to a GP Trainer or the GP Training Practice, HEE KSS may need to urgently transfer a GP trainee to another training placement. Abeyance will not necessarily follow the mutually agreed transfer of a trainee to a different practice and supervisor, but remains an option dependent on the particular circumstances. For example:

- a) Abeyance will not apply where there is a negotiated and planned premature termination of a GP Trainer/GP trainee contract. This may include: organised inter-HEE KSS, or inter-programme transfers; resignation due to illness of the trainee or significant change in personal circumstances of the trainee; or appropriate resignation of the trainee in order to take up training in another specialty. In addition, extensive planned leave, or sudden unplanned but reasonable leave of the GP Trainer would be normally treated in this way.

Any period of abeyance should be resolved as soon as possible. The PAD will work with the GP trainer to address the requirements of the TSC to their satisfaction. The Educational Plan for the GP trainer should be as explicit as possible in terms of what action is required in order that abeyance might be lifted. To this end, the PAD will submit a written report to the TSC once the GP Trainer believes that they have fulfilled the educational plan and any requirements of the TSC.

If the period of abeyance is not resolved within 2 years, the approval of that individual as a GP Trainer will be withdrawn.

Whilst in abeyance, GP trainers are not eligible to act as Educational Supervisors for any trainee, including remotely for ST1/2 GP trainees in placements outside the practice. Any linked trainees would need to be transferred to another ES for the period of abeyance, and may or may not be returned to the trainer depending on the timescales and progress towards return from abeyance, and of the trainee. Such decisions would form part of the plan as defined in the exploration process outlined above.

It should be noted that successful return to GP trainer status will require detailed reflection on the issues contributing to the situation, and examples of such written reflection would be very likely required by the PAD and TSC prior to resumption of the GP training role.

## **FALLOW PERIODS**

GP Trainers may request to not take GP trainees for a period of time (Trainer 'fallow' period) either as an Educational Supervisor or as Trainer for GP trainees in a placement in the Practice. The request should be directed to the Trainer Selection Committee with the reasons for the request stated, via the appropriate Programme Director and Patch Associate GP Dean. This information should be shared with and have the agreement of the GP Training Programme Directors in that locality and be supported by the Patch Associate GP Dean. A requested fallow period is different from the period of time without a GP trainee that a GP Trainer may experience due to gaps in the rotation where there is

no trainee available. GP Trainers who request a fallow period must ensure that they maintain their skills as GP Trainers and state how they will do this in their request.

A GP Trainer who continues to actively act as an Educational Supervisor (for GP trainees in ST1 and ST2 or for GP trainees on a remedial extension) but who does not have a GP trainee in their Practice placement with them will not be considered fallow for this purpose.

Retirement from Training - GP Trainers wishing to retire from GP Training must inform their locality Programme Director as far in advance of their proposed retirement date as possible, in order for rotation and succession planning to be implemented. Written confirmation of retirement as a GP Trainer must be sent by letter or e-mail to the Chairman of the TSC and to the Quality Management Team. The retirement will be noted on the agenda of the appropriate meeting of the TSC, and confirmed by the subsequent GP Operational meeting. Following this the secretary to the TSC will inform the GMC.

## **LEAVE**

### **Trainer Leave**

GP Trainers are entitled to annual and study leave, and other statutory leave (e.g. maternity, illness, paternity, etc.) as defined by the contract of their employing organisation or their partnership. Leave for up to 2 weeks whilst hosting a GP Registrar may be taken without reference to the HEE KSS provided the GP Trainer ensures robust clinical and appropriate educational supervision for the GP trainee. This should be planned with the GP trainee, who should be well informed and in agreement with the proposed arrangements.

If the GP Trainer plans any leave longer than 2 weeks, the arrangements for the supervision and support of the GP trainee must be shared with the Patch Associate GP Dean, to ensure that effective processes for supervision and support for the trainee will be put in place and the GP trainee knows who to contact in case of any concerns. For longer periods of leave the HEE KSS may need to organise the transfer of the trainee to another Training Practice.

### **Unplanned leave**

Occasionally GP Trainers may need to take unplanned leave (e.g. for family or personal reasons, or illness). It is the responsibility of the Trainer (if they can) or the Practice otherwise to inform the HEE KSS as soon as possible. Action will then be taken by the HEE KSS, congruent with that for planned leave, to ensure that the trainee continues to receive the appropriate support.



## **RESUMING GP TRAINER APPROVAL**

The maximum period of time allowed for a fallow period is two years. After this time, the approval of that doctor as a GP Trainer will be reviewed by the TSC and the further continuing approval status of the Trainer determined.

The maximum period of abeyance of a GP Trainer's approval is 2 years. If the status of the GP Trainer has not been resolved within that time, the approval of that GP as a GP Trainer will be rescinded.

GP Trainers who have had their approval in abeyance for longer than 2 years, or who have had their approval rescinded for longer than 2 years and who wish to re-apply for approval as a GP Trainer, will need to make a formal application and satisfy the conditions and requirements as for first time applicants. They may be required to undertake the Modular GP Trainer pathway and have in their possession (or gain) a PG Cert and must possess MRCGP.

GPs who were previously approved as GP Trainers and have formally retired may apply to be considered for re-instatement as a GP Trainer. If the period of retirement is three years or less, they should discuss their situation with the Patch Associate GP Dean and if appropriate may present an application for consideration by the TSC.

If the period since retirement as a GP Trainer is over three years, they must provide the TSC with robust evidence of their capacity to resume as a GP Trainer. The TSC may require them to undertake further training as appropriate.

If the period since retirement as a GP Trainer is five years or more, the GP must successfully undertake the KSS GP Trainer development programme (presently the modular GP Educators course and PG Cert)

GPs who have successfully completed the KSS Modular GP Trainer pathway and gained a PG Cert but have not been approved as a GP Trainer within 2 years of this completion date will be required to retake the last module of the current KSS HEE KSS Modular GP Trainer pathway before resubmitting their application.

If an approved GP Trainer leaves the Practice at which they were approved as a GP Trainer, their approval as a GP Trainer will be put into abeyance for up to two years. If they move to another substantive GP post in an approved GP Training Practice elsewhere in KSS, they will be eligible to re-apply to have this abeyance lifted after a period dependent on the circumstances:

- Where a trainer moves to an existing approved training practice within the same CCG and refers to the same acute and mental health trusts, the minimum period of abeyance would be Six Months

- Where a trainer moves to a different CCG, or where referrals will be to a different acute or mental health trust, the minimum period of abeyance would be Twelve Months
- Where a trainer moves to a practice not previously approved as a Training practice in HEKSS , the minimum period of abeyance would be Twelve Months
- Trainees allocated to the GP trainer in their previous practice would NOT be expected to be transferred to the GP trainer's new practice
- Where the original practice is a multi-trainer practice, any trainees would usually be re-allocated to another trainer in the original practice
- Where the trainer was the sole trainer, Programme Directors will be asked to re-allocate the trainee to a different GP trainer in the same scheme
- The Patch Associate GP Dean would be consulted where issues with allocation are challenging, particularly regarding limited capacity
- If the new Practice is not an approved GP Training Practice in KSS they will need to apply as for a first Trainer application and present the appropriate evidence
- New Training Practice sites require approval from the GMC. HEE KSS Patch Managers will support the management of this process but newly appointed Trainers may not assume their Trainer role until this site approval has been confirmed.
- GPs who have been approved as GP Trainers within another HEE area and have transferred into KSS and wish to apply to be approved as a GP Trainer in KSS will have to demonstrate that they meet the GMC standards and Medical Educator Framework

Should they wish their previous GP Trainer approval to be taken into consideration, they must first discuss their situation with the appropriate Patch Associate GP Dean. Criteria which would support this process include:

- a. They must have had a nominated GP trainee within the previous 2 years.
- b. They must be in possession of MRCGP and a PG Cert in Education.
- c. They must be able to demonstrate an understanding of current GP Training, the GP Curriculum and its assessments and have a current PDP as a GP Trainer.
- d. This evidence must be presented in using first-time application paperwork for consideration by the TSC.

## **EDUCATIONAL SUPERVISION**

GP Trainers may undertake both Clinical Supervisor (CS) and Educational Supervisor (ES) roles as defined by the Academy of Medical Educators Competency Framework (2010) adopted by the GMC. Whilst it is commonly recognised that the role of a GP Trainer encompasses both roles there may be circumstances where a GP Trainer is acting as a CS for a GP (or Foundation) trainee on a placement in their Practice but the ES role for the GP trainee is undertaken by another GP Trainer.

GP Trainers also provide educational supervision to doctors in the GP Speciality training programme through ST1 and ST2 who are rotating through placements in other (normally hospital based) specialities.

Guidance for Educational Supervisors in cases where there is a premature and unplanned termination of a GP Trainer/GP trainee contract has been outlined above. In the event of a trainer being put into abeyance, any other trainees working in the Practice under that GP Trainer would also need to be moved to another GP Trainer. The GP Trainer in such circumstances would also normally have their educational supervision for ST1 and ST2 doctors put into abeyance and the ES role would be transferred to another GP Trainer.

In circumstances where a GP Trainer leaves the Practice at which they were approved as a GP Trainer their approval is put into abeyance for a minimum of 6 months dependent on the circumstance as described above. Approval from the PAD will be required, who may make alternative recommendations to the TSC. Trainees in placement in the Practice, at the time of the GP Trainer leaving will need to have a new GP Trainer assigned. This may be with a GP Trainer(s) in the existing GP Trainer Practice where capacity allows or transfer to another GP Training Practice and new GP Trainer(s) will need to be arranged. The ES role will transfer to the new GP Trainer(s).

Where a GP Trainer has moved to an existing training practice within HEE KSS the GP ST1 and ST2 trainees linked to that supervisor will usually be transferred either to existing trainers in the practice or elsewhere.

In certain circumstances it may be possible for a GP Trainer who has moved Practice and their approval is thus in abeyance under Section 29 to continue their ES role for trainees in ST1/2 in hospital placements. This can take place only where the HEE KSS through the TSC has determined that there are no concerns, and has approved this. In order for that GP Trainer to continue to undertake the role for GP trainees in Practice placements, they will need to undertake the steps described above.

## **OVERLAP OF GP TRAINEES**

GP Trainers are normally expected to have no more than one GP trainee with them in their GP Training Practice placement, however there may be times when it is necessary to have an overlap of two GP trainees in the Practice simultaneously. If this period of time is for 2 weeks or less, this overlap can take place without the need for the GP Trainer to notify the GP School.

- a. For periods of overlap from 2 weeks to 2 months, the GP Trainer and the Training Practice must provide evidence to the Patch Associate GP Dean that the training for both GP Registrars will continue appropriately and that necessary standards of training will not be compromised. The Patch Associate GP Dean will have the responsibility of agreeing the arrangement. If one or more of the GP trainees are not in the Practice all week (e.g. training at LTFT or in an ITP) this may be taken into consideration by the HEE KSS.
- b. For overlap periods of longer than 2 months, this information must be presented to the TSC via the Patch Associate GP Dean to allow the TSC to confirm the arrangements for the overlap.
- c. Only in exceptional circumstances will periods of overlap longer than 6 months, or for more than 2 GP trainees, be considered. In such cases robust evidence for appropriate educational support for all trainees must be presented to the Head of the GP School for consideration and approval.
- d. This guidance does not apply to the GP trainees in other placements where the GP Trainer is acting just as the Educational Supervisor.

Approval of overlaps is undertaken through completion of the appropriate paperwork by the GP trainer, submitted to the TSC.

## **APPEALS**

GP Trainers, or applicants for GP Training, who are aggrieved by any decision of the TSC may appeal. The process for this is described in Appendix 1 - KSS GP School – March 2013.

## APPENDIX 1

### **KSS HEE KSS GP Trainer Appeal Process**

GP Trainers (or those GPs applying to be GP Trainers) may have the recommendations of the KSS GP Trainer Selection Committee (TSC) reviewed.

If an individual GP feels that either: -

- a. they or their Practice have performed poorly in their selection or reselection process because of health or personal circumstances, or a temporary life situation, and they feel they were therefore not able to provide the appropriate evidence or give a good account of themselves,
- b. or they are aggrieved by any recommendation made the TSC,
- c. they have been unfairly disadvantaged by the recommendation of the TSC

They should inform the Head of the GP School in writing initially, stating their grievance and the reasons why they feel that the recommendation of the TSC was incorrect. This should be done within 10 working days of the initial decision of the TSC being made. This is the initial clarification stage.

The Head of School will review all the evidence available pertaining to the situation. As a result, the Head of School

- May indicate that the decision of the TSC should stand.
- Or may request a further evaluation of the situation with further evidence to be presented to the TSC.
  - This may involve an interview with the Trainer by the TSC in order to further clarify the matter.
  - This may also involve an exceptional visit to the GP Trainer by individuals nominated by the TSC.
  - The subsequent decision of the TSC after considering the evidence will be given to the individual.

If the individual is not satisfied with the outcome of this initial clarification stage, they may formally appeal against the recommendation of the TSC. Should they wish to formally appeal, they must write to the Head of Primary & Community Care Education, stating the reasons, within 10 working days of being informed of the outcome of the initial clarification stage.

The Head of Primary & Community Care Education will organise an appeal panel which they will chair and which will include 3 other representatives from the Primary and Community Care Education Board, who have not been part of the decision making process beforehand.

The panel will meet with the individual making the appeal to consider the evidence. The decision of this panel will be final.

Updated – April 2016