

## GUIDANCE FOR DEANERIES/LETBs ON THE STANDARDS FOR GP SPECIALTY TRAINING

### Introduction

GP Specialty Training Standards (the Standards) have been developed and approved by COGPED and the RCGP. They are compatible with and build upon the GMC's *The Trainee Doctor*<sup>1</sup> though the wording of individual standards may not always be identical to that of the equivalent standard in *The Trainee Doctor*. GP training programmes, educators and practices meeting these standards can be assumed to have met, and in many cases exceeded, GMC standards.

This document uses the generic term 'deanery' to encompass all the organisations in the UK responsible for organising postgraduate medical education and training, that is: deaneries, health boards, and Health Education England regional bodies/LETBs. The term 'GP school board' encompasses GP specialty training committees and other, equivalent, bodies.

Reference to 'faculty' in this document refers to the community of local educators.

The Standards are consistent with, the Gold Guide<sup>2</sup>, with the requirements of appraisal and revalidation and with the high level outcomes contained in the Department of Health (England) Education Outcomes Framework<sup>3</sup>.

In the context of the Francis Report<sup>4</sup> the GMC is consulting on whether or not to set standards for the approval of the training environment, which it defines as the prevailing climate in which learning takes place - physical surroundings, organisational infrastructure and culture, curricula, assessment systems, supervision and the role of trainers. These Standards, in common with, but more so than, *The Trainee Doctor* encompass standards for the training environment. However, they may need to be revised when and if the GMC issues new guidance on the environment. Meanwhile, conscious that this

<sup>1</sup> [http://www.gmc-uk.org/Trainee\\_Doctor.pdf\\_39274940.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf)

<sup>2</sup> <http://specialtytraining.hee.nhs.uk/wp-content/uploads/sites/475/2013/10/Gold-Guide-2010.pdf>

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/175546/Education\\_outcomes\\_framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175546/Education_outcomes_framework.pdf)

<sup>4</sup> <http://www.midstaffspublicinquiry.com/report>

document deconstructs the standards for GP specialty training into a series of lists, COGPED and the RCGP expect those responsible for complying with the Standards to think broadly about what constitutes a good training environment and not to view compliance with the Standards as a "tick box" exercise.

The Standards are written to be flexible enough to accommodate changes to the structure of GP specialty training. They cover all years of the training programme and all the environments in which training takes place - NHS and non NHS, within and outside the UK - although not all are relevant to, or attainable in, all parts of the programme.

A number of sets of standards relating to clinical care, practice management and governance are in use across the UK. These Standards avoid, as far as possible, duplicating others by focusing only on areas directly related to GP specialty training.

Where there are local variations in training provision deaneries may develop their own standards and/or requirements. Deanery standards should be compatible with and build upon these Standards.

Reference to the National Recruitment Office for GP Training has been removed from Domain 4 – Recruitment and Selection – as the NRO is a non-statutory body. However, COGPED and the RCGP would expect all deaneries to work within the frameworks set out by the NRO or an equivalent, successor body.

Most of the standards are mandatory; a standard is mandatory unless marked otherwise. As in *The Trainee Doctor*, 'should' is used when the mandatory requirement will not apply in all circumstances, or where there are factors outside the control of the deanery or local education provider that may affect their ability to comply.

Defining what should be a mandatory requirement, and where a Deanery/local education provider should be working towards compliance, is not a precise art. Additionally, the consequences of delivering or failing to deliver each standard are different, such that not all standards are equal. It is important that those involved in the quality management and assurance of GP specialty training are sensitive to these differences.

### Educator standards

Standards for the three key categories of educator responsible for supervising GP trainees (named GP clinical supervisors, educational supervisors and training programme directors) are included as annexes. They are consistent with the definitions in the Academy of Medical Educators *Framework for the Professional Development of Postgraduate Medical Supervisors* and map to the *Framework's* seven domains.<sup>5</sup>

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<sup>5</sup> <http://www.medicaleducators.org/index.cfm/linkservid/C575BBE4-F39B-4267-31A42C8B64F0D3DE/showMeta/0/>

Whilst the GMC's definition of a 'trainer' encompasses both the clinical supervisor and educational supervisor roles, in general practice, the term 'trainer' relates specifically to the educational supervisor role. The term 'GP trainer' is enshrined in the 1983 Medical Act. It means a GP who has been formally approved by the GMC for the purposes of providing training to a GP Registrar<sup>6</sup>.

The guidance on relevant supporting evidence is deliberately non-prescriptive to encourage those applying for approval to think carefully about what is required.

The standards for named clinical supervisors relate only to those working in general practice, not secondary care<sup>7</sup>. While, for the purposes of this document they relate to those supervising GP specialty trainees, the intention is that they can and should apply to those in GP environments training medical students, foundation doctors, secondary care trainees, GP returners, and should be used by deaneries to devise job specifications and training for all categories of named clinical supervisor. More guidance on the roles of named GP clinical supervisors is available on the COGPED web site<sup>8</sup>.

### Practice environment standards

Standards for the training practice environment are included as an annex. In line with the GMC's approach, COGPED and the RCGP have not developed standards relating to accommodation (for rest/sleep), travel, personal safety and catering services. Adequate provision in these areas is, however, important for the health and well-being of trainees and relevant to trainees' ability to train and learn effectively.

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<sup>6</sup> [http://www.gmc-uk.org/education/approval\\_trainers.asp](http://www.gmc-uk.org/education/approval_trainers.asp)

<sup>7</sup> So include, but are not limited to the following types of named clinical supervisor: the trainer providing named clinical supervision to the GP trainee in practice (ST1/ST2) but who is not the ES; OOH GP clinical supervisor, the GP in a "spoke" practice who regularly supervises the trainee for part of their training programme

<sup>8</sup> [cogped.org.uk/document\\_store/1368698875jCbD\\_defining\\_gp\\_clinical\\_supervisor\\_roles.pdf](http://cogped.org.uk/document_store/1368698875jCbD_defining_gp_clinical_supervisor_roles.pdf)

**DOMAIN 1**  
**PATIENT SAFETY**

**The responsibilities, related duties, working hours and supervision of Trainees must be consistent with the delivery of high-quality, safe patient care**

**There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors**

1.1 Trainees must make the highest quality care of patients their first concern.

1.2 Trainees must be familiar with local procedures for reporting patient safety concerns.

1.3 Trainees must be supervised according to their experience and competence and only undertake tasks for which they have been trained or are being trained<sup>9</sup>. Trainees must not be asked to work beyond the limits of their competence unless appropriately supported by a clinical or educational supervisor. In the training practice trainee workload should increase under guided supervision to full participation in practice clinical responsibilities to meet service responsibilities.

1.4 Trainees must have a named clinical and educational supervisor for each placement. The roles may be combined<sup>10</sup>. Clinical and educational supervisors must be competent to supervise, accessible and approachable and have time for supervision clearly identified in their job plan.

1.5 Trainees must act in accordance with the GMC's guidance *Consent: patients and doctors making decisions together* (2008). Before seeking consent from a patient for a medical procedure both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and can answer associated questions from the patient or his/her representative. If this will not be possible, when consent is taken the trainee must have access to a supervisor with the required knowledge.

1.6 Shift, on-call rotas and out-of-hours work must be designed to minimise the adverse effects of sleep deprivation. All placements in a training programme must comply with the European Working Time Regulations<sup>11</sup>.

1.7 Placements must have well organised and clearly described handover arrangements that ensure continuity of patient care.

1.8 Training in out-of-hours care must be supervised. The deanery is responsible for quality managing the out-of-hours learning environment and clinical supervision.

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<sup>9</sup> This will include undertaking clinical procedures, obtaining patient consent, discharging patients and prescribing

<sup>10</sup> For example, in ST3

<sup>11</sup> Except where an exemption is provided for in legislation (for example, for Armed Forces personnel engaged in military operations)

1.9 Robust processes must be in place to identify, support and manage trainees whose progress, performance, health or conduct is of concern.

1.10 Serious concerns about a trainee's performance, health or conduct must be investigated immediately. When there are concerns, the trainee's educational supervisor, training programme director and the deanery must be informed. In line with *Good Medical Practice*, the GMC must be informed when concerns arise about a trainee's fitness to practise.

1.11 Those responsible for training must share with others involved in training, in both primary and secondary care, information about trainees that is relevant to their development as doctors. This is so that appropriate support and supervision can be arranged as the trainee progresses through training. Trainees must be privy to the information about them that is being shared.

1.12 GP training practices must demonstrate high standards in nationally agreed frameworks, for example QOF.

1.13 GP training practices must be fully registered with national regulators, as required, for example the Care Quality Commission. Training practices must inform the deanery if a regulator imposes conditions on its registration.

## **DOMAIN 2**

### **QUALITY ASSURANCE, REVIEW AND EVALUATION**

#### **GP Specialty training must be quality managed, monitored, reviewed, evaluated and improved**

2.1 All placements in a training programme must comply with the European Working Time Regulations<sup>12</sup>. All aspects of the management and delivery of training must comply with the Data Protection Acts and Freedom of Information Act<sup>13</sup>.

2.2 Deaneries, working with others, must have policies and processes for quality managing GP specialty training programmes and all the placements that form part of a programme<sup>14</sup>. Those policies and processes must be clearly documented and publically available.

2.3 Any local, deanery training standards, and educator and practice selection criteria must be consistent with and build upon these Standards.

2.4 The quality management of GP specialty training must take account of the views of those involved in training, including trainees, local faculty and, where appropriate, patients and employers.

2.5 Deaneries must only place trainees in GMC-educationally approved programmes and quality managed learning environments.

#### **Developmental**

2.6 The GP School should be involved in the process of approving named clinical supervisors in secondary care.

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<sup>12</sup> Except where an exemption is provided for in legislation (for example, for Armed Forces s engaged in military operations)

<sup>13</sup> This includes training in out-of-hours general practice

<sup>14</sup> Including those outside the NHS

**DOMAIN 3**  
**EQUALITY, DIVERSITY AND OPPORTUNITY**

**GP specialty training must be fair and based on principles of equality**

3.1 GP specialty training programmes must comply with employment law, the Equality Act 2010, the Human Rights Act and any other relevant equality legislation.

3.2 Information about training programmes, their content and purpose must be publicly accessible and include guidance on less-than-full-time (LTFT) training, taking a break, and returning to training following time out of programme for any reason, including health or disability.

3.3 Deaneries must accommodate, and make reasonable adjustments to programmes for, LTFT trainees. They must encourage local education providers to provide LTFT training opportunities. LTFT programmes must comply with the guidance in the Gold Guide, GMC position statements and COGPED guidance on LTFT training<sup>15,16,17</sup>

3.4 Reasonable adjustments, that do not compromise standards, must be made to training programmes and environments to accommodate trainees with disabilities.

3.5 All those involved in the direct management and supervision of trainees must receive regular training in equality and diversity. Data about training take up should be collected and fed into quality management processes.

3.6 Major new policies and processes must be equality-impact assessed.

3.7 Equality impact assessment data for key areas, including recruitment and assessment, must be collected, analysed and fed into quality management processes.

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<sup>15</sup> GMC position statement on less than full time training [http://www.gmc-uk.org/Less\\_than\\_full\\_time\\_training\\_\\_\\_GMC\\_position\\_statement\\_\\_\\_18\\_October\\_2011.pdf\\_45023470.pdf](http://www.gmc-uk.org/Less_than_full_time_training___GMC_position_statement___18_October_2011.pdf_45023470.pdf)

<sup>16</sup> GMC position statement on time out of training [www.gmc-uk.org/20121130\\_Time\\_out\\_of\\_Training\\_GMC\\_position\\_statement\\_Nov\\_2012.pdf.pdf\\_50666183.pdf](http://www.gmc-uk.org/20121130_Time_out_of_Training_GMC_position_statement_Nov_2012.pdf.pdf_50666183.pdf)

<sup>17</sup> [http://www.cogped.org.uk/document\\_store/1294676529jntp\\_guidance\\_on\\_less\\_than\\_full-time\\_\(lftt\)\\_training\\_for\\_general\\_practice\\_\(dec\\_10\).doc](http://www.cogped.org.uk/document_store/1294676529jntp_guidance_on_less_than_full-time_(lftt)_training_for_general_practice_(dec_10).doc)

**DOMAIN 4**  
**RECRUITMENT, SELECTION AND APPOINTMENT OF GP SPECIALTY**  
**TRAINEES**

**Processes for recruitment, selection and appointment must be open, fair and effective**

4.1. Information about vacancies, eligibility, selection criteria and the application process must be widely available before the selection process begins.

4.2 The criteria and processes for selection must be fair and equitable.

4.3 All those involved in selection must be trained in selection principles and processes, including training in equality and diversity.

4.4 All those involved in selection must have been calibrated in competency based assessment.

4.5 There must be external input into the selection process.

4.6 There must be published and easily accessible process for appealing non-selection.



## **DOMAIN 5**

### **DELIVERY OF CURRICULUM INCLUDING ASSESSMENT**

**The requirements set out in the approved curriculum and assessment system must be delivered and assessed**

#### ***Education and Training***

5.1 Training programmes must comply with the guidance on the content of CCT training published jointly by the RCGP and COGPED<sup>18</sup>.

5.2 The placements within a training programme, combined with a range of other learning opportunities must, together, provide trainees with exposure to a range of patients, clinical problems, training environments and training opportunities sufficient to deliver the GP Curriculum and so equip them for a career in independent practice.

5.3 Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of *Good Medical Practice* and the requirements of revalidation, particularly with regard to the completion of the appropriate revalidation declarations

5.4 Irrespective of the environment in which they are training, trainees must be able to access and be given help to access the learning opportunities that will enable them to meet the requirements of the GP Curriculum<sup>19</sup>. GP trainees in both primary and secondary care should be released to attend a minimum of 70% of the GP annual, formal teaching programme.

5.5 To satisfy the requirements of the GP Curriculum, trainees must gain supervised experience of general practice out-of-hours work that accords with COGPED guidance<sup>20</sup>.

#### **Developmental**

5.6 Trainees should gain experience of a range of GP workplaces in a variety of community settings

#### ***Assessment and appraisal***

5.7 Assessments must be appropriately sequenced and match progression through training.

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<sup>18</sup> <http://www.rcgp.org.uk/gp-training-and-exams/gp-certification-overview/~/media/Files/GP-training-and-exams/Certification%20files/RCGP-COGPED-guidance-on-the-content-of-specialty-training-programmes-in-general-practice-intended-to-lead-to-the-award-of-a-CCT.ashx>

<sup>19</sup> These learning opportunities will include courses, training days and the provision of other learning material. Off-the job training must be protected (bleep free)

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[http://www.cogped.org.uk/document\\_store/1286375694vGnm\\_out\\_of\\_hours\\_position\\_paper\\_\(revised\\_2010\).doc](http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_(revised_2010).doc)

5.8 Each assessment must add unique information and build on previous assessments.

5.9 Trainees must only be assessed by someone with appropriate experience and competence.

5.10 Trainees must be supported in preparing for all components of the MRCGP and provided with the necessary facilities, assessment opportunities, support and feedback in all primary and secondary care placements.

5.11 Progress through training (the acquisition of the competences in the GP Curriculum and the successful completion of MRCGP assessments), must be recorded and monitored by means of the Trainee ePortfolio and the ARCP process as defined in the Gold Guide.

5.12 Trainees must have regular, formal reviews in accordance with the requirements of the *Gold Guide* and the General Medical Council.

### **Performance feedback**

5.13 Trainees must receive regular, documented feedback on their performance in each placement.

5.14 Patients, doctors, other health and social care professionals, managers and administrators who have worked with trainees should have an opportunity to provide feedback on the trainee's performance.

5.15 The Trainee ePortfolio must record a trainee's professional development, educational achievements and assessment outcomes; to include summaries of feedback from the educational supervisor, significant achievements or difficulties and reflections of educational activity.

**DOMAIN 6**  
**SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY**

**GP specialty trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn**

***Induction to the Service***

6.1 Trainees starting new placements must receive a clinical induction that will enable them, under supervision, to practise and learn safely.

***Educational Induction***

6.2 Trainees starting new placements must receive an induction that will enable them to understand how the learning opportunities in the placement will deliver the relevant competences in the GP Curriculum.

***Educational supervision***

6.3 At the start of training the trainee and educational supervisor must sign an educational contract covering all placements in the programme.

6.4 Trainees must have an educational supervisor from general practice throughout the programme. When the educational supervisor changes, the deanery must ensure that there is a managed handover of responsibilities.

6.5 Each placement within a programme must be overseen by a clinical supervisor who may also be the educational supervisor. If the roles are separated, there must be a clear mechanism for the sharing, between them, of information on the trainee.

6.6 The educational and/or named clinical supervisor must meet the trainee at regular intervals (normally at least once every three months) to discuss progress in the placement.

6.7 Out-of-hours training must be appropriately supervised. The deanery is responsible for quality-managing that supervision<sup>21</sup>.

6.8 Trainees must have a means of feeding back in confidence concerns about the quality of patient care and about their training and education to an appropriate member of local faculty or the deanery, without fear of disadvantage. With reference to GMC guidance on confidentiality, trainees' privacy and desire for confidentiality should be respected if it is safe and sensible to do so<sup>22</sup>.

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<sup>21</sup> Ibid footnote 20

<sup>22</sup> [http://www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp)

6.9 Trainees must work in an environment where they can ask for help without fear of reprisal and where they regularly meet with a trainer or supervisor who is able to talk through difficult situations to assist learning.

6.10 Trainees must have access to career advice and support.

### **Training**

6.11 The learning needs of the trainee, identified by assessments and by other means, must be used to modify day to day teaching and, in certain circumstances and, with the endorsement of the ARCP, the structure and length of training.

6.12 In the GP practice, trainees must be given three educational sessions each week. This must include four hours of facilitated learning time at least two hours of which must be designated tutorial time, delivered by the educational supervisor/named clinical supervisor or, with adequate planning and supervision, another member of the primary healthcare team<sup>23,24</sup>.

6.13 Clinical workload, including working patterns and intensity of work by day and by night, must be appropriate for learning, add educational value and be appropriately supervised.

6.14 In accordance with COGPED/RCGP guidance<sup>25</sup>, training placements must be of sufficient length both to enable trainees to become members of the clinical team and to enable team members to make reliable judgments about the trainee's abilities, performance and progress.

6.15 Whilst trainees must be prepared to make the care of the patient their first concern, they must not undertake routine or repeated activities of no educational value or relevance to the GP Curriculum.

6.16 Trainees must be supported to acquire generic professional skills at all stages of training. This will include training and participation in audit, significant event analyses and other quality improvement activities.<sup>26</sup>

6.17 In both primary and secondary care settings systems must be in place to enable trainees to learn from and with other healthcare professionals.

6.18 Trainees must not be bullied or harassed by others or subject others to bullying or harassment.

6.19 Trainees must have access to information on local processes for managing and supporting trainees in difficulty.

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<sup>23</sup> This will be one session of the three identified as 'educational' in the GPC/COGPED GPR contract ([http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior\\_doctors/framecontractGPreGs0707.jsp](http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPreGs0707.jsp))

<sup>24</sup> Less than full time trainees should receive the pro rata equivalent education sessions

<sup>25</sup> Ibid footnote 18. The guidance states that training in any one secondary care specialty should not normally last for less than three months (or the part time equivalent)

<sup>26</sup> GP trainees should be taught how to undertake complete audit cycles

6.20 Trainees must have access to appropriate Occupational Health services<sup>27,28</sup> and personal, confidential counselling services and be told at the start of their training how to access these services.

### Developmental

6.21 In secondary care settings trainees should be given at least four hours of facilitated learning time each week, during normal working hours that is relevant to the learning outcomes specified in the GP Curriculum. The named clinical supervisor may, with adequate planning and supervision, delegate this responsibility to other members of the secondary healthcare team.

### ***Study leave***

6.22 Study leave activity must be relevant to the career end point of the trainee.

6.23 Trainees must be provided with information on how to apply for study leave and appropriate courses.

6.24 Trainees must be able to take up study leave in line with the written contract of employment for Trainees<sup>29</sup>.

6.25 The process for applying for study leave must be fair and transparent. There must be a deanery-level appeals process for those for whom study leave is denied.

### ***Academic training***

6.26 Trainees must be provided with information and guidance on the academic opportunities available in the specialty of general practice.

6.27 Deaneries should comply with Gold Guide guidance on the organisation of academic training, assessment and the ARCP process.

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<sup>27</sup> It is currently the responsibility of the local PCO to provide access to Occupational Health Services

<sup>28</sup> Ideally, GP STs should also be registered with a local GP

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[http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior\\_doctors/framecontractGPreg\\_s0707.jsp](http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPreg_s0707.jsp)

## **DOMAIN 7**

### **MANAGEMENT OF EDUCATION AND TRAINING**

**Education and training must be planned and maintained through transparent processes which show who is responsible at each stage**

7.1 GP specialty training programmes must be supported by a management plan which is adequately resourced and which sets out the responsibilities and accountabilities of the postgraduate dean, RCGP, other members of local faculty, trainees, providers and commissioners.

7.2 The provision of specialty training must be reviewed at board level within commissioning and employing organisations. It is highly desirable that boards contain an executive or non-executive director responsible for supporting specialty training programmes. Commissioners and employers should have a schedule of responsibilities for specialty training.

7.3 Deaneries must have a GP School Board set up by, and accountable to, the postgraduate dean. The School Board should include representation from the RCGP, local education providers, GP educational supervisors/named clinical supervisors and trainees and should have external input. The School Board must oversee the selection of GP educational supervisors, named GP clinical supervisors and training programme directors and quality manage GP training on behalf of the Postgraduate Dean. Named clinical supervisors in secondary care, responsible for supervising GP trainees, must be adequately trained, approved and re-approved in line with deanery policies and procedures.

7.4 GP training programmes must be quality controlled by the local GP training programme director reporting to the GP School Board.

7.5 All those responsible for supervising trainees must be familiar with the policy on how to escalate concerns about trainees.

7.6 Deaneries are responsible for quality managing the out-of-hours learning environment and the supervision provided to trainees training in out-of-hours.

7.7 Deaneries must re-approve local education providers where significant changes, that have the potential to affect training, are made to their organisation and/or structure.

#### ***Educator approval processes***

7.8 The process of GP educational supervisor approval and re-approval must comply with the following standards:

- It must be formal and standardised and comply with equality and diversity legislation
- It must take into account the outcomes of other processes, namely appraisal and revalidation

- Following initial approval, the first re-approval process should take place within two years; formal re-approval from thereon should normally take place at intervals no greater than five years and with reference to the educational supervisor's revalidation timetable
- Re-approval must take into account the views of past and present trainees and the training programme director and must include a review of the quality of the supervisor's teaching
- Those not approved or re-approved must have a right of appeal through a deanery appeals procedure

7.9 The process of named GP clinical supervisor approval and re-approval must comply with the following standards:

- It must be formal and standardised and comply with equality and diversity legislation
- It must take into account the outcomes of other processes, namely appraisal and revalidation
- Following initial approval, the first re-approval process should take place within two years; formal re-approval from thereon should normally take place at intervals no greater than five years and with reference to the clinical supervisor's revalidation timetable
- Appointments must be reviewed on a regular basis, taking into account the views of past and present trainees, educational supervisors and the training programme director

7.10 The process of Training Programme Director appointment must comply with the following standards:

- It must be formal and standardised and comply with equality and diversity legislation
- It must take into account the outcomes of other processes, namely appraisal and revalidation

**DOMAIN 8**  
**EDUCATIONAL RESOURCES AND CAPACITY**

**The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum**

8.1 The overall educational capacity of the institution and any unit offering training placements within it must be adequate to accommodate the practical experiences required by the trainee to meet learning outcomes specified in the GP curriculum.

8.2 The supervisor/trainee ratio must be such that effective supervision can be ensured. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (for example medical students, postgraduate health care professionals and non-training grade staff).

8.3 All those with a formal role in medical training, must have adequate support and resources to undertake their training role within the learning environment.

8.4 Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, web labs and simulated patient environments.



**DOMAIN 9**  
**OUTCOMES**

**The impact of these standards must be tracked against GP trainee outcomes and clear linkages should be made to improving the quality of training and the outcomes of the training programmes.**

9.1 Deaneries must monitor trainee progression and outcomes for quality assurance purposes and make appropriate changes to training programmes as a consequence.

9.2 Deaneries must publish information on assessment outcomes, comparing training programmes and deaneries. This information must be published in a way that ensures trainee confidentiality.

9.3 Deaneries must report to the GMC on the outcomes of training.

## GP EDUCATIONAL SUPERVISOR/ TRAINER STANDARDS

### **AoME Framework Area 1: Ensuring safe and effective patient care through training**

*Protecting patients and enhancing their care through the supervision of GP trainees; balancing the needs of patients and the service with the educational needs of GP trainees.*

The effective supervisor	The excellent supervisor
<p>1.1 Acts to ensure the health, wellbeing and safety of patients at all times.</p> <p>1.2 Ensures that trainees have undertaken appropriate organisational and educational induction.</p> <p>1.3 Allows trainees, when suitably competent and appropriately supervised, to take graduated responsibility for care appropriate to the needs of the patient.</p> <p>1.4 Shares, with others involved in training, information about trainees that is relevant to their professional development and ensures that the trainee knows what is being shared.</p> <p>1.5 Takes prompt and appropriate action when patient safety may be compromised by trainee underperformance.</p>	<p><i>Also:</i></p> <p>1.6 Uses educational interventions to enhance patient care.</p> <p>1.7 Involves trainees in service improvement.</p> <p>1.8 Involves patients in the educational process</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• Trainee and patient feedback</li> <li>• Arrangements for trainee induction</li> <li>• Examples of practice processes and innovation, involving the trainee (e.g. protocols, clinical governance review, significant event analyses, audits)</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Arrangements to ensure the continuous supervision of the trainee by the primary healthcare team</li> <li>• Arrangements to ensure supervision appropriate to trainee’s level of competence and confidence</li> <li>• Case studies/reflections on trainees in difficulty</li> <li>• Examples of engagement with agencies/organisations outside the practice in support of the trainee</li> </ul>	

**AoME Framework Area 2: Establishing and maintaining an environment for learning**

*Providing a safe clinical environment that is conducive to effective learning for GP trainees and others.*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>2.1 Encourages participation in education and training through provision of equality of opportunity and acknowledgment of diversity.</p> <p>2.2 Provides reasonable adjustments in the practice setting to accommodate trainees with disabilities, special educational or other needs.</p> <p>2.3 Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk.</p> <p>2.4 Is open, approachable and available.</p> <p>2.5 Encourages and maintains the confidence of trainees.</p> <p>2.6 Maintains good interpersonal relationships with trainees and colleagues.</p> <p>2.7 Provides protected time for teaching and learning.</p> <p>2.8 Is aware of the teaching and supervisory skills and experience of members of the primary healthcare team; involves the team in trainee supervision and teaching.</p> <p>2.9 Ensures that workload requirements on trainees are legal and that wherever possible they do not compromise learning.</p> <p>2.10 Proactively seeks the views of trainees on their experience of the training process.</p>	<p><i>Also:</i></p> <p>2.11 Takes steps to establish a learning organisation within the practice.</p> <p>2.12 Monitors, evaluates and takes steps to address areas for improvement in teaching and learning.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Colleague engagement in training and assessment</li> <li>• Examples of team learning activities</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Practice protocols</li> <li>• Information on changes made to the practice environment to improve training</li> </ul>	

**AoME Framework Area 3: Teaching and facilitating learning**

*Working with GP trainees to facilitate their learning.*

The effective supervisor	The excellent supervisor
<p>3.1 Has up-to-date subject knowledge and skills.</p> <p>3.2 Provides direct guidance on clinical work where appropriate.</p> <p>3.3 Plans learning and teaching according to the educational needs of the trainee</p> <p>3.4 Uses a range of appropriate teaching interventions in the clinical setting.</p> <p>3.5 Facilitates a wide variety of appropriate learning opportunities.</p> <p>3.6 Supports the trainee to develop an ability for self-directed learning, self-awareness and critical reflection.</p> <p>3.7 Supports the trainee in the acquisition of generic professional skills.</p> <p>3.8 Ensures that the trainee receives two hours of personal, protected teaching time each week, normally delivered by the educational supervisor.</p> <p>3.9 Supports the trainee to gain supervised and documented experience of general practice out-of-hours work in accordance with COGPED guidance.</p> <p>3.10 Ensures the trainee has access to formal learning opportunities e.g. the deanery delivered GP formal teaching programmes and study leave (in accordance with Deanery guidelines)</p> <p>3.11 Is able to adapt his/her teaching style to the learning style of the trainee</p>	<p><i>Also:</i></p> <p>3.12 Demonstrates exemplary subject knowledge and skills.</p> <p>3.13 Understands and can apply theoretical frameworks to their practice.</p> <p>3.14 Is involved with curriculum development beyond the supervisory relationship.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Written and/or audio visual records of teaching sessions and related peer feedback</li> <li>• Trainee feedback</li> </ul>	

**AoME Framework Area 4: Enhancing learning through assessment**

*Facilitating assessment and providing feedback*

The effective supervisor	The excellent supervisor
<p>4.1 Regularly observes the trainee's performance.</p> <p>4.2 Provides regular oral and written feedback to the trainee, throughout his/her training programme, that is clear, constructive and focused and that is summarised in the Educational Supervisor's Report.</p> <p>4.3 Plans and monitors assessment activities, including MSFs and PSQs as required by the curriculum.</p> <p>4.4 Understands the purpose of, and demonstrates ability in the use of, approved workplace based assessment tools.</p> <p>4.5 Ensures that workplace based assessments are used effectively by other members of the primary healthcare team and their completion supervised by those with the appropriate expertise.</p> <p>4.6 Monitors completion of workplace based assessments during the secondary care component of training.</p> <p>4.7 Is familiar with the technical and administrative aspects of the MRCGP.</p> <p>4.8 Supports the trainee in preparation for the MRCGP.</p> <p>4.9 Is able to guide the trainee in the use of the Trainee ePortfolio and keeps up to date with changes to the ePortfolio.</p> <p>4.10 Ensures the trainee has regular reviews in accordance with the requirements of the Gold Guide and the General Medical Council.</p>	<p><i>A/so:</i></p> <p>4.11 Understands and can apply theoretical frameworks relevant to assessment to their own and others' practice.</p> <p>4.12 Is involved in professional assessment activities beyond the supervisory relationship e.g. as an ARCP panel member or College examiner.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator's learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Written and/or audio visual records of trainee assessments</li> <li>• Evidence of involvement in the development and operation of assessment methodologies and processes at a local and/or national level</li> <li>• Calibration of assessments, for example through the local trainers' workshops</li> <li>• Feedback from the ARCP process</li> </ul>	

**AoME Framework Area 5: Supporting and monitoring educational progress**

*Supporting GP trainees in their progression towards a CCT and career destination*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>5.1 Agrees an educational contract with the trainee at the start of the training programme.</p> <p>5.2 Is familiar with the GP Curriculum and Curriculum resources.</p> <p>5.3 Is familiar with the regulatory framework surrounding GP specialty training.</p> <p>5.4 Reviews and monitors educational progress through regular timetabled meetings with the trainee; sets educational objectives and modifies educational interventions in response.</p> <p>5.5 Is familiar and up-to-date with the technical and administrative aspects of the RCGP Trainee e-Portfolio and encourages and supports its use by the trainee.</p> <p>5.6 Provides a structured Educational Supervisor's Report that complies with RCGP guidance and local guidance on time frames.</p> <p>5.7 Provides continuity of supervision and ensures effective educational handover between supervisors within the practice and between training placements.</p> <p>5.8 Arranges for the trainee to be supervised by another, appropriately trained GP in the practice when the supervisor is absent.</p> <p>5.9 Responds efficiently and effectively to emerging problems of trainee progress.</p> <p>5.10 Is up to date with Deanery policy and processes for supporting the trainee in difficulty.</p> <p>5.11 Ensures that trainees know how to raise concerns about their training</p> <p>5.12 Ensures that trainees are aware of their responsibility to participate in, and are encouraged to participate in, national and local quality monitoring of their educational experience.</p> <p>5.13 Understands their role and responsibilities within the educational governance structures of their local training programme.</p>	<p><i>Also:</i></p> <p>5.14 Proactively seeks out opportunities for providing formal support and career development activities for trainees.</p> <p>5.15 Establishes and/or evaluates schemes for monitoring trainee progress across the training programme.</p>

**Evidence to show compliance with these standards could include:**

- Educator's learning log (showing reflective practice and resulting changes to practice)
- Trainee ePortfolio – Educators Notes
- 360° colleague feedback and other feedback from workplace colleagues
- Trainee timetables, learning plans and records of progress
- Arrangements to ensure effective, joined up supervision of the trainee by the primary healthcare team
- Case studies/reflections on trainees in difficulty
- Examples of engagement with agencies/organisations outside the practice in support of the trainee

**AoME Framework Area 6: Guiding personal and professional development**

*Supporting GP trainees in their personal and professional development.*

The effective supervisor	The excellent supervisor
<p>6.1 Provides a positive role model, through the demonstration of exemplary clinical skills, professional behaviours and relationships.</p> <p>6.2 Is able to demonstrate and maintain appropriate boundaries e.g. social/professional.</p> <p>6.3 Understands when and where to refer on to other agencies e.g. occupational health, counselling, deanery careers unit.</p> <p>6.4 Advises the trainee on career progression and signposts the trainee to other sources of career support.</p>	<p><i>Also:</i></p> <p>6.5 Provides timely and appropriate career guidance beyond training.</p> <p>6.6 Demonstrates a willingness to remain a critical friend and mentor after completion of training.</p> <p>6.7 Understands the wider national context of professional development for doctors at all levels.</p> <p>6.8 Can draw on a wide range of skills and techniques relevant to personal and professional development.</p> <p>6.9 Provides support for other colleagues/educators in relation to personal and professional development.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• trainee support, challenge and careers guidance</li> <li>• Examples of engagement with agencies/organisations outside the practice in support of the trainee</li> </ul>	



**AoME Framework Area 7: Continuing professional development as an educator**

*Personal, professional development as a medical educator*

The effective supervisor	The excellent supervisor
<p>7.1 Has an up to date Personal Development Plan in relation to his/her extended role as an educator, derived through annual appraisal.</p> <p>7.2 Evaluates his/her own supervisory practice e.g. through trainee feedback, peer observation.</p> <p>7.3 Takes action to improve his/her practice on the basis of feedback received via formal and informal routes.</p> <p>7.4 Understands the professional guidance contained in <i>Good Medical Practice</i> and the RCGP's <i>Good Medical Practice for GPs</i>.</p> <p>7.5 Regularly updates his/her teaching skills and provides evidence of peer review of those skills.</p> <p>7.6 Participates regularly in meetings of the local educators group.</p> <p>7.7 Informs the Postgraduate Dean (or nominated deputy) of any investigations into their own fitness to practise or complaints that may call into question their fitness to practise.</p> <p>7.8 Is familiar with current medical and educational developments and their implications for both general practice and general practice teaching.</p> <p>7.9 Ensures that his/her training in equality, diversity and human rights best practice is kept up to date.</p> <p>7.10 Maintains membership or fellowship in good standing of the RCGP or is able to demonstrate his/her commitment to high quality general practice in other ways.</p> <p>7.11 Successfully revalidates for his/her role as an educator</p>	<p><i>Also:</i></p> <p>7.12 Participates in a range of activities relevant to GP training, such as trainee recruitment, the selection and re-selection of other GP training practices and educators, ARCP panels, College committees, GMC panels, processes for monitoring and supporting trainees in difficulty.</p> <p>7.13 Has a Certificate of Medical Education or equivalent.</p> <p>7.14 Actively seeks the views of colleagues, including trainees, through e.g. 360 appraisal, peer observation.</p> <p>7.15 Engages in programmes of educational development e.g., Training the trainers, Postgraduate Certificate, Masters.</p> <p>7.16 Assists in the development of others as educators including trainees.</p>
<p><b>Evidence to show compliance with these standards could include</b></p> <ul style="list-style-type: none"> <li>• Educator's learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Personal Development Plan</li> <li>• Examples of participation in educational processes and development at a local, national or international level</li> </ul>	

## NAMED GP CLINICAL SUPERVISOR STANDARDS

### **AoME Framework Area 1: Ensuring safe and effective patient care through training**

*Protecting patients and enhancing their care through the supervision of those training in general practice; balancing the needs of patients and the service with the educational needs of those training in general practice.*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>1.1 Acts to ensure the health, wellbeing and safety of patients at all times.</p> <p>1.2 Ensures that trainees have undertaken appropriate organisational and educational induction.</p> <p>1.3 Allows trainees, when suitably competent and appropriately supervised, to take graduated responsibility for care appropriate to the needs of the patient.</p> <p>1.4 Shares with others involved in training information about trainees that is relevant to their professional development and ensures that the trainee knows what is being shared.</p> <p>1.5 Takes prompt and appropriate action when patient safety may be compromised by trainee underperformance.</p>	<p><i>A/so:</i></p> <p>1.6 Uses educational interventions to enhance patient care.</p> <p>1.7 Involves trainees in service improvement.</p> <p>1.8 Involves patients in the educational process.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• Trainee and patient feedback</li> <li>• Arrangements for trainee induction</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Arrangements to ensure supervision appropriate to the trainee’s level of competence and confidence</li> <li>• Case studies/reflections on trainees in difficulty</li> <li>• Examples of engagement with the trainee’s educational supervisor in support of the trainee</li> </ul>	

**AoME Framework Area 2: Establishing and maintaining an environment for learning**

*Providing a safe clinical environment that is conducive to effective learning*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>2.1 Encourages participation in education and training through provision of equality of opportunity and acknowledgment of diversity.</p> <p>2.2 Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk.</p> <p>2.3 Is open, approachable and available.</p> <p>2.4 Encourages and maintains the confidence of trainees.</p> <p>2.5 Maintains good interpersonal relationships with trainees and colleagues.</p> <p>2.6 Provides protected time for teaching and learning.</p> <p>2.7 Ensures that workload requirements on trainees are legal and that wherever possible they do not compromise learning.</p> <p>2.8 Proactively seeks the views of trainees on their experience.</p>	<p><i>Also:</i></p> <p>2.9 Takes steps to establish a learning organisation within workplace.</p> <p>2.10 Monitors, evaluates and takes steps to address areas for improvement in teaching and learning.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Examples of team learning activities</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Workplace protocols</li> <li>• Information on changes made to the working environment to improve training</li> </ul>	

**AoME Framework Area 3: Teaching and facilitating learning**

*Working with those training in general practice to facilitate their learning.*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>3.1 Has up-to-date subject knowledge and skills.            3.2 Provides direct guidance on clinical work where appropriate.            3.3 Plans learning and teaching according to the educational needs of the trainee            3.4 Uses a range of appropriate teaching interventions in the clinical setting.            3.5 Facilitates a wide variety of appropriate learning opportunities.            3.6 Supports the trainee to develop an ability for self-directed learning, self-awareness and critical reflection.            3.7 Supports the trainee in the acquisition of generic professional skills.            3.8 Ensures the trainee has access to formal learning opportunities e.g. the deanery delivered GP formal teaching programmes and study leave (in accordance with Deanery guidelines)</p>	<p><i>Also:</i>            3.9 Demonstrates exemplary subject knowledge and skills.            3.10 Understands and can apply theoretical frameworks to their practice.            3.11 Is involved with curriculum development beyond the supervisory relationship.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Written and/or audio visual records of teaching sessions and related peer feedback</li> <li>• Trainee feedback</li> </ul>	

**AoME Framework Area 4: Enhancing learning through assessment**

*Facilitating assessment and providing feedback*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>4.1 Regularly observes the trainee’s performance.</p> <p>4.2 Provides feedback to the trainee, throughout his/her training programme, that is clear, constructive and focused.</p> <p>4.3 Understands the purpose of, and demonstrates ability in the use of, approved workplace based assessment tools.</p> <p>4.4 Supports the trainee in preparation for formal assessments, e.g. the MRCGP.</p>	<p><i>Also:</i></p> <p>4.5 Understands and can apply theoretical frameworks relevant to assessment to their own and others’ practice.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"><li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li><li>• Trainee ePortfolio – Educators Notes</li><li>• 360° colleague feedback and other feedback from workplace colleagues</li><li>• Trainee timetables, learning plans and records of progress</li><li>• Written and/or audio visual records of trainee assessments</li></ul>	

**AoME Framework Area 5: Supporting and monitoring educational progress**

*Supporting those training in general practice in their progression towards a CCT and career destination*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
<p>5.1 Is familiar with the relevant curriculum and related resources.</p> <p>5.2 Arranges for the trainee to be supervised by another, appropriately trained GP in the practice when the supervisor is absent.</p> <p>5.3 Responds efficiently and effectively to emerging problems of trainee progress.</p> <p>5.4 Is up to date with Deanery policy and processes for supporting the trainee in difficulty.</p> <p>5.5 Ensures that trainees know how to raise concerns about their training; and that trainees participate in national and local quality monitoring of their educational experience.</p> <p>5.6 Understands their role and responsibilities within the educational governance structures of their local training programme.</p>	<p><i>Also:</i></p> <p>5.7 Proactively seeks out opportunities for providing formal support and career development activities for trainees.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Trainee timetables, learning plans and records of progress</li> <li>• Case studies/reflections on trainees in difficulty</li> <li>• Examples of engagement with other organisations/agencies in support of the trainee</li> </ul>	

**AoME Framework Area 6: Guiding personal and professional development**

*Supporting those training in general practice in their personal and professional development.*

<b>The effective supervisor</b>	<b>The excellent supervisor</b>
6.1 Provides a positive role model, through the demonstration of exemplary clinical skills, professional behaviours and relationships. 6.2 Is able to demonstrate and maintain appropriate boundaries e.g. social/professional. 6.3 Understands when and where to refer on to other agencies e.g. occupational health, counselling, deanery careers unit.	<i>Also:</i> 6.4 Understands the wider national context of professional development for doctors at all levels. 6.5 Can draw on a wide range of skills and techniques relevant to personal and professional development. 6.6 Provides support for other colleagues/educators in relation to personal and professional development.
<b>Evidence to show compliance with these standards could include:</b> <ul style="list-style-type: none"><li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li><li>• Trainee ePortfolio – Educators Notes</li><li>• 360° colleague feedback and other feedback from workplace colleagues</li><li>• trainee support, challenge and careers guidance</li><li>• Examples of engagement with other organisations/agencies/the trainee’s educational supervisor in support of the trainee</li></ul>	

**AoME Framework Area 7: Continuing professional development as an educator**

*Personal, professional development as a medical educator*

The effective supervisor	The excellent supervisor
<p>7.1 Has an up to date Personal Development Plan in relation to his/her extended role as an educator, derived through annual appraisal.</p> <p>7.2 Evaluates his/her own supervisory practice e.g. through trainee feedback, peer observation.</p> <p>7.3 Takes action to improve his/her practice on the basis of feedback received via formal and informal routes.</p> <p>7.4 Understands the professional guidance contained in Good Medical Practice and the RCGP's Good Medical Practice for GPs.</p> <p>7.5 Regularly updates his/her teaching skills</p> <p>7.6 Informs the Postgraduate Dean (or nominated deputy) of any investigations into their own fitness to practise.</p> <p>7.7 Ensures that his/her training in equality, diversity and human rights best practice is kept up to date.</p>	<p><i>Also:</i></p> <p>7.8 Shows evidence of peer review of his/her teaching skills.</p> <p>7.9 Actively seeks the views of colleagues, including trainees, through e.g. 360 appraisal, peer observation.</p> <p>7.10 Engages in programmes of educational development</p> <p>7.11 Assists in the development of others as educators including trainees.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator's learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from workplace colleagues</li> <li>• Personal Development Plan</li> <li>• Examples of participation in educational processes and development at a local, national or international level</li> </ul>	



## GP TRAINING PROGRAMME DIRECTOR STANDARDS

### **AoME Framework Area 1: Ensuring safe and effective patient care through training**

*Protecting patients and enhancing their care through the supervision of those training in general practice; balancing the needs of patients and the service with the educational needs of those training in general practice.*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
<p>1.1 Acts to ensure the health, wellbeing and safety of patients at all times.</p> <p>1.2 Oversees the provision of trainee induction in all placements.</p> <p>1.3 Shares with others involved in training, information about trainees that is relevant to their professional development, ensuring that the trainee knows what is being shared.</p> <p>1.4 Takes prompt and appropriate action when patient safety may be compromised by trainee or educational supervisor/clinical supervisor underperformance.</p>	<p><i>Also:</i></p> <p>1.5 Participates in the ARCP process.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator's learning log (showing reflective practice and resulting changes to practice)</li> <li>• Case studies/reflections on trainees in difficulty</li> <li>• Examples of engagement with other agencies, for example Occupational Health</li> </ul>	

**AoME Framework Area 2: Establishing and maintaining an environment for learning**

*Providing a safe clinical environment that is conducive to effective learning for GP trainees and others.*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
<p>2.1 Understands, educational theory and principles and the processes of managing medical education.</p> <p>2.2 Participates in local and deanery quality assurance processes.</p> <p>2.3 Manages people and resources effectively and efficiently.</p> <p>2.4 Maintains good interpersonal relationships with trainees and colleagues.</p> <p>2.5 Devises training programmes that recognise developments in the GP Curriculum and the shift in patient care in the UK towards general practice.</p> <p>2.6 Ensures that the local education providers in primary and secondary care (including OOH training providers) offer training that satisfies the requirements of the GP Curriculum and meets the needs of the learner.</p> <p>2.7 Participates in the recruitment and selection of GP educational supervisors and named GP clinical supervisors.</p> <p>2.8 Provides support to practices new to training.</p> <p>2.9 Provides support to practices undergoing change or in difficulty.</p> <p>2.10 Identifies underperforming educational supervisors at an early stage and offers support.</p> <p>2.11 Formally appraises GP educational supervisors.</p> <p>2.12 Supports the professional development of local GP educators more generally, including the facilitation of a local GP Faculty Group.</p> <p>2.13 Has effective advocacy skills to deal effectively with secondary care colleagues.</p>	<p><i>Also:</i></p> <p>2.14 Develops innovative learning opportunities.</p> <p>2.15 Identifies and nurtures new training practices and educational supervisors.</p> <p>2.16 Understands the concept of, and encourages practices in the development of, the effective learning environment.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• 360° colleague feedback and other feedback from w colleagues</li> <li>• Examples of team learning activities</li> <li>• Reports on visits to training placements in primary and secondary care</li> <li>• Trainee feedback</li> </ul>	

**AoME Framework Area 3: Teaching and facilitating learning**

*Working with GP trainees to facilitate their learning.*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
3.1 Is, or has recently been, an approved GP educational supervisor or can demonstrate a detailed knowledge of GP specialty training by other means. 3.2 Oversees the professional development of the local educational supervisors group. 3.3 Ensures that the formal teaching programme is of good quality and relevant to the GP Curriculum.	Also:
<b>Evidence to show compliance with these standards could include:</b> <ul style="list-style-type: none"><li>• Educator's learning log (showing reflective practice and resulting changes to practice)</li><li>• 360° colleague feedback and other feedback from colleagues</li><li>• Trainee feedback</li></ul>	

## **AoME Framework Area 4: Enhancing learning through assessment**

### *Facilitating assessment and providing feedback*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
<p>4.1 Provides feedback for trainees and educational supervisors that is of a quality sufficient to contribute to the revalidation process.</p> <p>4.2 Is familiar with the technical and administrative aspects of the MRCGP.</p> <p>4.3 Works with educational supervisors to improve the quality of Educational Supervisors Reports.</p> <p>4.4 Is familiar with the evidence needed to complete the Trainee ePortfolio.</p> <p>4.5 Ensures that there is regular calibration of educational supervisor assessments.</p> <p>4.6 Oversees the ARCP process locally.</p> <p>4.7 Helps to prepare trainees and educational supervisors for the ARCP process.</p>	<p>A/so:</p> <p>4.8 Contributes to regional and national developments in GP training.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"><li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li><li>• 360° colleague feedback and other feedback from colleagues</li><li>• Feedback from the RCGP’s Quality Unit on the quality assurance of the ARCP process and Educational Supervisors Reports</li></ul>	

**AoME Framework Area 5: Supporting and monitoring educational progress**

*Supporting GP trainees in their progression towards a CCT and career destination*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
<p>5.1 Understands their role and responsibilities within the educational governance structures of the local training programme.</p> <p>5.2 Oversees the placement of trainees into programmes.</p> <p>5.3 Is familiar with the GP Curriculum and Curriculum resources.</p> <p>5.4 Is familiar with the regulatory framework surrounding GP specialty training.</p> <p>5.5 Is familiar and up-to-date with the technical and administrative aspects of the RCGP Trainee e-Portfolio and encourages and supports its use by the trainee.</p> <p>5.6 Is up to date with Deanery policy and processes for supporting the trainee in difficulty and responds efficiently and effectively to emerging problems of trainee progress.</p> <p>5.7 Is familiar with COGPED guidance relating to GP specialty training.</p> <p>5.8 Is familiar with deanery policy for careers management and counselling and has career management skills.</p>	<p><i>A/so:</i></p> <p>5.9 Encourages the research and development of innovation in teaching practice.</p> <p>5.10 Is an RCGP External Advisor.</p> <p>5.11 Sits on ARCP panels.</p>
<p><b>Evidence to show compliance with these standards could include:</b></p> <ul style="list-style-type: none"> <li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li> <li>• 360° colleague feedback and other feedback from colleagues</li> <li>• Case studies/reflections on trainees in difficulty</li> <li>• ARCP outcomes</li> </ul>	

**AoME Framework Area 6: Guiding personal and professional development**

*Supporting GP trainees in their personal and professional development.*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
6.1 Provides a positive role model, through the demonstration of exemplary clinical skills, professional behaviours and relationships. 6.2 Is able to demonstrate and maintain appropriate boundaries e.g. social/professional. 6.3 Understands when and where to refer on to other agencies e.g. occupational health, counselling, deanery careers unit.	<i>Also:</i> 6.4 Understands the wider national context of professional development for doctors at all levels. 6.5 Can draw on a wide range of skills and techniques relevant to personal and professional development. 6.6 Provides support for other colleagues/educators in relation to personal and professional development.
<b>Evidence to show compliance with these standards could include:</b> <ul style="list-style-type: none"><li>• Educator’s learning log (showing reflective practice and resulting changes to practice)</li><li>• Trainee ePortfolio – Educators Notes</li><li>• 360° colleague feedback and other feedback from colleagues</li><li>• trainee support, challenge and careers guidance</li></ul>	

**AoME Framework Area 7: Continuing professional development as an educator**

*Personal, professional development as a medical educator*

<b>The effective training programme director</b>	<b>The excellent training programme director</b>
<p>7.1 Has an up to date Personal Development Plan in relation to his/her extended role as an educator, derived through annual appraisal.</p> <p>7.2 Evaluates his/her own practice and takes action to improve his/her practice on the basis of feedback received via formal and informal routes.</p> <p>7.3 Understands the professional guidance contained in <i>Good Medical Practice</i> and the RCGP's <i>Good Medical Practice for GPs</i>.</p> <p>7.4 Informs the Postgraduate Dean (or nominated deputy) of any investigations into their own fitness to practise or complaints that may call into question their fitness to practise.</p> <p>7.5 Is familiar with current medical and educational developments and their implications for both general practice and general practice teaching.</p> <p>7.6 Ensures that his/her training in equality, diversity and human rights best practice is kept up to date.</p> <p>7.7 Maintains membership or fellowship in good standing of the RCGP or is able to demonstrate his/her commitment to high quality general practice in other ways.</p> <p>7.8 Successfully revalidates for his/her role as an educator</p>	<p><i>Also:</i></p> <p>7.9 Has a Certificate of Medical Education or its equivalent, or is working towards a higher qualification.</p> <p>7.10 Actively seeks regular feedback on their performance.</p> <p>7.11 Represents the deanery at national events/on national bodies.</p>
<p><b>Evidence to show compliance with these standards could include</b></p> <ul style="list-style-type: none"> <li>• Educator's learning log (showing reflective practice and resulting changes to practice)</li> <li>• Trainee ePortfolio – Educators Notes</li> <li>• 360° colleague feedback and other feedback from colleagues</li> <li>• Personal Development Plan</li> <li>• Examples of participation in educational processes and development at a local, national or international level</li> </ul>	

## GP TRAINING PRACTICE STANDARDS

1. GP training practices must be formally approved and regularly re-approved by the GP School Board.
2. The approval of new training practices must be contingent on a site visit by the deanery and the initial approval period should be for a maximum of two years. Re-approval thereafter should normally take place at least every five years.
3. The re-approval process should combine periodic review with a form of self-assessment that encourages the practice team to reflect on the learning culture within the practice.
4. Training practices that undergo major change, for example entry into an arrangement with a private provider, must inform the deanery and go through a re-approval process.
5. The approval process must take into account the views of current and past trainees.
6. The involvement of the educational supervisor or other GPs in the practice in local and national professional organisations must not compromise clinical contact with patients, time for training and quality of training.
7. The practice must normally be able to cope with its patient load effectively with or without a trainee.
8. GP training practices must have high scores in all nationally agreed quality frameworks, for example QOF.

### Developmental

9. The practice should be a good learning environment for a range of learners: students, trainees, overseas, refugee, and EU doctors in clinical placements, GP retainers, GP returners and Flexible Careers Scheme doctors.

### **Practice Management**

10. The practice must achieve the maximum standards for medical records as specified in nationally agreed quality frameworks, for example QOF.
11. The practice must be able to show that it is committed to providing a good, comprehensive, cost effective and continuing service to patients, including the use of effective and economic prescribing methods and referrals to secondary care and diagnostic tests.
12. The practice must have clinical governance procedures.
13. The practice must have procedures for obtaining patient consent.
14. The practice must have up to date and effective policies for home visiting, continuity of care for patients, emergency care and out-of-hours cover.
15. The practice must make provision for preventive care and health promotion.
16. The practice must be able to show effective use of the entire primary healthcare team.



17. The practice must engage in regular quality improvement activities, including significant event analyses and audit.
18. The practice must have an effective SUI reporting system that explores error in a no-blame environment. Common SUIs should be used to inform trainee induction.
19. The practice must have regular practice meetings, which the trainee should attend, wherever possible, and at which practice management and the management of patients are discussed.
20. The trainee timetable must enable the trainee to obtain experience of all aspects of out-of-hours work in accordance with COGPED guidelines.
21. The practice must have a well-run appointments system that meets the regulatory standards.
22. The practice must carry out, and act upon, the results of patient satisfaction surveys in accordance with regulatory standards.
23. The practice must have an effective process for managing patient complaints in accordance with regulatory standards.
24. The practice must be fully registered with national regulators, as required, for example the Care Quality Commission. The practice must inform the deanery if a regulator imposes conditions on its registration.

### **Performance Review**

25. All members of the primary healthcare team involved in teaching must have personal development plans that cover their work as educators.
26. The practice team must regularly review both the organisational and clinical aspects of their practice and the trainee should be involved in this review.

### **Premises**

27. The trainee should have a well-equipped room that meets regulatory standards.
28. The practice should provide the trainee with his/her own space and facilities in the practice to secure personal items safely.
29. The practice must inform patients that it is a training practice, particularly with reference to the recording of consultations and the inspection of medical records for the purpose of educator accreditation; deanery and GMC quality assurance activities.
30. The practice must comply with legislation on the storage of digital data.
31. IT support must be available, including a computer with appropriate search facilities, internet and electronic reference data access as well as facilities for private study.
32. Equipment for recording patient consultations must be easily accessible.
33. The trainee must have access to the drugs and equipment needed to provide effective emergency and out-of-hours care.