

# Criteria for the Selection and Re-approval of Trainers, Associate Trainers and their Practices in Primary Care

This paper sets out the criteria to become a Trainer or an Associate Trainer. The statements are referenced to the GMC's paper "*The Trainee Doctor*". The right hand column can be used for you to mark areas you need to develop. See also the self assessment application form which is referenced to the GMC paper and these criteria.

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| <b>Domain 1 – Patient Safety</b>  |   | <i>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.<br/>There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors</i> |
| The general practitioner trainer/ associate trainer/ educational supervisor, he/she full-time or part-time, must be able to demonstrate that: |   |   |
| 1.2   | He/she has had a wide experience of NHS General Practice: for at least: three years ( <b>essential for GP Trainer</b> ); for at least one year ( <b>essential for associate trainer</b> ).  |   |
| 1.3   | He/she is readily accessible to his/her patients and staff during his/her working hours ( <b>essential</b> )  |   |
|   | He/she/she/she is self-critical of his/her work as a general practitioner and regularly reviews his/her/ own performance through audit activities ( <b>essential</b> ), written evidence of this is <b>essential</b>  |   |
| 1.3   | he/she can provide evidence of a high standard of clinical competence in general practice ( <b>essential</b> ), including success in the MRCGP ( <b>essential for GP trainers; desirable for GP associate trainers</b> ). Existing trainers and educational supervisors who have not passed the MRCGP by examination or by assessment (MAP) are encouraged to do so ( <b>desirable</b> ); Non-GP associate trainers from other professions are encouraged to achieve a similar standard of qualification in their own profession ( <b>desirable for non-GPs</b> ) |   |
|   | he/she has a knowledge of, and commitment to local and national initiatives relating to clinical governance ( <b>essential</b> )  |   |
|   | he/she has an adequate knowledge of, and the ability to appraise and apply current medical literature ( <b>essential</b> )  |   |
|   | he/she practices a high standard of health promotional care ( <b>essential</b> )  |   |
|   | he/she has a commitment to personal professional development ( <b>essential</b> ) and is expected to have a personal learning plan ( <b>essential</b> )   |   |
|   | he/she shows a sensitivity to the personal needs and feelings of colleagues ( <b>essential</b> ) with whom he/she is able to communicate effectively ( <b>essential</b> );  |   |
|   | he/she prescribes appropriately ( <b>essential</b> ) and can demonstrate that he/she reviews his/her prescribing regularly ( <b>essential</b> ), for example using PACT data;   |   |
|   | he/she understands the roles of and makes appropriate use of services provided by other members of the primary health care team and of other colleagues ( <b>essential</b> )  |   |
| 1.3   | he/she is normally readily accessible to his/her GP learner throughout the normal working week (and as agreed with the educational supervisor/mentor where applicable) ( <b>essential</b> ). Where there is more than one trainer in the practice, the applicant may be able to   |   |

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|   | demonstrate that the training arrangements in the practice adequately satisfy the criteria other than by his/her personal attendance   |  |
|   | he/she can ensure a named partner or the educational supervisor will deputise and provide satisfactory teaching and clinical, educational and pastoral supervision in the trainer or supervisor's absence <b>(essential)</b>                   |  |
|   | all educators must ensure proper service and educational cover for their GP learners when they themselves are absent on study leave or holiday. <b>(essential)</b>   |  |
| The practice must be able to demonstrate the following: |  |  |
|   | continuing performance review as an established practice. The practice should provide evidence that this is so (e.g. practice appraisal system) <b>(desirable)</b> .   |  |
|   | methods of monitoring prescribing habits as an important part of the audit process <b>(essential)</b> and a practice formulary or prescribing policy including a statement on how the formulary is reviewed and implemented <b>(desirable)</b> |  |
|   | A written protocol on how the summaries are kept up to date <b>(essential)</b> and an acceptable record keeping system that provides the registrar with the right information, in the right place at the right time <b>(essential)</b>         |  |
|   | Clinical notes, letters and the results of investigations should be filed in date order, long term drug therapy should be clearly discernible in the records, and important past events should be summarised <b>(essential)</b>                |  |

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| <b>Domain 2 – Quality Assurance review and evaluation</b> |  | <i>Specialty including GP training must be quality managed, reviewed and evaluated.</i> |
| 3.1   | All posts, and training practice management systems must comply with the European Working Time Regulations, the Data Protection Act, and the Freedom of Information Act  |   |
| 2.3   | The trainer has signed a contract of employment with each of his/her previous GP learners, where applicable <b>(essential)</b> . This should be based on the nationally recommended model contract appropriate to each GP learner. |   |

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| <b>Domain 3 – Equality, Diversity &amp; Opportunity</b> |  | <i>Specialty training must be fair and based on principles of equality</i> |
| 3.1   | At all stages GP Specialty training programmes must comply with, and be working towards best practice in employment law, the Disability Discrimination Acts, Race Relations (Amendment) Act, Sex Discrimination act, Equal Pay Acts, the Human Rights Act and other equal opportunity and diversity legislation that may be enacted in the future. This will include compliance with the public duty to promote equality and diversity. Information about the content and purpose of training programmes must be publically available on or via links to |  |

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|     | HEEoE and the GMC websites.   |  |
| 3.4 | Reasonable adjustments, that do not compromise standards, must be made to training programmes and environments to accommodate GP StRs with disabilities, special educational needs or other needs. Practices must accept trainees working flexibly. |  |
|     | In accordance with the requirements of the Gold Guide, educational and clinical supervisors must receive regular training in equality, diversity and human rights best practice.  |  |

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| <b>Domain 4 – Recruitment, selection and appointment of GpStRs</b> |   | <b><i>Processes for the recruitment, selection and appointment must be open, fair, and effective</i></b> |
|  | The trainer must sign a contract of employment with each of his/her GP learners, where applicable ( <b>essential</b> ). This should be based on the nationally recommended model contract appropriate to each GP learner.   |  |
|  | The trainer pays the salaries and allowances of his/her present and previous GP learners promptly and in full where appropriate ( <b>essential</b> )  |  |
|  | Educational and clinical supervisors must be aware of their responsibilities as an employer   |  |
|  | The trainer should be conversant with the national processes for the recruitment and selection of GP registrars ( <b>essential</b> ), should have undergone competency based assessment and equal opportunities training ( <b>essential</b> ) and participated in these processes ( <b>desirable</b> ). |  |

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| <b>Domain 5 – Delivery of curriculum including assessment</b> |   | <b><i>The requirements set out in the approved curriculum must be delivered and assessed</i></b> |
| 5.1   | The placements within a training practice, combined with a range of other learning opportunities must, together, provide GPStRs 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. |  |
| 5.1   | Irrespective of the environment in which they are training, GPStRs must be able to, and be given help to, access all the learning opportunities that will enable them to complete the GP curriculum. Trainees must be free to access training days that form part of their training programme.  |  |
| 5.1   | The trainer must provide the GPStR with opportunities for training in child health surveillance, family planning and minor surgery ( <b>essential</b> )   |  |
| 5.1   | To satisfy the requirements of the GP curriculum, GpStRs must gain supervised experience of general practice OOH work. OOH training must comply with COGPED and HEEoE guidance( <b>essential</b> ).   |  |
| 5.6   | The trainer must be familiar with MRCGP guidance and regulations. In addition, he/she should be able to demonstrate a knowledge of the  |  |

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|             | technical and administrative aspects. <b>(essential)</b>  |  |
|             | Trainers should be able to provide their GPStRs with information on the MRCGP and on how to register for the assessment.  |  |
|             | Trainers must demonstrate that they can support GPStRs in preparing for all components of the MRCGP, and provide the facilities, assessments, support and feedback in order to do them.             |  |
|             | GP StRs must have regular formal appraisals in accordance with the requirements of the Gold Guide and the General Medical Council.  |  |
| 5.3,<br>5.9 | The trainer must ensure that there is opportunity for regular feedback on the trainee's performance and that trainees have due regard to the principles of Good Medical Practice <b>(essential)</b> |  |

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| <b>Domain 6 – Support and development of GP StRs trainers and local faculty</b> |   | <b><i>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.</i></b> |
| 6.1   | Trainees starting new placements must receive induction to ensure they understand the approved curriculum; how their post fits within the programme; and their duties and reporting arrangements to ensure they are told about practice policies, and to meet key staff <b>(essential)</b>  |  |
| 6.2   | At the start of the practice placement, the trainer must discuss with the trainee the educational framework and support systems within the practice, and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve during the placement <b>(essential)</b> |  |
|   | The trainer should demonstrate that he/she is able to formulate aims and objectives for the GP learners attachment, in consultation with his/her learner (Associate Trainers: and educational supervisor/mentor) <b>(essential)</b> and is able to use these as a basis for teaching throughout the GP learners attachment <b>(essential)</b>                                   |  |
| 6.3   | GP StRs must have a named educational supervisor from general practice throughout their programme <b>(essential)</b>  |  |
|   | If the trainer is not also the educational supervisor for a trainee, the two must be in regular contact to discuss trainee progress.  |  |
| 6.4   | Trainees must sign an educational agreement/ contract at the start of each post <b>(essential)</b>  |  |
| 6.5   | The trainer must ensure that the trainee uses the RCGP's ePortfolio which is discussed with them or the educational supervisor <b>(essential)</b>   |  |
| 6.6   | The trainer must ensure that trainees have further meetings with their educational supervisor (or representative) at least six monthly, to discuss their progress and plan their approach to outstanding learning needs <b>(essential)</b>  |  |
| 6.7   | The trainer must ensure that the trainee has a means of feeding back in confidence, their concerns and views about their training and education experience to an appropriate member of local faculty.   |  |
| 6.9   | The trainer must be able to support the trainee in his/her preparation for his/her future career <b>(essential)</b> . Trainees should have ready access to career advice and guidance.  |  |

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| 6.10               | The working pattern and intensity of the work done by the trainee both by day and by night must be appropriate for learning (neither too light, not too heavy)  |  |
|                    | <p>The trainer should make available within the practice working week two sessions for educational purposes. One of these will be a combination of formal tutorials and informal learning, and the other for educational planning and personal study. He/she will ensure that the trainee will be able to attend the local day release course for a third educational session. The other 7 sessions in the working week should be used to gain clinical experience. For part time GP registrars, the time dedicated to educational purposes, other than face to face teaching, should be reduced according to the percentage of full time worked (<b>essential</b>);</p> <div data-bbox="475 645 1145 1099" style="text-align: center;"> <pre> graph TD     A[Standard working week<br/>10 sessions] --&gt; B[7 clinical]     A --&gt; C[3 educational]     C --&gt; D[2 structured<br/>(Tutorial / day release)]     C --&gt; E[1 independent<br/>(Personal study /audit)]             </pre> </div> |  |
| 6.18               | The trainer should ensure that trainees are not subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem  |  |
| 6.13               | The trainer should ensure that routine activities of no educational value are not presenting obstacles to the trainee’s learning of the GP curriculum   |  |
| 6.14               | The trainer must provide opportunities for the trainee to become familiar with the principles of clinical audit, and to participate in planning, data collection and analysis, and can demonstrate that the learner has actually done so ( <b>essential</b> ). He/she should encourage and support the learner in undertaking this work ( <b>desirable</b> )  |  |
| 6.15               | The trainer should ensure that the trainee has access to occupational health  |  |
| 6.19               | and a confidential counselling service ( <b>essential</b> )   |  |
| 5.4                | The trainer should ensure that the trainee is able to attend the GP Programme release course and other relevant postgraduate medical education activities ( <b>essential</b> ). Foundation Doctors must be able to attend relevant educational activities ( <b>essential</b> ).   |  |
| 6.16               | The trainer should provide access to training in generic professional skills ( <b>essential</b> ). This should include skills in analysis of significant events, critical reading and appraisal, and putting into practice published work relevant to primary care  |  |
| 6.17               | The trainer should provide the opportunity for trainees to learn with other healthcare professionals ( <b>essential</b> )   |  |
| <b>Study Leave</b> |   |  |
| 6.19               | The trainer must ensure that trainees are aware of how to apply for study leave, and guided towards appropriate courses and funding   |  |
| 6.23               | The trainer must allow trainees to take study leave up to the maximum   |  |



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|   | permitted under their terms and conditions of service  |  |
| 6.25  | The trainer must ensure that arrangements for trainees' study leave accord with published HEEoE and national guidelines ( <b>essential</b> ). The process for applying for study leave must be fair and transparent and an appeals process readily available.  |  |
| <b>Academic Training</b>  |  |  |
| 6.26<br>6.27  | The trainer should ensure the trainee is exposed to academic opportunities particularly for those whose skills and aptitudes are well suited to an academic career ( <b>essential</b> )  |  |
| <b>Trainers must provide a level of supervision appropriate to the competence and experience of the trainee</b> |  |  |
| 6.29  | The trainer must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety ( <b>essential</b> ). He/she must also observe and teach diligent observance of the professional guidance contained within the GMC's "Good Medical Practice", "Maintaining Good Medical Practice" and "Doctors as Teachers" ( <b>essential</b> )  |  |
|   | Educational supervisors must have appropriate professional and personal values. They must demonstrate an enthusiasm for general practice and inform their Postgraduate GP Dean (or nominated deputy) of concerns over, or restrictions on their fitness to practise.   |  |
| 6.30  | The trainer must understand and demonstrate ability in the use of the approved work-place based assessment tools, and be clear as to what is deemed acceptable progress  |  |
| 6.31  | The trainer must regularly review the trainee's progress, adopting a constructive approach to giving feedback. He/she should be able to make use of a range of teaching methods, and discuss the ways in which he/she has used the results of formative and summative assessments to modify further teaching.  |  |
| <b>Trainers must be involved in and contribute to the learning culture in which patient care occurs</b>         |  |  |
| 6.32  | The trainer must ensure that clinical care is valued for its learning opportunities. Learning and teaching must be integrated into service provision   |  |
| 6.33  | The trainer must ensure that he/she has secured the support of all his/her partners in the practice for training ( <b>essential</b> ). He/she must liaise with other trainers, both in the practice and outside it (usually in the local Trainers Workshop) to ensure a consistent approach to education and training and the sharing of good practice   |  |
| 6.37  | <p><b>Selection and Training for Trainers, Associate Trainers and Educational Supervisors.</b></p> <p><b>GP Trainers:</b> New applicants must hold an academically validated Certificate, Diploma or Degree in Medical Education (<b>essential</b>)</p> <p><b>Associate Trainers:</b> New applicants must have fully attended and satisfactorily completed a foundation associate trainer course approved by HEEoE; satisfactorily completed a six month period of assessment with a training supervisor and been interviewed by a HEEoE educator (<b>essential</b>).</p> <p><b>Educational Supervisors:</b> To be an Educational Supervisor one should be a</p> |  |

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|     | full trainer. Educational supervisors must be able to demonstrate that they have developed teaching expertise   |  |
|     | However, it is acceptable to have obtained a Medical Education qualification of comparable standard elsewhere. Applicants who are applying to become trainers more than five years after obtaining their qualification will need to show that they have maintained the development of their teaching expertise by attending teaching skills course, trainers' workshops and other suitable trainers' courses. Existing trainers will not be required to take undertake another course |  |
|     | An established trainer or supervisor applying for re-approval must demonstrate evidence of continuing development in teaching skills and that he/she has been an active member of the HEEoE educational network (e.g. Trainers' Workshops; peer support and other learning organisations) <b>(essential)</b>  |  |
|     | During each period or re-approval, the trainer will have participated in a selection or re-approval visit to one or more learning organisations, and will have attended a local ARCP panel session.   |  |
|     | A trainer providing clinical supervision to a GPStR must have highly developed clinical skills and must be a skilled communicator. He/she must relate well to GPStRs, colleagues and patients both face to face, on the telephone and in writing. He/she must communicate effectively within their clinical practice, and help GPStRs to develop effective communication skills   |  |
|     | A trainer must be committed to continuing professional development as an educator. They must have an up to date personal development plan derived through annual appraisal for their work as an educator, be willing to undergo performance review and be familiar with current medical literature and its implications for both general practice and general practice teaching.  |  |
| 1.8 | The trainer should understand the process for dealing with a trainee whose performance gives cause for concern  |  |

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| <b>Domain 7 – Management of Education and Training</b> | <b><i>Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.</i></b>   |  |
| 1.8  | Trainers, through the Programme Director, must involve HEEoE as soon as it is clear that a GPStR is in difficulty, there are concerns about performance or the GPStR has been absent from a placement for more than two weeks. |  |

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| <b>Domain 8 – Educational Resources and Capacity</b> | <b><i>The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum</i></b>  |  |
| 8.1, 8.3, 8.4  | Training capability and capacity in all placements should be adequate for the number and type of GPStRs and other types of trainee being trained at any one time. It should also be sufficient for the educational requirements of all other healthcare professionals in the practice.<br>The trainee should have access to a consulting room ( <b>desirable</b> ), and protected space for storage of personal equipment and books ( <b>essential</b> ). |  |
| 8.5  | The practice should provide: <ul style="list-style-type: none"> <li>opportunities for GP learners to appreciate how computerisation can contribute to the clinical and organisational work of the practice</li> </ul>   |  |



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|     | ( <b>essential</b> ); all learning organisations should provide opportunities for learners to use computers within a practice setting ( <b>essential</b> )   |  |
|     | <ul style="list-style-type: none"> <li>registers and indices that are used for teaching and can be used for research and audit (<b>desirable</b>)</li> </ul>   |  |
|     | <ul style="list-style-type: none"> <li>adequate secretarial and reception staff to run the practice and encompass training (<b>essential</b>)</li> </ul>   |  |
|     | <ul style="list-style-type: none"> <li>effective practice management (<b>essential</b>) from which the GP learner has the opportunity to learn (<b>essential</b>)</li> </ul>   |  |
|     | <ul style="list-style-type: none"> <li>audited practice protocols for the continuing care of patients with chronic diseases such as hypertension, diabetes mellitus, coronary he/s heart disease and asthma and be able to demonstrate them. (<b>essential</b>)</li> </ul> |  |
|     | <ul style="list-style-type: none"> <li>an adequate range of diagnostic and therapeutic equipment in the practice (<b>essential</b>)</li> </ul>   |  |
|     | <ul style="list-style-type: none"> <li>evidence of good team working (<b>essential</b>) and multi-professional learning (<b>desirable</b>) with other doctors and practice staff involved in teaching the registrar (<b>essential</b>)</li> </ul>                          |  |
|     | <ul style="list-style-type: none"> <li>an appropriate method of responding to patient comments and complaints (<b>essential</b>) and seeks to involve patients in the organisation and development of the practice (<b>desirable</b>)</li> </ul>                           |  |
| 8.6 | There should be access to educational facilities, including a library and the internet. This should be of a standard to enable trainees to achieve the outcomes of the programme as specified in the GP curriculum ( <b>essential</b> ).                                   |  |
| 8.4 | Trainers' job plans should specify adequate protected time for training  |  |
| 8.5 | There should be adequate teaching aids which must include a video or DVD recorder/player for viewing a recording of the consultation ( <b>essential</b> )  |  |