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**Criteria for the Selection and Re- approval of GP Trainers (Tier 3 educators), Associate GP Trainers (Tier 2b), Out of Hours Clinical Supervisors (Tier 2a) and Learning Organisations in Primary Care**

This paper sets out the criteria to become a GP Trainer (Tier 3), an Associate Trainer (Tier 2b) or an Out of Hours Clinical Supervisor (Tier 2a). The statements are referenced to the GMC’s paper *“The Trainee Doctor”*. Please also refer to the application form which is referenced to the GMC paper and these criteria.

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| **Domain 1 – Patient Safety** | ***The duties, working hours and supervision of trainees must be consistent with the delivery of high quality and safe patient care.******There must be clear procedures to address immediately any concerns about patient safety arising from the training of******doctors*** |
| The general practitioner educator, be s/he full-time or part-time, must be able to demonstrate that: |
| 1.2 | S/he has had a wide experience of NHS General Practice: for atleast: three years in a non-training practice and two years in a training practice (**essential for GP Trainer**); or for at least one year post-CCT in any primary care environment (**essential for associate trainer or OOH clinical supervisor**). |
| 1.3 | S/he is readily accessible to his/her patients and staff during his/her working hours (**essential**) |
|  | S/he is self-critical of his/her work as a general practitioner and regularly reviews his/her/ own performance through audit activities (**essential**), written evidence of this is **essential** |
| 1.3 | S/he can provide evidence of a high standard of clinical competence in general practice (**essential**). Tier 3 GP educators should have MRCGP (**essential).** Tier 2 GP educators or existing educators who have not passed the MRCGP by examination or by assessment (MAP) are encouraged to do so **(desirable);** Non-GP associate trainers from other professions are encouraged to achieve a similar standard of qualification in their own profession **(desirable for non-GPs)** |
|  | S/he has a knowledge of, and commitment to local and national initiatives relating to clinical governance (**essential**) |
|  | S/he has an adequate knowledge of, and the ability to appraise andapply current medical literature (**essential**) |
|  | S/he practices a high standard of health promotional care (**essential)** |
|  | S/he has a commitment to personal professional development and should create a PDP as part of their NHS appraisal every year. This should include educational objectives relevant to their work as a GP educator. (**essential**) |
|  | S/he shows a sensitivity to the personal needs and feelings of colleagues (**essential**) with whom he/she is able to communicate effectively (**essential**); |
|  | S/he prescribes appropriately (**essential**) and can demonstrate that s/he reviews his/her prescribing regularly (**essential**) |
|  | S/he understands the roles of and makes appropriate use of services provided by other members of the primary health care teamand of other colleagues (**essential**) |
| 1.3 | S/he is normally readily accessible to his/her GP learner throughout the normal working week (and as agreed with the educational supervisor/mentor where applicable) **(essential).** Where there is morethan one educator in the practice, the applicant may be able to |

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|  | demonstrate that the training arrangements in the practice adequatelysatisfy the criteria other than by his/her personal attendance |
|  | S/he can ensure a named clinician will deputise and provide satisfactory teaching and clinical, educational and pastoral supervision in the trainer or supervisor’s absence **(essential)** |
|  | all educators must ensure proper service and educational cover for their GP learners when they themselves are absent on study leave orholiday. (**essential**) |
| The learning organisation must be able to demonstrate the following: |
|  | continuing performance review as an established practice.The learning organisation should provide evidence of a satisfactory CQC report **(desirable).** |  |
|  | methods of monitoring prescribing habits as an important part of the audit process (**essential**) and a practice formulary or prescribing policy including a statement on how the formulary is reviewed and implemented (**desirable**) |  |
|  | A written protocol on how the patient’s summary record is kept up to date **(essential)** and an acceptable record keeping system that provides the GP trainee with the right information, in the right place at the right time (**essential**) |  |
|  | Clinical notes, letters and the results of investigations should be easily available on the computer record, long term drug therapy should be clearly discernible in the records, and important past events should be summarised **(essential)** |  |

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| **Domain 2 – Quality****Assurance review and evaluation** | ***Specialty including GP training must be quality managed, reviewed and evaluated.*** |
| 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 GP trainer has provided the GP trainee with a generic work schedule in advance of the placement which is then agreed at the start of the placement (**essential)** |

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| **Domain 3 – Equality, Diversity & Opportunity** | ***Specialty training must be fair and based on principles of equality*** |
| 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 publicly available on or via links to the HEE and GMC websites |

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| 3.4 | Reasonable adjustments, that do not compromise standards, must be made to training programmes and environments to accommodate GP trainees 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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| **Domain 4 – Recruitment,****selection and appointment of GP trainees** | ***Processes for the recruitment, selection and appointment must be open, fair, and effective*** |
|  | The GP trainer has provided the GP trainee with a generic work schedule in advance of the placement which is then agreed at the start of the placement **(essential)** |
|  | Educational and clinical supervisors must understand the relationship with the lead employer and be aware of their responsibilities around sickness reporting and monitoring, wellbeing and other employment matters |
|  | The trainer should be conversant with the national processes for the recruitment and selection of GP trainees (**desirable**), should have undergone competency based equality and diversity training (**essential)** and participated in these processes (**desirable**). |

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| **Domain 5 – Delivery of curriculum including assessment** | ***The requirements set out in the approved curriculum must be delivered and assessed*** |
| 5.1 | The placements within a training practice, combined with a range of other learning opportunities must, together, provide GP 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. |
| 5.1 | Irrespective of the environment in which they are training, GP trainees 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 | To satisfy the requirements of the GP curriculum, GP trainees must gain supervised experience of general practice OOH work. OOH training must comply with COGPED and HEEoE guidance**(essential)**. |
| 5.6 | The GP educator must be familiar with MRCGP guidance and regulations. In addition, s/he should be able to demonstrate a knowledge of the |

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|  | technical and administrative aspects. (**essential**) |
|  | GP educators should be able to provide their GP trainees with information on WBPA and the AKT/CSA examinations **(essential)**  |
|  | GP educators must demonstrate that they can support GP trainees in preparingfor all components of the MRCGP, and provide the facilities, assessments, support and feedback in order to support them with this **(essential)** |
|  | GP trainees must have regular formal appraisals in accordance with the requirements of the Gold Guide and the General Medical Council. These equate to the Educational Supervisors Review (ESR) (**essential)** |
| 5.3,5.9 | 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 **(essential)** |

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| **Domain 6 – Support and development of GP educators and local faculty** | ***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.*** |
| 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 (**essential**) |
| 6.2 | At the start of the practice placement, the GP educator must discuss with the trainee the educational framework and support systems within the practice, and the respective responsibilities of the GP trainee and educator to support their learning. This discussion should include the setting of aims and objectives that the GP traineeis expected to achieve during the placement (**essential**) |
|  | The educator should demonstrate that s/he is able to formulate aims and objectives for the GP trainee’s attachment, in consultation with his/her learner and, where appropriate, the educational supervisor (**essential**) and is able to use these as a basis for teaching throughout the GP learner’s attachment (**essential**) |
| 6.3 | GP trainees must have a named educational supervisor from general practice throughout their programme (**essential**) |
|  | Where the educator is not also the educational supervisor for a GP trainee, the two educators must be in regular contact to discuss trainee progress. |
| 6.4 | Trainees must sign an educational agreement/contract at the start of training (**essential**) |
| 6.5 | The educator must ensure that the trainee uses the RCGP’s ePortfolio and that they regularly review the trainee’s progress on their eportfolio (**essential**) |
| 6.6 | The educator must ensure that trainees have an ESR meeting with their educational supervisor at least six monthly, to discuss their progress and plan their approach to outstanding learning needs **(essential)** |
| 6.7 | The educator must ensure that the trainee has a means of feeding back in confidence, their concerns and views about their training and educational experience to an appropriate member of local faculty. (**essential)** |
| 6.9 | The educator must support the trainee in his/her preparation for his/her future career (**essential**). 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 dayand by night must be appropriate for learning (neither too light, not too heavy) and must fulfil the requirements of the 2016 Junior Doctor contract. |
|  | The trainer should make available within the practice working week three sessions for educational purposes. One would be for self-directed learning, one for learning opportunities within the practice and one for structured teaching in the form of the local half day release programme. The other 7 sessions in the working week should be used to gain clinical experience. Debrief time is considered part of clinical time. For part time GP registrars, the time dedicated to educational purposes, should be reduced according to the percentage of full time worked (**essential**)Further information can be found on <https://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training> |  |
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| .18 | The educator should ensure that trainees are not subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem **(essential)** |
| 6.13 | The educator should ensure that routine activities of no educational value arenot presenting obstacles to the trainee’s learning of the GP curriculum |
| 6.14 | The educator 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 (**essential**). S/he should encourage and support the learner in undertaking this work (**desirable**) |
| 6.156.19 | The educator should ensure that the trainee, where needed, has access to occupational health and a confidential counselling service through the single employer or for, Foundation trainees, through their employer **(essential)**  |
| 5.4 | The educator should ensure that the trainee is able to attend the GP Programme half day release course, regional teaching and other relevant postgraduate medicaleducation activities **(essential).** Foundation Doctors must be able to attend relevant educational activities **(essential).** |
| 6.16 | The educator should provide access to training in generic professional skills **(essential).** 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 otherhealthcare professionals **(essential)** |
| **Study Leave** |
| 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 educator 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 educator must ensure that arrangements for GP trainees’ study leave accord with published HEE and national guidelines (**essential**). The process for applying for study leave must be fair and transparent and an appeals process readily available. |
| **Academic Training** |
| 6.266.27 | The educator should ensure the GP trainee is exposed to academic opportunities particularly for those whose skills and aptitudes are well suited to an academic career **(essential)** |
| **Trainers must provide a level of supervision appropriate to the competence and****experience of the trainee** |
| 6.29 | The educator must enable GP trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety (**essential**). S/he 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” (**essential**) |
|  | 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. **(essential)** |
| 6.30 | The educator 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 **(essential)** |
| 6.31 | The trainer must regularly review the trainee’s progress, adopting a constructive approach to giving feedback. S/he should be able to make use of a range of teaching methods, and discuss the ways in which s/he has used the results of formative and summative assessments to modify further teaching. |
| **Trainers must be involved in and contribute to the learning culture in which patient care occurs** |
| 6.32 | The trainer must ensure that clinical care is valued for its learning opportunities. Learning and teaching should be integrated into service provision |
| 6.33 | The educator must ensure that s/he has secured the support of all his/her partners in the practice for training (**essential**). S/he must liaise with other educators, both in the practice and outside it (usually in the local Trainers Workshop) to ensure a consistent approach to education and training and thesharing of good practice |
| 6.37 | **Selection and Training for Trainers, Associate Trainers and Educational Supervisors.****GP Trainers (Tier 3)**: New applicants must have completed the HEE educator Tier 3 training pathway for GP educators or hold an academically validated Certificate, Diploma or Masters degree in Medical Education **(one or the other is essential).** They will then need to have an approval interview. GP trainers provide educational supervision for GP trainees**Associate Trainers (Tier 2b)**: New applicants must have completed the HEE educator Tier 2b training pathway for GP educators (**essential**). They will then need to have an approval interview.**OOH Clinical Supervisors (Tier 2a)**: New applicants must have completed the HEE educator Tier 2a training pathway for GP educators (**essential**). They will then need to have an approval interview.All GP educators on Tier 2a, 2b and 3 must be on the National Performers List |

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|  | Applicants who are applying to become educators more than one year 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 educator courses. Existing educators will not be required to take undertake another course |
|  | An established educator applying for re-approval must demonstrate evidence of continuing development in teaching skills and that s/he has been an active member of the HEE educational network (e.g. attending Trainer Groups; regional teaching and symposia, undertaking peer review and WBPA benchmarking) (**essential**) |
|  | During each period of educator approval, the educator will need to have participated in a GPQM panel or initial approval visit to one or more learning organisations (Tier 2 and 3), and will have participated in a local ARCP panel session (Tier 3) or have observed one (Tier 2). |
|  | The educator providing clinical supervision to a GP trainee must have highly developed clinical skills and must be a skilled communicator. S/he must relate well to GP trainees, colleagues and patients both face to face, on the telephone and in writing. S/he must communicate effectively within their clinical practice, and help GP trainees to develop effective communication skills |
|  | The educator 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 educator should understand the process for dealing with a trainee whose performance gives cause for concern **(essential)** |

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| **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.*** |
| 1.8 | Educators, through the Training Programme Director, must involve HEE as soon as it is clear that a GP trainee is in difficulty, there are concerns about performance or the GP trainee has been absent from a placement for more than two weeks **(essential)** |

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| **Domain 8 – Educational Resources and Capacity** | ***The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum*** |
| 8.1,8.3,8.4 | Training capability and capacity in all placements should be adequate for the number and type of GP trainees 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 learning organisation.The trainee should have access to a consulting room (**desirable**), and protected space for storage of personal equipment and books (**essential**). |
| 8.5 | The organisation should provide:* opportunities for GP trainees to appreciate how IMT can contribute to the clinical and organisational work of the practice
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|  | (**essential**); all learning organisations should provide opportunities for learners to use computers within a practice setting (**essential**) |
|  | * registers and indices that are used for teaching and can be used for research and audit (**desirable**)
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|  | * adequate secretarial and reception staff to run the practice and encompass training (**essential**)
 |
|  | * effective practice management (**essential**) from which the GP learner has the opportunity to learn (**essential**)
 |
|  | * 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. (**essential**)
 |
|  | * an adequate range of diagnostic and therapeutic equipment in the practice (**essential**)
 |
|  | * evidence of good team working (**essential**) and multi-professional learning (**desirable**) with other doctors and practice staff involved in teaching the trainee (**essential**)
 |
|  | * an appropriate method of responding to patient comments and complaints (**essential**) and seeks to involve patients in the organisation and development of the practice (**desirable**)
 |
| 8.6 | There should be access to educational facilities, including a variety of educational resources including good access to the internet. This should be of a standard to enable trainees to achieve the outcomes of the programme as specified in the GP curriculum (**essential**). |
| 8.4 | Trainers’ job plans should specify adequate protected time for training **(essential)** |
| 8.5 | There should be adequate teaching aids which must include appropriate facilities for recording and viewing patient consultations for educational purposes whilst complying with confidentiality and data storage regulations as set out by GDPR 2018 (**essential**) |

Created November 2009

Updated February 2019