



GMC Recognition and Approval of Trainers

Frequently Asked Questions

1. What is Recognition of Trainers?

In 2012 the GMC issued new requirements for the recognition and approval of certain groups of trainers.

2. Who requires to be recognised as a trainer?

Only trainers in one of four roles identified by the GMC require formal recognition – these roles are:

- (1) named educational supervisor (PG),
- (2) named clinical supervisor (PG),
- (3) lead coordinators of undergraduate training at each local education provider, and
- (4) doctors responsible for overseeing students' educational progress for each medical school.

Will I be told that my name has been submitted as a named trainer?

We will ensure that all named trainers in any of the above roles in Scotland will have received a letter by email from NES by the end of September 2014 to confirm that they have been identified as holding such a role.

Who decides if you are a clinical supervisor or a supervising clinician (who do not require formal recognition)?

The difference between the roles of clinical supervisor and supervising clinician is set out in the [definitions document](#). Every unit should have an educational lead to identify teaching roles required and job time requirements who should work in conjunction with DMEs.

Do Royal College examiners and undergraduate examiners require GMC recognition?

Royal college and undergraduate examiners do not require recognition under the new arrangements unless they also hold another named role.

I am already approved as a GP Trainer – do I also need to go through this recognition process?

No – GP Trainers are already approved as such and do not need any further recognition under this process and are deemed to be suitably qualified to hold any of the named trainer roles.

If you choose not to be a named trainer how does this affect your other work? Will you still be permitted to provide support trainees and students?

You may choose not to be a trainer who holds one of the recognised RoT roles but may continue to play an important role in the education of students and trainees. These new arrangements will only affect a small number of undergraduate trainers who hold identified undergraduate teaching roles. Individuals in these roles will be confirmed as holding them by the university. Undergraduate teaching carried out by a wide range of other teachers will continue as before.

How can I be appointed to a named training role in future?

A formal appointments process is to be developed for these roles in future. After July 2016 only those trainers who are formally recognised can be appointed to these roles.

3. What requirements will have to meet to achieve recognition?

More information of the requirements to achieve recognition are set out in the Scottish Trainers Framework. This includes details of the GMC competency framework for trainers.

4. What evidence is required to support the seven areas of the GMC framework and what training opportunities are available?

We aim to launch an online version of the Scottish Trainers Framework which will provide examples of the types of evidence for the seven areas of the framework. Meanwhile, it is available on the NES web-site at <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/generic-training/faculty-development.aspx>

How will I store relevant educational material on the SOAR system and can it be linked to a number of the GMC domains?

The SOAR document store will allow trainers to link documents or files to a number of domains.

Does this mean that I now need a formal teaching qualification such as provided by Higher Education Academy or the Academy of Medical Educators?

We expect most trainers will initially use the route of providing evidence against the framework areas rather than seeking a formal qualification or membership of a professional body.

Does that mean that in practice I have to do a SCOTs course every 5 years?

SCOTs courses are being rebranded as the Scottish Faculty Development Alliance and a range of training opportunities are to be provided. Details will be available in due course through the Scottish Trainers Framework. It will be up to individuals and appraisers how often courses require to be refreshed.

With such large numbers of trainers and tight time constraints, will there be enough opportunities to achieve attendance at mandatory/recognised courses? Where do I find out about relevant courses?

Training capacity is being reviewed through the Faculty Development Alliance and will be a mixture of face-to-face and on-line courses to best suit local needs. The Scottish Trainers Framework will be launched as an on-line tool in due course which will direct you to relevant courses.

5. What is the role of appraisal for RoT and who carries it out?

The same appraisal system will be used for RoT as for revalidation and the same appraiser will also carry out the RoT appraisal at the same time. It would not be practical to undergo two separate appraisals.

How will appraisers be trained for RoT appraisal?

Some appraisers may be approved trainers themselves but not all appraisers will be. As with other aspects of appraisal, appraisers will have to make a judgment based on published guidelines and the quality of the evidence provided.

How will SOAR be used to support appraisal for RoT purposes?

The educational pages in SOAR are to be redesigned to support the detailed RoT requirements. SOAR guidance for appraisers will be updated to provide guidance on the RoT requirements.

Do I have to contact my appraiser to identify myself as a trainer?

Named trainers will be identified to appraisers by the SOAR system as a result of a link to the NES Pinnacle system which will store details of all named trainers who require to be recognised.

How will the outcome of the appraisal process be reported to NES and the Medical Schools and will the full details of the appraisal process be disclosed?

The intention is to ensure NES and the Medical Schools can only access the relevant educational section of appraisal. As SOAR is updated for RoT we will ensure access is limited appropriately.

Will the Medical Schools still be able to carry out a separate educational appraisal?

The Medical Schools will still be able to carry out a separate educational appraisal for certain teaching roles. However, the outcome of these educational appraisals will have to be uploaded onto the SOAR system to allow your appraiser for revalidation to confirm your RoT appraisal status.

6. How do I ensure sufficient time in my Job plan?

The definitions document is on the NES web-site which includes details of teaching time requirements. There is a commitment from Boards to ensure sufficient flexibility in job plans, even where there are 9:1 contracts, to allow for the educational component although this may take some time to introduce. Supervising clinicians (who do not require formal recognition) also require sufficient time to undertake this role and this will require to be considered as service plans are being developed.

Who do I contact if I do not have time in my job plan?

In the first instance you should contact your Director of Medical Education (DME) or the relevant Medical School if you carry out an undergraduate role.

Health boards have not followed previous GMC guidance on time required in job plans for education so why should there be a change now?

The GMC have made it clear that they will expect to be able to see appropriate evidence that sufficient time is available in job plans for RoT roles. Appraisers will also be required to confirm that time is available for these roles.

Does time to be allocated per trainee (1 hour per trainee) apply to Educational Supervisors and Clinical Supervisors?

The one hour per trainee is to cover both Postgraduate roles.

What will happen if there are not enough recognised trainers? Do you anticipate a reduction in number of Educational Supervisors ie having this role concentrated on fewer individuals?

DMEs are working to ensure appropriate time for named trainers in job plans. Over time there may be fewer named trainers with correspondingly more trainees and more time available for training in job plans. This should be discussed locally in the first instance.

How is this teaching time to be funded?

Health Boards already receive significant amounts of ACT funding [around £80m per annum in total) which supports undergraduate medical education. Work is underway through rolling out the Measurement of Teaching (MoT) project to provide a direct link between ACT funding, teaching activity, time in job plans and directorate budgets to improve transparency.