

FACULTY DEVELOPMENT

Recognition and Approval of Trainers

1. Background

The General medical Council has set out its plans to recognise and approve doctors in postgraduate secondary care who have a responsibility for training medical students and trainee doctors (GMC 2012). Currently, GMC is seeking to acquire the legal powers to approve trainers in secondary care, alongside their current powers in the Medical Act (1983) to approve GP trainers.

Recognition and approval of doctors in secondary care will help provide assurance to the public that medical training produces doctors with the knowledge, skills and behaviours that ensure safe patient care and good medical practice.

2. What is already required of trainers?

The new arrangements for recognition and approval of trainers do not change the current standards that trainers are expected to meet. These standards are set out in The Trainee Doctor (2011):

“Trainers must provide a level of supervision appropriate to the competence and experience of the trainee” (Paragraphs 6.29-6.31)

- 6.29 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety
- 6.30 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress
- 6.31 Trainers must regularly:
 - i. Review the trainee’s progress through the training programme
 - ii. Adopt a constructive approach to giving feedback on performance
 - iii. Ensure the trainee’s progress is recorded
 - iv. Identify their development needs
 - v. Advise on career progression
 - vi. Understand the process for dealing with a trainee whose progress gives cause for concern

“Trainers must be involved in, and contribute to, the learning culture in which patient care occurs” (Paragraphs 6.32-6.33)

- 6.32 Trainers must ensure that clinical care is valued for its learning opportunities; learning, assessment and teaching must be integrated into service provision

- 6.33 Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions

“Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees” (Paragraphs 6.34-6.36)

- 6.34 Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.
- 6.35 Postgraduate deaneries must have structures and processes to support and develop trainers, and must provide trainers with information about how to access training and support to help them to undertake their roles and responsibilities effectively.
- 6.36 Trainers with additional educational roles, for example training programme director or director of medical education, must be selected against a set of criteria, have specific training for their role, demonstrated ability as effective trainers and be appraised against their educational activities

“Trainers must understand the structure and purpose of, and their role, in the training programme of their designated trainees” (Paragraphs 6.38-6.39)

- 6.38 Trainers must have knowledge of, and comply with the GMC’s regulatory framework for medical training.
- 6.39 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.

3. Objectives of the process

According to GMC (2012), the recognition and approval of trainers will lead to several desirable outcomes, including:

- Helping to ensure the safety of patients, students and trainees, and enhance the training environment
- Improving the quality of training
- Enhancing the perceived value and visibility of the training role
- Improving links between the GMC and Education Organisers

- Clarifying lines of accountability and responsibility for training and the different roles (see below)

4. Scope and definitions of trainers

All clinicians who come into contact with doctors in training are involved in their education. They do this through being available, observing the doctor in training, teaching on-the-job, giving regular feedback and providing rapid responses to issues as they arise. However, within a given training placement, each doctor in training should have a 'named clinical supervisor' and a 'named educational supervisor'. These named individuals are specifically responsible for individual trainees or groups of doctors in training. Sometimes, the roles of clinical and educational supervisor may be merged. Note that in both instances the GMC requires the supervisor to be 'selected and appropriately trained'.

There are four trainer Roles that are identified by GMC:

a) Named clinical supervisors:

These are responsible for overseeing the work of the trainee throughout the placement.

GMC (2012) defines a named clinical supervisor as '...a trainer who is responsible for overseeing a specified trainee's clinical work for a placement in a clinical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement, and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements'.

Clinical supervision relates to day-to-day oversight of trainees in the workplace and is an activity that involves all clinicians who come into contact with trainees (AoME 2013). Clinical supervision involves "being available, looking over the shoulder of the trainee, teaching on the job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise. All trainees should have access to supervision at all times, with the degree of supervision tailored to their competence, confidence and experience. Within a given training placement, and for each trainee, such arrangements may be the responsibility of a nominated 'clinical supervisor'".

b) Named educational supervisors:

These are responsible for the overall supervision of doctors in training and their progression during placements. They work with doctors in training to plan their training against the agreed learning outcomes.

GMC (2012) defines an educational supervisor as ‘a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee’s trajectory of learning and educational progress during a placement and/ or series of placements. Every trainee must have a named educational supervisor. The educational supervisor’s role is to help the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement and/or series of placements.’

Educational supervision relates to the oversight of a trainee’s progress over time (AoME 2013). Educational supervisors are “responsible for ensuring that trainees are making the necessary clinical and educational progress. Educational supervisors will need all the skills of clinical supervision, plus an appreciation of supporting educational theory, the ability to undertake appraisal, work with portfolios and provide careers advice. Managing the trainee in difficulty will also, inevitably, involve the educational supervisor with support from Deanery training structures”.

c) Doctors responsible for overseeing undergraduate medical students’ progress.

There is at least one in each medical school and, for example, the role may be fulfilled by an NHS consultant or clinical academic coordinating the course.

d) Lead coordinators of undergraduate medical education at each local education provider (LEP):

These are responsible for coordinating the placement and training of medical students and ensuring worthwhile educational activities.

Note that some doctors will be involved in both undergraduate and postgraduate education. They may be both a clinical and an educational supervisor. In any case, the requirements for recognition may overlap.

5. Requirements for trainers:

The Academy of Medical Educators (AoME) framework

The GMC requirements relate to seven areas drawn from the AoME Framework for the Professional Development of Postgraduate Medical Supervisors (2010).

These are:

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational process
6. Guiding personal and professional development
7. Continuing professional development (CPD) as an educator

Within the AoME framework, Clinical supervisors do not need to show evidence of meeting standard areas 5 and 6 although they should be aware of them. Trainers in the other three groups must meet all seven areas. The framework has been mapped to both The Trainee Doctor and Tomorrow's Doctors.

However, NIMDTA do not see any reason why the requirements for Clinical Supervisors should be any less than that required of Educational Supervisors.

6. Mapping of trainer requirements by NIMDTA

The following table is closely modelled on the AoME framework document. It maps the seven framework areas to the standards within The Trainee Doctor, and translates these into day-to-day knowledge, skills and behaviours expected of Trainers.

AoME Framework	The Trainee Doctor	Knowledge, skills and behaviours of Trainers
1. Ensuring safe and effective patient care through training	'Trainers must provide a level of supervision appropriate to the competence and experience of the trainee'	<ul style="list-style-type: none">• Balances the needs of service delivery with education• Acts to ensure the health, wellbeing and safety of patients at all times• Ensures that trainees have undertaken appropriate induction• Allows trainees, when suitably competent, to take responsibility for

		<p>care, appropriate to the needs of the patient</p> <ul style="list-style-type: none"> • Ensures that trainees understand the importance of providing culturally competent care
2. Establishing and maintaining an environment for learning	<p>‘Trainers must provide a level of supervision appropriate to the competence and experience of the trainee’</p> <p>‘Trainers must be involved in, and contribute to, the learning culture in which patient care occurs’</p>	<ul style="list-style-type: none"> • Encourages participation through provision of equality of opportunity and acknowledgement of diversity • Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk • Encourages and maintains the confidence of trainees • Is open, approachable and available • Maintains good interpersonal relationships with trainees and colleagues • Provides protected time for teaching and learning • Involves the multiprofessional team in the delivery of teaching and supervision • Is aware of the team’s experience and skills relating to teaching and supervision • Ensures that workload requirements on trainees are legal and that, wherever possible, they do not compromise learning • Makes provision for the specific training needs of trainees with disabilities

<p>3. Teaching and facilitating learning</p>	<p>'Trainers must provide a level of supervision facilitating learning appropriate to the competence and experience of the trainee'</p>	<ul style="list-style-type: none"> • Has up-to-date subject knowledge and/or skills • Provides direct guidance on clinical work where appropriate • Has effective supervisory conversational skills • Plans learning and teaching episodes • Uses a range of appropriate teaching interventions in the clinical setting • Facilitates a wide variety of learning opportunities • Helps the trainee develop an ability for self-directed learning • Allows the trainee to make contributions to clinical practice of graduated value and importance commensurate with their competence • Uses technology-enhanced learning where appropriate, e.g. simulation • Encourages access to formal learning opportunities, e.g. study days
<p>4. Enhancing learning through assessment</p>	<p>'Trainers must provide a level of supervision through assessment appropriate to the competence and experience of the trainee'</p>	<ul style="list-style-type: none"> • Regularly observes the trainee's performance and offers feedback • Plans and/or monitors assessment activities • Uses workplace-based assessments appropriately • Provides feedback that is clear, focused and aimed at improving specific aspects of trainee performance

		<ul style="list-style-type: none"> • Ensures that the trainee participates in 360° appraisal • Supports the trainee in preparation for professional external examinations
5. Supporting and monitoring educational progress	<p>‘Trainers must provide a level of supervision appropriate to the competence and experience of the trainee’</p> <p>‘Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees’</p>	<ul style="list-style-type: none"> • Agrees an educational contract at the outset of the training period • Understands the curriculum requirements of the specialty and stage of training • Identifies learning needs and sets educational objectives, involving the trainee in the processes • Reviews and monitors progress through regular timetabled meetings • Ensures that appropriate records are kept in relation to trainee progress • Uses the educational portfolio appropriately and encourages its use by trainees • Provides continuity of supervision or ensures effective educational handover • Responds efficiently and effectively to emerging problems of trainee progress • Is aware of, and can access, available support for the trainee in difficulty • Understands their role and responsibilities within the educational governance structures of their local education provider, Deanery and

		<p>College</p> <ul style="list-style-type: none"> • Provides reports for Annual Review of Competency Progression (ARCP) panels and responds appropriately to panel outcomes
6. Guiding personal and professional development	<p>‘Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees’</p>	<ul style="list-style-type: none"> • Acts as a positive role model • Has effective supervisory conversational skills • Utilises a range of skills and techniques relevant to personal and professional development • Is able to set and maintain appropriate boundaries • Understands when and where to refer on to other agencies, e.g. occupational health, counselling, Deanery • Ensures that the trainee is aware of the requirements of, and participates in, Revalidation • Ensures that the trainee participates in 360° appraisal
7. Continuing professional development as an educator	<p>‘Trainers must be involved in, and contribute to, the learning culture in which patient care occurs’</p> <p>‘Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees’</p>	<ul style="list-style-type: none"> • Evaluates own supervisory practice • Evaluates own practice as an educator • Takes action to improve own practice on the basis of feedback received, e.g. appraisal, informal feedback • Maintains professional practice in line with specialty and regulatory requirements

	‘Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees’	
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The knowledge, skills and behaviours outlined above can be achieved in a variety of ways, for example by attending courses run by NIMDTA, locally by Trusts or in the wider arena by Faculties or Royal Colleges, Universities or other providers. Self-study and reflection on the trainer’s role and effectiveness are also important.

The seven areas within the AoME framework have been mapped by NIMDTA to a small number of training areas as follows. These are the *minimum* requirements for all clinical and educational supervisors, and all Trainers must achieve these in order to be fully recognised.

AoME Framework	NIMDTA Requirements*
1. Ensuring safe and effective patient care through training	<ul style="list-style-type: none"> • Supervisory skills
2. Establishing and maintaining an environment for learning	<ul style="list-style-type: none"> • Teaching the Teacher • Equality, Diversity and opportunity
3. Teaching and facilitating learning	<ul style="list-style-type: none"> • Teaching the Teacher • Specialty / Foundation School-specific training • Supervisory Skills
4. Enhancing learning through assessment	<ul style="list-style-type: none"> • Teaching the Teacher • Specialty / Foundation School-specific training • Supervisory Skills
5. Supporting and monitoring educational progress	<ul style="list-style-type: none"> • Teaching the Teacher • Specialty / Foundation School-specific training • Supervisory Skills • Supporting Trainees
6. Guiding personal and professional development	<ul style="list-style-type: none"> • Supervisory Skills • Supporting Trainees
7. Continuing professional development as an educator	<ul style="list-style-type: none"> • Specialty / Foundation School-specific training

* These may be specific NIMDTA courses or their equivalent (see below)

The **Teaching the Teacher** course is run by NIMDTA and local Trusts and is designed to provide an introduction and overview of teaching in the clinical setting.

The **Supervisory Skills** course is run by NIMDTA and gives an overview of the skills required of effective trainers and supervisors.

The **Supporting Trainees** course (formerly Doctors in Difficulty) is run by NIMDTA and local Trusts and provides an introduction to both supporting trainees in difficulty and giving careers advice.

Equality, Diversity and Opportunity is covered in the London Deanery module found on their website (<http://www.faculty.londondeanery.ac.uk/e-learning/diversity-equal-opportunities-and-human-rights>). When trainers are involved in recruitment of trainees they must supplement this with **Recruitment and Selection** training, provided by NIMDTA or Trusts.

Specialty-specific training includes areas of supervisory skills that are specifically relevant to the discipline that trainers work in, including Foundation. These should include knowledge of effective induction, the relevant specialty curriculum and e-portfolio, specific workplace-based assessments and completion of the supervisor's report that is used for ARCP and revalidation. It is expected that each Postgraduate School will ensure that trainers will have been trained in these specialty-specific areas.

Equivalent training

We recognise that there are a wide variety of events and courses apart from those provided by NIMDTA or local Trusts. Many of these are well established and map to the AoME areas. Therefore, completion of these activities can be taken as equivalent to the areas described above. To date the following have been identified by NIMDTA as being equivalent:

1. Teaching the Teacher

- Royal College of Surgeons "Training the trainer" modules
- Royal College of Psychiatrists "Teaching skills in mental health care"
- Royal College of Physicians "The Doctor as Educator" modules
- Royal College of Anaesthetists "Anaesthetists as educators"
- Royal College of Ophthalmologists "Teaching the teacher" course
- Royal College of Paediatrics and Child Health "Paediatric Educators Course"
- Royal College of Obstetricians Teaching modules within StratOg (online modules)
- Generic Instructor Course (Advanced Life Support Group/Resuscitation Council UK)
- University-level certificate (or higher) in Medical Education, for example the Certificate in Clinical Education, Queen's University Belfast.

2. Supervisory Skills

This training is offered by a number of Colleges such as the Royal College of Physicians and the Royal College of Paediatrics and Child Health, both of which are very comprehensive. Other providers offer training that covers some but not all elements of generic supervisory skills. Trainers should submit the details of any relevant training course to NIMDTA to determine if it is of satisfactory breadth for recognition purposes.

3. Supporting Trainees

As there are local policies and procedures that are specific to training within HSC in Northern Ireland, this must be covered by the local NIMDTA/Trust course.

4. Equality, diversity and opportunity

This is covered satisfactorily by the London Deanery Faculty development Module available at <http://www.faculty.londondeanery.ac.uk/e-learning/diversity-equal-opportunities-and-human-rights>. A certificate should be printed out on completion of this module. Other courses may be available and Trainers should submit the details of these to NIMDTA to determine if they are satisfactory for recognition purposes.

5. Specialty-specific training

This training is offered by a number of Colleges and is often comprehensive, covering induction, curriculum, e-portfolio, workplace-based assessment, and writing supervisor's reports. Other providers offer training that covers some but not all these elements. Trainers should submit the details of any relevant training course to NIMDTA to determine if it is satisfactory for recognition purposes.

8. Responsibilities of trainers

By July 2016, only those who are recognised (and, when the GMC has secured the necessary statutory powers, approved) will be able to perform the roles of Clinical or Educational Supervisor. If trainers wish to continue to supervise doctors in training, they must seek recognition from NIMDTA. This involves personal development and annual educational appraisal.

Personal Development

A Framework for the Professional Development of Postgraduate Medical Supervisors (AoME 2010) includes examples of supporting evidence and training suggestions for each of the seven areas as well as other helpful guidance. There are many sources of training for postgraduate trainers available, from part time and distance learning, to short courses,

workshops and postgraduate qualifications. Many courses are already mapped against the AoME areas allowing identification of CPD opportunities. Trainers should keep a record of these activities, including any self-study, and be prepared to reflect on them for their annual education appraisal.

Appraisal

To gain recognition, trainers must be able to reflect on, and provide evidence of, their own activity as a clinical or educational supervisor. Relevant evidence should relate to postgraduate medical education and training, structured against the relevant standards. An effective trainer should demonstrate appropriate attitudes and behaviours and keep up to date with new developments in their specialty and in the field of medical education.

There are four main sources of evidence used to inform appraisal:

- Feedback from trainees
- Feedback from colleagues and peers
- Self-reflection on training activities
- CPD record

9. Role of Trusts (“Local Education Providers”)

A Local Education Provider ‘LEP’ is any organisation that provides learning experiences or environments for medical students and doctors in training on undergraduate and postgraduate medical training programmes. These are usually HSC Trusts. NIMDTA may delegate some of the tasks involved in recognition to the LEPs, but the final responsibility for making sure that all tasks have been completed lies with NIMDTA.

The GMC standards indicate that LEPs must take responsibility for supporting trainers through their job plans.

The responsibilities of local education providers include:

- Identifying trainers currently in the roles requiring recognition and choosing recognised trainers to perform the four roles.
- Ensuring that sufficient trainers are in post and available to train.
- Supporting trainers through:
 - 1) Job plans
 - 2) Appraisal and revalidation
 - 3) Support for the training and professional development of trainers
 - 4) Dealing effectively with concerns and difficulties.
- Taking effective action where training is poor and remediation is not sufficient.
- Mapping their arrangements against the seven areas of AoME’s *A Framework for the Professional Development of Postgraduate Medical Supervisors* and ensuring that the

GMC's standards are met.

- Liaising with EOs in accordance with agreed arrangements e.g. on establishing databases of recognised trainers which can be accessed by both LEPs and EOs.
- Maintain and update trainer databases.
- Being accountable for the use of the resources received to support medical education and training.

10. Role of NIMDTA

NIMDTA has a number of roles in the Recognition process:

1. Defining criteria for recognition of Trainers

These criteria have been mapped to the AoME areas and are as outlined earlier.

2. Co-ordinating courses

NIMDTA runs courses in Teaching the Teacher, Supporting Doctors and Supervisory Skills. The equivalence of courses provided by external bodies will also be determined following submission of course content details to the Faculty Development Group.

3. Communication

NIMDTA will communicate closely with Trainers, Postgraduate Schools, Trusts and GMC. Trainers, Schools and Trusts will be kept informed by NIMDTA about the Recognition and Approval process and requirements for Recognition. NIMDTA and the five Trusts will exchange details regarding the content of the trainer databases. NIMDTA will inform GMC of the details of those trainers who have been provisionally and/or fully recognised, and respond to requests for information as required.

4. Data management

NIMDTA will receive databases of trainers from the five Trusts and keep them up to date. The databases will include the following information (may be subject to change as the process develops):

Surname, Given Name
GMC number
Email address
Specialty of the trainer
Specialty/ies of trainees to whom educational supervision is provided
Specialty/ies of trainees to whom clinical supervision is provided
No of trainees responsible for as a specialty educational supervisor
No of trainees responsible for as a foundation educational supervisor
No of trainees responsible for as a specialty clinical supervisor

Training (and dates) received in the area of: Teaching the teacher; Supporting trainees; Supervisory skills; Equality and Diversity; Specialty-specific training
Date of last educational appraisal/review
Date of next educational appraisal/review
Number of PAs in the job plan for education role

5. Approval and certification

All trainers identified by Trusts as Clinical or Educational supervisors will be provisionally recognised by NIMDTA from July 2013. Trainers must have met the requirements set by NIMDTA against the AoME standards in order to be Fully Recognised as Trainers. Once these requirements have been met NIMDTA will issue a Certificate of Full Recognition to the trainer. All trainers must be Fully Recognised by NIMDTA by July 2016 if they are to remain in an educational role. GMC will be notified of fully recognised trainers and in due course will issue Approval status.

11. Timeline

GMC and NIMDTA have agreed a timeline for the recognition of trainers in an educational role. Some of these milestones were set by GMC and are mandatory.

The components of this timeline are as shown:

Milestone	Identified activities	Date
1. Agreement on the criteria for recognising trainers with the 5 Local Education Providers in Northern Ireland	1. Provisional agreement on the requirements for training of 'fully recognised' trainers at Deanery Faculty Development Group 2. Consultation on proposed criteria: <ul style="list-style-type: none"> (a) with Director of Centre for Medical Education, Queen's University of Belfast (Education Organiser) (b) with Heads and Deputy Heads of Specialty Schools at Specialty Schools Forum (NIMDTA) (c) with Directors of Medical Education of 5 Local Education Providers at Regional DME Group (d) at DHSSPS Medical Leaders' Forum 	31 January 2013

Milestone	Identified activities	Date
	<p>(e) at DHSSPS Medical Education Policy Group</p> <p>(f) Health and Social Care Board (Commissioners)</p> <p>3. Final agreement on Criteria at NIMDTA's Quality Management Group</p> <p>Agreement is a single set of requirements for both clinical and educational supervisors leading to a NIMDTA 'Recognised trainer' certificate.</p> <p>Agreed training is:</p> <ul style="list-style-type: none"> (a) NIMDTA Teaching the Teacher Course (b) NIMDTA 'Level 1' Trainee Support Course (c) NIMDTA Supervisory Skills Course (d) Equality and Diversity Training <p>4. Dissemination of agreement to NIMDTA Lead Educators, to 5 LEPs through DMEs and Regional DME Group and to Centre for Medical Education, QUB.</p>	
<p>2. Development of new course (NIMDTA supervisory skills), modification of NIMDTA existing courses (Teaching the Teacher; Level 1 Trainee Support) and piloting of courses</p>	<ol style="list-style-type: none"> 1. Agreement on content of courses at NIMDTA's Faculty Development Group 2. Appointment of Course Director for each course responsible for developing, modifying, piloting and updating the courses 3. Development and piloting of new course on Supervisory Skills (Associate Dean – Hospital Specialty Training) 4. Modification of Teaching the Teacher Course (NIMDTA Regional Educational Adviser) 5. Modification of Level 1 Trainee Support Course (Associate Dean – Career and Personal Development) 	<p>30th April 2013</p>

Milestone	Identified activities	Date
	<p>6. Appointment of NIMDTA Faculty Development Executive Officer</p> <p>7. Piloting of each of the new and modified courses.</p> <p>8. Review of Course Feedback on new and modified courses at Deanery's Faculty Development Group</p>	
3. Agreement on Provisional Recognition of Trainers	<p>1. Development of proposals on provisional recognition of trainers at NIMDTA's Faculty Development Group</p> <p>2. Consultation on proposals with</p> <p>(a) NIMDTA Lead Educators through NIMDTA's Specialty School Forum</p> <p>(b) Regional DME Group</p> <p>(c) Centre for Medical Education, Queen's University of Belfast</p> <p>3. Final agreement and dissemination of agreement (NIMDTA's Faculty Development Group and Quality Management Group)</p>	28 June 2013
4. Agreement on recognition of equivalencies of courses provided by different organisation	<p>1. Consultation regarding courses provided by different organisations which could be regarded as equivalent to NIMDTA courses:</p> <p>(a) with NIMDTA Specialty Schools through NIMDTA Specialty Schools Administrators and NIMDTA Specialty Schools Forum and questionnaire to NIMDTA Lead Educators</p> <p>(b) with Directors of Medical Education at 5 LEPS through Regional DME Group and by personal contact</p> <p>(c) with Centre for Medical Education at Queen's University of Belfast</p>	31 July 2013

Milestone	Identified activities	Date
	<p>2. Review of course content of courses identified through consultation or through review of College websites</p> <p>3. Agreement on equivalencies of courses for recognition purposes at NIMDTA’s Faculty Development Group</p> <p>4. Dissemination of agreement on recognised alternative courses through NIMDTA website, NIMDTA Lead Educators and DMEs of LEPs</p> <p>5. Review and updating of recognised courses at NIMDTA Faculty Development Group</p>	
<p>5. Confirm that criteria and systems are in place and ready for data entry (milestone set by GMC – para 162b of the Implementation plan)</p>	<p>1. Agreement on criteria for ‘fully’ recognised trainers (see milestone 1)</p> <p>2. Development and piloting of NIMDTA courses to meet agreed criteria for full recognition as NIMDTA trainer (see milestones 2)</p> <p>3. Agreement on criteria for ‘provisionally’ recognised trainers (see milestone 3)</p> <p>4. Agreement on recognition of external courses that provide training equivalent to NIMDTA courses (see milestone 4)</p> <p>5. Identification and appointment of NIMDTA administrator with responsibility for this database (Faculty Development Executive Officer)</p> <p>6. Agreement on minimum dataset for the Database (NIMDTA Faculty Development Group)</p> <p>7. Development of Deanery Database to record NIMDTA recognised trainers (NIMDTA IT and Records Management Officer)</p> <p>8. Submission by Administrators in the Education Centres in each of 5 LEPs regarding</p>	<p>By 31 July 2013</p>

Milestone	Identified activities	Date
	<p>existing clinical and educational supervisors</p> <p>9. Review of submissions and decisions on NIMDTA recognition (NIMDTA Senior Educator)</p>	
<p>6. Commence roll out of new and modified courses at Local Education Provider Sites and NIMDTA</p>	<ol style="list-style-type: none"> 1. Discussion of implementation of courses at Regional DME Group and NIMDTA Specialty Schools Forum 2. Training of LEP Faculty for courses on LEP sites 3. Planning of dates for delivery of courses at NIMDTA and on LEP sites 4. Dissemination of dates for courses through NIMDTA website, NIMDTA Lead Educators, and 5 DMEs. 5. Roll out of courses to NIMDTA Final Year Trainees – “Developing Supervisors of the Future” 6. Feedback, review and modification 	<p>31 October 2013</p>
<p>7. Confirm that full information has been entered for all trainers in the two postgraduate roles requiring recognition in light of the deaneries' criteria and that these trainers have all been categorised as provisionally or fully recognised (milestone set by GMC – para 162c of the Implementation plan)</p>	<ol style="list-style-type: none"> 1. Identification of all existing clinical and educational supervisors (LEPs) 2. Submission by LEP administrators of LEP clinical and educational supervisors for full or provisional recognition 3. Collation of data from LEP administrators into NIMDTA Faculty Development Database 4. Review of submissions by NIMDTA Senior Educators and assignment of provisional and full recognition as NIMDTA trainers to LEP clinical and educational supervisors 5. Issue of certificates of ‘Recognised NIMDTA Trainers’ to LEP clinical and educational supervisors if appropriate 	<p>By 31 July 2014</p>

Milestone	Identified activities	Date
<p>8. Confirm that all trainers in the four roles, or entering any of the two postgraduate roles, are fully recognised i.e. have met the deaneries' criteria, without use of interim (milestone set by GMC - para 162d of the Implementation plan)</p>	<ol style="list-style-type: none"> 1. Identification of all clinical and educational supervisors within all LEPs in NI (see milestone 7) 2. Maintenance of accurate NIMDTA database of all provisionally and fully recognised NIMDTA Trainers (see milestone 7) 3. Provision of regular Faculty Development Courses on NIMDTA and LEP sites to allow fully recognised NIMDTA trainers to maintain full recognition and provisionally recognised trainers to obtain full recognition (milestone 6) 4. Publicity campaign to alert all provisionally registered NIMDTA trainers of the need to obtain full recognition by July 2016 via: <ol style="list-style-type: none"> (a) NIMDTA website (b) NIMDTA Specialty Schools Forum and Specialty School Boards (c) Regional DME Group and LEP Postgraduate Education Committees (d) LDA Review meetings with Trust Senior Managers and Medical Leaders 5. Regular review and updates from LEPs regarding numbers of trainers without full recognition 6. Issue of alert letters to trainers without full recognition in January 2016 7. De-selection as trainers, those without full recognition by 31st July 2016 	<p>By 31 July 2016</p>

12. References

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