

POLICY DOCUMENT

Achieving and Maintaining Recognition

(Trainers based in Secondary Care in the Northern Ireland Deanery)

2026 (Version 4)
FDG-QMG

Policy Review Schedule

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Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional and national requirements. Further information is available [here](#)

1.0 Introduction

This policy applies to Trainers based in secondary care only.

NIMDTA's policy on becoming a GP trainer is available on the NIMDTA website under the General Practice section [Becoming a GP Trainer](#).

The GMC requires that all named clinical and educational supervisors are appropriately trained for their role, and their status as a recognised trainer is published on the medical register. The GMC has defined a Recognised Trainer as being a Named Educational Supervisor or a Named Clinical Supervisor. All named clinical and educational supervisors are required to be fully recognised by the GMC via NIMDTA. Recognised trainers are managed by Local Education Providers (LEPs).

A Clinical Supervisor is a trainer who is responsible for overseeing a specified trainee's clinical work throughout a placement in a clinical or medical environment and is appropriately trained to do so. They will provide constructive feedback during that placement. They will lead on providing a review of the trainee's clinical or medical practice throughout the placement that will contribute to the educational supervisor's report on whether the trainee should progress to the next stage of training.

An Educational Supervisor is 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 or series of placements. Every trainee must have a named educational supervisor. The educational supervisor helps the trainee to plan their training and achieve agreed learning outcomes. They are responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements.

A **supervising consultant** or other supervising clinician does not require recognition as they do not fulfil a named role but will provide supervision to doctors in training during their sessions in clinical work.

2.0 Achieving Recognition as a Trainer

2.1 Selection for the Role

Recognised trainers are managed by LEPs. All Clinical and Educational Supervisors must be selected for their role based on their capability. The selection process requires potential supervisors to demonstrate a commitment to teaching and learning, an ability to assess and appraise trainees, possess teamwork and leadership skills and exhibit the personal and professional attributes that are required to perform well in the role. Sample job descriptions for each role are appended.

Recruitment and Selection of Recognised Trainers should be carried out following completion and assessment of a capability-based application form as follows:

1. Expression of interest in the role
2. Review of application for sole candidate or interview if more than one candidate.
3. Achievement of Recognised Trainer status or working towards this within 3 months of taking up role.

A template for a capability-based application form is provided in Appendix 1.

Appointments are co-ordinated via the Director of Medical Education (DME) in each Local Education Provider (LEP).

Foundation Educational Supervisors

Foundation Programme Educational Supervisors are selected and appointed jointly and are dually accountable to the DME at Trust level and the NI Foundation School Director at NIMDTA. These posts are remunerated by NIMDTA.

Applications for posts of Foundation Programme Educational Supervisor (FES) are made by completing a capability-based application form set against the domains in 'Promoting Excellence'.

The application form should be completed anonymously and submitted to the DME at Trust level who will score the form and send to NIMDTA to be scored independently by the Director of the NI Foundation School (or Deputy). Appointments will be made on the basis of the candidate(s) with the highest combined score.

A template for a capability-based application form is provided in Appendix 3.

2.2 Training for the Role

All Clinical and Educational Supervisors must be fully trained for their role. This training is defined as:

Supervisory Skills

Teaching the Teacher

Anti-discrimination (Equality, Good Relations and Human Rights: Making a difference

Trainee Support

Unique to **S**pecialty / Programme (training unique to specialty provided by School - this includes guidance on the curriculum, WPBAs, supervisor's reports, ARCP decision aids etc)

Newly selected trainers achieve recognition by attending NIMDTA's Achieving Recognition Courses. This includes Supervisory Skills, Teaching the Teacher and Trainee Support. They are also required to complete Equality, Diversity and Inclusion training via the *Equality, Good Relations and Human Rights: Making a difference* module on Learn HSCNI. In addition, further appropriate training unique to the specialty/programme may be provided by NIMDTA schools team.

There is no requirement for Trainers who are new to this region to retrain in the above areas as GMC Trainer status is recognised in all four nations. It is recommended however for Recognised Trainers who are new to this region to attend a NIMDTA delivered Trainee Support session.

All Trainers should maintain a personal Trainer Education Portfolio which should contain supporting information including relevant CPD, to inform annual review of their educational role, as part of their annual whole practice appraisal.

2.3 Annual Educational Review (AER)

Trainers are required to undergo an annual educational review as arranged by their LEP as part of their whole practice appraisal. This annual educational review or appraisal should:

- a) review how they have kept their knowledge and skills in postgraduate medical education and training up to date, including educational learning and development CPD.
- b) review how they have applied that knowledge to their educational role (training, supervising, teaching and supporting trainees),
- c) review how they have worked with colleagues and other organisations to support education
- d) consider a Personal Development Plan for their postgraduate medical education and training role

Each LEP is required to train **all** Appraisers in the requirements of the role of a Recognised Trainer. Appraisers should consider supporting information from the four areas as outlined above; a sample Annual Educational Review proforma is appended (Appendix 5). The suitability of CPD content is considered at the AER as part of the appraisal process within the LEP.

Following AER there should be a record of agreed actions in relation to whole practice appraisal with a personal educational development plan indicating key educational objectives and actions, with an agreed timescale. LEPs should ensure compliance with annual educational review and evidence of engagement and delivery of supervision and training.

If an AER is not completed then the DME or nominated representative should discuss the individual Recognised Trainer's job plan with the service lead and the appropriateness of them continuing in this role.

Recognised Trainers are required to sign an agreement with the LEP Educational Leader (Medical Director, DME or Deputy) about their role and associated responsibilities (*Appendix 4 - Recognised Trainer's Agreement*).

2.4 Maintaining Records of Recognised Trainers

A Recognised Trainer platform has been developed to facilitate recording of RT details. This is accessible to LEP Medical Education teams and NIMDTA. Recognised Trainers also have access to their individual records on the Recognised Trainer platform and can update directly, with alerts regarding updates sent to the Recognised Trainer team. Recognised Trainer information is maintained by NIMDTA via GMC Connect and published on the GMC's List of Registered Medical Practitioners (LRMP).

Roles and Responsibilities

LEP (DME team)	NIMDTA	Recognised Trainers
<u>New Trainers</u> Create new record on the RT platform when new trainers are appointed – this creates an alert to NIMDTA.	<u>New Trainers</u> Provide access to the RT platform to enable RT to update records Add trainers to AR mailing list	<u>Recognised Trainer Platform</u> Maintain personal record – this can be updated on an ongoing or annual basis in line with Appraisal.
<u>Review of Trainer Activity Reports</u> Meet with NIMDTA RT team biannually to review Trainer Activity Reports and revise list of Recognised Trainers if required.	<u>AR and MR Courses</u> Support trainers in accessing NIMDTA AR and MR courses on the LearnHSCNI platform. Provide AR and MR Courses (alongside MR courses provided by LEPs and other external agencies) and promote to trainers.	Advise DME if no longer wish to retain RT status.
<u>Communication to Trust Appraisers</u> To communicate the change to RT process. With CPD credit towards MR review at the AER, as part of the appraisal process within the LEP.	<u>Review of Trainer Activity Reports</u> Meet with DMEs biannually to review Trainer Activity Reports and revise list of Recognised Trainers if required.	

2.5 Suitability for Role

Concerns may be brought to the attention of NIMDTA that trainees are not receiving adequate clinical or educational supervision or that supervisors' reports are not being completed adequately. Adverse feedback on Trainer performance may come from a variety of sources and there may be a range of reasons for underperformance including:

- Personal and health issues
- Inadequate training for the role
- Inadequate time within job plan to supervise or train (service pressures)
- Environment not supportive to supervision and training
- Lack of support from colleagues
- Trainer non-engagement in training
- Non-engagement by Trainer or Appraiser in Annual Educational Review / during annual appraisal

These concerns need to be assessed and if validated the underperformance of Recognised Trainers needs to be addressed. Underperformance issues should be addressed by the employing LEP but may require discussion with NIMDTA. A decision may be made to withdraw trainer status in line with NIMDTA's Fitness to Practice Policy.

2.6 Support for the Role

Trainers carry out a vital role in ensuring safe and effective care through good clinical supervision and in supporting and monitoring educational progress through effective educational supervision. It is the responsibility of LEPs to support the professional development of Recognised Trainers and to ensure that training responsibilities are reflected in job plans.

The GMC requires LEP to ensure that Recognised Trainers have enough time in their job plans to perform their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience. It is therefore necessary that the full scope of a trainer's responsibilities for postgraduate education is considered before a job plan for a Trainer is agreed.

NIMDTA provides funding to LEPs to facilitate one hour (0.25PA) for postgraduate education / supervision activity per trainee per week. Supervision costs for post created before August 2016 are jointly funding between Trusts and NIMDTA. Where a trainee has both a clinical and an Educational Supervisor, the programmed activity (PA) allocation is split evenly (30 minutes each) between the 2 roles ie 0.125PA for CS and 0.125PA for ES.

NIMDTA recommends that a Trainer's commitment to education should normally not exceed 2 PAs per week in order that:

1. opportunities for trainees to receive supervision from a greater range of senior doctors would be provided
2. opportunities would be provided for more senior doctors to be actively involved in postgraduate training as this would increase the pool of individuals who could develop medical education as a significant component of their career
3. the risk of under delivery of educational responsibility due to over commitment would be minimised

4. the risk of over dependence of a unit on one trainer for clinical and educational supervision would be reduced as over dependence would put educational delivery in that unit at significant risk if the Trainer was absent for a prolonged period, resigned or retired.

Recognised Trainers already delivering 2 PAs in a postgraduate setting and wishing to take on additional educational roles are required to discuss this further with the service lead in line with job planning and agree with the LEP Director of Medical Education.

Less Than Full Time (LTFT) Trainees

Remuneration for supervision of trainees working Less Than Full Time equates to remuneration for the supervision of full-time trainees.

3.0 Locum Consultants

LEP appointed locum Consultants may take on the role of Clinical Supervisor provided:

1. they are a Recognised Trainer
2. they are on the GMC Specialist Register
3. they will be in the clinical post for longer than the duration of the placement of the trainee
4. they are committed to the role and this is reflected in their job plan

It is not appropriate for a locum Consultant to take on the role of Educational Supervisor.

4.0 SAS Doctors

SAS doctors who possess the necessary knowledge, skills and attributes (clinical and educational) and meet the requirements as set out in the GMC evidence framework can be recognised as a named Clinical Supervisor or Educational Supervisor for Foundation or Core Trainees.

It would be unusual for a SAS doctor to act as a named CS or ES to a higher specialty trainee. However, a LEP may consider applications to be a named supervisor for a higher trainee in circumstances where a SAS doctor has a Certificate of Completion of Training (CCT).

As for all named supervisors the LEP would need to demonstrate that the SAS doctor had appropriate clinical experience and educational expertise to undertake the role.

5.0 Locally Employed Doctors (LEDs)*

LED positions are often filled by doctors who have recently completed Foundation training or equivalent. LEDs would not normally be appointed as CS or ES. This is because these positions require significant clinical experience and educational expertise, which LEDs may not yet possess. Individuals who may have the skills to undertake the role should discuss this with their DME for consideration.

6.0 GP trainers working in the hospital setting

GPs, or doctors who have a CCT in General Practice, who have achieved GMC recognition via the GP Educator pathway can be Clinical Supervisors for foundation and core hospital trainees. GPs who achieve status via the Recognised Trainer programme are not approved to supervise GP trainees in a practice setting.

7.0 Maintaining Recognition as a Trainer in Northern Ireland

7.1 Duration of Trainer Role

All Recognised Trainers will be appointed for a 5-year period with the option to continue in this role subject to annual educational review. Consideration should be given to ensuring all eligible doctors within the unit are provided with the opportunity to apply for the role of being a Recognised Trainer.

If a Trainer wishes to step down from their role as Clinical Supervisor or Educational Supervisor or change Trust, they should discuss in advance with their employing LEP. Arrangements should be made for the re-allocation of affected trainee(s) to another Clinical Supervisor or Educational Supervisor within the LEP after agreement and within a specified timescale.

7.2 Training Requirements to Maintain Recognition

As outlined above, all Recognised Trainers are appointed initially for a 5-year term with the option to continue in this role subject to satisfactory annual educational review as part of their whole practice appraisal. This review will enable Trainers to demonstrate that they are remaining up to date for the role to maintain their recognition, as indicated in GMC Promoting Excellence requirements for development as an educator.

The GMC require each region to set local minimum standards to maintain recognition. The agreed minimum standard set by NIMDTA and Trusts is that Recognised Trainers complete 20 hours of education-related learning and development over a five-year period. In the event that clarification is required in relation to a specific educational event that contributes to maintaining recognition, this can be provided by the DME.

As indicated under section 2.3, Recognised Trainers are required to have an annual review of their educational role or as part of their annual whole practice appraisal.

Recognised Trainers are also expected to contribute to formal teaching within their LEP or as part of the training programme and participate in activities which support medical education and training such as recruitment and selection and ARCP panels.

All Recognised Trainers who are partaking in ARCP Panels and ARCP appeals can be accredited with three hours educational related learning and development over a five-year cycle. Attendance at training committees is also accredited with three hours educational related learning and development over a five-year cycle, as there is specialty specific (including curriculum) learning from these events.

Meetings will take place with DMEs annually to review Trainer Activity Reports and revise list of Recognised Trainers if required. It is the responsibility of the Trust appraiser to confirm that the requirements for maintaining recognition have been met. The DME will then to determine if any further action is required.

8.0 Withdrawal of Trainer Status in Northern Ireland

If a Trainer does not meet the requirements to maintain recognition, following discussion and agreement with the DME, their trainer status may be removed from GMC connect. The doctor will therefore no longer be identified as a Recognised Trainer on the GMC's LRMP.

NIMDTA can also withdraw the doctor from the List of Recognised Trainers for a number of specified reasons; for example, if the doctor is no longer in a recognised trainer role, has moved from the region, retired or is no longer working in the NHS. Trainers can also request removal of the Recognised Trainer status.

If the doctor moves to another region, they would move to another region, they would need to approach the relevant educational organisation to seek recognition in line with their local processes. This would also apply to undergraduate recognised trainer roles.

Withdrawal of Recognised Trainer status can also be as a result of Fitness to Practice issues.

The GMC can also initiate withdrawal of a trainer, after discussion with the Deanery and GMC ELA. Examples of this may be where restrictions on the doctor's practise (conditions/undertakings) are incompatible with being a trainer (for example, the trainer needs a supervisor).

9.0 Trainees towards the End of Training

Doctors who have completed the following courses when in training, can obtain Recognised Trainer status following entry to the GMC Specialist Register. Courses must have been completed within 3 years of application for Recognised Trainer status.

- PDP training modules in Teaching the Teacher, Trainee Support and Supervisory Skills, **or**
- a recognised University level Certificate, Diploma or Masters qualification in Clinical or Healthcare Education,
and
- Equality, Diversity and Inclusion training via the Making a Difference module on LearnHSCNI within 3 years of CCT

9.0 Recognised Trainer-Trainee Matching

The LEP is responsible for ensuring that there are sufficient Recognised Trainers within each training unit. Trainee allocations are provided to each LEP via the DME who is then responsible for the oversight for each trainee being allocated a supervisor who is a Recognised Trainer

Foundation, GP and Specialty School Lead Educators (Head of School / TPD) will be provided with a list of Recognised Trainers within each LEP by the Recognised Trainers on an annual basis. Training Programme Management teams also have access to the Recognised Trainer platform.

Posts where there is no Recognised Trainer or where there is a risk to sustainability of training due to a small number of Recognised Trainers will be identified by LEPs. If a Trainee has been allocated to a senior doctor who is not a Recognised Trainer, DMEs are responsible for ensuring that steps are taken to address this as follows:

1. Facilitate the doctor to complete the training requirements to achieve the status of being a Recognised Trainer within three months **or**
2. Re-allocate the trainee to a Recognised Trainer.

If this cannot be facilitated it may be necessary to move the trainee to a different LEP where this can be provided.

10.0 Trainer Engagement

Recognised Trainers are part of a collegiate group within NIMDTA, and supported in their roles as Named Clinical or Educational Supervisors by their employing LEP and NIMDTA. They are encouraged and enabled to maintain and develop their knowledge and skills as outlined in the AOME standards.

NIMDTA has developed a Recognised Trainer Forum and Trainer Surgery to provide the opportunity for sharing of good practice and collaborative working.

Recognised Trainers also have the opportunity to attend NIMDTA educational events and meetings such as Clinical Education Day, Research for Clinicians event, Educational Excellence Day and various Maintaining Recognition courses/events.

11.0 Potential Concerns Involving a Recognised Trainer

If potential Fitness to Practise concerns are raised in a LEP in relation to a Recognised Trainer, the Medical Director will notify the Postgraduate Dean and discuss further to establish if the concern would impact their ability to continue in their role as a Recognised Trainer.

If a serious concern about the Recognised Trainer has been raised, it may be appropriate for the Recognised Trainer to temporarily stand aside without prejudice from their role while an investigation is conducted by the LEP. In that situation, Trainees assigned to that Recognised Trainer should be re-assigned.

If a Recognised Trainer is the subject of a GMC investigation, the Postgraduate Dean will be contacted by the GMC as part of the investigation process. If a serious concern about a Recognised Trainer is being investigated by the GMC, the Postgraduate Dean will discuss with the Medical Director of the LEP whether it would be appropriate for the Recognised Trainer to temporarily step aside from their role without prejudice while the investigation is being carried out by the GMC and for trainees assigned to that Recognised Trainer to be re-assigned.

Concerns about Trainers whose fitness to practise may be impaired due to health, performance or conduct are also reviewed at NIMDTA's Doctor and Dentist Review Group.

Recognised Trainers are required to inform their LEP Director of Medical Education / Medical Director's Office if there are any investigations, allegations or potential concerns raised about them.

Appendices

Appendix 1 Capability Based Application Form



Application for post of: Named Clinical or Educational Supervisor

Personal Details	
Title:	
Forename(s):	
Surname:	
Email Address:	
GMC Number / GDC Number	
Specialty:	
Current Role	

Eligibility Criteria:

Trainer Recognition

Date of Recognition	
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Please provide dates of the relevant training below if you have not been recognised as a Trainer:

Course	Date
Teaching the Teacher	
Supervisory Skills	
Trainee Support	
Equality & Diversity	
Equivalent Courses e.g. PGCE / College Courses	

Are you under investigation or have you been subject to any investigation with the GMC or within current or any previous Trust, which could	YES / NO
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impact on your suitability for the role as a Clinical or Educational Supervisor?	
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Relevant Qualifications:		
Year Obtained	Name of Qualification	Awarding Body

Further Information:
<p>Is there any other relevant information you would like to provide to support your application? Please provide details:</p> <ul style="list-style-type: none">• Teaching experience• Feedback from teaching• Trainees in the workplace

Referee	
Name	
Organisation	
Address	
Postcode	
Tel No	
Email	

Declaration

I understand and declare that the information given are complete and correct to the best of my knowledge. Any candidate found to be providing false information or to have wilfully suppressed any information will be liable to disqualification and if appointed, dismissed.

Signed: _____ Date: _____

Print Name: _____

Return by email to:

Appendix 2

Clinical Supervisor Job Description

For every placement, the doctor in training must have a named clinical supervisor. In some instances, this will be the same person as the Educational Supervisor.

A **Clinical Supervisor** is a trainer who is responsible for overseeing a specified trainee's clinical work throughout their placement in a clinical environment and who is appropriately trained to do so. Their role is to lead on providing day-to-day supervision of trainees, reviewing a trainee's progress and providing constructive feedback.

Responsibilities of the Clinical Supervisor

In supporting the delivery of high quality educational supervision, the clinical supervisor has a responsibility to:

1. Be involved with teaching and training the trainee in the workplace
2. Help with both professional and personal development
3. Offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee.
4. Support the trainee through direct supervision, close supervision and regular discussions, review of cases and feedback
5. Organise induction to the clinical department (covering duties of the post, particular responsibilities, departmental meetings, senior cover, cross-specialty induction when cross-cover is required, handover arrangements, bleep policies)
6. Agree specific and realistic programme-specific learning objectives appropriate to the level of the individual trainee
7. Meet the trainee within a week of starting the placement and establish a supportive relationship
8. Provide regular review during the placement both formally and informally to ensure that the trainee is obtaining the necessary experience, included supervised experience in practical procedures and give constructive feedback on performance
9. Perform and oversee the work-based assessments detailed in the portfolio
10. Encourage trainee attendance at formal education sessions
11. Ensure a suitable timetable to allow completion of the requirements of the specific curriculum
12. Ensure that relevant information about progress and performance is made available to the Educational Supervisor to inform the end of placement appraisal and the Educational Supervisor's report
13. Inform the Educational Supervisor should the performance of any individual trainee give rise to concern

Educational Supervisor Job Description

For every placement, the doctor in training must have a named Educational Supervisor. In some instances, this will be the same person as the clinical supervisor.

An Educational Supervisor is defined 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 or series of placements. Every trainee must have a named Educational Supervisor. The Educational Supervisor helps 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 the relevant evidence to form a summative judgement at the end of the placement or series of placements.

All Educational Supervisors should be doctors who have a clear expressed interest in the training, assessment and development of postgraduate medical trainees.

Role of the Educational Supervisor

All trainees must have a named Educational Supervisor. An Educational Supervisor may be based in a different department and occasionally in a different organisation to the trainee.

Typically no more than 4 trainees may be supervised concurrently by an Educational Supervisor, subject to the provision of appropriate time in a job plan for the provision of educational supervision function as defined in this Agreement.

Responsibilities of the Educational Supervisor to the Trainee

- 1) Ensure the trainee receives appropriate training and experience
 - a. Support the trainee in developing their learning portfolio and evidence of competency
 - b. Ensure trainee understanding of and engagement with the assessment process
 - c. Ensure trainee completion of workplace-based assessments
 - d. Review trainee progress against the curriculum and decide whether placements have been completed successfully
 - e. Agree the best use of Study Leave to achieve required competencies and experience
 - f. Ensure that the trainee received appropriate career guidance and planning
- 2) Meet the trainee in private at agreed, protected times in a placement in accordance with curricula requirements to ensure he or she make the expected clinical and educational progress
 - a. To conduct an induction interview within the first two weeks of a placement and develop a mutually agreed Learning Agreement and educational objectives and establish a supportive relationship
 - b. At mid-point to carry out an appraisal based on the Learning Agreement
 - c. At the end to carry out appraisal to inform the trainee's ARCP
 - d. Give regular, honest and constructive feedback according to the stage and level of training, experience and competence of the trainee
 - e. Be approachable and available to a trainee to give advice and guidance on clinical, administrative, organisational and governance issues and to provide opportunity for the trainee to raise issues relating to training and support and manage in accordance with LEP and NIMDTA policies

- f. Keep appropriate records of assessments
 - g. Document all meetings and associated outcomes / actions agreed in the portfolio and review development of the portfolio by the trainee
 - h. Liaise with others to share information over trainee progression
- 3) Attend meetings relevant to the education supervision role and disseminate information to a trainee's Clinical Supervisor and the trainee as appropriate
 - 4) Arrange for an appropriate colleague to fulfil the educational supervision role during any period of absences and inform the TPD if a period of absences will extend beyond 4 weeks
 - 5) Undertake a formal handover with the new Educational Supervisor.

Appendix 3



Competency Based Application Form to be completed for Foundation Educational Supervisor (FES) positions within the Northern Ireland Foundation School.

NIMDTA is responsible for the Foundation Training of doctors in training in Northern Ireland through the Northern Ireland Foundation School. NIMDTA's role is to quality manage the Foundation training of doctors who are located within the five HSC Trusts in Northern Ireland. The five HSC Trusts are responsible for the quality control and delivery of postgraduate medical education in line with 'Promoting Excellence', the standards for Education and Training published by the GMC in July 2015.

Foundation Programme Educational Supervisors (FESs) are selected and appointed jointly and are dually accountable to the Director of Medical Education (DME) at Trust level and the NI Foundation School Director (FSD) at NIMDTA. Applicants should discuss and agree with their Clinical Director/Line Manager that the PA allocation is able to be incorporated into their job plan prior to submission of an application for the FES role and that they will be remunerated for the same.

It is recommended that a FES has a maximum of 8 foundation doctors to supervise.

Applications for posts of Foundation Educational Supervisor are made by completing a competency-based application form set against the domains in 'Promoting Excellence'.

The application form should be completed **anonymously** and submitted to the Director of Medical Education at Trust level who will score the form and then send it to NIMDTA to be scored independently by the Director of the NI Foundation School (or Deputy).

This is a recruitment process that seeks to appoint all suitable candidates in rank order to be allocated as required by the DME, with the potential of a reserve list should more FESs be required.

Applicants may be deemed un-appointable in the event they score less than 50% of the total available marks.

The job description for the role of Foundation Educational Supervisor is attached.

Dr Lorraine Parks

NI Foundation School Director

Job Description for Named Foundation Educational Supervisor (FES)

Throughout Foundation training, a Foundation Doctor (FD) will be assigned a Foundation Educational Supervisor who is responsible for monitoring the FD's progress during the year of either F1 or F2 training.

The FES should be familiar with the programme of learning, the educational approach and the assessment used in the UK Foundation Programme in the context of the seven domains laid down by the Academy of Medical Educators and adopted by the GMC in the recognition of trainers as they relate to FDs.

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 progress
6. Guiding personal and professional development
7. Continuing professional development as an educator; for an FES this should be related to the supervision of FDs.

These standards underpin what is expected of an educator in their Foundation Educational Supervisor Role.

Expected duties of the FES role

- Meet with the Foundation doctor at the beginning of each placement (within first 3 weeks) to confirm how formative feedback and summative judgements will be made, and to be clear what is deemed acceptable progress when considering performance.
- Meetings should clarify specific learning objectives (outcomes and competences) for the period of training and how these will be met, and will inform the placement Personal Development Plan (PDP).
- Meet with the Foundation doctor at the end of placement 1 & 2 and complete end of placement report. This meeting should take place *before* the end of the placement and *after* the Clinical Supervisor (CS) report has been completed (a completed CS report is required to inform the ES report).
- Meet with the Foundation doctor at the end of placement 3 and complete end of year report. This meeting should take place *before* the end of the placement and *after* the CS report has been completed.
- Meet with the Foundation doctor to discuss and release the findings of their TAB (Team Assessment of Behaviour; MSF equivalent for FDs) once completed.
- Meet with the Foundation doctor at other times as required between start and end of placements.
- Support and identify Foundation doctors needing additional help/support and help develop strategies to facilitate their resolution.
- Review the Foundation doctor's performance on their TURAS e-portfolio at appropriate intervals, reviewing completion of requirements including SLEs, reflections etc, and ensure appropriate curriculum links are made. If concerns are identified, FES should ensure that the Foundation Programme Director (FPD) is informed.
- Share relevant information and areas for development with the Clinical Supervisor for the next placement.
- Ensure that the Foundation doctor has the opportunity to reflect and discuss their engagement with the educational process, their performance, career opportunities, identifying issues or problems with the quality of the training and supervision.

- Communicate any concerns in a timely fashion to the Foundation Programme Director and keep them informed of Foundation doctor progress.
- The FES **must** raise concerns with the FPD and Foundation School Director (and if necessary, the Clinical Director, Head of Service or Medical Director and the Clinical Supervisor) if serious trainee or patient safety concerns are raised.
- Attend FES Induction and other Foundation training for Supervisors provided by NIMDTA within 6 months of appointment.
- Participate in end of year ARCP meetings for Foundation doctors, both at Trust level and within NIMDTA.
- Attend relevant Foundation training / events / meetings as required by the Foundation School at NIMDTA to maintain their knowledge of Foundation training in order to ensure they are well equipped for their role.
- Deputise for their FPD as required at Training committee meetings or events (eg FD Induction).

Person Specification

	Essential Criteria	Desirable Criteria
Qualifications / Attainments	<ul style="list-style-type: none"> • GMC full registration and a licence to practice • A Senior Doctor with a minimum of 5 years post full GMC registration, on the GMC's GP or Specialist Register, or in a substantive SAS post. • GMC Recognised Trainer 	<ul style="list-style-type: none"> • Postgraduate qualification in Medical Education • Completion of Foundation specific learning (eg. e-LFH modules, curriculum/ ARCP / other educational sessions delivered by NIFS)
Knowledge and Interests	<ul style="list-style-type: none"> • Knowledge of management and governance structures in medical education and training and awareness of ongoing changes in the delivery of medical education and training nationally and locally, with particular reference to Foundation Programme training. • Interest and enthusiasm for improving delivery of medical education and training and continuing professional development. • Knowledge of assessment methods. 	<ul style="list-style-type: none"> • Evidence of relevant research and/or publications. • Experience of Foundation e-portfolio
Aptitudes	<ul style="list-style-type: none"> • Effective leadership and communications skills, motivating and developing others, good interpersonal skills. 	<ul style="list-style-type: none"> • Evidence of supporting trainees and trainers. • Understanding of the use of technology in medical education.

	<ul style="list-style-type: none">• Evidence of delivering high quality teaching sessions/tutorials /training programmes.• Evidence of personal development in medical education.	<ul style="list-style-type: none">• Evidence of QI/research in medical education.
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Competency Based Application Form to be completed for Foundation Educational Supervisor positions within Northern Ireland Foundation School

Promoting Excellence

The GMC published Promoting Excellence (PE) in July 2015. The standards in this document pertain to post graduate medical education and training. Please refer to this document in completing this application form. The first 5 questions are mapped to the Themes within PE. Each of the 7 questions will be scored out of 10 and the maximum mark is 70.

Have you discussed your intention to apply for this role with your Clinical Director/ Line Manager and had approval, if successful, to incorporate the allocated PAs into your job plan?

(please circle) Yes / No

Please do NOT enter personal details

Theme 1: Learning Environment and Culture.

Outline how you have contributed to a learning environment that is safe for patients and supportive for learners (max 150 words)

Theme 2: Educational Governance and Leadership

Demonstrate how you have improved and contributed to the quality and the outcome of education and training (max 150 words)

Theme 3: Supporting Learners

Give an example of how you have contributed to supporting a doctor in training to achieve the learning outcomes required by their curriculum (max 150 words)

Theme 4: Supporting Educators

Training for Trainers is a requirement for GMC *Recognition of Trainers*. Outline what you have done to demonstrate your eligibility for GMC Trainer Recognition. (max 150 words)

Theme 5: Developing and implementing curricula and assessments

Assessing doctors in training is an essential part of the Educational Supervisor role. Outline your experience in this area. (max 150 words)

6: Why have you applied for this position? – Professional reason(s) (max 100 words)

7: Why have you applied for this position? – Personal reason (s) (max 100 words)

Each section will be scored out of 10 and the maximum mark is 70

Appendix 4

Recognised Trainer Agreement

In supporting the delivery of high quality educational supervision, the Recognised **Trainer** has a responsibility to:

1. Participate in **induction** for the role (if newly selected)
2. Undertake the **essential training** courses (or equivalent) required to be a NIMDTA Recognised Trainer
3. Participate in continuing professional development in medical education and provide evidence of training attended or completed when requested.
4. Demonstrate **attitudes and behaviours** appropriate to the role of a trainer and provide evidence of this when requested
5. **Fulfil the role** as Clinical or Educational Supervisor or both as defined below
6. **Use the time allocated** to the delivery of the Clinical or Educational Supervisor role in job planning. This equates to 30 minutes per week for CS and 30 minutes per week for ES (1 hour per trainee per week for both CS and ES roles) to deliver the role and responsibilities effectively and appropriately. Remuneration associated with this is 0.125PA per 30 minutes.
7. Engage in an **annual education review** of the clinical or educational supervision component of the job plan as part of HSC appraisal and comply with revalidation requirements
8. Engage with quality control (LEP) and quality management (NIMDTA) activities as required
9. Liaise with others within the LEP to ensure a consistent approach to clinical and educational supervision and the sharing of good practice across specialties.
10. Participate in activities which support the delivery of postgraduate medical education and training (recruitment and selection; participation in ARCP panels; undertaking workplace-based assessments with trainees). This may also include processes and assessments associated with the assessment of foundation competency for specialty trainees.
11. Utilise support structures and processes available to assist in the delivery of the clinical and educational supervision role (Director of Medical Education; HSC Medical Education Department; NIMDTA Professional Support; Occupational Health)
12. Inform the LEP Director of Medical Education and Medical Director's Office of any involvement in investigations, or if allegations or potential concerns are raised against you.

Terms of Understanding

The signing of this Agreement commits the signatory to undertake to the best of their ability, the responsibilities stated in the Agreement. Together, the party enter into the ethos of this Agreement to mutually promote excellence in postgraduate medical education and training through the development, provision and support of high quality educational supervision.

This Agreement may be renewed upon mutual agreement. Any party wishing to withdraw from the Agreement must notify the other 2 parties, in writing, of their intention.

I have read and understand the content of this Agreement and hereby agree to adhere to them

Signature

Name

Position

Date



Annual Review of Educational Role

Name: _____

GMC No: _____

Speciality: _____

LEP: _____

Date of Review: _____

Time period covered: _____

Recognition Date: _____

Current PA / SPA allocation for Education & Training: _____

Educational Role	No of trainees / students	PA allocation	Comments
Clinical Supervisor			
Educational Supervisor			
Specialty Tutor / Specialty Lead			
Other			
UG specialty / site lead			
Associate sub dean			

Education & Training activities to Maintain RT status. Please ensure the information below is uploaded onto the Recognised Trainers platform (insert link). CPD point will be reviewed by your appraiser:

Activity	Total Number of hours

Reflection on your Recognised Trainer role.

Summary of Discussion.

This is the summary of the discussion about your Recognised Trainer role.

Personal Development Plan for Education Role– *please carry this forward onto your final PDP*

What training and support do you require in the next 12 months, in any aspects of your role as a recognised trainer?

What areas for further development of your educational role have you identified?	How will you go about addressing them?	By when?	How will you know goals have been achieved?

Signed by Trainer _____ Date _____

Reviewer _____ Date _____

Role _____ GMC Number _____