

Chair

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GMC - Recognising and Approving Trainers Consultation Response from the Medical Schools Council March 2012

The Medical Schools Council represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine.

Question 1: Have we identified appropriate objectives for recognising and approving trainers?

Yes

If not, what should the objectives be?

In addition an objective should be to raise the profile and importance of education and training with Trust Boards and LETBs in England.

Question 2: Does adopting the seven areas in the *Framework for the professional development of postgraduate medical supervisors* provide a suitable structure for quality assurance?

Yes

Question 3a: For postgraduate training, is it appropriate to restrict the proposed arrangements to named educational supervisors and named clinical supervisors?

Yes

Question 3b: Will people understand the terms 'named clinical supervisors' and 'named educational supervisors'?

Yes

Question 4a: For undergraduate training, is it appropriate to cover the lead coordinators of undergraduate training at each local education provider as well as those responsible for overseeing students' educational progress at each medical school?

Yes

Question 4b: Will people understand the terms 'lead coordinators of undergraduate training at each local education provider' and 'those responsible for overseeing students' educational progress at each medical school'?

Not sure

Any comments on question 4?

We believe that at undergraduate level it is appropriate to concentrate on 'lead coordinators of undergraduate training at each local education provider' and 'those responsible for overseeing students' educational progress at each medical school'. However, the term lead coordinators of undergraduate training at each local education provider *must* be applied at Trust level and not to sub-units or to individual GP practices. A more extensive requirement for GMC approval is likely to lead to clinical NHS colleagues becoming deterred from being involved in undergraduate education. It is vital that this does not occur.

There needs to be a distinction between the scale of undergraduate educators compared to postgraduate trainers in terms of breadth and depth. There are many tutors both in primary and secondary care who contribute to teaching on a much smaller scale than in the postgraduate more focused programmes whom it is impractical to target. We do not believe failure to do this puts patients at risks from students. At the supervisory Trust / School level where the contact with students is far greater this does. Therefore, we would reiterate that this must be viewed at Trust level.

Whilst it is essential that the requirement is limited to those who make a significant contribution to undergraduate education; care must be taken to ensure that a system that recognises and accredits the training of a subset of trainers does not serve to undermine or undervalue the contributions that many others make to undergraduate education and training. It should also be recognised that it is not only doctors who deliver valuable education and training to medical students. We therefore recommend that beyond the introduction of these proposals the GMC work with partners to promote the value of medical education and training to NHS organisations and to the delivery of NHS services, and that this work should seek to acknowledge the contribution of all those involved in medical education and training.

Question 5: Does the scope of the recognition and approval of trainers properly reflect arrangements in all settings including primary and secondary care as well as clinical and non-clinical practice?

Not sure

Any comments?

We reiterate that it is essential that the requirement is limited to those who make a significant contribution to undergraduate education.

Question 6: Does the definition in Appendix C properly reflect the training roles of GPs, consultants, SAS doctors and senior trainees?

Yes

Question 7: Have we correctly identified the responsibilities of local education providers?

Yes

Question 8: Should the GMC develop guidance for local education providers?

Yes

Question 9: Should the GMC set a date by which the local requirements for grandparenting must be met by all the trainers who should be covered by these arrangements?

Not sure

Any comments?

Again, it is essential not to discourage people from involvement in education and training

Question 10: Have we correctly identified the responsibilities of education organisers?

Yes

Question 11: Should we develop guidance for education organisers?

Not sure

Question 12: Should we do an annual survey of trainers?

Not sure

Any comments?

There is a danger that survey-fatigue could endanger participation and so the survey would need to be very light touch.

Question 13: How can we best gather information from trainers?

No comment

Question 14: What are the most important topics to ask trainers about?

No comment

Question 15: Are the existing standards for trainers appropriate?

Yes

Question 16: Are the proposed quality assurance arrangements appropriate?

Yes

Question 17: Are the categories of information we are proposing to collect about approved trainers appropriate?

Yes

Question 18: Should the recognition and approval of trainers be aligned with revalidation?

Yes

Question 19: Will the proposed arrangements promote and enhance the value of training for individual doctors and organisations that employ doctors in training?

Not sure

Question 20: Will the proposed arrangements promote and enhance the value of training in individual job plans?

Yes

Question 21a: What are the main benefits and costs that will arise from our proposals?

We consider that increasing the focus on education and training in individual job plans to be a major benefit of these proposals as long as the time allocated reflects the actual input of the individual into teaching activities.

Question 21b: Do the benefits exceed the costs?

Not sure – care needs to be taken to ensure that the approach is proportionate

Question 22: What will be the impact from the perspective of equality and diversity?

No comment

Question 23: What will be the impact from the perspective of patient safety?

No comment

Question 24: Should we publish guidance on any aspects of the recognition and approval of trainers?

Yes

Question 25a: Is it appropriate to expect implementation of our proposals from the academic year 2013/14?

Not sure

We believe that the pilot should be complete and potentially that there should be full roll out by this date. However, we would be against implementation by this date if sanctions for organisations / individuals are applied if they cannot comply.

Question 25b: If not, on what grounds should implementation be deferred?

No comment