

Roles and Responsibilities for the Education, Training and Supervision of Doctors and Dentists in Training Policy

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Version Information

Version No.	Updated By	Updated On	Description of Changes
1.1	Dr C Cox Director of Medical Education	06/11/2009	Minor changes to bring the policy in line with current PMETB and Deanery requirements (Version 1 was not previously published on the intranet)
1.3	Director of Medical Education	06/12/2011	Added Chair of METC to DME's responsibilities. Included SAS Tutor in 1. Introduction 2. Roles and Responsibilities. Changed 'trainees in difficulty' to 'trainees requiring professional support'. Under Educational Supervisor responsibility – added 'provide career advice'; perform and 'document' appraisals (3 monthly); 'to collate reports and Workplace Based Assessments'. Under Trainee responsibility, added 'Salisbury' to point 4. Under Monitoring changed Trainees questionnaire to '6 months'. Changed all references to PMETB to GMC. Updated dates and References.
1.4	Director of Medical Education	17/06/2015	Minor changes to bring policy up to date with current terminology concerning education provision and assessment
1.5	Director of Medical Education Dr Claire Page	04/05/2018	Changes to bring policy up to date with current terminology concerning education provision and assessment incorporating responsibilities in line with the Junior Doctor Contract 2016
1.6	Director of Medical Education Dr Claire Page	26/07/2018	Appendix B Implementation Plan updated
1.7	Director of Medical Education, Dr Emma Halliwell	18/07/2023	Update to terminology and inclusion of Locally Employed Doctors into policy

1. Purpose

Purpose of the policy is to describe the roles and responsibilities of medical staff in the supervision of doctors in training, both formal educational supervision and day-to-day clinical supervision.

These are the Chief Medical Officer, the Director of Medical Education and Foundation Programme Director, the Lead Clinicians, the Speciality / College Tutors, SAS and LED Training and Development Lead, the Educational Supervisors, the Clinical Supervisors, and the trainees themselves.

2. Roles and Responsibilities

2.1 Chief Medical Officer

Trust Board Director with responsibility for clinical governance pertaining to medical staff including education, training, and supervision of doctors in training.

2.2 Director of Medical Education

Role: Responsible for managing the learning environment and quality of training of doctors in training within the Trust.

Responsibility:

- To maintain and develop the profile of medical education within the Trust.
- To ensure that there are policies pertaining to the education and training of doctors in training and processes to evaluate the effectiveness of the education and training received.
- To provide information and support to Speciality / College Tutors and Educational Supervisors particularly with regard to trainees requiring professional support.
- To provide support to trainees requiring 'professional support', accessing resources within the Occupational Health Department, Medical Personnel and Health Education Wessex.
- To provide a portal for confidential feedback of concerns and views about trainees' experience.
- To work closely with the Foundation Programme Director.
- Chair Medical Educational Training Committee (METC) bi-monthly.
- Will have oversight of all education related issues within the doctors' work schedules, in respect to the 2016 contract.
- Will receive a copy of each Exception Report which has issues relating to training. Will also have oversight of the outcome(s) agreed between the doctor and their supervisor so can identify whether further improvements to a doctor's training experience are required.

2.3 Foundation Programme Director

Role: Overall management and quality control for the Foundation Programme within the Trust.

Responsibility:

- To work with the Departmental Leads / Speciality Tutors and DME to ensure placements and the programme overall meets the required standards for training.
- To monitor attendance and performance of the Foundation doctors, assessing and making decisions about registration and certification by participation in the ARCP Process.
- To provide support to the trainees requiring 'professional support', with the help of the DME.

2.4 Lead Clinician

Role: Clinical Governance lead within the department.

Responsibility:

- To ensure good medical practice within the department.
- To ensure all doctors who come to work in the department, including locums, receive a departmental induction.
- To ensure that all doctors in training are adequately supervised and that doctors in training always know who their supervising consultant is by the production of rotas lodged with the departmental administrator and switchboard.
- To ensure that the wider Trust know, through the publication of rotas, who the supervising consultant out of hours is, including any last-minute cover arrangements.

2.5 Speciality / College Tutors / Educational Leads within Departments

Role: Leading within the department on education and training.

Responsibility:

- To ensure the delivery of Foundation and Speciality programmes with the department.
- To ensure Departmental Induction is comprehensive and appropriate for the trainees needs.
- To ensure that any training needs identified in the competency assessment, completed at the departmental induction, are addressed in a timely fashion and before the trainee works unsupervised.
- To ensure that those undertaking educational supervision and clinical supervision are adequately trained and briefed with regard to the specialty curriculum, supervised learning events and educational supervision process.
- Maintain a database of trainees and their educational supervisors.
- To report to the STC and Training Programme Director at the Health Education Wessex, and the FPD or DME in the Trust.

2.6 SAS and LED Training and Development Lead

Role: Provide support and guidance to SAS and Locally-Employed Doctors (LEDs) in the Trust. Provide leadership for professional development of specialty doctors.

Responsibility:

- To provide support for development needs.
- Identify areas requiring improvement.
- To develop ongoing programme to support development needs.
- Assist DME in identifying training issues in departments.

2.7 Educational Supervisor

Role: Oversee the personal and professional development and educational progress of an individual trainee through their training programme for a defined period of time. This may be for an entire training programme (e.g. GPVTS), for a 2 year rotation (e.g. Foundation programme, CST, CMT) or for a particular placement (CT, ST and SpR).

Responsibility:

- To perform and document regular educational appraisals (minimum 4 monthly) with the supervisee to review progress and portfolio, identify objectives, provide career guidance and facilitate reflection on performance.
- To ensure each trainee has a learning agreement / personal development plan incorporated in their e-portfolio.
- To provide career guidance and support with referral to DME as required.
- To communicate as necessary with the Speciality / College tutor and DME if there are concerns about the trainee's progress or performance, ensuring that any serious concerns are communicated in writing.
- To communicate as necessary with the lead clinician / head of service if there are deficiencies in the training opportunities available.
- To ensure that clinical supervisors are aware of the training needs of individual trainees.
- To collate reports and Supervised Learning Events (SLEs)
- To complete a structured report for the trainee's ARCP
- Accountable to the DME through the Speciality / College Tutor.
- Shall be responsible for agreeing and reviewing the personalised work schedules with the trainee(s) at the start of their placement. During the personalised work schedule meeting Educational Supervisor will be responsible for determining whether reasonable adjustments are required and escalating this to the Service Manager/Occupational Health, as appropriate.
- Escalating and working to resolve issues related to training needs and safe working identified in the context of the new contract

2.8 Clinical Supervisor

Role: Named consultant or SAS doctor responsible for overseeing a trainee's clinical work and providing constructive feedback during a clinical placement.

In some cases (often for senior trainees) the Educational Supervision and Clinical Supervision may be provided by the same person.

Responsibility:

- To ensure the trainee knows that they are the clinical supervisor for that placement and know how to contact them.
- To be familiar with the trainee's learning objectives.
- To provide the supervision necessary to ensure safe clinical practice. This supervision may be by another senior practitioner.
- To communicate with the Educational Supervisor about the performance of the trainee to allow effective appraisal, any matters of serious concern being communicated in writing.
- To take part in supervised learning events, including feedback.
- Responsibilities with regards to personalised work schedules maybe delegated to the Clinical Supervisor from the Educational Supervisor. Please see last two bullet points in the section above.

2.9 Trainee

Role: To provide safe clinical care within their level of competence. To undertake training according to the foundation programme or specialty curriculum.

Responsibility:

- To maintain the portfolio appropriate for their training programme.
- To engage in education and training opportunities as they arise, planned and unplanned, formal and informal, work based and self-directed.
- To ensure that they have regular, documented meetings with their educational supervisor.
- To ensure that a learning agreement / personal development plan is drawn up at the beginning of every attachment on their e-portfolio at Salisbury
- To ensure that they always know who is, and how to contact their supervising consultant for every duty period.
- To let the supervising consultant, know of any areas where they might be expected to perform tasks that they are not yet competent to perform.
- To communicate all issues pertaining to patient care as required by their supervising consultant.
- To ensure safe handover of patients' care at the beginning and end of duty periods.
- To maintain active e-mail contact with the Health Education Wessex and Director of Medical Education.
- To complete Quality Assurance questionnaires when requested by the Director of Medical Education, Health Education Wessex and GMC.
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3. Monitoring and Compliance

The following are processes in place to monitor the policy:

3.1 Medical Education Department

- Maintain database of who Speciality / College tutors and Educational Supervisors are within departments and the training that they have had with regard to educational supervision to ensure that they remain recognised for these roles.
- Maintain Accent / TIS study leave database.
- Trainee questionnaire at 6 months relating to induction, learning agreement, appraisal process, formal education and any other comments. Feedback of results to departments as required.
- Analysis of GMC questionnaires and feedback to Speciality / College tutors.
- Register of attendance at Trust Induction.
- Contribution to the ARCPs for Foundation Doctors including representation on the Health Education Wessex led panel.

3.2 Clinical Risk Management Department

- Serious incident reporting.

3.3 Health Education Wessex

- ARCPs.
- Education approval of training programmes and placements.

3.4 GMC

- QA visit to Health Education Wessex and Trusts (routine and triggered).
- Trainee and trainer annual survey.

4. Review

The policy will be reviewed in the Medical Education and Training Committee (METC) and by April 2018 and forwarded to Clinical Management Board.

5. References

- Wessex Deanery 'Educator Development Strategy' 2010
- NACT 'Who does what in postgraduate medical education' 2008
- The Gold Guide 2010
- GMC UK Foundation Programme Reference Guide 2010
- The Trainee Doctor, GMC 2011
- Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 Version 2 2017



6. Equality Impact Assessment

This policy has been equality impact assessed, see Appendix A.

7. Implementation Plan

Task	Activity	Responsible	Start	End	Status
1	Policy Approval	Medical Education Training Committee (METC)	19 April 2018	19 April 2018	Complete
2	Policy Ratification	Clinical Management Board (CMB)	25 July 2018	25 July 2018	Complete
3	Upload to Intranet	Information Governance Officer	25 July 2018	25 July 2018	Complete
4	Dissemination (a)	Notification to staff via Intranet Home Page Notice.	N/A	N/A	N/A
5	Dissemination (b)	Notification to all staff via Email Broadcast	N/A	N/A	N/A
6	Dissemination (c)	Uploaded to Medical Education webpage on Intranet	TBC	TBC	TBC
7	Audit compliance	Dr Emma Halliwell	Ongoing		

8. Appendices

Appendix	Title	File / Link
A	Equality Impact Assessment	 appendix_a-equality-impact-assessment.pdf https://mg.salisbury.nhs.uk/media/3868/appendix_a-equality-impact-assessment.pdf
B	Implementation Plan	 appendix_b-implementation-plan.pdf https://mg.salisbury.nhs.uk/media/3869/appendix_b-implementation-plan.pdf

Post Holder Responsible for Policy:	Director of Medical Education
Directorate Responsible for Policy:	Chief Executive's Directorate
Contact Details:	Salisbury District Hospital Salisbury Wiltshire SP2 8BJ 01722 336262 Ext 5841
Date Written:	August 2006
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