1. INTRODUCTION

This strategy is aimed at providing a framework for all educators within Wessex to ensure that the education of medical trainees is of the highest quality, and that roles and responsibilities of all educators are clearly defined and can be monitored as part of the Deanery Quality Assurance process. It clearly reflects the aims of the Deanery which places great emphasis on the development of educators to deliver excellence in PGMDE.

A Wessex Deanery Strategy was first developed in December 2001, led by Professor Colin Coles (former Wessex Deanery Education Adviser) and has continued to form the basis for Educator Development until now (see App. A)

This document is aimed at clarifying further the individual roles and responsibilities of each educator within the Wessex Deanery, in view of the significant changes to PGMDE resulting from the MMC Agenda, the creation of the PMETB (now GMC), and the recent review of the NHS by Lord Darzi, all of which have had, and will continue to have, a major impact on the way future doctors and healthcare professionals are trained and educated.

1.1 Rationale

The primary role of the Deanery is to ensure that postgraduate medical and dental trainees receive high quality education and training, and are thus able to provide high quality health care. To ensure that this happens, the Deanery has a remit for supporting educator development. This remit is realized not just in those of its initiatives that relate directly to educator development but indirectly through trainee recruitment, managing the RITA/ARCP process, supporting trainees in difficulty and those with special needs, where its educational values greatly influence what happens in practice.

The Deanery fully recognises that high quality educational supervision lies at the heart of effective postgraduate medical and dental education. The nature of educational supervision and the duties of educational supervisors have been well documented in recent times. The need for educator development was recognised by the General Medical Council in 1999 who recommend that ‘staff development programmes should be designed to meet the ongoing needs of doctors with a range of different teaching responsibilities’ (p 6, para 15).

Educator development has many facets. Central to the Deanery’s input to this is the need to foster, enhance, support and maintain the crucial relationship between hospital based trainees and their educational supervisors and GP registrars and their trainers.
Directors of Medical Education and Postgraduate Centre Managers within Trusts currently provide considerable support for this, as do specialty/lead educators such as Heads of Schools, Programme Directors, College Tutors, Training Committee Chairs, etc. Deanery officers and their associates direct and support educators and their development through establishing the strategic direction, and by direct provision. Through monitoring, they regulate educational provision to ensure high quality.

1.2 Background

Educator development is well advanced within Wessex. General practice trainers' courses have been in place for over thirty years, and in hospitals educational programmes for consultants have run for over two decades. Educators at all levels attend short courses on topics concerning teaching and learning, and increasing numbers of them study for certificates and higher degrees in education.

The previous strategy (2001) outlined an overall Deanery framework for educator development so as to give it strategic direction, in order to interrelate, and where possible, integrate, development activity, and to ensure that all those involved have equal access to the development they both want and need.

It has proposed a framework for educator development based on the concept of three levels – basic, intermediate and advanced.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Position or Post Held</th>
<th>Professional Programmes</th>
<th>Academic Programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basic</td>
<td>FP Trainee Specialist Registrar Educational Supervisor GP Trainer Medical Teacher</td>
<td>Foundation level courses on appraisal and assessment, interviewing and selection, teaching, educational supervision.</td>
<td>Individual modules: 'free-standing' or part of a Masters programme. Accreditation of professional programmes through academic institutions' APL schemes.</td>
</tr>
<tr>
<td>2</td>
<td>Intermediate</td>
<td>Course Organiser Programme Director GP Tutor Clinical Tutor STC/RITA Chair Deanery senior administrative and managerial staff Postgraduate Centre Manager</td>
<td>Intermediate level workshops and courses on educational leadership, curriculum design, evaluation etc.</td>
<td>Certificate and Diploma programmes at Masters level. Accreditation of professional programmes through academic institutions' APL schemes.</td>
</tr>
<tr>
<td>3</td>
<td>Advanced</td>
<td>Deanery educational staff Associate Directors of GP education Medical and non-medical people seeking a career (or developing a special interest) in medical (or healthcare) education Researchers in medical education.</td>
<td>Advanced level courses on educational leadership, curriculum research and development.</td>
<td>Masters programmes, MPhil, PhD, Ed D. Accreditation of professional programmes through academic institutions’ APL schemes.</td>
</tr>
</tbody>
</table>

At each of these levels there are both ‘professional’ and academic’ programmes. ‘Professional’ programmes comprise short courses and workshops (ranging from a half-day to one week), which focus on specific topics relating to the very practical work of educators. ‘Academic’ programmes involve institutions of higher education, are more long-term, and feature accredited courses leading to recognised awards such as
certificates, diplomas and masters degrees. Some educators work for Masters and Doctoral awards through research. Academic programmes are increasingly being sought by medical and dental educators at all levels, particularly those developing a special interest in education or seeking a career in medical or dental education. Access to these programmes is facilitated through Deanery educational bursaries.

This strategy whilst incorporating the above framework intends to be more specific in terms of roles and responsibilities of individual groups of educators, their preparation for the role and their ongoing development and support.

2. EDUCATOR DEVELOPMENT FOR SPECIFIC GROUPS OF EDUCATORS

The following provides a brief summary of each group of educators' role and responsibilities, their initial and ongoing development, the approximate time commitment required to carry out the role and remuneration where appropriate; from trainee educator through to Postgraduate Dean.

Roles and Responsibilities of Medical Educators

1. Trainee Educator/Medical Education Fellow
2. Clinical (and sessional) supervisor
3. Educational Supervisor

4. College Tutor
5. Programme Director
6. Head of School/STC Chair
7. Regional Advisor

Lead Educators

Specialty

Trust

8. Clinical Tutor/DME
9. FP Director

Deanery Educators

10. Associate Postgraduate Dean
11. Postgraduate Dean

2.1 Trainee Educators/Medical Education Fellows

The Wessex Deanery created the role of MEF in 2005 in order to promote the importance of medical education at trainee level and to create a pathway for those trainees who aim to pursue a career in medical education after completion of their training.

Role and responsibilities

- Champion for education in Trust, Specialty, Medical School, at regional or national level.
- Project work for Wessex Deanery.
- Trainee representative at Deanery events.
Training and development

- Completion of or member of Faculty for Tomorrow's Teachers programme.
- Medical Education Cert, Dipl, or Masters.
- Annual Trainee Educator Conference (attendance plus member of Conference Planning Team).
- Attendance at Deanery education events.
- Supervision of Project Work by Associate Dean.

Time and Remuneration

- No specified time allocation, depends on individual training needs.
- Bursaries available for higher degree courses.
- Support with additional study leave and use of study/research time within specialty curriculum.
- Honorarium (£1500 p.a.) for Project Work.

2.2 Sessional Supervisors

Role and Responsibilities

- Clinician (medical or non-medical) responsible for area of clinical work and supervising medical trainee during this period e.g. Theatre nurse supervising preparation for operation; Diabetes nurse holding nurse-led clinic with trainee doctor present; Senior Specialty Trainee supervising junior trainee carrying out admission or procedure etc.
- Responsibilities include patient safety, trainee safety, teaching of knowledge and skills, role modelling, workplace based assessment.

Training and Development

- ½ day programme for Clinical and Sessional Supervisors, run mostly in Trusts but also regionally, including
  - Difference between Clinical and Educational Supervision;
  - Main aims of Clinical supervision
  - Workplace based assessment;
  - Detecting and managing problems experienced by trainees;
  - Lines of communication (esp. with Educational Supervisor).
- ½ day workshop on Assessment, focusing on WPBA, run in Trusts and regionally.
- There is a strong expectation that all Sessional Supervisors should have attended these programmes prior to taking up their role though this is not mandatory at present.
- There is also a requirement for all those involved in WPBA to have undergone some training prior to using structured assessment approaches.

Time and Remuneration

- Sessional Supervision is seen as an integral part of the role of Consultants and doctors in training (see GMC (1999) Doctors as Teachers), and a separate time allocation is therefore not attempted.
- However, Job Plans should reflect the range of responsibilities for training and the time this requires; clinical responsibilities need to be adjusted accordingly (e.g. additional time in teaching clinics or ward rounds).
2.3 Clinical Supervisors

Roles and Responsibilities

Each trainee should have a named clinical supervisor for each placement. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work and providing constructive feedback during a training placement (PMETB/GMC definition).

- Usually the named consultant with whom the trainee works clinically (but see also sessional supervisor 2.2)
- Ensures that trainee is safe to carry out the clinical work expected of them and that patient safety is maintained at all times.
- Ensures that trainee progresses within this particular post/module.
- Increasingly involved in workplace based assessment.

Training and Development

- ½ day programme for Clinical and Sessional Supervisors, run mostly in Trusts but also regionally, including
  - Difference between Clinical and Educational Supervision;
  - Main aims of Clinical supervision
  - Workplace based assessment;
  - Detecting and managing problems experienced by trainees;
  - Lines of communication (esp. with Educational Supervisor).
- ½ day workshop on Assessment, focussing on WPBA, run in Trusts and regionally.
- There is a strong expectation that all Clinical Supervisors should have attended these programmes prior to taking up their role though this is not mandatory at present.
- There is also a requirement for all those involved in WPBA to have undergone some training prior to using structured assessment approaches.

Time and Remuneration

- Clinical Supervision is seen as an integral part of the role of Consultants and doctors in training (see GMC (1999) Doctors as Teachers), and a separate time allocation is therefore not attempted.
- However, Job Plans should reflect the range of responsibilities for training and the time this requires; clinical responsibilities need to be adjusted accordingly (e.g. additional time in teaching clinics or ward rounds).

2.4 Educational Supervisors

Roles and Responsibilities

An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements (PMETB/GMC definition)

- Each trainee has to have a named Educational Supervisor responsible for ensuring overall progress through training (i.e. longitudinal perspective).
- Responsible for the trainee’s Educational Agreement
- Regular appraisal/review of progress.
- Collation of workplace based assessments.
- Career guidance and support.
- Educational Supervisor report for RITA/ARCP.

Training and Development

- As outlined in the introduction to this strategy, Educational Supervision forms the backbone to high quality postgraduate medical education and training. The role is becoming increasingly onerous and can no longer be carried out satisfactorily without adequate preparation, ongoing development and support, as well as dedicated time.
- The Wessex Deanery has developed a comprehensive programme for Educational Supervisors consisting of the following:
  - 2 day mandatory introductory programme for all Educational Supervisors which covers the role of the Educational Supervisor; appraisal, assessment including RITA/ARCP; career development, dealing with problem trainees. This programme is provided as a Trust based as well as Pan-Deanery course.
  - Modular Programme for further/ongoing development, consisting of currently 6 one day modules on Role and Responsibilities of Educational Supervisors; how to appraise and assess a trainee; how to support trainees with difficulties; career support; teaching and learning in a clinical setting, recruitment and selection.
  - Excellence in Educational Supervision: 2 day programme for experienced Educational Supervisors who want to further extend their knowledge and skills (this is likely to change to 'Leadership in Educational Supervision').
  - Refresher and Update: 1 day programme for Educational Supervisors who have undergone introductory 2 day programme (or equivalent) to review knowledge, skills and practice and update on national and Deanery developments; Educational Supervisors will be expected to attend every 3 years.
- Educational Supervisors do of course have access to the full range of additional development opportunities at Deanery, Trust or specialty level and are strongly encouraged to undergo ongoing development.

Time and Remuneration

- The Wessex Deanery believes strongly that Educational Supervisors need to have the time and support to carry out their increasingly onerous role, and has for some years worked with employing trusts, lead educators and educational supervisors themselves to achieve this through the Deanery – Trust Education Agreement and through the job planning process.
- A letter from Prof. G Winyard (then PGD) to CEOs in all Trusts in Wessex in 2003 attempted to quantify the time allocation required for educational supervision (i.e. approx. 1 hr/week/1 trainee) and recommended that this should be reflected in the allocation of SPAs in Job Plans.
- A survey carried out by Dr N Ward (MEF and Project Worker) in 2007 showed that 56% of Educators do not have their role identified in their Job Plans, and 72% of those who have believe they need more time to carry out their role. This has been widely discussed with lead Educators.
- A letter by D Pugsley (SCSHA Head of Corporate and Business Services) in May 2008 to Medical Directors in all employing Trusts in South Central made it clear that funding to support medical education would only be released if ‘senior
doctors supporting education receive adequate recognition in their job plans for this activity’.

2.5 College Tutor

Role and Responsibilities

Appointed by Specialty College but based in Trust and responsible for advising and supporting doctors within a particular specialty in a Trust. Mostly responsible for ensuring that trainees and supervisors adhere to College standards with regard to local educational programmes, regular appraisals and assessment, logbooks/portfolios in that particular specialty.

Training and Development

See under ‘Specialty Lead Educators’.

Time and Remuneration

- The time commitment for this role varies according to specialty.
- Since this is a College appointment any remuneration would have to be provided by the College, this is also important to ensure independence from the Deanery.

2.6 Departmental Lead Educator

Role and Responsibilities

Lead within a department on education, training, assessment and appraisal (often the College Tutor).

Specific responsibilities include:
- Quality of induction to and appraisal, teaching and supervision within the department
- Co-ordination of feedback from educators within the department to feed into the annual Trust report for the Deanery
- Link with DME on a regular basis with regard to specialty issues
- Maintain record of trainees, educational and clinical supervisors and trainees who require professional support at Level 2.

Training and Development

See under ‘Specialty Lead Educators’

Time and Remuneration

The time commitment for this role varies according to the size of the department and the number of trainees within it. SPA allocation will therefore vary but might require 0.25 to 1.0 PA.

2.7 Specialty Programme Director

Roles and Responsibilities

Jointly appointed by College and Deanery to manage Specialty Training Programmes at Deanery level within a given specialty. Responsible for allocation of SpRs/specialty
trainees to posts, supervision of individual training programmes, regular formal assessment including RITA/ARCP process, problem solving and feedback on progress.

**Training and Development**

See under 'Specialty Lead Educators'.

**Time and Remuneration**

- Depending on the Specialty and the number of trainees within the training programme, this can be a very time-consuming role.
- Increasingly, in the larger specialties, the role is split according to sub-specialty and between Core and Higher Specialty Training.
- Since this is a joint Deanery/College appointment remuneration would ideally be provided jointly by Deanery and College.
- The Wessex Deanery introduced sessional payment for Programme Directors in 2006 (?) which is pro rata to the number of trainees in the scheme.

2.8 **Head of Specialty School/Chair of Specialty Training Committee**

**Role and Responsibilities**

Oversees, on behalf of the Deanery the activity and proper functioning of training within the specialty; liaises with the relevant College, Faculty or SAC; and supports the Programme Directors.

**Training and Development**

See under 'Specialty Lead Educators'.

**Time and Remuneration**

- The Head of School role is appointed to formally and attracts sessional payment funded by the Deanery.
- There is a clear role description and person specification.
- This does not currently apply to the role of STC Chair which can vary greatly in terms of time commitment but has not been supported by direct remuneration, the expectation has been that this commitment is acknowledged in the individual’s Job Plan under SPA allocation.

2.9 **Regional Advisor**

**Role and Responsibilities**

Appointed by College in consultation with Deanery; provides link between College and Deanery on education and training in the specialty.

**Training and Development**

See under ‘Specialty Lead Educators’.

**Time and Remuneration**

- Since this is a College appointment, there is no expectation of Deanery funding.
The time commitment varies between individuals and specialties which should, again, be recognised under SPAs within the Job Plan.

2.10 Training and Development of Specialty Lead Educators

The Wessex Deanery believes that all senior clinicians taking on educational lead roles in PGME should be adequately prepared for and inducted into their role, followed by ongoing development. This should include:

1. Adequate handover by predecessor.
2. Induction programme which is tailor-made and based on the postholder’s previous experience and knowledge.
3. Ongoing development consisting of
   - Attendance at Annual Deanery 1 Day Development Workshop for Programme Directors.
   - Attendance at Deanery Lead Educators’ Development Programme which is needs-led and aimed at enhancing knowledge and skills as well as updating on Deanery and national key developments.
   - Topics to date have included appraisal; assessment (incl. RITA process); how to manage doctors in difficulty; time management; influencing negotiation and chairmanship skills; cultural factors; etc.
   - Attendance at College led educational events.
   - Attendance at Deanery Annual PGME Conference.
4. Appraisal.

2.11 Clinical Tutor/Director of Medical Education

Role and Responsibilities

Appointed by Postgraduate Dean together with Trust; manages the educational contract between Deanery and Trust and provides main link between PGD and individual Trust with regard to training and education of doctors in all grades within a particular Trust.

Time and Remuneration

- This is a formal Deanery/Trust appointment and attracts a sessional payment from the Trust through the contract.
- Job Plans should clearly reflect this role.

Training and Development

Since this is a key educational lead role in the Trust, postholders need to be adequately prepared and inducted as well as undergoing continuing development including

1. Adequate handover by predecessor
2. Induction programme based on postholder’s needs
3. Ongoing development including
   - Deanery DME Development days (bi-annual)
   - Deanery Lead Educator Development Programme (jointly with Specialty Lead Educators) (see above)
   - NACT Development Programme.
   - Educational Leadership Programmes (ASME, etc).
   - Deanery Annual PGME Conference.
2.12 **Foundation Programme Director**

**Role and Responsibilities**

As above but with particular responsibility for FP trainees. Needs to work closely with CT/DME and Head of Foundation School on all issues regarding FP trainees.

**Time and Remuneration**

Foundation Programme Directors are currently remunerated by the Deanery but should have their role and time-commitment adequately reflected in their job plans.

The actual time commitment will vary according to the number of Foundation Programme trainees in the Trust, and the two largest Trusts in Wessex have therefore split the role between F1 and F2.

**Training and Development**

Foundation Programme Directors need to be prepared for and inducted to their role to ensure they fully understand the aims and training requirements of the Foundation Programme, as well as having the skills to manage problems within the scheme and with individual trainees.

Foundation Programme Directors should attend:

- Regular (frequency) meetings of the Foundation School to keep themselves updated.
- Development days (frequency?) for FPDs.
- Selected modules from the Lead Educator Development Programme (in particular Career Development since it forms a crucial aspect of the Foundation Programme).
- Annual Deanery PGME Conference.

2.13 **Deanery Educators**

2.13.1 **Associate Deans**

**Role and Responsibilities**

Associate Deans have a portfolio of responsibility which they carry out on behalf of the Postgraduate Dean. They are usually part-time and retain medical responsibilities in their specialty.

**Time and Remuneration**

Associate Deans are appointed to a sessional contract by the Deanery and are remunerated for these sessions (usually as a secondment from their clinical contract).

**Training and Development**

It is vital for their effective functioning that Associate Deans are prepared for and inducted to their role and that they undergo ongoing development. This should include:
- Regular meetings with the Postgraduate Dean and senior management team.
- Attendance at national educational events organised by, for example, COPMeD, GMC, MMC, ASME, NACT, etc.
- Completion of an Educational Leadership Programme.
- Other development opportunities according to their areas of responsibility and own needs.
- Attendance at Deanery Annual PGME Conference.
- Coaching and mentoring as appropriate.

2.13.2 Postgraduate Dean

Role and Responsibilities

Postgraduate Deans have overall responsibility for postgraduate training and education of doctors and dentists in a geographical area.

Time and Remuneration

This role is usually full-time, and contracts are either with a university or Strategic Health Authority (or jointly) and fully funded.

Training and Development

Adequate preparation for, and induction to the role are essential, followed by ongoing training and development according to the postholder’s previous experience and existing knowledge skills.

Development opportunities include:

- COPMeD Residential Meetings.
- COPMeD-led development programmes.
- Advanced Leadership Programmes.
- Selected modules of the Deanery Lead Educator Programme.
- ASME, AAME and other national and international educational conferences.
- Personal coaching and mentoring as appropriate.

3. ACADEMIC PROGRAMMES

The training and development opportunities and requirements described above are all aimed at ongoing professional development. However, Deanery educators are also encouraged strongly to participate in academic programmes which are provided by Higher Education Institutions and lead to recognised awards such as certificate, diploma and masters degrees in education. Medical educators at all levels (starting at trainee level) increasingly engage in degree courses which are supported by a bursary scheme.

3.1 Recognition and Accreditation of Professional Programmes

There have been significant developments within institutions of higher education in the past decade towards widening access through the accreditation of prior learning (APL) and even, where there has been no attendance at an academic programme, through the accreditation of prior experiential learning (APEL). The Deanery welcomes these developments and seeks ways to encourage institutions of higher education to
recognise ‘professional’ programmes that its educators undertake, and the providers of ‘professional’ programmes to recognise that people undertaking them might at some future date wish to have the experience accredited.

This model has been supported by the University of Winchester which is one of the main providers of higher degree courses in education for Wessex medical educators, but will require further development.

4. REMAINING ISSUES

4.1 Interprofessional Programmes

Most of the professional development programmes described above for Deanery educators are currently uniprofessional though some of the Trust-based programmes (e.g. Clinical Supervision and Assessment) are open to all health professionals involved in the training of doctors.

Most academic programmes for educator development are interprofessional e.g. the MA in Education at the University of Winchester includes school teachers, non-medical health professionals and doctors.

We believe that, depending on the nature of the educational programme and the needs of the learners both uni and interprofessional development programmes are required in the appropriate balance.

4.2 Close Integration of Educator Development Programmes

Many of the existing programmes have been developed in response to perceived or established needs of specific groups of educators. Whilst this is appropriate and effective for those groups, it has resulted in some duplication and suboptimal coordination of programmes. There is a current initiative to rationalise the administration and management of all educational initiatives whilst retaining a strong focus on the provision of needs-sensitive programmes for, and active involvement of its educators in the development of all programmes.

NOTES:

2. PMETB Generic Standards for Training (2008)
3. Lord Darzi : Next Stage Review

Rosie Lusznat
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November 2008