# Policy for Medical Education

## Organisation of Medical Education

<table>
<thead>
<tr>
<th><strong>Document Author</strong></th>
<th><strong>Authorised</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Written By:</strong> Associate Medical Director for Education</td>
<td><strong>Authorised By:</strong> Chief Executive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date:</strong> March 2017</th>
<th><strong>Date:</strong> 8&lt;sup&gt;th&lt;/sup&gt; August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Director:</strong> Executive Medical Director</td>
<td><strong>Review Date:</strong> 7&lt;sup&gt;th&lt;/sup&gt; August 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Effective Date:</strong> 8&lt;sup&gt;th&lt;/sup&gt; August 2017</th>
<th><strong>Date Approved:</strong> 8&lt;sup&gt;th&lt;/sup&gt; August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approval at:</strong> Corporate Governance &amp; Risk Sub-Committee</td>
<td><strong>Date Approved:</strong> 8&lt;sup&gt;th&lt;/sup&gt; August 2017</td>
</tr>
</tbody>
</table>
Version Control History

<table>
<thead>
<tr>
<th>Date of Issue</th>
<th>Version No.</th>
<th>Date Approved</th>
<th>Director Responsible for Change</th>
<th>Nature of Change</th>
<th>Ratification / Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/14</td>
<td>0.2</td>
<td>6th Jan 2014</td>
<td>Executive Director of Nursing and Workforce</td>
<td>Amendments required. Sent out on voting button.</td>
<td>Approved at Policy Management Group</td>
</tr>
<tr>
<td>18/03/14</td>
<td>1.0</td>
<td>18th March 2014</td>
<td>Executive Director of Nursing and Workforce</td>
<td>Slight Amendments Required</td>
<td>Approved at Policy Management Group</td>
</tr>
<tr>
<td>14/03/17</td>
<td>1.0</td>
<td></td>
<td>Executive Director of Nursing and Workforce</td>
<td>Extension approved until the 17th June 2017</td>
<td>Corporate Governance &amp; Risk Sub-Committee</td>
</tr>
<tr>
<td>05/05/17</td>
<td>1.1</td>
<td></td>
<td>Executive Medical Director</td>
<td>For ratification by Voting buttons</td>
<td>Clinical Standards Group</td>
</tr>
<tr>
<td>08/08/17</td>
<td>2.0</td>
<td>08/08/17</td>
<td>Executive Medical Director</td>
<td>Policy approved</td>
<td>Corporate Governance &amp; Risk Sub-Committee</td>
</tr>
</tbody>
</table>

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust
Contents

1. EXECUTIVE SUMMARY ........................................................................................................... 4
2. INTRODUCTION ..................................................................................................................... 4
3. DEFINITIONS .......................................................................................................................... 6
4. SCOPE .................................................................................................................................... 7
5. PURPOSE/OBJECTIVE .............................................................................................................. 7
6. ROLES AND RESPONSIBILITIES ......................................................................................... 8
7. THE POLICY .......................................................................................................................... 16
8. POLICY DEVELOPMENT & CONSULTATION ..................................................................... 30
9. IMPLEMENTATION .................................................................................................................. 30
10. TRAINING ............................................................................................................................. 30
11. EQUALITY ANALYSIS ......................................................................................................... 30
12. REVIEW AND REVISION ARRANGEMENTS ................................................................... 30
13. MONITORING COMPLIANCE AND EFFECTIVENESS ...................................................... 30
14. DISCLAIMER ........................................................................................................................ 31
15. LINKS TO OTHER ORGANISATIONAL DOCUMENTS ...................................................... 31
16. REFERENCES ....................................................................................................................... 31
17. APPENDICES ....................................................................................................................... 31

Appendix A Medical Education Committee ........................................................................ 32
Appendix B Glossary .............................................................................................................. 34
Appendix C Financial and Resourcing Impact Assessment on Policy Implementation........ 35
Operational running costs ........................................................................................................ 36
Appendix D Equality Impact Assessment (EIA) Screening Tool ........................................... 37
1. EXECUTIVE SUMMARY

High quality patient care & safety and clinical governance will be the priority in any part of medical education.

The purpose of this document is to implement medical education terminology and structure locally and to raise the profile of medical education including those responsible for managing it within the hospital.

Within the Postgraduate Medical Department there should be:

a) a named Director to represent medical education at Board level.
b) a named individual (Director of Medical Education or DME) should be at the head of the Department of Medical Education with appropriate resources, and be supported by the medical education manager.

All those engaged in the delivery of Postgraduate Medical Education (PGME) within the Trust must have clear roles and responsibilities. They need support and leadership from the postgraduate dean and his/her team to ensure systems of delivery and quality control of training are consistent between specialties and across organisations.

Clear lines of communication must exist between all those involved in overseeing PGME.

The structure for medical education within the Trust must encompass medical students, doctors on recognised training programmes, all career grades and consultants for service delivery and is valued as the Trust’s core business.

NHS appraisal, pastoral support and continuing professional development must be included in this structure.

The Trust should identify resources to support the development of the structure of medical education.

The department of medical education will lead on auditing and delivering an optimal educational environment for all members of clinical teams effecting change where necessary.

2. INTRODUCTION

2.1 Medical Education within the Trust will prioritise patient care and patient safety as its core value at all times.

2.2 The Shape of Training has impacted greatly on Medical Education.

2.3 A clear structure for training with a curriculum based approach and an explicit framework for work-based assessments is now required.
2.4 Previous informal trainee supervision needs to be replaced by formal educational and clinical supervisor roles undertaken by clinicians who understand their roles, are accredited in this role by the respective regulatory bodies and have clearly defined responsibilities and lines of accountability.

2.5 The requirements for education and training must be understood by the local organisation, integrated with service delivery and valued as part of the Trust’s core business.

2.6 This is a time of innovation in medical education when changes in health care delivery systems have profound implications for teaching and learning. Medical Education is a lifelong process. Graduates are now faced with a world of medicine that is rapidly changing, is expanding in knowledge and has high public expectations. There is a public and professional demand for more relevance in educational programmes with funding bodies and government requiring accountability and equality in education, as well as value for money.

2.7 The mission is to provide education of the highest quality coupled with robust quality assurance systems enabling all trainees to study and learn in an educational environment that is fit for purpose.

2.8 The vision for Isle of Wight NHS Trust is to serve society locally, regionally and nationally by educating and training a diverse medical workforce capable of meeting this county’s healthcare needs. Our vision is to provide assured benchmarked high quality Postgraduate Medical Education at Foundation Programme Level and in General Practice, as well as selected Medical and Surgical Specialities. Our teaching focuses on state of the art clinical care in the rural primary and secondary care setting to make trainees fit for practice in a setting similar to that we believe a majority of them will work in their future. The Trust’s educational activities are seen also as an important tool in recruiting and retaining a highly skilled medical workforce.

2.9 The challenge of changing regulations and provider structures (MMC, EWTR and Aspiring to Excellence, Liberating the NHS, QIPP) are a chance to show our strength by reacting fast and flexibly as a small organisation and are keen to take our part in new developments in Consultant and Career Grade Appraisal and Revalidation, as well as continuing to provide Continuing Professional Development (CPD) and Mandatory Training for all medical professionals. As a Principle our Facilities are open to Medical Students and all Trust employees.

2.10 The Trust will be responsible in contributing to educate and train highly competent doctors. These medical practitioners will acquire the knowledge, skills, attitudes and competences needed to become members of multi and interdisciplinary health care teams with the abilities to perform the complex, integrated tasks of
professionals that are required to provide the highest quality of care for all patients.

2.11 It is vital that the Trust ensures high quality undergraduate and postgraduate medical education with robust quality control processes outlining key roles, responsibilities and clear lines of accountability.

2.12 It is essential that key documents published by GMC and other regulatory or statutory bodies like Health Education England (HEE) Wessex as well as the Local Education Training Boards (LETB) or from other organisations like National Association of Clinical Tutors (NACT) UK are incorporated in local policy.

2.13 Explicit standards have been set by the GMC relating to all aspects of specialty training including curricula, delivery of training, assessment and entry into specialty training, approval of trainers and this is an ongoing process. Medical Education within the Trust must conform to these standards and it is the responsibility of all staff involved with training (clinical and non-clinical) to assist in achieving these standards as well as cooperate with ongoing developments and clinical service providers.

2.14 The Trust endeavours to incentivise medical staff through their Recruitment and Retention Paper which has been approved at Trust Board. This paper will be circulated and applied to optimise recruitment and retention of high quality trainers and trainees.

3. **DEFINITIONS**

- DME Director of Medical Education
- PGME Postgraduate Medical Education
- MMC Modernising Medical Careers
- EWTR European Working Time Regulations
- QIPP Quality Innovation Productivity Prevention
- CPD Continuing Professional Development
- GMC General Medical Council
- LETB Local Education Training Boards
- NACT National Association of Clinical Tutors
- RCT Royal College Tutors
- GSW Guardian of Safe Working
- CD Clinical Director
MEM Medical Education Managers
FPD Foundation Programme Director
PDP Personal Learning Plan
QAFF Quality Assurance of the Foundation Programme
NACS National Patient Safety Agency
TPD Training Programme Director
PA Programme Activity
STC Specialist Training Committee
CNST Clinical Negligence Scheme for Trusts
TPD Training Programme Directors
SAS Staff Grade and Associate Specialist
MDT multi-disciplinary team
KSF Knowledge Skills
EQF Employee Qualities
JBD Joint Board of Directors
CMB Clinical Management Board
BMA British Medical Association
ATLS Advanced Trauma Life Support
ImG International Medical Graduates

4. **SCOPE**

4.1 This policy applies to all staff dealing with postgraduate and undergraduate trainees, career grades and doctors.

5. **PURPOSE/OBJECTIVE**

5.1 The document will describe, in detail, the organisation for the Department for Medical Education.

5.2 It will highlight the lines of communication between the Trust/Board & Health Education England (Wessex).
5.3 It will describe the management structure and process of the local implementation of the Foundation and Specialty Programmes.

5.4 It will describe the quality control processes within the Trust’s medical education structure.

5.5 It will describe the communication and medical education governance systems within the Trust.

5.6 It will describe lines of accountability and the roles and responsibilities of key staff involved in medical education including the Chief Executive, Executive Medical Director, Director of Medical Education, Foundation Programme Director, Clinical Directors and Clinical Leads, Lead Educators and the Royal College Tutors, the Clinical & Educational Supervisors, the Medical Education Manager, the Associate Clinical Sub Dean for Medical Students, the Guardian of Safe Working

5.7 The policy will highlight the career management processes for trainees, career grades and consultants.

5.8 It will describe the close communication in terms of Medical Education between the Acute Trust, primary care and mental health.

5.9 It will describe faculty development, multidisciplinary training & education and the commitment to undergraduate medical education.

6. ROLES AND RESPONSIBILITIES

6.1 Chief Executive

6.1.1 The responsibility for the provision of adequate arrangements for the provision of the highest quality Medical Education rests initially with the Chief Executive.

6.1.2 The Chief Executive will ensure, through the corporate governance structures, that there are robust quality assurance systems in place to ensure that postgraduate and undergraduate medical education (and associated knowledge management within the Trust) meets required standards.

6.2 Executive Medical Director

6.2.1 The Medical Director will oversee the introduction, operation and monitoring of this policy and will report to the Trust Executive Group on a regular basis to ensure the fair and consistent application of the policy throughout the Trust.

6.2.2 The Medical Director will be responsible for appointing the Director of Medical Education in cooperation with the postgraduate dean or representative and for
undertaking an annual appraisal (with interim review) in relation to the discharge of their DME duties.

6.2.3 The Medical Director will carry accountability for ensuring medical education provided within the Trust equips medical practitioners with the required skills, knowledge, attitude, competence, values and behaviours to provide the highest quality patient care.

6.3 **Director of Medical Education (DME)**

6.3.1 The Trust will appoint a DME that represents Medical Education who reports to the Trust Board and is part of the directorates’ forum.

6.3.2 The DME will be responsible to the Executive Medical Director in the Trust and professionally responsible to the Postgraduate Dean to ensure quality control of programmes.

6.3.3 The DME is managerially responsible to the Trust Board through the Executive Directors.

6.3.4 The DME will provide leadership and vision for the Trust on medical education issues.

6.3.5 The DME will ensure that the required standards and outcomes of PGME are achieved and that the high quality of PGME and training in the workplace is supported by the Trust.

6.3.6 The DME is responsible for maintaining and developing the profile of education within the Trust and promoting high quality education.

6.3.7 The DME will develop local medical and dental education strategies and ensure the delivery of the Deanery Educational Contract.

6.3.8 The DME will deliver an annually to the Trust Board.

6.3.9 The DME will represent the Trust on medical issues both internally and externally.

6.3.10 The DME will be responsible for ensuring that medical education is fully integrated with the delivery and future requirements of the service both operationally and strategically.

6.3.11 The DME will support the Trust in complying with standards laid down by all external regulators regarding the education and training of medical staff.
6.3.12 The DME will support and develop tutors and clinical supervisors as educators, ensure sharing of good practice between specialties and assist in the delivery of the wider educational agenda.

6.3.13 The DME will be involved with the internal medical educational appointments of all those engaged in the delivery of PGME locally e.g. Foundation Programme Director, College Tutors.

6.3.14 The DME will organise and deliver internal leadership training for senior clinicians.

6.3.15 The DME will be the Editor of the Trust’s Medical Handbook.

6.4 Foundation Programme Director (FPD)

6.4.1 The Foundation Programme Director will be jointly appointed by the DME of the Trust and the Deanery Foundation School.

6.4.2 The Foundation Programme Director will be managerially responsible and accountable to the DME.

6.4.3 The Foundation Programme Director will also have responsibility to liaise professionally with the Foundation School and its Director.

6.4.4 The Foundation Programme Director will ensure that
   a) the local programme delivers the curriculum,
   b) the work-based assessments are quality assured,
   c) there is a unified approach to documentation,
   d) career advice is available,
   e) the clinical/educational supervisors understand their roles and accredited with Health Education England (Wessex) or regulator,
   f) they identify and oversee the collection of data to ensure fit for purpose quality control of the Programme,
   g) receive regular trainee feedback,
   h) identify weak areas that are rectified through the development of action plans and exception reporting.

6.4.5 The Foundation Programme Director will provide regular reports for the educational committee.

6.5 Clinical Directors and Clinical Leads

6.5.1 Are responsible for ensuring that medical education is a standing item on the agenda in their divisional and/or clinical governance meetings.
6.5.2 Will ensure that their consultants will support their Royal College Tutor in delivering the training for the various Programmes (Foundation, Specialty) within their department.

6.5.3 Will ensure that training and education forms a detailed part of consultant and career grade annual appraisal. They will appraise their Royal College Tutor and provide a report to the DME.

6.5.4 Will ensure that their consultants & career grades understand their roles in education and training (as Clinical and Educational Supervisors), that any gaps in their preparation for these roles form part of their personal development plan and that they can access the necessary study leave to be fit for purpose.

6.5.5 Will ensure that all of their consultant clinical/educational supervisors have up-to-date equality and diversity training.

6.5.6 Will ensure that their trainer’s roles and responsibilities in education and training is fully reflected and detailed within their job plans as part of their SPAs according to Isle of Wight NHS Trust job planning framework.

6.5.7 Clinical leads (in conjunction with their Royal College Tutor/Specialty Tutor/Foundation Programme Director) will manage trainee performance issues in line with Trust policy and in conjunction with the Foundation Director, DME, Medical Director and the Dean. In the event of significant concerns about health, conduct or performance of a trainee, they will be reported to the DME in line with Wessex professional support strategy.

6.6 Royal College Tutors (RCT) Departmental Lead Educators

6.6.1 In our organisations traditionally college tutors were agreed by the departments with the colleges and not necessarily paid for their time. Not all college tutors have trainees to supervise but have still roles in departments – this policy applies to college tutors who have been named Lead educators (appointed by CD and DME) and have PAs assigned in their job plans.

6.6.2 The RCT is responsible, within their defined area, for overseeing, monitoring & improving the delivery of the educational programmes to all postgraduate trainees (including the work-based assessments).

6.6.3 The RCT will ensure, with support from the DME & the Foundation Programme Director that their specialty is complying with standards laid down by all external regulators regarding the education and training of medical staff.
6.6.4 The RCT will ensure that they work closely with their lead consultant and DME to ensure that all those involved with training & assessing trainees have received appropriate training.

6.6.5 The RCT will help their Clinical Leads to ensure that all trainees have a written, named clinical and educational supervisor.

6.6.6 The RCT will ensure that the educational environment is challenging, supportive, multi-professional and will encourage regular feedback from their trainees.

6.6.7 The RCT will ensure that all of their consultants are familiar with the curricula (Foundation & Specialty including General Practice) and are trained in the work-based assessments.

6.6.8 The RCT will attend the Educational Committee on a regular basis and report regularly on their Foundation placements and Specialty Programmes.

6.6.9 The RCT will ensure that all of their trainees are made aware of the Trust career support structure and have access to career planning.

6.6.10 The RCT will manage trainee performance issues in line with Trust policy and in conjunction with the Foundation Programme Director(s), DME, Medical Director and HEE Wessex Dean. Any trainees causing concern (health, conduct or performance) will be reported to the DME.

6.6.11 The RCT will ensure that the trainees receive appropriate departmental induction (including cross-cover induction) that is evaluated and attendance is recorded.

6.6.12 The RCT will ensure that their trainees are competent to practice prior to starting clinical practice.

6.6.13 The RCT will represent their College (Foundation & Specialty including General Practice) and are trained in the work-based assessments.

6.6.14 All RCTs will have clear roles and responsibilities and be accountable for them to the DME. The RCT will ensure that their trainees

a) receive regular feedback,

b) have an educational contract,

c) receive regular meetings, that are clearly documented, with their clinical supervisor (within first two weeks and at three monthly intervals for specialty trainees and two monthly for Foundation trainees)

d) have at least four hours of protected teaching per week,

e) have an informative handbook & clear clinical protocols,

f) have opportunities for continuity of care including detailed handover arrangements,
g) receive clinical experience (including practical procedures, theatre and outpatient sessions) & responsibility appropriate to the trainee’s grade,
h) receive an appropriate workload,
i) have good clinical supervision at all times,
j) are limited in performing inappropriate tasks and
k) work in an environment free from sexual & racial discrimination.

6.6.15 The RCT will work closely with HR and the Medical Education Committee in ensuring that trainees work patterns conform with EWTR. They will also ensure that the rotas incorporate shift patterns that allow time for structured, robust handovers at every change of shift.

6.6.16 The RCT in conjunction with the Clinical Lead will ensure that there are robust handover procedures (preferably multidisciplinary) in place during each change of shift.

6.6.17 The RCT will ensure that all those involved with work-based assessments in their department are properly trained and can provide effective feedback to trainees.

6.7 Educational Supervisor

6.7.1 All Educational supervisors must be accredited by the relevant regulatory bodies and have the required time allowances in their job plans (1 hour per week per trainee).

6.7.2 The educational supervisor will provide regular educational appraisal and an annual workplace based NHS appraisal.

6.7.3 All trainees must have a named educational supervisor and be informed in writing.

6.7.4 For more detailed information please refer to the Clinical and Educational Supervision Policy. (Clinical and Educational Supervision of Doctors in Training)

6.7.5 All Educational supervisors are required to review exception reports and address concerns raised or escalate if necessary

6.8 Clinical Supervisor

6.8.1 All named clinical supervisors must be accredited by the relevant regulatory bodies and have the required time allowances in their job plans. This is part of the agreed SPA.

6.8.2 The clinical supervisor must offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee.
6.8.3 All trainees must have a named clinical supervisor in each placement and be informed in writing.

6.8.4 Clinical supervisors are to support Medical HR in the production of Work Schedules.

6.8.5 All clinical supervisors are required to review exception reports and address concerns raised or escalate if necessary.

6.8.6 For more detailed information please refer to the Clinical and Educational Supervision Policy.

6.9 Medical Education & Centre Manager (MEM)

The MEM will:

6.9.1 Be professionally responsible to the DME.

6.9.2 Be accountable to the Medical Director.

6.9.3 Provide strategic direction, specialist training knowledge, planning and leadership to the Medical Education Team.

6.9.4 Provide guidance & senior management support to the DME, Royal College Tutors, Clinical Leads, Associate Clinical Sub Dean, Foundation Programme Director, GP Tutor, Dental & Mental Health Tutor.

6.9.5 Focus on the interpretation and implementation of national policies and legislation relating to training and service level agreements.

6.9.6 Have management responsibility for the planning, delivery and evaluation of professional teaching activity, training programmes, CPD activity, induction and skills training, national and regional examinations for junior doctors and specialty trainees.

6.9.7 Provide specialist knowledge, advice & guidance on PGME matters for all medical staff & managers in the Trust.

6.9.8 Be responsible (with the FPD) for the delivery of the Foundation Programme in line with the foundation school and line managing the foundation administrator as well as supporting the local implementation of the Specialty Training Programmes.
6.9.9 Support a broad range of training programmes including training the trainers and the co-ordination of projects to assess/improve medical education including the collection of data.

6.9.10 Support the DME in ensuring that the PGME Service is quality assured.

6.9.11 Ensure that there are robust reporting systems in place for educational governance and that GMC quality assurance and other regulatory bodies recommendations are implemented.

6.9.12 Provide annual reports, in association with the DME, to Trust Board and yearly to Health Education England (Wessex)

6.9.13 Develop networks with other MEMs and HEE Wessex

6.9.14 Identify, develop and promote multi-professional learning.

6.9.15 Be the budget holder of postgraduate and undergraduate budgets, will manage the resources and budgets and ensure systems are in place to record and monitor expenditure.

6.9.16 Write and submit financial reports and audits as required.

6.9.17 Be responsible for study leave budgets where appropriate.

6.9.18 In association with the DME, be responsible for recruitment, appraisal, CPD, performance management and disciplinary issues of the medical education team.

6.9.19 Be responsible for the day to day management and promotion of all Medical Education aspects of the Education Centre’s functions.

6.9.20 Assist in developing commercial use of the Education Centre.

6.9.21 Interpret information presented from local, regional and national sources and make judgements on the impact to the organisation.

6.9.22 Assist in monitoring, evaluating and adjusting strategies as part of implementing national policies.

6.9.23 Ensure that their own CPD (professional & personal) is keeping abreast of professional issues and changing technologies and they have membership of appropriate professional organisations (e.g. National Association for Medical Education Management).
6.10 The Guardian of Safe Working

6.10.1 The Guardian of Safe Working (GSW) will be professionally responsible to the Executive Medical Director in the and professionally accountable to the Trust Board.

6.10.2 The GSW has responsibility of protecting patients and make sure the doctors in training working hours are safe.

6.10.3 The GSW will ensure that issues of compliance with safe working hours are addressed as they arise, with doctors and/or employer, as appropriate and will provide assurance to the Trust Board that doctors’ working hours are safe.

6.10.4 Act as the champion of safe working hours for doctors in approved training programmes and ensure that action is taken to ensure that the working hours within the Trust are safe.

6.10.5 Provide assurance to the Trust Board or equivalent body that doctors are safely rostered and are working hours that are safe and in compliance with the Terms and Conditions of Doctors and Dentists in Training 2016.

7. THE POLICY

Medical Education Governance

7.1 High quality medical education and training should be valued and be incorporated into the Trust’s Core Business.

7.2 Postgraduate medical education must be well organised and co-ordinated to ensure robust education, high quality patient care and wise use of limited resources.

7.3 The Department of Medical Education will be led by the DME and managed by the Medical Education Manager (MEM) and a team of administrative staff. Internal Governance Structure (see Appendix E).

7.4 Medical Education will be a standing agenda item for all specialties in their divisional or clinical governance meetings.

7.5 The RCT or representative from each specialty will attend all Medical Education Committee meetings.
7.6 The Medical Education Committee meetings will take place bi-monthly and be chaired by the DME. It will include Health Education England Wessex/DME updates, Foundation Programme and Specialty Training Reports.

7.7 The Medical Education Committee will report to the Education Training and Development Board.

7.8 The DME, in conjunction with the MEM, will provide an annual report to the board and Postgraduate Dean.

7.9 The structure of the Medical Education Committee is outlined in Appendix A and must have significant trainee representation (see 7.25).

7.10 The DME is managerially responsible to the Trust Board and CEO through the executive directors: The Executive Medical Director He/she is also professionally responsible to the Postgraduate Dean.

7.11 The Foundation Programme Director will be managerially responsible and accountable to the DME.

7.12 The RCTs will managerially be accountable to the DME and professionally responsible to the Specialty Training Programme Director and College/Specialty body.

7.13 The Clinical Supervisor is professionally responsible to the FPD/DME and managerially accountable to the Clinical Lead.

7.14 The roles of the Clinical & Educational Supervisors, College Tutors and Foundation Directors must be valued within clinical departments and these individuals given time to train and assess doctors whilst managing patients in the clinical area.

7.15 PGME staff will work closely with Human Resources in assisting with recruitment and induction utilising shared databases.

7.16 The DME and Medical Education Committee will be involved in looking at different models of working to ensure that they are compliant with EWTR and are also educationally acceptable.

7.17 These work patterns will help ensure the development of multidisciplinary teams and create a supportive learning environment that maximises learning opportunities.

7.18 Prolonged periods of night work will be minimised wherever possible as recommended by the Royal College of Physicians. Working Hours for Junior
Doctors are reported to HR and exception reports are completed when there is a breach of job plan. This is reported to the Educational Supervisor who will review the situation and inform the Guardian of Safe Working upon verification. Exception reports are presented to the Trust Board on a quarterly basis.

7.19 Appropriate supervision, handover and post-night debrief must be instituted in all clinical areas. These handover periods must be timetabled into any rota and provide opportunistic learning potential.

7.20 Good handover and good communication is essential to ensure patient safety. It broadens communication skills & is a useful setting for medical education to take place.

7.21 Handover must be written/IT based and have adequate IT technology.

7.22 Handover must take place at each change of shift, have adequate time allowed, clear senior leadership and have key people identified that are multidisciplinary.

7.23 Handover must include discussions of unstable patients, tasks that need completing by the incoming team, discussion of recent results and orientation for new doctors/locums in terms of familiarisation of local systems and geography.


7.24 Doctors may be required to assist in delivering training to individuals who take on expanded roles.

Monitoring and Regulation of the Educational Supervisory Process

7.25 Lead clinicians will ensure that training and education forms a detailed part of consultant annual appraisal and is clearly represented in their PDP to ensure that they are fit for purpose within their roles and responsibilities.

7.26 Lead clinicians will ensure that all of their consultant clinical/educational supervisors have up-to-date equality and diversity training.

7.27 Lead clinicians will ensure that their consultants’ roles and responsibilities in education and training is fully reflected and detailed within their job plans as part of their SPAs.

7.28 Lead clinicians will appraise their Royal College Tutor/Specialty Tutor using Health Education Wessex’s medical education appraisal template and provide a report to the DME.
7.29 The DME will appraise the Foundation Programme Director using HEE Wessex medical education appraisal template and provide a report to the Medical Director.

7.30 The Medical Director will appraise the DME using Health Education England Wessex medical education appraisal template and provide a report to the Postgraduate Dean and CEO of the Trust.

7.31 Educational and Clinical Supervision will be governed by a dedicated policy.

**External Governance Structure**

7.32 Demonstrate the relationships and accountability between national bodies (e.g. GMC, Royal Colleges), Health Education England Wessex, Foundation Programmes, Training Committees and Postgraduate Schools.

7.33 The PGME staff will ensure open and regular communication across Acute, Mental Health, Community and Primary Care with representatives from all of these areas being regular members of the Medical Education Committee.

7.34 Clear lines of communication must exist between the Trust and HEE Wessex, particularly with the Foundation and Specialty Schools.

7.35 The Postgraduate Dean or representative will meet with the DME regularly to involve them in strategy, ensure collaborative working across provider Trusts and disseminate good practice.

7.36 Demonstrates how the College Tutors are the link between the Specialty Training Committees and Training Programme Directors at HEE Wessex and the Medical Education Committee and the DME within the Trust.

**Quality Control**

7.37 The GMC has given the responsibility for quality assurance of PGME to Postgraduate Deans.

7.38 The Trust, through the Department of Medical Education, the DME and the Foundation Programme Director, will ensure robust processes for local quality control are in place and aligned with GMC & QAFP (Quality Assurance of the Foundation Programme).

7.39 It is the responsibility of every consultant and especially the Royal College Tutors and Clinical & Educational Supervisors that they engage with the quality control processes.
The Department of Medical Education assisted by the Royal College Tutors, Clinical & Educational Supervisors, the DME and the Foundation Programme Director will all be responsible in collecting and collating the required evidence that demonstrates compliance with the GMC & QAFP Standards for Training.

The Royal College/Specialty Tutors have the major responsibility in ensuring that their departments comply with the GMC & QAFP Standards for Training.

The DME & Foundation Programme Director will support the Royal College/Specialty Tutors in delivering these standards.

All recommendations from external bodies following visits, inspections etc. will lead to action plans that will be implemented and continuously monitored.

The Department of Medical Education will be committed to a high level in quality of training through monitoring of performance and through feedback.

Local quality control will be transparent and accountable.

Feedback from trainees will be from multiple sources:
   a) Junior Doctor’s Forum (the mess)
   b) Representation on the Medical Education Committee (Foundation, GP, ST) with trainee issues being a standing item on the agenda.
   c) Individual monitoring forms (e.g. Postgraduate Education feedback forms).
   d) External reports from statutory bodies.

The Trust will ensure that trainees will be incorporated and adhere to national and local policies & procedures that govern all aspects of their employment.

Trainees must comply with Employer’s and HEE Wessex quality management processes (induction, mandatory training, complete GMC surveys, attend HEE Wessex inspections, complete evaluation forms etc.).

The Department of Medical Education and the DME will be responsible in ensuring maximal response from trainees and trainers to the annual GMC training survey.

Robust processes will be established to identify, support and manage trainees whose conduct, health, progress or performance is giving a cause for concern (guided by Wessex Professional Support Strategy) Educational or Clinical Supervisors who identify trainees in need will be supported by Tutors/Foundation Directors/DME/HEE Wessex/Human Resources/Occupational Health and NACS as necessary.
Management of the Foundation Programme

7.51 The Foundation Programme involves the whole local health economy encompassing Primary Care, Mental Health and the Acute Trust.

7.52 The Acute Trust will host the Foundation Programme and have overarching operational management.

7.53 The Foundation Programme will receive management funds from HEE Wessex, employ the trainees, and manage the study leave and expenses.

7.54 The Foundation Programme Director will be responsible for the local management, development and quality control of the Foundation Programme.

7.55 The Foundation Programme Director will have dedicated time for their role specified within their job plans. Time allocated to the FPD will be calculated by a trainee number based formula, which currently amounts to 1.47 PAs.

7.56 The Foundation Programme Director will receive sessional payments from HEE Wessex money.

7.57 One of the Trust’s Medical Education Administrative Team will be identified to support the Foundation Director, consultants and trainees and liaise with HEE Wessex Foundation School.

7.58 The Foundation Programme will be resourced with sufficient managerial, secretarial and IT support.

7.59 The Foundation Director will collaborate with the Foundation School to ensure agreed processes in educational supervision, portfolio development and review, work-based assessments, educational programme, career advice and dealing with doctors in difficulty.

7.60 Job descriptions for Foundation Programme Directors are available from the purple guide “The Organisational Framework of the Foundation Programme”.

7.61 Management of the Specialty Training Programmes

7.62 The Trust is responsible to ensure the delivery of all specialty programmes.

7.63 The College/Specialty Tutors will be responsible to ensure that specialty training happens according to the requirements of the programme.
7.64 The College/Specialty Tutors will be the professional responsible for communication with the STC and TPD ensuring quality control of the specialty programme locally.

7.65 The College/Specialty Tutors aided by the DME will play an active role within the Medical Education Committee and facilitate the sharing of good practice between specialties.

7.66 The DME will support the College/Specialty Tutors and Supervisors in their role.

7.67 The College/Specialty Tutors, aided by the Medical Education Committee, will ensure that any recommendations by external bodies are implemented within their specialty.

7.68 The College/Specialty Tutors will be responsible for co-ordinating the two-year core training programmes locally (e.g. acute medical training, core surgical training) In Mental Health Trusts these Tutors may overarch several Trusts to maximise and tailor educational opportunities.

7.69 The appointment of the College/Specialty Tutors/Departmental Lead Educators will be in line with the principles highlighted by the Academy of Medical Royal Colleges Paper (a joint appointment by the Trust and the specialty). See appendix F for a job description.

7.70 Lines of communication and professional links between the College/Specialty Tutors, DME, Postgraduate Dean, specialty Schools/Boards, Royal Colleges and GMC are demonstrated in appendix G.

7.71 The College/Specialty Tutors will ensure that the educational, pastoral and career planning needs of all trainees within their department are addressed.

7.72 The College/Specialty Tutors will be responsible to ensure that all those involved in supervising and assessing trainees understand their role in, and the requirements of, the specific programmes for their trainees. They will also ensure that all clinical and educational supervision requirements are implemented as recommended by their STC or Specialty Programme (This may differ from specialty to specialty).meetings and collate all information.

7.73 The College/Specialty Tutors will ensure that every trainee has a detailed departmental induction including knowledge of departmental handbooks, protocols and guidelines.

7.74 The College/Specialty Tutors will ensure that all trainees have a named Clinical and Educational Supervisor and that they have regular meetings with their trainee
(an induction meeting in the first two weeks and further progress meetings at a minimum of every three months).

**Primary Care**

7.75 Primary Care is included within the Foundation Programme and the expanded GPVTS. Suitable representation from the GP team is required at the Medical Education Committee.

7.76 The MEM, administration staff, DME, the College/Specialty Tutors and the Clinical Supervisors will work closely with the GP Tutor and GP Trainers ensuring that the trainees achieve the competences and study leave requirements for their curriculum.

7.77 The model of supervision for the GP Specialty trainees will be determined by the GP Tutor.

7.78 The GP Supervisors will determine the appropriateness of all study leave requests from GP Specialty Trainees.

7.79 The GP trainee’s clinical supervisor for their post in the Acute Trust will facilitate as much as possible their trainee’s study leave allotment taking into account the rota and service delivery.

7.80 The MEM and administrative staff will support the GP Tutor/Team in implementing the VTS programme management and locally delivered educational activities.

7.81 The MEM will require financial negotiations with the Health Education England Wessex for this work.

7.82 The DME and the GP Tutor will work closely on areas of common interest regarding permanent staff such as faculty development and CPD activities.

**Mental Health**

7.83 The Clinical Director (CD) and College Tutor for Mental Health will liaise closely with the Foundation Programme Director.

7.84 The College Tutor for Mental Health will work collaboratively with the MEM, the GP Tutor and the DME for the local Acute Trust to ensure smooth transition of trainees between settings.
7.85 PGME administration structures for Mental Health require a specified model to work within and between Trusts.

7.86 The DME and the Mental Health Tutor will work closely on areas of common interest regarding permanent staff and trainees such as faculty development, induction, basic skills training, mandatory training for CNST requirements and CPD activities.

7.87 The DME and team will take every opportunity to inform all departments, clinical teams, individual consultants and trainees of changes involved with MMC and any other inquiries.

7.88 The DME, Royal College Tutors and team will ensure maximum learning is available within the shortened training schemes and ensure the work schedules according to the new junior doctor contract are honoured.

7.89 The Educational Supervisor is the named professional who is overseeing the educational requirements, achievements and personal and professional development of an individual trainee during that post. They will ensure that the trainee performs all of the appraisals (see Appendix D). They require protected time clearly identified in their job plan. Annual appraisals must include review of competences involved in being an educational supervisor and any gaps reflected in their personal development plans.

7.90 The Clinical Supervisor is the named clinician responsible for overseeing the trainee’s clinical performance within a clinical placement. They will be responsible for observing practice; performing some of the work-based assessments and providing regular feedback (see Appendix E for roles and responsibilities). They require time within their clinical workload to complete these tasks and it must be reflected in their job plans. Annual appraisals must include review of competences involved in being a clinical supervisor and any gaps reflected in their personal development plans.

7.91 The Clinical and educational supervisor may be the same consultant.

7.92 The DME will assist Health Education England Wessex and the University in supporting all tutors and Supervisors.

7.93 Other members of the clinical multi-professional team should be made aware of the requirements of the relevant training programmes so that they can be involved in providing feedback and assisting in the work-based assessments. This will be the responsibility of the College Tutors assisted by the Foundation Programme Director and the DME.
7.94 All Clinical and Educational Supervisors will help develop the trainees undertake reflective practice, identify their learning needs, set their own learning goals and guide them in self-directed learning to become life-long learners capable of professional independent practice.

7.95 The faculty should encourage trainees to become involved with training of others and assist in developing the trainee’s teaching & training skills.

7.96 Training opportunities should be provided for the Specialty Registrars in assessment, appraisal and giving feedback.

7.97 Trainees will be involved in the management of the training programmes and will be fully represented on the Medical Education Committees.

**Career Support**

7.98 The Trust will appoint a postgraduate lead in Careers. This is currently a role filled by the DME.

7.99 The Career Lead will provide career advice and support in conjunction with HEE Wessex Career Policy and ensure that all doctors are aware of the career advice that is available.

7.100 The Career Lead will be supported by the PGME staff and the as well as the Health Education England Wessex Career lead as well as the associate sub dean for undergraduates.

7.101 Foundation trainees should all have the opportunity for discussions around careers. This will be initiated through the Foundation Programme Director using the expertise of the Career Lead as required.

7.102 The PGME Centre will have the necessary resources to support career training and trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.

**Associate Clinical Sub-Dean for Undergraduate Medical Education**

7.103 The Trust will have a lead for undergraduate medical education. He/she is recruited by the DME in conjunction with the Medical School and subject to regular educational appraisal.

7.104 The Lead for Undergraduate Medical Education will work closely with the DME and Medical Education Manager. The ACSD will be involved with the Medical Education Committee and will provide an annual report to the DME, as well as to the medical school.
7.105 The Lead for Undergraduate Medical Education will liaise closely with the Undergraduate Deans at the University.

7.106 The resources for PGME should be made available to undergraduate education.

7.107 Associate Clinical Sub-Dean will receive sessional payments from Undergraduate Tariff money.

**SAS Tutor (Staff Grade /Associate Specialist)**

7.108 The Trust will appoint an SAS Tutor to support the non-consultant career grade doctors.

7.109 The SAS Tutor will work closely with the DME and be involved with the Medical Education Committee.

7.110 The DME, with assistance of the Executive Medical Director, will oversee the education and continuing professional development of these professionals.

7.111 The SAS doctor will closely liaise with the SAS Associate Dean at Health Education England Wessex.

7.112 A robust system of appraisal and revalidation will be established.

7.113 All career grades will participate in mandatory training required by the Trust and HEE Wessex.

7.114 Developmental needs and opportunities will be identified and supported.

7.115 All newly appointed career grade doctors will have a mentor. The allocation and provision of a list of willing mentors lies within the role of SAS tutor.

7.116 The Trust will develop a culture by which this group of professionals will be valued and given the level of responsibility appropriate to their grade and skills. Study leave and resources should be available to ensure SAS doctors are able to satisfy their specialty requirements for re-certification and for achieving professional development in line with Trust, Royal College and departmental requirements.

7.117 Doctors wishing to be considered for entry to the Specialty Register via Article 14 will be supported.

7.118 The SAS tutor will receive sessional payments from Health Education England Wessex money.
Consultants

7.119 The DME and the Medical Educational Department will help support and develop these senior doctors in pursuit of their continuing professional development. All consultants are expected to have an annual appraisal.

7.120 New consultants to the Trust will be offered peer support and invited to undertake (senior) leadership skills training provided by the Medical Education and the Leadership Team department.

7.121 All consultants will undertake robust appraisal and revalidation.

7.122 All consultants will participate in mandatory training.

7.123 Clinical supervisors, Educational supervisors and Royal College Tutors/ Specialty Tutors will have specific appraisals on their roles within medical education performed by their Appraisers using HEE Wessex forms. The DME will support Training to appraisers regarding the seven standards required for revalidation of educators. The Foundation Programme Director will be appraised by the DME and the DME by the Medical Director. These appraisals will be reviewed by the DME to see if any specific educational provision or training is required to ensure these professionals are fully trained in their roles.

7.124 Study leave and resources should be available to ensure consultants are able to satisfy their specialty requirements for re-certification and for achieving professional development in line with Trust, Royal College and departmental requirements.

Multi-professional Education and Training

7.124 The medical education team will work closely with training leads in other professions within the organisation.

7.124 Provision of educational opportunities should be mapped across specialties and disciplines utilising collaborative programmes within the Acute Trust and partner organisations e.g. Mental Health & Primary Care.

7.127 The Medical Educational Department will support Multi-disciplinary Team Meetings (MDT) as an example of multidisciplinary case-based learning opportunities.
Clinical teams with multi-professionals will be encouraged to support the new specialty and Foundation Programmes and engage with the work-based assessments.

Managing Trainees in Difficulty

Please refer to Wessex professional support strategy click here

Always take advice and seek support. Do not try and deal with complex scenarios on your own.

Engage local and regional resources at your disposal in a proportionate manner.

Early identification of trainees in difficulty is vital. Early intervention, exploration of underlying factors, establishment of clear feedback and the setting of goals for improvement may prevent problems from being intractable.

The trainee, as an employee, has a contractual relationship with the Trust and is subject to national terms and conditions of employment. This includes clinical accountability and governance frameworks in addition to recognised disciplinary procedures. They have a responsibility to fully engage with the educational process.

The Trust must ensure that employment laws are upheld. They are responsible for the management of performance and disciplinary matters. The Trust has counselling services and careers advice.

HEE Wessex is responsible for trainees when problems arise that prevent normal progression through the training process. They are available for advice and concerns should be discussed with Training Programme Directors under the guidance of the Associate and Postgraduate Dean.

The Trust and training supervisors must keep the HEE Wessex informed at all times when significant concerns about a particular trainee are highlighted. HEE Wessex must be informed in writing of any disciplinary action being taken against a trainee.

The National Clinical Assessment Service (NCAS), part of the National Patient Safety Agency, can offer specialist expertise in complex issues of clinician performance especially in regards to management and specialist remedial advice.

The General Medical Council (GMC) should be involved in all cases when the doctor’s registration is called into question. All doctors are bound by the GMC’s “Good Medical Practice” and this includes the responsibility to raise concerns about the fitness to practice of another doctor.
7.138 It is the responsibility of the clinical supervisor with whom the trainee is working to highlight early any concerns, that could constitute a threat to patient safety, to the Educational Supervisor, Clinical Lead, Training Programme Director, Foundation Director, Medical Director, the DME and to a senior member of the Trust’s Human Resources Department.

7.139 Establish and clarify the circumstances and facts as soon as possible & access as many resources as possible. Develop a realistic learning plan which is reviewed regularly to monitor satisfactory progress. Ensure that constructive feedback is provided very regularly to the trainee encouraging an open and supportive culture.

REMEMBER THAT PATIENT SAFETY TAKES PRECEDENCE OVER ALL OTHER CONSIDERATIONS

7.140 Ensure that all areas of underlying cause including clinical performance (knowledge, skills, attitude, communication), personality/behaviour (professionalism, motivation), sickness/stress and environmental (workload, bullying, harassment etc.) is fully explored.

7.141 All relevant discussions and interventions must be documented contemporaneously and communicated to the trainee and to key individuals in the accountability framework. Appropriate follow up must occur to ensure that the process is concluded satisfactorily.

7.142 Interventions depend on the underlying diagnosis. Use workplace based assessments to help document, monitor and address identified areas of deficiency or learning needs.

The key decision is: can the trainee safely fulfil their duties within the current job plan and supervisory arrangements? If not there needs to be a full assessment of the options. All trainees causing concern must be identified to the Clinical Lead, DME and Medical Director. The options are:

a) To continue work as usual with arrangements for further training.
b) To continue work as usual but with some appropriate restrictions of practice and arrangements for intensive supervision.
c) As for b) but without any out of work hours.

If the situation is more serious then further discussion and a panel consisting of the Specialty College Tutor, DME, Foundation Director (if F1 or F2), GP Tutor (if on GP scheme), the Medical Director will meet to discuss the options and agree an appropriate management plan.
If the trainee cannot fulfil the requirements of the placement, then the situation will be discussed with Health Education England Wessex & Training Programme Director and advice taken form NCAS, Occupational Health and/or the GMC. A panel member will be nominated in each case to undertake responsibility for ensuring that all discussions/decisions reached will be formally recorded and stored within the trainee’s personal file.

8. POLICY DEVELOPMENT & CONSULTATION

The policy has been sent to the Postgraduate Dean, the Chief Executive, the Executive Medical Director, Clinical Leads, Royal College Tutors, the Medical Education Committee Members, Medical Education Manager, Human Resources as well as the Governance and Assurance Manager for comments.

9. IMPLEMENTATION

The final version will be disseminated to all consultants, the GP Tutor and to all career grades within the Trust. All new medical starters will be made aware of the policy in their induction and it will be part of the medical handbook.

10. TRAINING

“This Medical Education Policy does have a mandatory training requirement which is detailed in the Trusts mandatory training matrix and is reviewed on a yearly basis through the mandatory training group. Induction is included as part of the mandatory training process.

Any new proposals regarding mandatory training must be done in consultation with the Mandatory Training Group. Policy authors cannot decide on mandatory training requirements.

11. EQUALITY ANALYSIS

This procedure has undergone an equality analysis please refer to Appendix G

12. REVIEW AND REVISION ARRANGEMENTS

The Medical Education Policy will be reviewed every 3 years or when there is a change in legislation or national policy or guidance that would make a review appropriate. This will be done via the MEC, HMSC and LNC

13. MONITORING COMPLIANCE AND EFFECTIVENESS

13.1 Medical Education is constantly evolving with recommendations being regularly updated from statutory bodies like GMC and HEE Wessex as well as from educational authorities like the Royal Colleges and NACT UK. Therefore, ongoing
monitoring of the recommendations will take place and changes within the policy will be made if any deficiencies are identified. Any recommendations will be discussed at the Medical Education Committee and appropriate action plans will be implemented. Progress will be reported to the Director of Medical Education.

13.2 Compliance and Effectiveness will be monitored at job planning, Annual business plans, annual reporting to Executive Board, through the GMC Survey, exception reporting, Guardian of Safe Working as well as local regular review and feedback from trainees.

14. DISCLAIMER

It is the responsibility of all staff to check the Trust intranet to ensure that the most recent version / issue of this document is being referenced.

15. LINKS TO OTHER ORGANISATIONAL DOCUMENTS

Please refer to Wessex Framework for Professional Support click here
Add Junior Doctors 2016 Terms and Conditions
Consultant Contract 2003
Specialty Doctor Terms and Conditions 2008

Job Planning Protocol
Annual and Special Leave Policy
Appraisal Policy for Consultants and Specialty Doctors
Conduct, Capability and Ill Health of Practitioners Procedures and Appeals Policies

16. REFERENCES

• Clinical and Educational supervision policy, Portsmouth Hospitals NHS Trust
• Health Education England Wessex Framework for Professional Support
• Wessex Institute Supervision of Doctors in Training
• A Guide to Management and Quality Assurance of Postgraduate Medical and Dental Education. Academy of Medical Royal Colleges and COPMeD UK (2000).
• Learning Portfolio pdf (Foundation Years)
• Foundation E-Portfolio Trainee Guide

17. APPENDICES
MEDICAL EDUCATION COMMITTEE

This committee is accountable directly to trust board.

Membership
1. Chair – Director of Medical Education
2. Associate Dean
3. Medical Education Manager
4. Foundation Programme Director
5. Royal College Tutors/departmental Lead educators
6. Programme Leads e.g. GP VTS, GP Foundation Lead, and Mental Health Lead
7. Trust Simulation Lead
8. Associate Clinical Sub-dean
9. SAS Tutor
10. Up to 3 trainee representatives (1 foundation, 1 speciality, 1 general practice)
11. HR Officer
12. Guardian of Safe Working
13. An Administrator (non-voting member)

Quorate: at least three senior Medical members

Terms of Reference
- To provide a network of trainers to develop a co-ordinated approach to medical education and to create a suitable learning environment across the healthcare community.
- Improve the standard of teaching, share good practice across disciplines and facilitate the learning needs of all staff to improve patient care.
- To implement, monitor and improve all Specialty Training Programmes.
- To oversee the development of the Foundation Programme.
- To provide the forum for the discussion of Audit & Quality Assurance.
- To identify and resolve any identified weak areas for action prior to external inspection, to share results of inspection and to provide support to address any recommendations through implementation of action plans.
- To create a unified approach to data collection standardized across specialties.
- To share and solve common issues around clinical governance and Healthcare Commission standards regarding Training & Education.
- To ensure that the Specialty & Foundation Programmes are delivering the curriculum.
- To ensure the quality of work-based assessments.
- To ensure that career advice and management is offered and audited.
- To ensure that Clinical & Educational Supervisors understand their roles & responsibilities, attend appropriate developmental programmes and that their job plan reflects their educational involvement.
- To provide a forum for feedback from trainees and career grades.
- To encourage communication between undergraduate issues and transition to Foundation Programmes.
- To discuss & share individual department’s strengths & weaknesses and provide suggestions for improvement.
- To disseminate and discuss proposals and recommendations from Foundation & Specialty Schools, STC meetings and from HEE Wessex and National documents
GLOSSARY

COPMeD  (Conference of Postgraduate Medical Deans) provides a forum in which Postgraduate Deans meet to discuss current issues, share best practice and agree a consistent and equitable approach to medical training in all deaneries across the UK. It acts as a focal point for contact between the Postgraduate Medical Deans and other organisations.

GMC  (General Medical Council) aims to deliver and protect the highest standards of medical ethics, education and practice, in the interest of patients, public and the profession. The GMC is responsible for undergraduate training, maintaining the Specialist & GP Register. It is jointly responsible with PMETB for Foundation Training.

MMC  (Modernising Medical Careers) is a new programme for postgraduate medical training being introduced in the UK. It aims to improve patient care by delivering a modernised and focused career structure for doctors through a major reform of postgraduate medical education.

NACT UK  (National Association of Clinical Tutors) is an association that liaises with many national bodies including COPMeD, MMC Committee, PMETB working parties, some Royal College Committees and is increasingly being asked to advise the Department of Health and others involved in setting or implementing strategy.

PMETB – now incorporated in GMC  (Postgraduate Medical Education and Training Board) is an independent, statutory body whose aim is to achieve excellence in postgraduate education and training throughout the UK. It is responsible for setting and securing the maintenance of standards for postgraduate medical education and for confirming eligibility for inclusion on the Specialist & GP Register. It is jointly responsible with the GMC for Foundation Training.
Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

<table>
<thead>
<tr>
<th>Document title</th>
<th>Medical Education Policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower Costs</td>
<td></td>
<td>Educational Leads Programme Activity</td>
<td></td>
</tr>
<tr>
<td>Training Staff</td>
<td></td>
<td>Leadership Training</td>
<td></td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Impact:
Summary of Impact: There is a financial implication associated with this policy. This will be in terms of Senior Clinicians time to take on the roles of DME, FPD, Royal College Tutor Roles etc. (PAs). There will also be the cost of any Leadership Programmes attended by newly appointed consultants as referred to in the policy. It is not possible to quantify exact costs.

Risk Management Issues:
Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If “YES” please specify:

Use additional sheets if necessary.
Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<table>
<thead>
<tr>
<th>Manpower</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational running costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Training Impact</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment and Provision of Resources</th>
<th>Recurring £ *</th>
<th>Non-Recurring £ *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery / publicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling replacement of equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

Funding / costs checked & agreed by finance: ____________________________
Signature & date of financial accountant: ____________________________
Funding / costs have been agreed and are in place: ____________________________
Signature of appropriate Executive or Associate Director: ____________________________
Equality Impact Assessment (EIA) Screening Tool

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Medical Education Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of document</td>
<td>The document will describe, in detail, the organisation for the Department for Medical Education.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>Trust Managers and Clinicians of all grades</td>
</tr>
<tr>
<td>Person or Committee undertaken the Equality Impact Assessment</td>
<td>Medical Education Committee</td>
</tr>
</tbody>
</table>

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Asian British People</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese people</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of Mixed Race</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White people (including Irish people)</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with Physical Disabilities, Learning Disabilities or Mental Health Issues</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian, Gay men and bisexual</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger People (17 to 25 yrs.)</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith Group</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. **Level of Impact**

If you have indicated that there is a negative impact, is that impact:
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal</strong> (it is not discriminatory under anti-discriminatory law)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intended</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

<table>
<thead>
<tr>
<th>Scheduled for Full Impact Assessment</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of persons/group completing the full assessment.</td>
<td></td>
</tr>
<tr>
<td>Date Initial Screening completed</td>
<td></td>
</tr>
</tbody>
</table>