



Procedures and processes of accreditation for GP Trainers: *similarities and differences*

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Context

The GMC has completed a consultation on recognising and approving trainers. The outcome of this work will shape the quality assurance and regulatory structures for clinical educators in the future.

In training for general practice, central issues for quality assurance procedures are the appointment, training and CPD of trainers. All deaneries have systems for recruiting and managing trainers, however evidence suggests that these systems may differ substantially across localities.^[1,2]

The aim of this survey was to provide a resource setting out the current processes and procedures for the recruitment, training and CPD of GP trainers across deaneries.

Summary of work

A survey of all UK deaneries (n.17) was carried out to identify the procedures and processes associated with the appointment, approval and CPD of GP clinical and educational supervisors in order to document the current similarities and difference in practice between deaneries.

The results of the survey were analysed and placed in the context of recent literature. Results showed notable variation in some areas as well as relatively recent developments becoming established practice, such as the requirement for a certificate of medical education. Overall, results indicated a time of transition and the potential for aspects of practice to be aligned across deaneries.

This work is of relevance to those overseeing the management and development of GP trainers in the context of the new arrangements for recognising and approving trainers set out by the GMC.

1. Lyon-Maris *et al* (2008) Training practice visiting in United Kingdom deaneries: similarities and differences. *Education for Primary Care* **19**: 514-20
2. Kibble *et al* (2009) The application process for general practitioner trainers in United Kingdom deaneries: similarities and differences. *Education for Primary Care* **20**: 379-89

Lyon-Maris J, Scallan S (2013) Procedures and processes of accreditation for GP trainers: similarities and differences. *Education for Primary Care* **24**: 444-51

Areas identified for potential harmonisation of practice

The number of years post-CCT a potential trainer is required to be.

The process of becoming a trainer and receiving final approval takes around a year, it would seem reasonable that the requirement for post-CCT clinical experience be set at two years (or equivalent if part-time).

Length of time in current practice prior to becoming a trainer.

There would seem to be scope to agree a minimum requirement for length of time in current practice, where the practice is not already approved, and to waive such a requirement if the practice is an existing training practice.

Does a sole trainer in a practice have to be a partner?

It would seem appropriate in the light of the diversity across GP career roles that all deaneries are consistent in giving consideration to trainer applications from all types of GP, and to ensure appropriate formal supervisory processes are in place to support the trainee where a trainer works less than full-time or is not involved in the strategic planning for the practice. It may be timely to undertake research into the career pathways and development of GP educators.

The requirement for a compulsory academic qualification.

There is diversity in practice across deaneries in the four home nations as to whether trainers are required to hold a postgraduate academic qualification. It would seem appropriate that consideration be given to ensuring consistency in requirements for new trainers and for the existence of appropriate arrangements to recognise experience when a trainer moves location. It may be timely to undertake further research into the range and type of qualifications available for educators.

The continuum of training for general practice.

There would appear to be scope for greater sharing of resources, processes and standards at a local level between undergraduate and postgraduate education.

Continuing professional development for GP educators.

There is diversity in practice concerning the continuing professional development of trainers. It would seem appropriate that consideration be given to undertaking further research into the nature and range of CPD available for trainers.

