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Procedures and processes of accreditation for GP trainers: similarities and differences

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What is already known in this area

- The GMC has recently completed a consultation on recognising and approving trainers which will shape the quality assurance structures for the future.
- In training for general practice, a central issue for quality assurance procedures is the appointment, training and CPD of trainers.
- All deaneries have systems for recruiting and managing trainers, however anecdotal evidence suggests that these systems may differ substantially across localities.

What this work adds

- This work has identified common and variable features of training and approving GP trainers across the UK.
- The range practices indicates most variation in approaches to 'training the trainers,' accreditation for this role and managing CPD.

Suggestions for future research

- Identification and evaluation of 'best practice.'
- Where practice differs substantially, convergence could be considered.
- Undertake further research into the effects and issues posed by a changing trainer population.

Keywords:
educational management; specialty training for general practice; general practice trainers; accreditation; CPD

Summary
A survey of all UK deaneries was carried out to identify the processes and procedures associated with the approval of GP clinical and educational supervisors and to document the current similarities and difference between deaneries. The results of the survey were placed in the context of recent literature. Results showed notable

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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 indicate a time of transition and the potential for practice to be aligned across deaneries.

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The are no conflicts of interest to declare for the authors.

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Introduction

The literature surrounding the management of speciality training for general practice in the UK is sparse, and has generally focused on describing innovative or local practice.[1-13] In recent years, two papers have considered cross-deanery processes concerning practice visiting[14] and trainer approval application forms.[15] Both papers demonstrated a range of approaches in use across deaneries in these areas of management. Such diversity reflects changes in the responsibility for regulation and quality assurance of training, which passed from the JCPTGT (Joint Committee on Postgraduate Training for General Practice) in 2005, to the PMETB and most recently the GMC. Moving the regulation and quality assurance of GP training from the Joint Committee which united the "divided tribes of general practice" (Keighley, 2005: 790)[16] and locating it under the umbrella of a single overarching body with responsibility for all medical training, has led to the emergence of deanery level differences in approach to managing GP training within a common regulatory framework. Recent research continues to demonstrate local diversity, and there is a growing body of literature surrounding trainer and training practice management.[17-19]

The aim of this survey was to provide a resource setting out the current arrangements of the processes and procedures that are required to become a GP trainer 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.

Research method

The researchers identified a lead educator in each deanery (n.17) who held responsibility for the accreditation of new GP clinical and educational supervisors. Deanery contacts were approached an individual basis for their consent to participate on behalf of their organisation. Data collection was by questionnaire followed by semi-structured telephone interviews in order to clarify particular issues, and this was undertaken by JLM between March and September 2012. The questions are listed in appendix 1. The data provided by the deanery contacts was anonymised and summarised prior to inclusion in the dataset, thereby removing personal and organisational identifiers. Once collected, SS analysed the data, wrote a descriptive commentary on the responses and linked it to existing literature.

Findings and discussion

1. Who selects the trainer? Self or other route?

Deaneries reported that GPs wishing to become trainers generally put themselves forward (n.14). Typically, on approaching the deanery or an associate dean (AD), an initial meeting, often informal, would be arranged. From a deanery perspective,

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consideration for the need for trainers in the area, where for instance there are recruitment difficulties or oversupply, may be factors in the decision-making process. One deanery reported requiring candidates to complete a range of assessments prior to being considered for becoming a trainer. Similarly another deanery required that candidates complete a certificate of medical education before being recruited to the role. Where a mixed approach to trainer recruitment was reported, this typically meant that either candidates came forward, ADs identified and encouraged appropriate candidates to apply or they would target suitable practices directly.[1] In making a decision to become a trainer, one deanery reported that candidates were encouraged to familiarise themselves with the role by, for example, attending trainers meetings.

The data from the deaneries suggest that the initial step towards becoming a trainer is very much made in the same way as it has always been - from the trainer. There is evidence however, that there are some changes beginning to appear, most notably in terms of requiring some form of ability screening or achievement of a qualification prior to being considered or selected for the role. In a recent letter to this journal,[21] Main *et al* describe a pilot of a competency-based selection centre approach to recruiting educators which, if adopted more widely, might herald a significant change in approach to the process of educator recruitment.

2. To be a trainer in your deanery, how many years post-CCT must you be?

Respondents generally reported that prospective trainers were required to be 3 years post-CCT (n.11), and of these, one noted that the patch ADs had the ability to put candidates forward who had worked less that the required time, and that such exceptions to the rule were subject to approval by the head of school and other associate deans. Five deaneries reported that the requirement was 2 years post-CCT. One deanery had the lowest experience threshold, requiring candidates to have 18 months of experience (or equivalent if working part-time). Two deaneries noted that although the time post-CCT required was two years, by the time the required training for the role had been completed and the trainer deemed ready to take a trainee, the candidate would be three years post-CCT. In one case, a particular need for trainers was reported to have led the head of school to temporarily lower the requirement from 3 to 2 years.

3. How long must you have been in the current practice for before becoming a trainer?

Responses to this question demonstrated a broad range of requirements surrounding the length of time in post at a practice. Six deaneries reported that there was no specific requirement and applications were judged on an individual basis. If, for example, the practice were an existing training practice, then this would be viewed positively. Where a time requirement was stated, for one deanery a 3-year requirement was reported, for two a 2-year requirement, for six a 1-year

[1] See Welsh (2011)[20] for a description of a targeted approach to practice recruitment.

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requirement and for two a 6 month requirement. Additional information from one deanery suggested that there was no requirement to be attached to a practice.

Taken together, the deanery data and literature generally suggest that the approval of a trainer and the training practice are separate processes. This, plus pressure to increase the number of training places is leading to the development of trainer networks across practices, for example through 'hub and spoke,[22] cluster training arrangements[23,24] or by federating.[25-7] In addition, if there is no requirement for a trainer to be attached to a training practice, then there may be scope to develop a 'trouble shooting' or remedial support role for senior trainers, who could be tasked to step into a practice where there are training problems in order to assess the situation or offer support to the trainer *in situ*.

4. Will your deanery allow the sole trainer in a practice to be a non-partner?

For thirteen deaneries, it was acceptable for a sole trainer to be a non-partner. In two cases this was not possible, one deanery was unsure if this situation had arisen and for one it was not relevant. Of the thirteen deaneries responding 'yes,' one noted that a sole trainer who was not a partner would be encouraged to 'buddy up' with another trainer in the locality or be mentored.

It is well recognised that the 'traditional' GP career pathway has undergone much change in the last fifteen or so years, with the growing trend for a career to comprise a portfolio of roles.[28] Similar is true of educational roles; where previously an established partner in a practice might take on the role of trainer, now a practice may have a number of trainers, working in different clinical roles and capacities, for instance salaried, less than full-time, and host a range of students and trainees.[29,30] A recent paper by Rickard *et al*[31] described some of the issues faced by trainees training less than full-time, about which trainers need to be mindful. The same is true for trainers working less than full-time or who are not partners; processes need to be in place to ensure that a trainee is appropriately supervised when the trainer is out of the practice and that the trainee receives adequate exposure to all aspects of work in general practice. With growing diversity in the clinical roles and capacities of trainers, it may be timely to research the supervisory experiences of trainers to identify strengths and issues, and how they ensure their educational and professional development.

5. Does your deanery have a compulsory academic qualification e.g. cert. med. ed. or equivalent? If yes, as part of the course or gained previously?

Responses to this question demonstrated considerable variation concerning the requirement for a compulsory academic qualification for trainers, with nine deaneries requiring trainers to achieve a postgraduate award. For one deanery such a requirement had moved from optional to compulsory in the last year. Where an award had been gained earlier outside the locality, four deaneries noted that it would be taken into account on applying to be a trainer. In one case this would be

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by a process of mapping the learning outcomes of an earlier award against the learning outcomes for the deanery's postgraduate certificate, and if they aligned, the candidate would not be expected to undertake a further award. Those responding that an academic qualification was not required (n.8) included three of the four UK nations, demonstrating differing practices across the United Kingdom.

In 2005 Rashid and Siriwardena noted that "[T]he professional development of medical educators is […] becoming ever more important" (2005: 325)[32] and that those accessing the relatively small number of masters level courses at universities at that time (noted as being provided by Dundee, Warwick, Cardiff, London and Bath (RCGP Learning Unit)) were the minority (see also Allery *et al* 2006[33]). Just a few years later the research of Waters and Wall[34] found that GP trainers were ambivalent about gaining university teaching qualifications in recognition of their skills and role. The current data from the deaneries suggests a continuing time of transition with a growing number of deaneries requiring a formal demonstration of teaching ability, in line with overarching policies based on the demonstration of competencies for the role. The MRCGP is no longer a diploma of merit but one of licence and as such is not a discriminator; holding an academic teaching qualification is now coming to be seen as a mark of excellence. Research is beginning to emerge regarding the benefits of skills and knowledge accreditation.[35]

6. Who funds the academic qualification?

Of the nine deaneries responding that there was a requirement for trainers to hold a postgraduate award, the funding for the qualification was derived either from the deaneries (n.7 – 6 funded and 1 contributory bursary) or the trainer (n.2). Of the eight deaneries reporting that no certificate was required to be a trainer, three gave additional information: in two cases bursaries were available to contribute to a postgraduate award, and in one the trainer would be required to fund it.

7. Who accredits the academic qualification?

Of the nine deaneries responding 'yes' to the requirement for a post graduate award for trainers, the provider of the award was generally a university in the locality. In the case of one deanery, the provider depended on the location of the trainer, and for another deanery prospective trainers were able to choose from a range of courses provided within the locality, as well as further afield. The universities currently working with deaneries are shown in Box 1.

[Insert **Box 1** here]

Of those responding that an academic qualification was not required (n.8), three gave further information about providers in the locality offering qualifications which could meet the needs of trainers: Keele, Plymouth and Bristol Universities and a number of 'local providers' in Mersey. With the proliferation of courses over recent years compared to 2005 when Rashid and Siriwardena[32] identified the providers of

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the time, it is interesting to note that demand may have moved away from distance learning programmes and towards ones linked to wider training and approval structures within a deanery.

8. Does your deanery have a trainer course before starting? If so, how long in days?

Fourteen deaneries reported having some form of trainer course to prepare prospective trainers for their role (in one case of this number other deaneries' programmes were used). Just three deaneries did not. In one case this stopped being a requirement in 2012, and in another prospective trainers expected to attend local trainers group for a few months.

The nature and format of courses reported varied considerably: five deaneries reported providing a single course or event to prepare trainers. This ranged in duration from a half day (n.1), to four days (n.1) or five days (n.2). Eight deaneries reported running a 'course over time' in various formats, and would seem to be moving towards approaches that link different elements of educational practice (see for example the Northern Faculty of Medical Education.[2]

[Insert **Table 1** here]

In one case it was noted that the five day course itself provided a certificate in medical education, as opposed to formats where the sessions overlapped or were separate. Descriptions of trainer courses may be found in the literature.[36-9]

9. If your deanery does have a course, who funds it and what are the approximate costs?

Of the thirteen deaneries reporting having some form of trainer course to prepare prospective trainers for their role, most (n.7) were funded by the deanery. In three cases, the participants funded the courses and in two, funding was shared between the deanery and participant. One answer was unclear as to where the funding was derived. Two deaneries did not respond. The costs ranged from £750 to £1850 (mean = £1034).

10 What support does your deanery offer new trainers?

In answering this question, the deaneries reported a wide range of activities to support new trainers and these are shown in table 2.

[Insert **Table 2** here]

Additional descriptions of support for trainers may be found in the literature[40-2] and the value of a structured approach to appraisal for trainers to enable development is recognised.[43-5] There is a more detailed paper in press to report a survey of the

[2] http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/faculty-education/course-recognition/course-recognition).

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provision of CPD for educators by deaneries which has been undertaken by COGPED.

11. Do you have compulsory update courses? If so, who pays - deanery or trainer?
Seven deaneries reported that a compulsory update course was required for trainers, and where information on funding was given, in general the deanery paid. What was less clear from the responses was whether attendance at trainer groups was considered an update or whether an update course was more akin to the initial trainer course. It was noted by some that a trainer was required to demonstrate evidence of CPD activity in the locality and elsewhere as part of the re-approval process, however this was not considered a 'compulsory update course' by some respondents. In terms of costs, where other ways of keeping up to date were given, the expectation was that the annual trainer CPD grant would contribute to costs of the education.

12. Do you have separate processes or course for Foundation supervisors, Clinical Supervisors (OOH) and Trainers? Are courses linked to medical school GP teachers courses /accreditation?
In general the deaneries responded that there was little cross-over between courses for other types of supervisors, which reflects the historical divide between undergraduate and postgraduate training. Bringing the regulation of trainers along the continuum of training for medicine under the umbrella of a single body presents the opportunity to share information and streamline processes across undergraduate and postgraduate training. Where a GP educator is recognised to supervise undergraduate students, it would seem appropriate that the skills and knowledge needed for this responsibility should be taken into account by those managing postgraduate training and vice versa. Literature concerning such opportunities to share resources and standards is beginning to emerge, for instance regarding practice visits,[46] the learning environment[47] and trainer accreditation through the Northern Faculty of Medical Education.[3] Such developments build on historical hopes for a shared undergraduate and postgraduate GP curriculum.[48]

13. Are your approved trainers automatically approved for FY2 training?
Sixteen deaneries reported that approved GP trainers could also act as supervisors of foundation trainees, with it not being the case in one area only. Where additional requirements were in place for foundation supervisors, they tended to concern familiarity with the foundation programme curriculum. Whilst GP trainers may be qualified to supervise foundation trainees, they were not always used to do so.

Conclusions and areas for development
In 1995 Havelock *et al*[11] recognised that "[T]rainers and training practices are the cornerstone of vocational training" (1995: 6), and the same is true today, but the nature of the role and the training system it sits within are substantially different.

[3] http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/faculty-education/course-recognition/course-recognition

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The findings of this survey (see box 2) suggest that there are a number of areas where baseline practice across deaneries could potentially be harmonised, as well as formalising links with arrangements to recognise trainers in non-GP postgraduate training and in undergraduate education.

[Insert **Box 2** here]

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Appendix 1

Questions

1. Who selects the trainer? Self or other route?
2. To be a trainer in your deanery, how many years post-CCT must you be?
3. How long must you have been in the current practice for before becoming a trainer?
4. Will your deanery allow the sole trainer in a practice to be a non-partner?
5. Does your deanery have a compulsory academic qualification e.g. Cert. Med. Ed. or equivalent? If yes, as part of the course or gained previously?
6. Who funds the academic qualification?
7. Who accredits the academic qualification?
8. Does your deanery have a trainer course before starting? If so, how long in days?
9. If your deanery does have a course, who funds it and what are the approximate costs?
10. What support does your deanery offer new trainers?
11. Do you have compulsory update courses? If so, who pays deanery or trainer?
12. Do you have separate processes or course for Foundation supervisors, Clinical Supervisors (OOH) and Trainers? Are courses linked to medical school GP teachers courses /accreditation?
13. Are your approved trainers automatically approved for FY2 training?

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Boxes and Tables

Box 1: List of university providers of qualifications for deaneries where trainers are required to hold a formal award.

- De Montfort University
- Either Sheffield, Leeds or Hull/York Universities
- Oxford Brookes University
- University of Central Lancashire
- University of Kent
- University of Westminster
- University of Winchester

Box 2: Areas where baseline practice across deaneries could potentially be harmonised.

- *The number of years post-CCT a potential trainer is required to be*. Given that the process of becoming a trainer and receiving final approval takes around a year, it would seem reasonable that the requirement for post-CCT experience working in practice be set at two years (or equivalent if part-time). With the coming of enhanced and extended training, one use for the additional time in practice could be to allow final year trainees to focus on skills and knowledge needed for educational roles, in order to accelerate their learning. Locally in Wessex the creation of post-CCT ST4 one year fellowships in medical education has been instrumental in the recruitment of new programme directors to the patch educational teams.[49]
- *Length of time in current practice prior to becoming a trainer.* There would seem to be scope to agree a lowest 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 posts 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 development and pathways of GP trainers.
- *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

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experience where a trainer moves location. It may be timely to undertake further research into the range and type of qualifications for educators available.

- *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 providers and managers of education.
- *Continuing professional development for 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 available CPD for trainers.

Table 1: Table describing the format of 'courses over time' to prepare trainers for their role.

Deaneries	**Format**
n. 1	1 day introduction followed by 3 days (part 1), 3 days (part 2) and 5 days (part 3)
n.1	2 days plus single days over twelve months
n.1	5 days plus 6 sessions of supervised teaching and 2 days of reflection; equality /diversity training and a final day of reflection about a year after the original course
n.1	3 x 3 day residential modules
n.1	2 day residential followed by three additional days of education 2 weeks apart
n.3	3 x 2 day modules

Table 2: Summary of the range of support activities for new trainers reported.

Frequency	**Support**
n.12	Participate in trainer workshops /study days or an annual conference
n.11	Join trainer group
n.5	Mentoring scheme
n.4	'Buddy' scheme
n.4	Further course in follow-up e.g. masterclass, new trainers course, induction
n.3	A visit
n.2	Point of contact – AD; GP Dean etc.
n.2	Booklet, website info. Etc.