



SAS Doctors as Recognised Trainers

Background

The General Medical Council ([GMC](#)) defines a medical trainer as *'an appropriately trained and experienced doctor who is responsible for the education and training of medical students and/or postgraduate medical trainees which takes place in an environment of medical practice.'* A medical trainer provides supervision appropriate to the competence and experience of the student or trainee and the learning environment. They are involved in, and contribute to, the learning culture and learning environment, provide feedback for learning, and may have responsibility for appraisal and/or assessment.

The GMC has the statutory power to approve and publish only a list of GP trainers providing training for GP registrars in primary care. While the GMC does not have the same statutory power to approve trainers in secondary care, they have the power to establish standards against which trainers in secondary care can be recognised by their employing educational organisations and the GMC.

In this paper, we conclude that SAS doctors are a huge untapped resource in the NHS whose permanent position in the NHS, coupled with vast knowledge, skills, experience, resilience, and adaptability makes them ideal to provide education, teaching and training.

Development of Regulatory Process

The current Trainer Recognition Framework (TRF) is based on the Academy of Medical Educators' Professional standards for medical, dental and veterinary educators (2014) structure, against which all trainers in their recognised roles are expected to provide evidence of their training as a trainer and ongoing professional development in the relevant trainer role.

The Trainer Recognition Framework is comprised of seven domains:

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator.

Using the above criteria, TRF recognises four defined roles for the trainers in secondary care at undergraduate and postgraduate level. These four roles include:

Undergraduate Level

- Those responsible for overseeing students' progress at each medical school
- Lead coordinators of undergraduate training at the Local Education Provider (LEP)

Postgraduate Level

- Named Educational Supervisors (ES)
- Named Clinical Supervisors (CS)

Purpose of Framework and Process of Recognition

The specification of a named ES and named CS separate the two distinct roles and emphasises the responsibility of a specific trainer for a specific trainee (see Table 1 for further explanation). Approved or recognised trainers can be general practitioners (GPs), consultants, SAS doctors, and senior trainees preparing for their consultant role highlighting their contribution and equitable appreciation of training responsibilities.

Table 1

Educational Supervisor	Clinical Supervisor
<p>A named Educational Supervisor is a trainer who is appropriately trained to be responsible for the overall supervision and management of the trainee's trajectory of learning and educational progress during a placement or series of placements. The educational supervisor helps the trainee plan their training and achieve agreed learning outcomes. They are responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements.</p>	<p>A named Clinical Supervisor is a trainer who is responsible for overseeing a specified trainee's clinical work with constructive feedback throughout a placement in a clinical or medical environment and is appropriately trained to do so. They will lead on providing a review of the trainee's clinical or medical practise throughout the placement that will contribute to the educational supervisor's report on whether the trainee should progress to next stage of their training.</p> <p><i>Clinical supervision is a separate term and can be confused with the role of the named CS. Clinical supervision is an inherent part of medical practice of a doctor overseeing the work of a trainee, whereas a named CS has a distinct role, as explained above.</i></p>

Process of Recognition

Educational organisations (EOs - postgraduate Deaneries, medical schools) and Local education providers (LEPs - NHS trusts and health boards) are expected to have local processes with certain requirements and criteria to recognise trainers. EOs are required to share their processes in place for training and appraisal of such trainers and a record of recognised trainers performing any of the above four roles with the GMC. The GMC then uses this information to recognise doctors as trainers and this recognition can be seen against that doctor's name on List of Registered Medical Practitioners (the Medical Register). Local recognition can also be made available to non-medical trainers who are not in these four specific roles but whose practice contributes to teaching, supervision, and training of undergraduate students and postgraduate trainees.

While the responsibility for implementation of these process lies with both LEPs and EOs, the key responsibilities of managing trainers lies with LEPs and key responsibility for recognising trainers lies with EOs who are accountable to the GMC. Full details of roles for LEPs and EOs can be seen in Tables 2 and 3.

Table 2

Responsibilities of LEPs
<p>[Taken from GMC guidance on Recognising and approving trainers: the implementation plan – August 2012]</p> <ul style="list-style-type: none">– Identifying trainers currently in the role requiring recognition and choosing recognised trainers to perform the four roles.– Ensuring that sufficient trainers are in post and available to train.– Supporting trainers through; job plans, appraisal and revalidation, support for the training and professional development of trainers, and dealing effectively with concerns and difficulties.– Taking effective action where training is poor, and remediation is not sufficient.– Mapping their arrangements against the seven domains of AoME's TRF and ensuring that the GMC's standards are met.– Liaising with EOs in accordance with agreed arrangements– Being accountable for the use of the resources received to support medical education and training.

Table 3

Responsibilities of EOs
<p>[Taken from GMC guidance on Recognising and approving trainers: the implementation plan – August 2012]</p> <ul style="list-style-type: none">– Taking the lead role in recognising trainers, including establishing criteria and processes consistent with the GMC's standards and requirements.– Reaching agreements with LEPs on respective roles and responsibilities.– Quality managing training arrangements at local education providers and their job planning for training in light of the GMC's standards and the seven AoME domains.– Reviewing available information before deciding to recognise individual trainers.– Passing on information to the GMC about the GP trainers identified; and, once the GMC has the necessary statutory powers, also passing on information about other trainers requiring GMC approval.– Reporting regularly to the GMC on the adequacy of the job planning at each LEP in their area and generally cooperating with quality assurance by the GMC.

Advantages for the SAS workforce as trainers

- Equal opportunities in education and training
- Career and professional development
- Evidence of trainer status towards appraisal and revalidation
- Evidence of additional NHS responsibility
- Evidence facilitating additional SPA allocation in job plans
- Evidence of education and leadership status towards CESR
- A case for local awards e.g. best educator/trainer/leader/mentor

How to become a trainer

Individual EOs have their own criteria for recognition, however, generally, if one is hoping to become CS or ES, they should:

1. Contact the Director of Medical Education (DME) office to learn the agreed criteria and process for the Trust/Health Board to become a recognised trainer.
2. Discuss with the Clinical Lead/Clinical Director and/or TPD for the specialty about taking on the role.
3. Update the personal development plan accordingly.
4. Complete mandatory training for the trainer role and comply with good medical practice.
5. Start collecting evidence and update the annual appraisal portfolio.
6. Once all required evidence is gained, complete the Recognition of Trainer (RoT) form that can be obtained from the Medical Education office.
7. Submit the completed RoT form along with evidence of the training fulfilling the expected criteria for recognised trainers.
8. If successful in obtaining trainer status, add the status to the appraisal portfolio.
9. Negotiate with TPD and clinical lead for allocation of a trainee to fulfil the role.
10. Discuss with the clinical lead/clinical director for additional SPA to support these roles. The SPA allocation can vary from one EO to another, and information can be obtained from the local Medical Education office.
11. Ensure completion of CPD requirements every 5-year revalidation cycle for continuing in the role.

Examples of training courses facilitating recognition as educators

- Equality and Diversity Training
- PG Cert/Diploma/Msc in Medical Education
- Training the Trainers
- Lead and be Led
- Leadership in Training
- Teaching the Teachers
- An induction module for Clinical or Educational Supervisors
- Extended educational courses e.g., reflective writing skills, presentation skills, dealing with trainees in difficulty
- Refresher course for Clinical and Educational Supervisors
- Clinical Educators' Programme run by universities focussed on seven AoME domains [available free of cost from the university associated with the Trust/Health Board].
- [E-learning](#) for healthcare has educational resources for ES/CS
- Other equivalent courses run by medical Royal Colleges
- CPD events includes study days and conferences organised by deaneries and AoME for medical educators.
- This list is not exhaustive.

Retaining Recognition as a Trainer

Retaining recognition is always maintained via the annual appraisal process. To retain the status, one must show the following at their annual appraisal:

- One piece of evidence covering domain 7 (Educational CPD) in each year of the five-year revalidation cycle. Among this evidence over five years, three must be separate types of domain 7 evidence.
- One piece of evidence from each of domains 1-4 for clinical supervision
- One piece of evidence from each of domains 1-6 for Educational Supervision in the 5-year revalidation cycle.

This evidence can be achieved either by doing a refresher course or by attending a variety of [CPD events](#).

Discussion

Understanding of the trainer recognition framework (and the role of the GMC in the recognition process) is limited among trainees and trainers. While many are unaware that this status is recorded and available on the medical register, many are unaware of its symbolic impact on culture around professionalism of education and development of educational communities of practice. '*BMA SAS Doctors Development: Summary of resources and future work*' recognised that many SAS doctors have already been working in these roles without its recognition in their job plans and with a lack of flexibility within their clinical workload.

One of the measures outlined in '[Maximising the potential: essential measures to support SAS doctors report](#)' was to involve and support SAS doctors in education roles specifically as educational and clinical supervisors for doctors in training. The GMC's guidance 'Promoting excellence: standards for medical education and *training*' supported an extended role of being clinical or educational supervisors for SAS doctors and that to fulfil this role they do not need to be on specialist register. '*Enhancing Supervision for Postgraduate Doctors in Training*' supports SAS doctors as educational supervisors. Health Education England North West (HEENW) declared its commitment by producing a policy on recognition of SAS doctors as named Clinical and Educational Supervisors. While most LEPs recognise SAS doctors as named CS or ES for Foundation and Core Trainees, HEENW supports SAS doctors to be named CS or ES for higher specialty trainees in exceptional circumstances and recommends that such processes should be in place.

The Academy of Medical Royal Colleges' paper [SAS doctors in Education](#) showed variation across the medical Royal Colleges in terms of the involvement of SAS doctors in education. There is no clear consistent commitment or guidance by the colleges for SAS doctors to be named clinical and educational supervisors as it is the responsibility of LEPs to facilitate it.

While it is a well-recognised fact that recognition as a trainer has its own advantages for career and professional development of both trainees and trainers, it is not utilised to its full effect. SAS doctors are a diverse group of clinicians from a wide range of backgrounds and experience ranging from four to over 30 years. They are part of the permanent workforce providing a safe and secure NHS service to patients. Many of them are working independently (similar to the ways of working of consultants) and are involved in teaching and training but not necessarily with any recognition of such roles.

The GMC data explorer is a good source of workforce census of doctors in the UK but it does not distinguish between SAS and LE doctors, so it is difficult to predict the exact number of SAS doctors. It is the same for several trusts where SAS and LE doctors have been grouped together. While the GMC predicts that the SAS/LED cohort would be the largest group of doctors by 2030, the current GMC data explorer (as it was on 23 March 2023) already shows the number of SAS/LE doctors to be the largest e.g., 111,128 SAS/LE doctors compared to 70,550 doctors in training, 78,939 general practitioners and 107,928 doctors on specialist lists. The general assumption is that all doctors on the specialist register are consultants. However, in reality, many of them are SAS doctors who have chosen to remain SAS doctors.

SAS doctors are a huge untapped resource in the NHS whose permanent position in the NHS coupled with vast knowledge, skills, experience, resilience, and adaptability makes them part of a sustainable workforce. If NHS leaders decide to invest in the SAS workforce wisely, they can be pivotal to education, teaching and training of the future workforce facilitating professional development of trainees throughout their career.

Recommendations

1. There should be equal opportunities in education for SAS doctors.
2. SAS doctors should be encouraged to take on clinical and educational supervision roles at undergraduate and post graduate level.
3. SAS doctors should be encouraged to become CS and ES for not just Foundation and core trainees but also senior trainees.
4. The roles for CS/ES should be based on knowledge, skills, and experience rather than titles in the workplace.

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