

Annual Scottish Medical Appraisers Conference (5th May 2016)

Post-It note questions from RoT/SOAR workshop

As part of the Recognition of Trainer (RoT) on SOAR workshop, participants were invited to write down any questions they had on post-it notes. These were discussed after the workshop presentations. Below are the post-it notes grouped into the various categories, and our responses.

QUALITY OF SUPPORTING INFORMATION:

- *Guidance on what's good enough evidence?*
- *What evidence and how much?*

We have deliberately not set what constitutes good enough evidence as we recognise that there are many ways to demonstrate the required GMC competences. Further guidance is available in the Scottish Trainers Framework, or you can discuss what's required with your DME (Director of Medical Education).

- *Minimum evidence each year? (every domain)*
- *Do we have a timeline for repeating evidence for 7 domains?*

On SOAR – within the newly merged appraisal forms – under each domain is a “Summary” tab, which describes the necessary information needed for that domain. A link to the Scottish Trainer Framework website is provided for specific guidance on RoT.

Trainers are asked to complete the RoT form annually as part of their appraisal. To this end, we have made it on SOAR so that when Form 4 is signed off, your draft RoT answers on Form 3 is retained, all you need to do is add or amend as appropriate every year (similar to Forms 1&2).

After a trainer is recognised, they are expected to submit additional information every year for discussion at appraisal so to continue the development of their portfolio of evidence. However, a trainer's recognition status will continue until their next clinical revalidation when the information submitted over the previous years since recognition will be reviewed.

- **CURRENCY OF INFORMATION:**
 - *How far back can the evidence go to support the ROT?*
 - *Currency of evidence?*

We have not determined how recent evidence must be to support RoT although there is a general expectation that evidence should remain relevant and be refreshed as necessary. This is because some training will require to be repeated regularly (for example equality and diversity) whilst other training might remain valid for much longer. It is up to the trainer to assess whether evidence remains relevant and discuss the assessment with their appraiser.

- **ROLE OF APPRAISER:**
 - *Roles of appraiser in quality of evidence?*

The appraiser should help the trainer reflect on the quality of the evidence in the same way as with any other aspect of medical appraisal. If in doubt, the trainer or appraiser should contact their DME (or Medical School for undergraduate trainers) for advice on the relevance of the evidence.

TIMELINES & DEADLINES:

- *Latest deadline for evidence? July?*

All trainers who hold named roles should be recognised by the end of July to allow them to be included in the list of recognised trainers to be returned to the GMC.

Any trainer in a named role who is not recognised by the end of July will be contacted by their DME to ensure they are eligible for recognition and subsequently recognised; or they will be removed as a named trainer.

On recognition, a confirmation email is sent via SOAR. Any trainer who has not received confirmation of their recognition or is unclear about their trainer status should contact their DME or the SOAR help-desk (SOAR@nes.scot.nhs.uk).

- *Clarity on when PC Appraisees can complete the ROT Section?*

Primary Care (PC) trainers who are GP Approved Trainers are not required to complete the RoT pages or be recognised as a trainer.

Recent SOAR changes (deployed at end of May) requires all PC users to declare whether they are GP Approved Trainers or not. If yes, they are not required to complete the RoT form; If no, and they have not been identified as a trainer via data imported from NES training management system (Turas), then they also will not be asked to complete the RoT form.

Only those who confirm they are NOT a GP Approved Trainer and are identified on the data import as having a named-trainer role will be asked to complete the RoT form.

LINKS TO OTHER SYSTEMS:

- *Is SOAR linked to an explicit system that outlines how ROT works?*

Yes – Scottish Trainers Framework <http://www.scottishtrainerframework.org> links are embedded within SOAR on the relevant pages AND on the Medical Appraisal Scotland website.

GP OOH SUPERVISION CONFUSION:

- *Inadequate time allocated for role (Q4)?*

It is a GMC requirement that named trainers must have adequate time in their job plan for their training role(s). If you do not think this is the case, you should contact your DME for advice about getting your job plan reviewed during the next round of job planning within your department. You may also want to discuss this with your clinical director or educational lead within the department.

DATA PROTECTION:

- *Should Trainee names be redacted from the evidence provided by the Trainers (in view of data protection)?*

Yes, it should be treated in the same vein as patient data. Trainers should not present any trainee identifiable data.

UG GP 'TRAINERS':

- *Undergrad GP "trainers"
– do they need to do this?*

There are only a small number of undergraduate roles that require recognition. These are;

- Leads responsible for student progression ([Teaching deans](#) and [Year Leads / Directors](#))
- Leads responsible for student placements ([Module / Block leads](#) and [NHS Teaching Leads / Subdeans](#)).

If in doubt about your undergraduate trainer status you should contact your medical school to discuss your role.

LEVEL OF EVIDENCE:

- *What do you need to put into SOAR?*
- *What evidence do you need?*

Full details on how to demonstrate that you meet the GMC competencies are set out in the Scottish Trainers Framework which also provides direct links to relevant training or evidence collection tools.

ROLE OF APPRAISER:

- *How much appraiser should enquire about this area? How much detail?*

It is up to the appraiser to judge how much time is required to help the trainer assess the relevance of their evidence relative to the other aspects of appraisal.

WHO IS A TRAINER & HOW MUCH DO THEY KNOW?

- *How does one know if they are on the list as an Educational trainer?*

For Secondary Care trainers, they will know if they are asked to complete the RoT form (it will list their “named roles” on the page); Appraiser will know from the submitted Form 3 and Form 4 (where the Appraisees’ “named roles” will be listed if they are in the role)

For GPs, they are asked to declare if they are a GP Approved Trainer in the first instance. Please see post-it note “Clarity on when PC Appraisees can complete the ROT Section?” on page 2.

- *Who needs to be added to ROT list?*

DMEs have determined who should be included on the named trainer list. There is a definitions document (http://www.nes.scot.nhs.uk/media/2699674/definitions_final270514.pdf) available which sets out the criteria for each of the four named roles in Scotland.

- *Does everyone who is in “named Trainer” role know this?*

All named trainers will have been contacted through SOAR or their DME. If you remain in doubt about your trainer status you should contact your DME on Medical School in respect of UG roles.

- *Could roles be clarified (e.g. GP Trainers, Educational supervisors, Undergraduate teachers)?*
- *Who tells you that you are on ROT? Link to questions above.*

You should refer to the definitions document in respect of the four named roles (http://www.nes.scot.nhs.uk/media/2699674/definitions_final270514.pdf).

All trainer related data on SOAR is imported from Turas – NES Training Management

If someone has been incorrectly identified as a named trainer – contact the DMEs’ office in the first instance to have Turas corrected.

RESPONSIBILITY FOR SIGN OFF, VISIBILITY OF INFORMATION?

- *Unclear whose responsible? Who signs off?*

The DME reviews the trainers form 7 following appraisal and makes a recommendation for recognition, which is confirmed by the relevant EO (NES or the Medical School).

Once Form 7 has received positive EO sign off, trainer is formally “recognised”.

- *Can the DME see all evidence sections (A, B, C etc.)?*

When an appraisal is completed (when Form 4 is signed off), a Form 7 is automatically created which lifts the RoT data from the submitted Form 3, and Appraiser comments on RoT on Form 4. Anything submitted and written within both will appear on Form 7 and that’s what the DME and EO will see – they have **no** access to Form 4 or any other appraisal related documents.

- *What's confirmation of satisfactory achievement?*

When built later on in the year, there will be a widget on the Appraisees' dashboard when they login to SOAR which will display their current trainer status. Meanwhile, trainers who are recognised will have received a confirmation email from SOAR.

COMPLEX SYSTEM?

- *Cross referencing/boxes for completion – could be more simple*
- *Could we not just have one question?
E.g. "Have you completed the requisite course as a clinical / Educations Supervisor? Y / N (plus evidence of completion uploaded)*

We have taken on board this feedback and the RoT forms have been simplified - for details please check workshop slides.