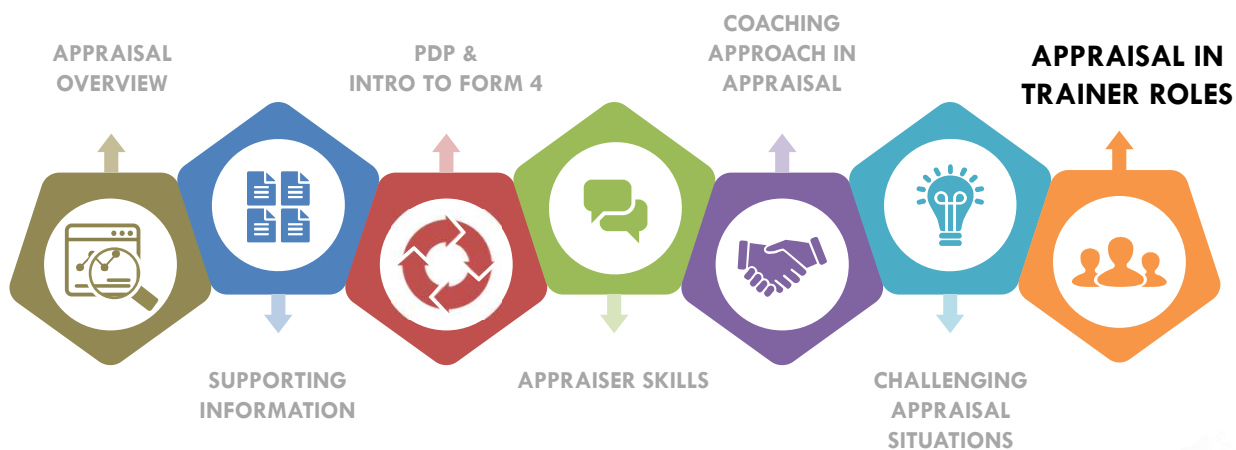




[Audio transcription of module 7a]

Appraisal in the Trainer Role  
*(Secondary Care and University)*  
Module 07a

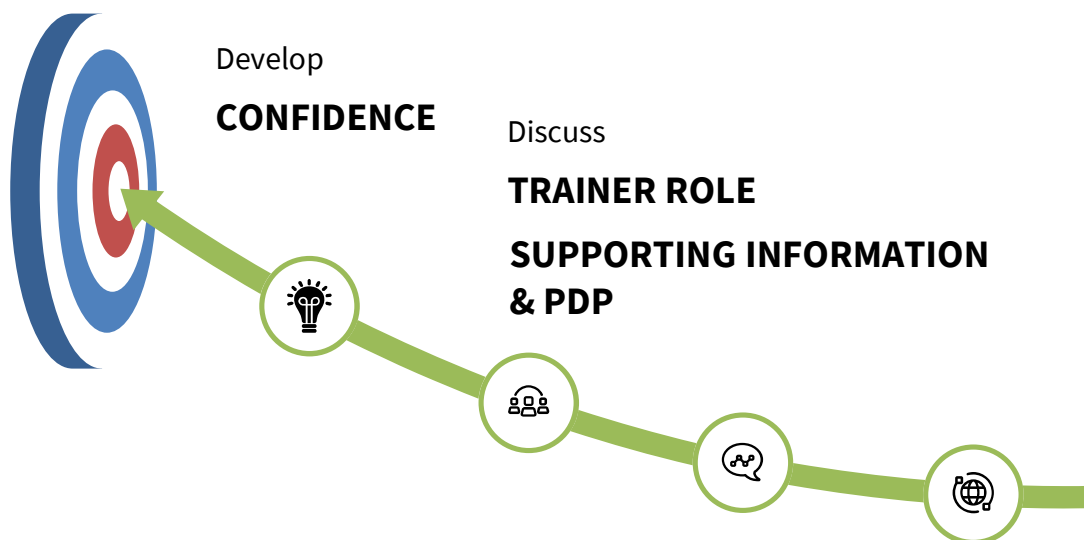
Welcome to the New Appraiser Training module - Appraisal in the Trainer Role - aimed at secondary care and university roles.



As a prerequisite for attending the NES New Appraiser training, potential participants are asked to complete a series of online modules in preparation for the large and small group discussions.

This module is also recommended for experienced appraisers as part of the Refresher Appraiser programme.

### Aims of module



The aim of this module is to help appraisers develop the confidence to discuss the trainer role as part of a secondary care trainer appraisal. This will be discussing both the supporting information and the future Personal Development Plan relevant to this role.

It can also be used for an appraisee who is planning to take up a trainer role in the future.

## Learning outcomes



Role of appraiser in supporting trainers



Supporting information and trainer framework

Role of the automated Form 7



Links to GMC Revalidation

By the end of this session, you will have an understanding of the role the appraiser plays in supporting trainers to reflect on relevant supporting information, and what kind of supporting information would be relevant to the different domains of the trainer framework.

You will also understand how the Form 7 is created in SOAR following an appraisal, and what role it plays in the GMC revalidation for trainers.

## Preparing for training



Make note of questions

Part of “Supporting Information”  
session on New Appraiser course

*Use provided workbook*

As you work through this module, please note down your reflections in the workbook provided, especially any questions or queries you may have.

For those proceeding to attend the NES New Appraiser training, this will form part of the discussions on the Supporting Information session.

## Background

Appraisal covers all roles

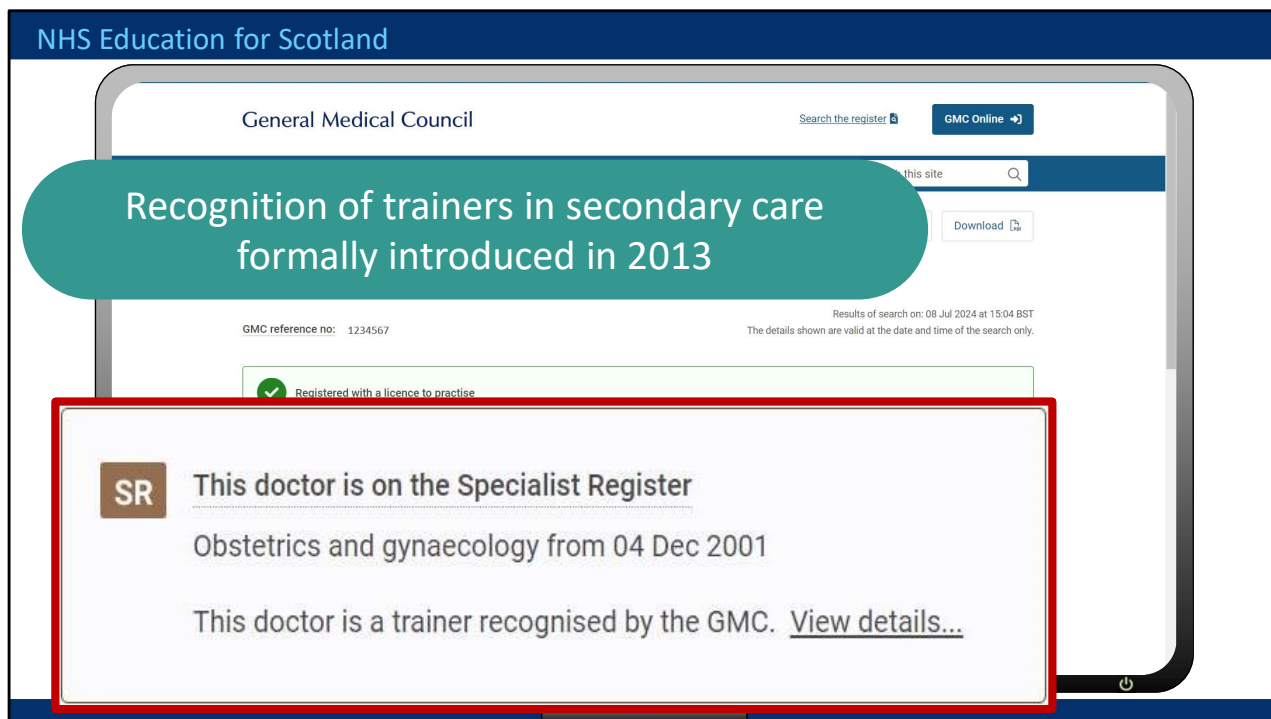
Relevant for trainers  
as well as trainees

Part of trainees' ARCP  
process

SOAR supports revalidation  
of secondary care doctors in  
their trainer role(s)

As discussed in the supporting information module, appraisal needs to cover **all** roles that a doctor has. This is relevant for both trainers and for trainees. For trainees, appraisal forms part of the ARCP process and is not done separately.

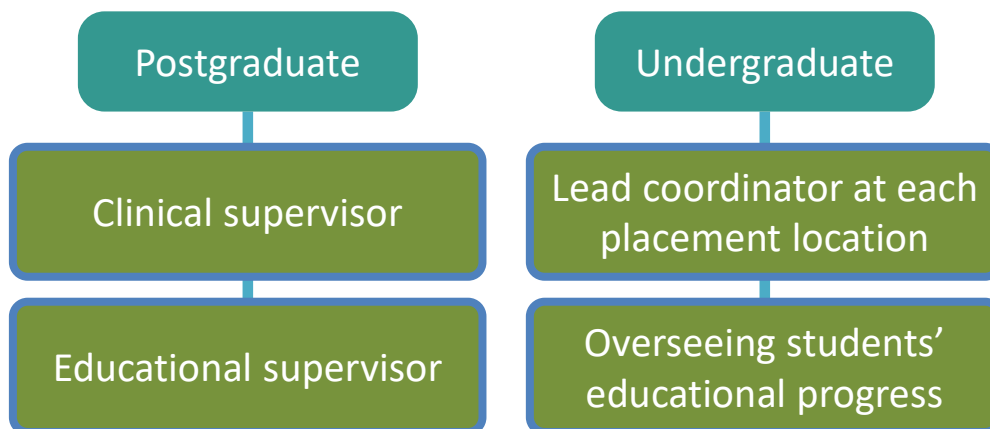
SOAR is also set up to support revalidation of secondary care doctors in their trainer role and this module will explain further how this works.



Until 2013 there was only a formal approval process in place for GP trainers. This changed in 2013 when formal recognition of trainers in secondary care was introduced. Now, all secondary care doctors who fulfil the requirement have a note on their medical register entry to say that 'This doctor is a trainer recognised by the GMC'.



## Relevant trainer roles for recognition



Not all doctors involved in teaching and training of trainees or medical students require to be on the GMC register. The roles where this is relevant are:

- named postgraduate clinical supervisor, or
- educational supervisor, or
- the university positions of lead coordinator of undergraduate training at each placement location, or
- doctors responsible for overseeing students' educational progress at each medical school.

## GMC domains for trainer recognition

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

These are the seven domains required for GMC trainer recognition. Apart from clinical supervisors who only need to provide evidence for one to four and seven, all of these domains require evidence.

In appraisal of a trainer the appraiser would expect to see evidence covering all of these domains over the five-year revalidation period.

## How does a trainer get recognised?

- Can discuss application in appraisal
- Initial recognition outwith SOAR / appraisal
- Complete application form
- Assessed by DME
- **Recognised** as trainer on Turas
- Added to GMC trainer register



Image: Free for Canva users

Prospective trainers may discuss the evidence they are going to use for their application as part of the appraisal discussions, but it is important to note that the initial recognition process sits outside of SOAR and the appraisal process.

Prospective trainers complete an application form, evidencing how they meet the criteria discussed in the previous slide. This is then assessed by the Director of Medical Education (DME) and if appropriate the doctor is recognised as a trainer on a system called Turas.

Turas was developed by NES (NHS Education for Scotland) to provide a centralised platform for its digital products and services. The platform hosts a variety of custom-built applications, including the Trainee Management System which exports relevant trainer details to SOAR.

The information is accessible by either NES or the university in their capacity as Education Organiser. This information is also passed onto the GMC who enters the doctor onto their trainer register.

## Role of appraisal in Recognition of Trainers (RoT)

- Revalidated in the trainer (and clinical) role every 5 years
- Facilitate reflection
- Trainers demonstrate how they remain up-to-date and fit-to-practise

(1) Equality and diversity training

(2) Time in job plan

(3) Supporting evidence for seven framework areas

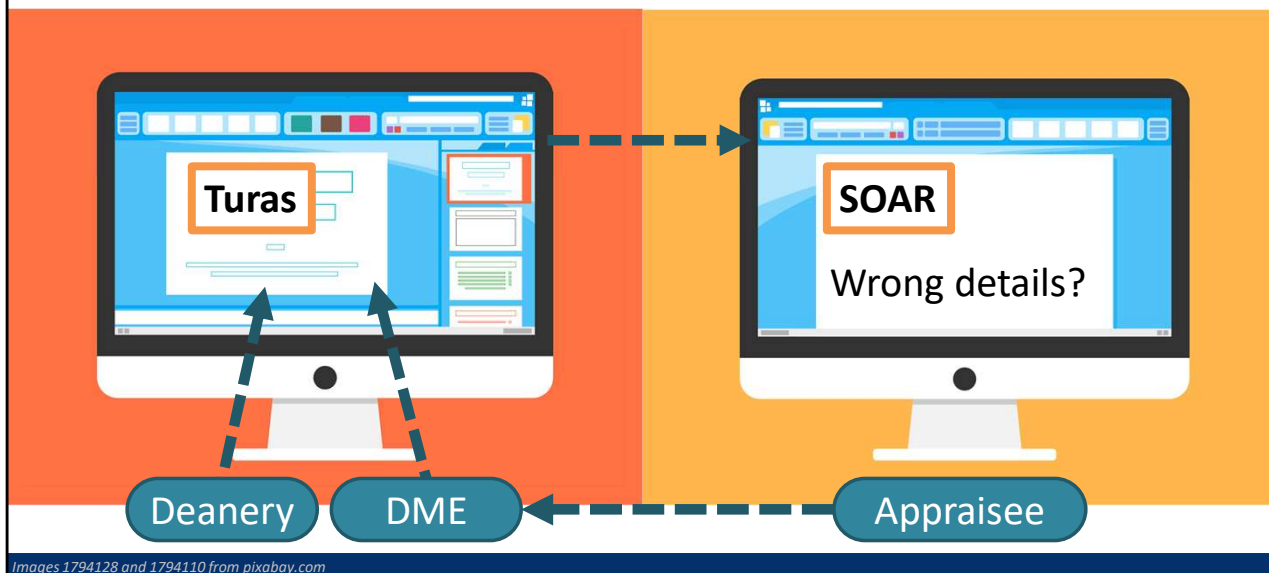
Image 8713308 from pixabay.com

Trainers are revalidated in the trainer role as well as their clinical role every five years. The appraisers' role is as a facilitator to guide the reflection of the trainer. The main focus of the discussion remains how the trainer is getting on in their role, their achievements, any challenges and any further developments they have identified in this part of their job.

SOAR is also used to provide evidence for the revalidation in the trainer role and in order to support this, these three elements should be included in the discussion:

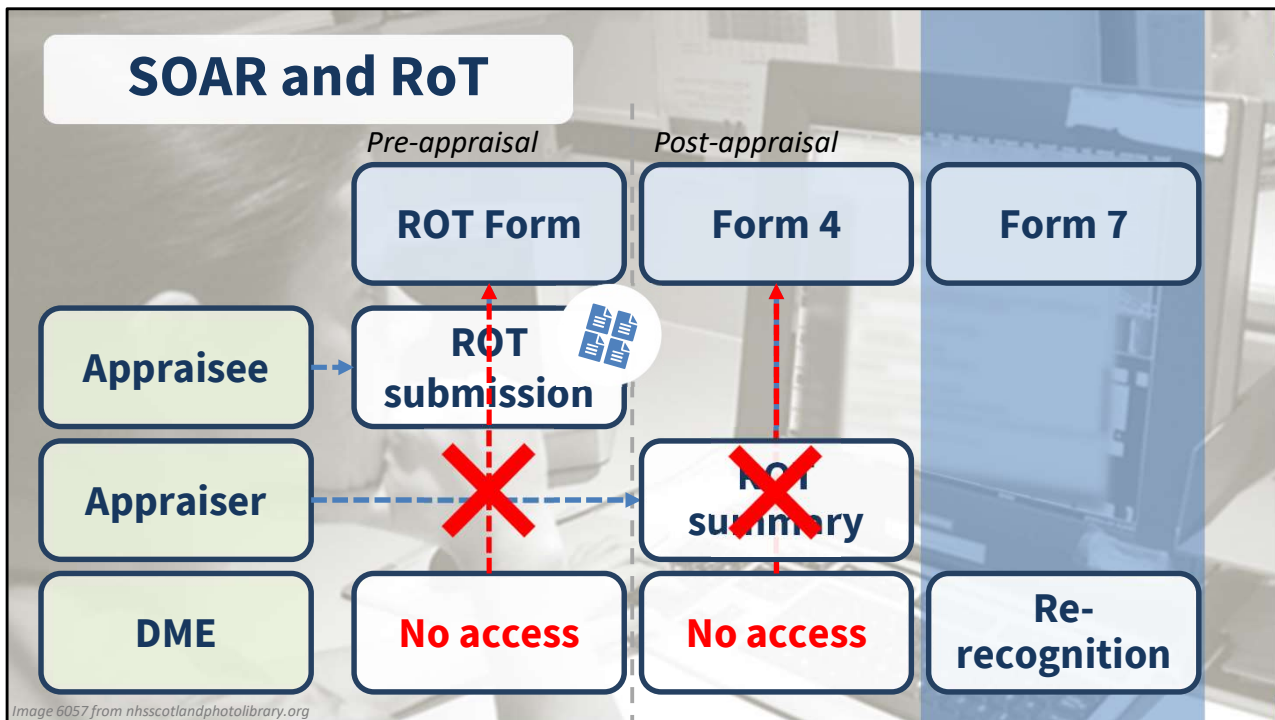
1. Equality and diversity training,
2. Time in the job plan allocated to the trainer for the listed role, and
3. The supporting evidence for the seven framework areas previously discussed.

## Trainer/Trainee data



All trainer and trainee information on SOAR is imported from a system called Turas, maintained by the NES deanery teams and the health board's Director of Medical Education.

If the information is incorrect on SOAR, please have your appraisee reach out to the DME or the deanery teams in the first instance. When data on Turas is corrected, SOAR will be updated the next day via overnight automated processes.



For trainers imported to the system, they will be required to complete an ROT form as part of their annual appraisal. It is very important that a trainer uses this area to record any of the information relevant to the trainer role, especially with the uploading of supporting documents.

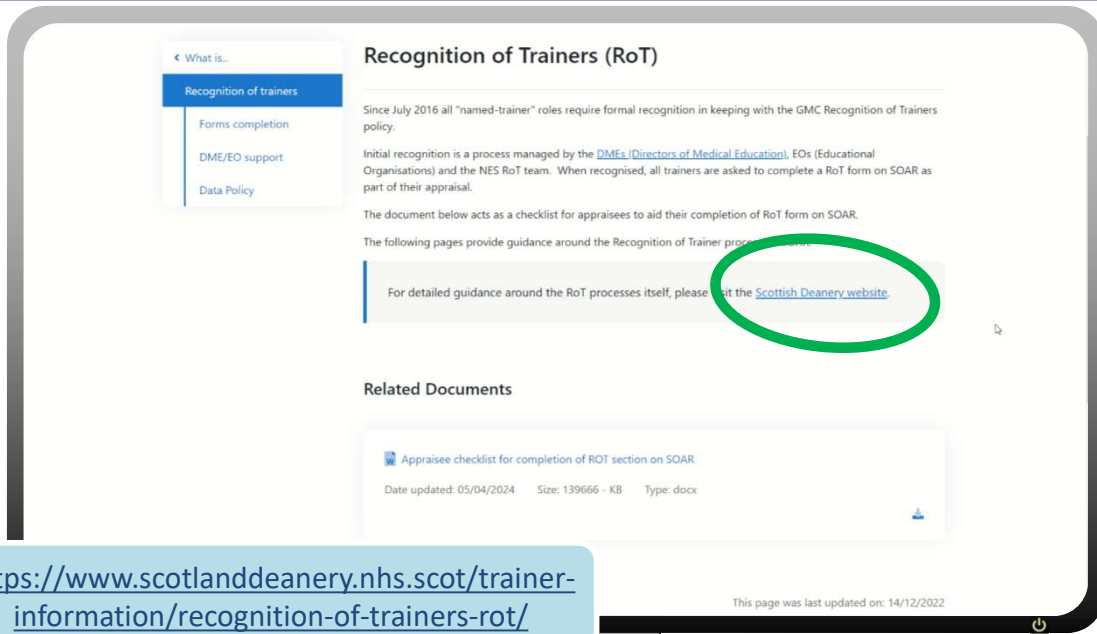
After the appraisal meeting, appraisers would complete their Form 4 summary write up as usual, but they will also be expected to include the trainer role discussions in the ROT section of the Form 4.

When the Form 4 is signed off, both of these elements are automatically extracted into a separate Form 7; including all the supporting documents uploaded to the ROT form – which the DMEs will access to make their recommendations.

The DMEs’ access on SOAR is restricted to Form 7s **only** for purposes of re-recognition of a trainer. They **cannot** access any other parts of the appraisal. For example, when drafting the Form 4, if the ROT discussion was documented in another domain, please do not write something like “Please see above” in the ROT area of the form – the DME will not be able to access this. Copy and paste if needed.

So, in order to make the re-recognition process as easy and straightforward as possible for the trainer, make sure that both you and your appraisee use the relevant sections of SOAR to record the ROT discussions on Form 4 and upload the supporting information to the ROT form respectively.

The following slides take you through some examples as how they appear on SOAR.

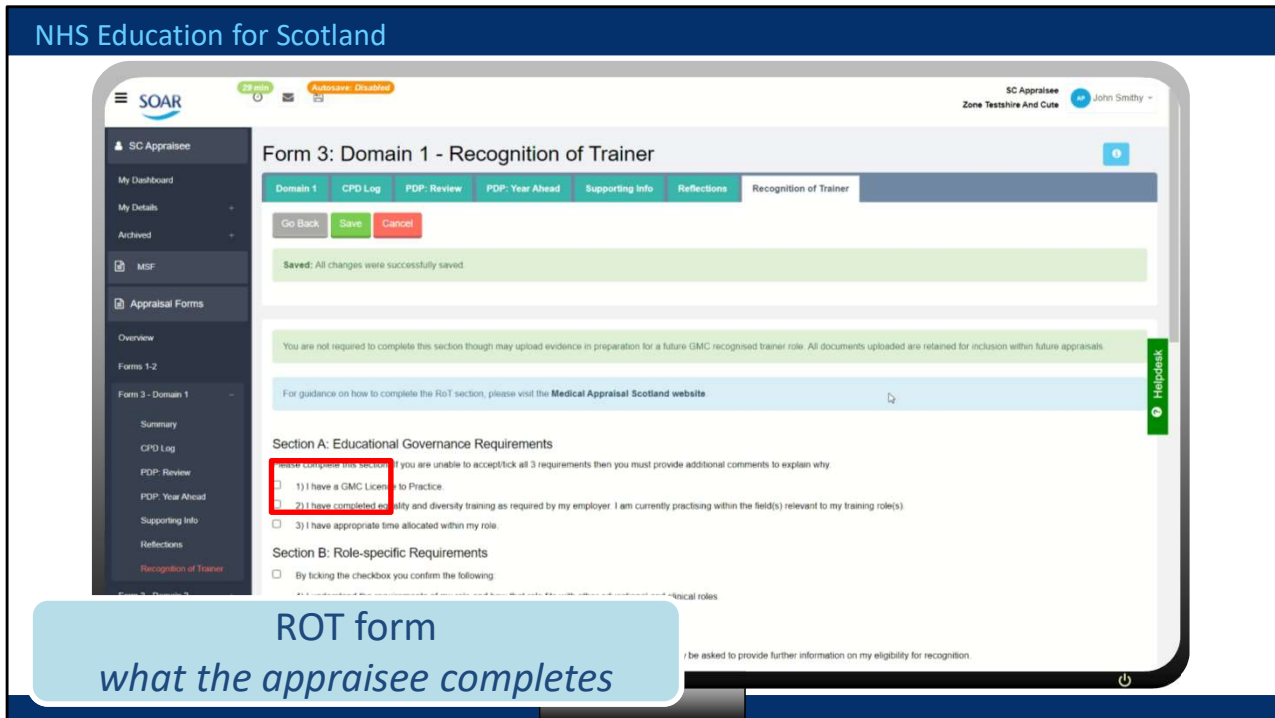


<https://www.scotlanddeanery.nhs.scot/trainer-information/recognition-of-trainers-rot/>

The Medical Appraisal Scotland website has a checklist document for appraisees to help them complete the ROT form on SOAR.

Further guidance on the ROT processes itself is available on the Scotland Deanery website, where you will find a very useful ROT Manual which has information for trainers and appraisers alike.

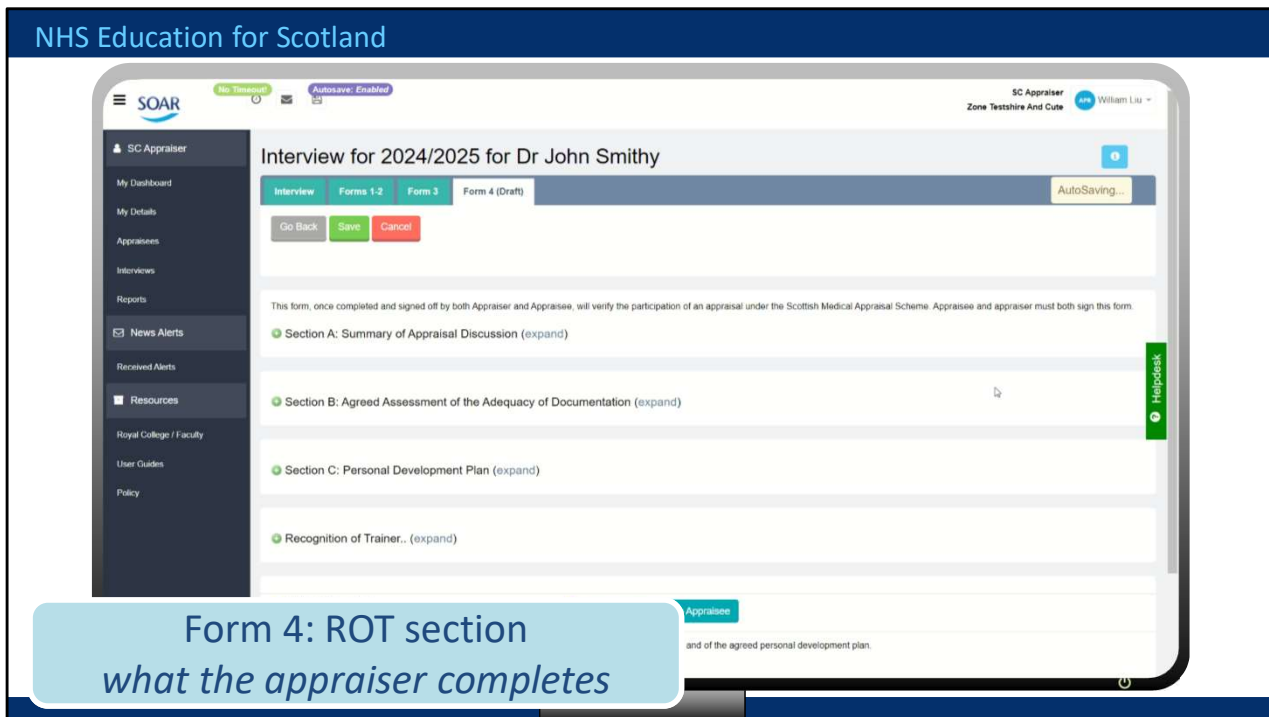




This is the Recognition of Trainer form appraisees need to complete if they were imported from Turas.

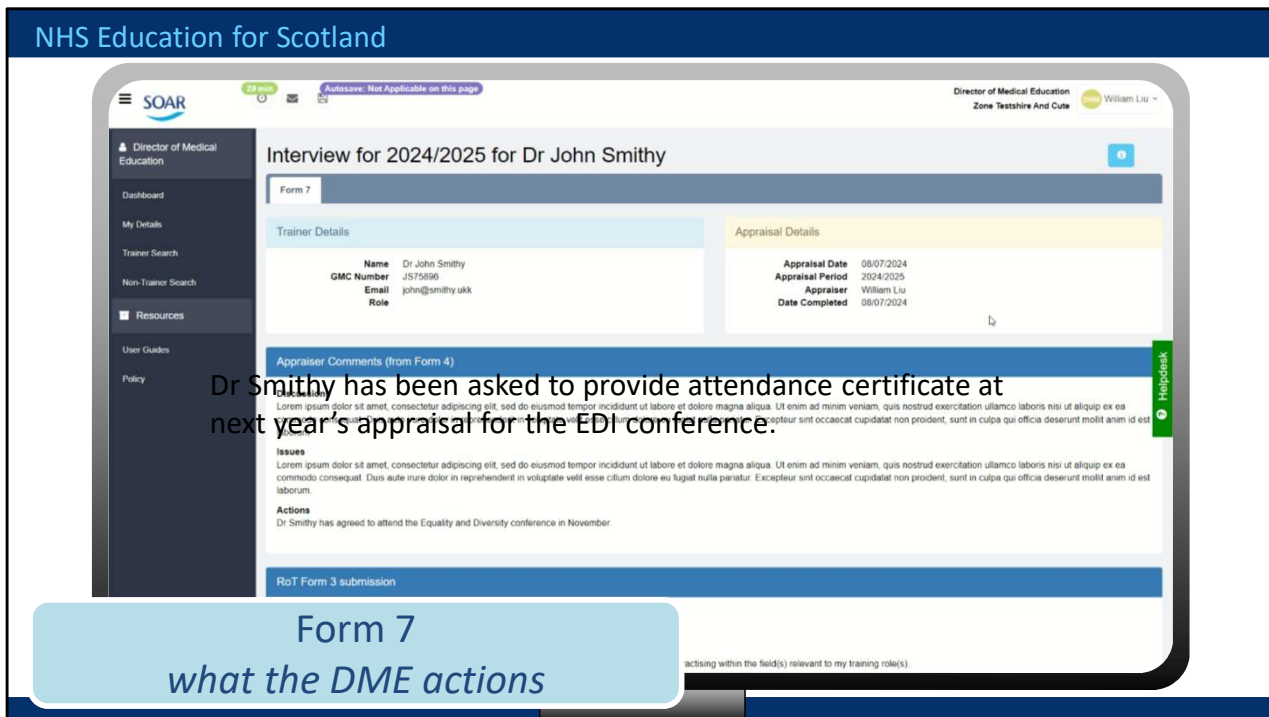
In sections A, B and C, the trainer is asked to confirm that they meet the educational governance and role specific requirements. This is followed by a box that allows them to record their reflection of anything specific to their trainer role and also allows them to upload any supporting information.

Remember, the DMEs can only access information uploaded here – if the appraisee uploads a trainer specific document to another section, the DME won't see it.



The appraiser records any of the relevant discussion regarding the trainer role in this area of Form 4.

Appraisers need to complete both the discussion and the issues boxes and if applicable, they can also record actions - for example, some PDP elements relevant to the trainer role the appraisee is going to include going forward.



As the doctor comes up for revalidation the Director of Medical Education will review the Form 7s and ensure that appropriate evidence has been provided for all relevant domains, both as supporting information and in the summary of the appraisal discussion. They can then record that they recognise this trainer going forward and can include additional comments as required.

They would also use this to flag up any outstanding actions for example, a refresher of the equality and diversity training prior to being able to recommend them if the trainer does not meet all requirements at this stage.



**Appraisers are not directly involved in recognising the trainer.**

Your role is to facilitate the reflection on the supporting evidence an appraisee has submitted for their trainer role, and also to confirm that this is appropriate for the roles the doctor has undertaken as a trainer. This is no different to any of the other elements of the appraisees' portfolio.

The appraiser helps the doctor with their reflection if they are up to date and fit to practice in this role just like they do with any clinical roles.

## Supporting information

- What doctors do
- Why they do it in that way
- How well they do it



Image: Free for Canva users

As a reminder what supporting information is for: the doctor demonstrates to the appraiser what they do, why they do it the way that they do it and what evidence they have how well they do it.

This is what appraisers use as the basis for the reflective discussion they have with the appraisee.

## Types of supporting info

- Training attended
- e-learning packages (e.g. Health Educator Hub)
- Reflections on current practice
- Critical analysis of literature

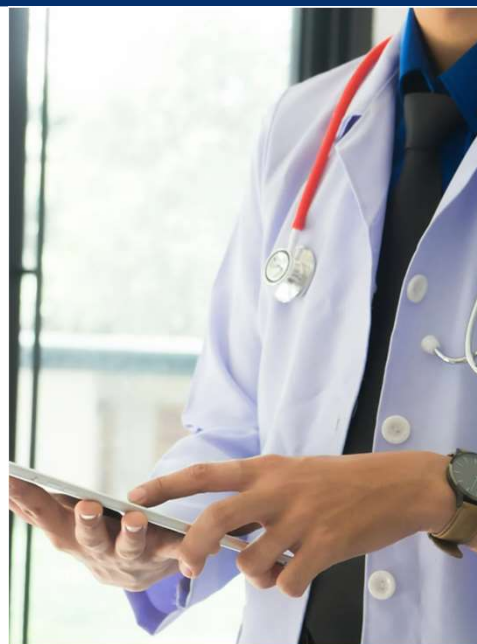


Image: Free for Canva users

There are certain types of supporting information that would be relevant for all domains. This includes any training attended.

The Scotland Deanery offers initial trainer workshops as well as ‘supporting trainees with difficulties’ and ‘advanced medical educator’ courses. There are also relevant e-learning packages for example, those offered by the Health Educator Hub. In addition, reflections on the current practice as a trainer or critical analysis of relevant literature would be appropriate to use.



Image: Free for Canva users

## Reflections on supporting info

- GMC Trainee Survey Results / National Student Survey
- Other feedback from trainees
- Feedback from peers
- Feedback from Deanery visits / University QA processes
- Relevant local audits / patient feedback / student evaluation data

For all of these areas of supporting information it needs to be seen in the context of the trainer role, so it needs to be relevant to either trainees or medical students.

There are various documents and other things that trainers can reflect on, for example, the GMC Trainee Survey results or National Student Survey and other forms of feedback from a variety of sources.

It is also possible to include the evaluation of local audits or patient feedback exercises that trainees or medical students have been involved in and show how the trainer has supported them in that.

## Domain 1: Ensuring safe and effective patient care through training

- M&M meetings (anonymised)
- Induction timetables
- Arrangements for supervision
- Minutes of relevant Senior Staff Meetings
- Anonymised discussions with/about trainees in difficulty
- Case Based Discussion
- Supervision of a QIP / Audit completed by a student

Certain types of evidence would be specific to domains so let's start by looking at Domain 1.

It could potentially be minutes of anonymised M&M meetings where incidents involve trainees and a reflection would be included on the outcome of the discussion and plans to remedy the situation. It could include induction timetables - why has the trainer chosen to cover the things they cover? And did they have any feedback on it they can reflect on? What arrangements are they making for the supervision of trainees and students, and how do they ensure these are robust?

Minutes of relevant senior staff meetings may, for example, include discussions about trainees, students or the general training environment, including how the educational impact was considered and discussed with trainees or students where any service changes are made. It could also include a discussion about the support put in place to protect trainees and patients in situations where the trainee is in difficulty, or trainers may use some case-based discussions where the trainee took responsibility for an aspect of the patient care. Some trainers will also supervise quality improvement projects or audits that are completed by a trainee or student on a block placement and again that would be appropriate evidence to use here.



## Domain 2: Establishing an effective learning environment



Image 7261803 from pixabay.com

- Induction arrangements
- Trainee feedback / NTS etc discussions
- Reflections on feedback from students
- Reflections on teaching delivered by trainee
- Consistency in education/curriculae delivery
- Teaching timetables
- When trainees spoke out/up – what did the trainer do?

As this list on Domain 2 shows there is a degree of overlap with Domain 1, for example in induction arrangements. This is also an area where feedback is very important and where the trainer could consider what the feedback has meant for the environment for learning and how they have potentially improved the situation to enable better teaching and training.

Another relevant thing to include here would be how appraisees ensure that the team and all trainers are aware of the curriculum and stage of training for students and trainees, and what they mainly need to focus on in their learning during their time with the department.

Trainers may also have examples where a trainee has spoken out when they felt a mistake was made or something was wrong. What did the trainer do to ensure they felt safe to raise these concerns and what did they do in response to it?

### Domain 3: Teaching and facilitating learning

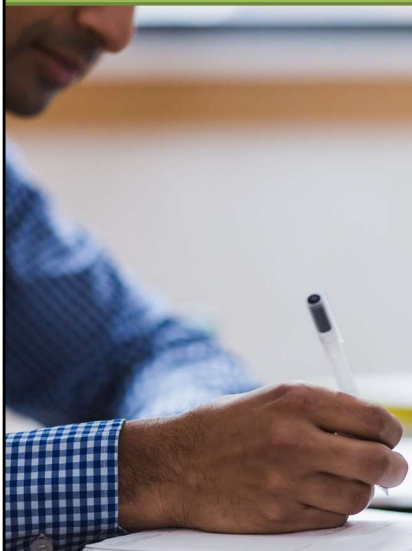


Image 7261803 from pixabay.com

- Teaching programmes for the department
- Teaching plans and evaluations
- Review of a teaching session by a peer
- Education trainers deliver
- Certificate related to teaching and facilitating learning

Looking at Domain 3, one suitable example would be teaching programmes. Are they mapped to the curriculum and why does the trainer choose to deliver things the way they do and at the time they are offered? It would also be useful to have a review of a teaching session by a peer and have an assessment of courses that they are involved in delivering. Most of these include some feedback from attendees that can be discussed including any changes or improvements that the trainer has made as a result of it.

## Domain 4: Enhancing learning through assessment



- Anonymised WPBAs or Ed Sup reports
- Questions the trainer has written for college exams
- Feedback given to candidates after an exam
- Assessments devised by trainers
- Certificates from acting as an examiner
- Feedback to trainee as part of a learning event

All trainers will be involved in some assessment processes. This will range from completing workplace-based assessments for individual trainees through to reports as educational or clinical supervisors and assessments as part of college exams. Any of these can be used in this area and it may also include any feedback trainers have given to a trainee directly as part of a learning event.

Appraisers may want to discuss with the trainer if they are the hawk or a dove. How would they know and what feedback have they had, for example, as part of being an assessor?

## Domain 5: Supporting and monitoring progress

### (Educational Supervisors)

- Induction/midpoint/end of block meeting entry for a trainee
- Supporting a trainee in difficulty (anonymised)
- PDP agreed with a trainee
- ARCP panels (anonymised appropriately)
- Notes from Speciality Training Committee meetings
- Evidence of attendance at trainee interviews
- Meeting notes re monitoring trainee progress and concerns

This is Domain 5, specifically for Educational Supervisors.

Here the appraiser would expect the trainer to reflect for example on induction/midpoint or end of block meeting entries into the portfolio of a trainee, or some anonymised examples of dealing with a trainee in difficulty. What did they do? Why did they do it that way and did it work?

It could also include examples of PDP agreed with the trainee or anonymised ARCP panel details. Other suitable evidence would be notes from Speciality Training Committee meetings or attendance at trainee interviews or other meetings where trainee progress was discussed.

## Domain 5: Supporting and monitoring progress

### (University roles)

- Anonymised completion of assessment requirements for a clinical block with feedback to student
- Attendance at Education Organiser (EO) events re student assessment
- Anonymised evidence of participation in exam boards
- Evidence of facilitation and assessment e.g. student projects
- Student selection activities for admission

Looking at Domain 5 for somebody in a university trainer role. Here suitable evidence would be anonymised completion of assessments for students. Also, attendance for example, at university training events relating to student assessment or evidence of participation in exam boards.

Trainers could also show how they facilitate and assess student projects and how they take part in training or undertake student selection activities for admission so being part of interview panels for example.

## Domain 6: Guiding personal and professional development

### (Educational Supervisors)

- Reflective account of when the trainer has given advice and support
- Examples of materials provided to trainees
- Feedback or letters of thanks from trainees



Image 1228627 from pixabay.com

Under Domain 6 for Educational Supervisors, trainers - for example - may give a reflective account of advice or support they have given to a trainee. It could also include examples of printed or electronic material that they offer trainees who are looking for support or feedback letters and thank you's from trainees who have received that support previously.

## Domain 6: Guiding personal and professional development

### (University roles)

- Careers guidance for students
- Attending training on pastoral or professional development for students
- Inclusivity training (e.g. reasonable adjustments for disability)
- Reflection of pastoral and/or professionalism activities (e.g. student mentor, conduct or fitness-to-practice)

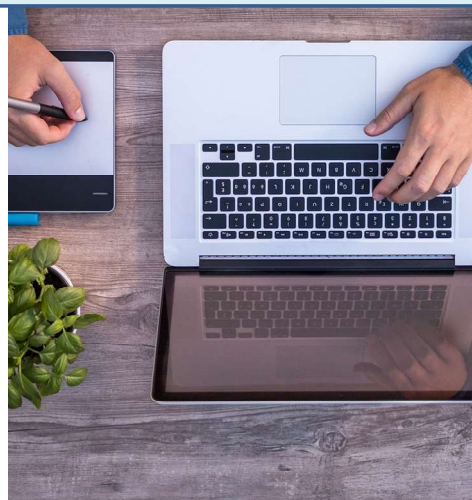


Image 2838921 from pixabay.com

Under Domain 6 for university roles, evidence of training or participation in career guidance for students would also be applicable equivalent to the secondary care role for trainees.

In addition, there could also be evidence of training in roles where a trainer supports students be that in a pastoral role for their professional development or training on inclusivity so knowing how to make reasonable adjustments for disabilities a student may have. Of course, any reflection on participation in related activities would equally apply, so for example, being a student mentor.

## Domain 7: Continuing professional development as an educator

- **PDP in trainer role (all domains count)**
- Reflection on next steps
  - Role expectations?
  - How will they be met and evidenced?
  - Minimum requirements?




Image 2423815 from pixabay.com

Domain 7 really brings all this together. This is around the trainer's **own** development and learning as a medical educator. All evidence that a trainer has provided in the previous section counts towards this one and it needs to include some plans and actions around their own development. So the kind of questions an appraiser could explore with them are:

- What are the expectations for the role going forward?
- What are the trainer's plans for meeting them and how will they evidence this?
- Are there any minimum requirements for their trainer role?



## Domain 7: Continuing professional development as an educator

- **PDP in trainer role (all domains count)**
  - Suitable evidence
    - How has it informed trainer's development?
    - Any changes to curriculum?
    - Simulation delivery? Improvements?
    - Doctors/Students in difficulty
    - Any gaps?
- 

Suitable evidence potentially would be:

- How has all the evidence the trainer has presented informed their development and choices when planning educational encounters?
- Are there any changes in the training programme on the horizon?
- How will they prepare individually and as a department for this?
- Do they want to learn to deliver simulation?
- Do they want to improve their teaching techniques generally and how are they going to go about this?
- What gaps have they identified and what are they planning do to fill them?

## Ongoing trainer status

Year 1

Year 2

Year 3

Year 4

Year 5

Evidence the trainer **continues** to remain up-to-date in all elements of their trainer role, covering the 5-year revalidation cycle.

Ongoing trainer status does not require anything in addition. This presentation has provided some examples of the kind of supporting evidence trainers could use and more are available from the linked guidance.

If doctors have discussed the trainer role at every appraisal and both doctor and appraiser have completed the information in the RoT section of SOAR, trainers should have covered all the required evidence over their 5-year revalidation cycle.

In order to make the process as easy as possible for themselves and the DME, appraisers may want to suggest that the uploaded evidence is mapped to the seven domains and that trainers use the domain headings when they add their narrative.

## Further resources



- Scotland Deanery: ROT Manual
  - <https://www.scotlanddeanery.nhs.scot/trainer-information/recognition-of-trainers-rot/>
- Module 7b – GP Trainers
- Simulated appraisal video
  - <https://www.appraisal.nes.scot.nhs.uk/s/videos/rot/>

Image 4299814 from pixabay.com

For further resources, we suggest you go over the Recognition of Trainer Manual hosted by the Scotland Deanery website - which is a more comprehensive resource on all the ROT processes and requirements. It is also a good resource to signpost your appraisees to.

<https://www.scotlanddeanery.nhs.scot/trainer-information/recognition-of-trainers-rot/>

If you appraise any primary care colleagues who have a trainer role, you should spend some time to review module 7b as well.

We also have a simulated appraisal video on our training resources which you may find of interest. This roleplayed example is not intended to be a “perfect” appraisal, but simply to generate discussion at training events and give learners an idea on how the conversations may flow.

<https://www.appraisal.nes.scot.nhs.uk/s/videos/rot/>



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A well-educated mind  
will always have more  
questions than answers.

Helen Keller

We hope you found this module helpful and has helped you develop confidence in discussing the trainer role supporting information with your appraisees.



## Interested in becoming an appraiser?

- Complete other modules
- Submit application
  - cc Appraisal Lead
- Training place allocation

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/>

Image: Free for Canva users

If you are planning to attend the New Appraiser training and this is supported by your employing health board's Appraisal Lead, please complete the other modules from the Medical Appraisal Scotland website. When you are ready, send in your training course application form and remember to copy in your Appraisal Lead. We will be in touch from there.

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/>

This resource may be made available, in full or summary form, in alternative formats and community languages.  
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how  
we can best meet your requirements.



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[End of module 7a]

Audio by:

**Pamela Curran** | Senior Officer | Medical Appraisal