

Developing teachers and trainers in undergraduate medical education

Advice supplementary to *Tomorrow's Doctors* (2009)

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Key points

The GMC's requirements in relation to undergraduate teachers and trainers are outlined in *Tomorrow's Doctors* (2009) in Domain 6 at paragraphs 122, 128, 148 and 149, as well as Domain 2 at paragraphs 41 and 51, Domain 3 at paragraph 58 and Domain 7 at paragraphs 152, 156 and 157.

This document sets out supplementary advice. It does not contain any new regulatory requirements or standards.

The advice includes the following major components.

- (a) Medical schools should ensure that appointments to teaching roles are made on the basis of competence, aptitude and the ability to be a good role model rather than experience or clinical training alone (paragraphs 21–24).
- (b) Teachers and trainers should have dedicated time in their job plans (or junior doctors' training schedules) to deliver their educational responsibilities and undertake their own training and development (paragraphs 26–27).
- (c) Schools should strive to establish and maintain the infrastructure that will enable and encourage formal and informal working relationships between schools, universities, placement providers and individual teachers and trainers (paragraphs 28–33).
- (d) Schools should support and encourage recognition and reward of teaching excellence through a variety of means, including teaching awards, academic promotion and formal education programmes and qualifications (paragraphs 34–38).
- (e) Teaching should be appropriately resourced. Medical schools should take every opportunity to raise the profile of teaching locally and ensure robust management and increased transparency in accountability for the use of teaching funds (paragraphs 39–40).
- (f) Schools should consider introducing development programmes which are varied and tailored to the needs of each teacher and trainer. The programmes could include some standardised core components supplemented by development which is focused on the topic the trainer is delivering and on their development needs (paragraphs 47–52).
- (g) Obtaining the views of a wide range of individuals is the best way of delivering an objective and comprehensive evaluation of performance. More formal measures of quality assessment by trained assessors could supplement informal feedback, measuring both teaching knowledge and skills and interpersonal qualities (paragraphs 56–58).
- (h) The teaching performance evaluation and 360 degree feedback, together with the teacher's personal reflection, should feed into appraisal. Teachers and trainers may be appraised by schools/universities or by other education providers. Educators' employers should work together to enable joint appraisals of both clinical and educational activities. If a joint appraisal is not appropriate or possible, information relating to teaching or clinical performance should be sought from and shared with the other party to facilitate whole practice appraisal and minimise duplication. The outcome should inform the educational elements of the teacher's personal development plan or any other action (paragraphs 60–63).

Introduction

Background to the GMC's production of supplementary advice

- 1 The GMC sets requirements for medical schools in *Tomorrow's Doctors*. The 2009 edition reflects lessons from the first full cycle of the GMC's process of Quality Assurance of Basic Medical Education (QABME) and responds to issues that emerged since the 2003 edition. It aims to ensure that new graduates will be fit to practise and prepared for training in the Foundation Programme and employment in the NHS and for their further education and training beyond that. The 2009 edition followed an extensive period of development, engagement and consultation and drew on research on the preparedness of graduates commissioned by the GMC.
- 2 Medical schools are required to be compliant with the standards and outcomes in *Tomorrow's Doctors* (2009) by academic year 2011/2012.
- 3 The GMC has supported medical schools in implementing the new requirements. This has involved a series of implementation workshops across the UK and asking schools to produce Enhanced Annual Returns (EARs) on their progress. The workshops brought together representatives from the medical schools in a region as well as students, postgraduate training bodies and employers. They served as a chance for schools to discuss their progress in becoming compliant with *Tomorrow's Doctors* (2009) and to highlight any challenges they were facing.
- 4 It became clear that the schools felt that they needed extra advice from the GMC as to how certain requirements in *Tomorrow's Doctors* (2009) should be taken forward.

- 5 The GMC has therefore undertaken to develop a series of advisory documents supplementary to *Tomorrow's Doctors* (2009) in the following areas:
- (a) assessment
 - (b) clinical placements, particularly student assistantships
 - (c) developing teachers and trainers
 - (d) involving patients and the public.

The documents have been developed with drafting advice from experts in these fields. Their support is gratefully acknowledged.

- 6 An annex contains some examples of local arrangements, as described by the medical schools or institutions involved or as set out in previous publications. These are included as snapshots which may be of interest and use to other schools as they develop arrangements appropriate for their own needs and circumstances.
- 7 Schools are free to make use of this advice insofar as they find it helpful in light of local circumstances. It covers relevant issues and includes suggestions. The advice is expressed as steps that schools 'could' or 'should' take, but it does not indicate any new regulatory requirements or standards.

What does *Tomorrow's Doctors* (2009) say about developing teachers and trainers?

- 8 *Tomorrow's Doctors* (2009) emphasises the need for all those involved in educating medical students, whether or not employed by the school, to be appropriately prepared for and supported in their role. The underlying requirement is set out in Domain 6 on 'Support and development of students, teachers and the local faculty', namely that:

128. Everyone involved in educating medical students will be appropriately selected, trained, supported and appraised.

- 9 *Tomorrow's Doctors* (2009) specifies particular requirements for training and evaluation of teaching delivery, and the formal steps which medical schools should take to ensure support of teaching at any teaching location. These include the need for teachers to have knowledge of *Tomorrow's Doctors* (paragraph 148) and training in equality and diversity (paragraph 58), and to recognise their responsibilities as role models (paragraph 149). The medical schools are expected to put in place formal agreements with other education providers¹ and mechanisms for monitoring the quality of teaching and staff development programmes (paragraphs 41,

51 and 148). Beyond these requirements, *Tomorrow's Doctors* (2009) allows flexibility in how the local faculty is prepared and supported, as long as they have 'the necessary knowledge and skills for their role' (paragraph 148).

- 10 More detailed extracts from *Tomorrow's Doctors* (2009) can be found in an Annex to this document.

Purpose of the supplementary advice

- 11 This advice sets out possible approaches to selecting, supporting, training, developing and appraising teachers and trainers.
- 12 The GMC recognises that most teachers and trainers provide high quality education, and many medical schools and other organisations have mechanisms for developing and supporting them. The GMC seeks to encourage an appropriate framework of faculty development that supports those who teach and underpins excellence in education delivery for all medical students in the UK. This would bear in mind the necessary differences in approaches and the resource challenges that schools, universities and other education providers experience.
- 13 This document outlines some core attributes and areas of knowledge and skill required by everyone involved in educating medical students. These reflect the views of the many experts we have consulted. Teachers and trainers play a crucial role in the delivery of the curriculum and in influencing students' attitudes and behaviours by being their role models. There is a range of professional standards frameworks, developed by various organisations, to which schools could refer for further detail. The GMC is developing its framework for approval of trainers who support and evaluate undergraduate, foundation and postgraduate learners. The GMC framework will recognise a variety of existing accreditation frameworks alongside other sources of possible evidence for approval and maintenance of approval.
- 14 Many teachers and trainers involved in educating medical students in clinical settings are also trainers and supervisors of postgraduate trainees. Therefore, they are subject to the 'Standards for trainers' set out in the *The Trainee Doctor*¹. The GMC trainer approval framework aims to put in place one system across the continuum. Through its different nature and scope, the advice in this document does not compromise the mandatory 'Standards for trainers' but rather supplements them where appropriate. Where this advice touches upon an aspect which is covered elsewhere in the postgraduate context, this is included for ease of reference. However, this document is mindful of some fundamental

differences between academic and clinical learning environments, and between the skills required of teachers of undergraduate medical students and those supervising more experienced trainees.

- 15 This advice is written on the premise that the majority of medical students' educators are doctors. The GMC, however, welcomes the learning opportunities delivered by other health professionals and by patients and the public, and aspects of this advice may apply to non-medical teachers and trainers of medical students.

Who is the advice for?

- 16 Medical schools are the primary audience of this advice. Other parties involved in delivering of medical students' education, such as NHS bodies and individual teachers and trainers, may also find it useful.

- 17 *Tomorrow's Doctors* (2009) assigns a number of responsibilities to medical schools, NHS organisationsⁱⁱ and individual doctors, for example:

(a) Medical schools are responsible for providing support and training to teachers and supervisors (paragraph 3(g))

(b) NHS organisations are responsible for:

- i. ensuring that performance of teaching responsibilities is subject to appraisal (paragraph 4(b))ⁱⁱⁱ
- ii. including, when appropriate, a contractual requirement for doctors to carry out teaching (paragraph 4(c))
- iii. releasing doctors and others to complete the training needed to be teachers (paragraph 4(d))

(c) Individual doctors are responsible for:

- i. following the requirements of *Good Medical Practice*, including being willing to contribute to the education of students (paragraph 5(a))
- ii. developing the skills and practices of a competent teacher if they are involved in teaching (paragraph 5(b))
- iii. meeting contractual requirements, including those relating to teaching (paragraph 5(f)).

- 18 *Tomorrow's Doctors* (2009) calls for more structured arrangements for educational provision underpinned by agreements between medical schools and other education providers. This reinforces the role and responsibilities of the other education providers. Medical schools should state clearly their expectations of provider organisations and what evidence of teaching quality will be required. Agreements should include arrangements for appointing teachers and trainers and evaluation of their performance^{iv}.

Who are teachers and trainers?

- 19 It is easier to define involvement in teaching in the academic setting than in the clinical environment. Most doctors from as early as their Foundation Programme training, and some other healthcare professionals, are involved in teaching and supporting medical students and junior doctors to some extent. Educational activities in clinical or vocational settings could include:

- formal educational activities – timetabled events such as providing tutorials or teaching ward rounds, assessing students, conducting educational appraisals and being involved in educational management, such as co-ordinating placements or committee work and
- informal educational activities – the education that occurs in a spontaneous case-specific way within the clinical role such as supervising practice, workplace assessments and giving feedback, being observed in theatre or clinic and providing unplanned explanations and information.

- 20 This advisory document applies to any individual with responsibility for, or a role in, medical students' education, including clinical academics as well as NHS and other clinicians. Arrangements would be proportionate to their level of involvement. This advice predominantly refers to 'teachers and trainers', or 'educators', meaning all those who oversee learners' development and practice. However, we recognise that a variety of terms are used, for example:

- teacher or educator – any individual with a role in teaching, training and supervision
- trainer – an experienced practitioner who is involved in teaching, training and supervision in the workplace, particularly for trainee doctors²
- medical academic – a doctor employed by a university to provide teaching to undergraduate medical students and/or postgraduate doctors. They are employed by universities or other

higher education institutions. Those who also hold honorary contracts with NHS institutions are known as clinical academics. They may teach students and/or trainees in lectures, seminars, practical laboratory demonstrations and clinical attachments, but could also be responsible for curriculum design, planning of assessments, quality assurance, admissions and student support³. They will often also have research responsibilities

- educational supervisor – a doctor responsible for considering the individual student's progress against learning objectives set either by themselves or by the medical school. The educational supervisor should also facilitate the student's reflective learning by discussing with them the patients and procedures they have gained experience from during their placement. The educational supervisor can either be based within the placement provider where the student is undertaking their placement or within the medical school
- clinical supervisor – any doctor or other healthcare professional responsible for the supervision or assessment of a student on a placement^v
- examiner or assessor – anyone responsible for marking, assessing or judging students' performance, regardless of the terminology used in any particular school.

In the postgraduate context:

The Trainee Doctor includes the following definitions: *A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.*

An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement. (Endnote 2)

Selecting teachers and trainers

- 21 Not everyone is naturally good at educating others. Individuals' strengths may lie elsewhere, for example in research or direct patient care. With ever increasing demands on the curriculum and expectations regarding graduates, the role and expertise of trainers is becoming more important than ever. Approval of trainers has been a requirement in general practice for some time⁴, but not yet in undergraduate settings or the secondary care sector. While *Good Medical Practice*⁵ expects all doctors to be willing to contribute to educational activities, it is advisable that teachers and trainers in academic and/or clinical settings be selected for these roles.
- 22 The GMC will be considering the issues in relation to selection of clinical trainers as it develops the framework for approval of trainers. A variety of approaches to selecting educators currently exist. Some are in favour of selection on the basis of experience³, others focus more on the educators' training or qualification(s).

In the postgraduate context:

The 'Standards for trainers' in *The Trainee Doctor* state:

6.36 Trainers with additional educational roles, for example training programme director or director of medical education, must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities.

6.37 GP trainers must be trained and selected in accordance with the Medical Act 1983.

- 23 Medical schools should ensure that appointments to and allocations of teaching roles are made on the basis of competence, aptitude and the ability to be a good role model rather than experience or clinical training alone. Those with an interest in teaching and the potential to become excellent educators should be encouraged and given an opportunity to do so, including the necessary support and training. Selection of teachers should, wherever possible, reflect the diversity of the local student and patient population. This can be especially important for female students and those from minority ethnic backgrounds in terms of role models.
- 24 Selection on the basis of attributes other than training or qualifications is a developing area, and medical schools might consider sharing their experiences in relation to criteria and process. Later in this document we discuss the characteristics and skills which it might be helpful for educators to have.

However, these should not be seen as mandatory selection criteria, not least because some skills can be acquired following appointment and some characteristics can only be evaluated over time.

Support and recognition

- 25** A multitude of factors influence the medical education environment. Budgetary constraints and reduction in time available for teaching lead to increasing tensions in both clinical and university settings, with competing priorities to deliver high quality patient care, research and teaching. The GMC would expect medical schools and universities to show continuing recognition of the value of medical education and support for teachers and trainers.

Dedicated teaching and development time

- 26** Teachers and trainers should have dedicated time in their job plans (or junior doctors' training schedules) to deliver their educational responsibilities. This would aid recognition of the value of teaching and raise its priority⁶. Some professional organisations have issued guidance on recognition of teaching responsibilities in job plans^{7,8,9} which medical schools should consider.
- 27** Teachers and trainers should also have the time to undertake their own training and development. Agreements between medical schools and other education providers can offer a lever for the schools to implement and monitor the availability of study leave for clinical staff to enable teacher development.

In the postgraduate context:

The 'Standards for trainers' in *The Trainee Doctor* state:

Standard: Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees.

6.34 Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.

6.35 Postgraduate deaneries must have structures and processes to support and develop trainers, and must provide trainers with information about how to access training and support to help them to undertake their roles and responsibilities effectively.

Support networks

- 28** Schools should establish and maintain the infrastructure for close working relationships between schools, universities, placement providers and individual teachers and trainers, including those working at remote sites. These relationships could

be both formal and informal, instilling a degree of ownership of and responsibility for the programme among teachers and trainers¹⁰ and supporting them in their role. *Tomorrow's Doctors* (2009) requires that:

152. Teachers from the medical schools and other education providers will be closely involved in curriculum management, represented at medical school level and responsible for managing their own areas of the programme.

- 29** Relationships and networks should involve the local Foundation Schools and postgraduate deaneries. Among other benefits, this would enable a coordinated approach to teacher support and development, which is highly desirable, considering the significant overlap in the teaching faculty membership and the requirements of them.
- 30** Schools should ensure that teachers know what support networks are available and how to access them including national and international networks through bodies such as the Association of the Study of Medical Education (ASME), the Association for Medical Education in Europe (AMEE), the Academy of Medical Educators (AoME) and the Higher Education Academy (HEA) subject centre for medicine, dentistry and veterinary medicine (MEDEV). The networks should be underpinned by effective two-way communication between schools and teachers, for example relating to resources or materials, or dealing with problems. Regular updates on developments should be available to teachers and trainers, for example around curriculum content or application of assessments. Also, there should be mechanisms enabling educators to influence the content and methods of delivery of the curriculum, either directly or through their representatives at medical school level.

In the postgraduate context:

The 'Standards for trainers' in *The Trainee Doctor* state:

Standard: Trainers must be involved in, and contribute to, the learning culture in which patient care occurs.

6.32 Trainers must ensure that clinical care is valued for its learning opportunities; learning, assessment and teaching must be integrated into service provision.

6.33 Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions.

- 31** Schools should facilitate and encourage peer support networks. Some schools hold regular, at least annual, informal education events such as teaching

conferences. These offer teachers an opportunity to keep abreast of developments, share good practice and experiences and participate in the curriculum planning. This practice is well received by the schools' teaching staff. Networks involving other professionals and lay people involved in teaching medical students could help develop new perspectives, innovation and collaboration.

- 32** Schools should also establish or maintain mentorship schemes for teachers and trainers, particularly for those new to the role or the curriculum. Schools should consider the possibility of formally engaging mentors in teachers' appraisal and development planning, with appropriate support and development provided to the mentors.
- 33** To facilitate communication between medical schools and other education providers there should be an undergraduate dean/lead within each provider responsible for coordinating and promoting medical students' clinical training. This person should be responsible for delivery of the agreement with that placement provider, for the appointment and development of faculty and for providing support and direction for students^{vi}. The undergraduate dean/lead may be assisted by a variety of undergraduate co-ordinators and department leads in the overall management of education locally. The undergraduate dean/lead should be closely involved in curriculum development and be kept regularly informed about any changes and the results of student evaluation of the locality for which they are responsible. They should be formally appraised in their role to discuss both the provider and their individual performance and development needs. They should hold a position which enables them to influence the provider on educational matters.

Recognition and reward

- 34** While adequate payment for teaching responsibilities is essential, reward is often about recognition. Job plans should reflect relevant activities. There are a variety of ways in which teaching excellence could be rewarded, and schools should support and encourage these.
- 35** For example, various recognition schemes could be considered, whether local, such as UCL medical school's Top Teacher Awards, or national, such as the National Teaching Fellowship Scheme Individual Awards or fellowships of the Academy of Medical Educators or the Higher Education Academy.
- 36** Also, universities should be encouraged to use academic titles such as Honorary Lecturer in Medical Education to recognise NHS staff, and to publicise the achievements of staff that have been awarded prizes for teaching distinction, just as staff are recognised for research achievement⁹.
- 37** The academic promotion of teachers is key to incentivising and rewarding those involved in medical education. Traditionally, most universities have rewarded research excellence over teaching excellence in promotion procedures. Recently, the regulations around academic promotion have been updated in many institutions, and the problems are not with the lack of acknowledgement of education in the criteria, but with their implementation. There should be clear guidance on promotion criteria and medical schools may offer advice to teachers on how promotion criteria can be met. The schools should also be aware that some groups of teachers may have additional barriers to promotion, such as family commitments restricting their availability out-of-hours, and consider whether these could be mitigated. Subject to performance, clinical educationalists should be promoted at a rate similar to that of clinical researchers^{9,11}.
- 38** Teachers and trainers should be encouraged and supported in pursuing formal medical education programmes and qualifications^{12,13}, which may help with evidence for recognition and career progression.

Resources

- 39** Ensuring that adequate resources are available for teaching is increasingly important in the current environment of financial challenges. Allocation of funding, traditionally, is perceived to be biased towards research or delivery of direct patient care^{3,9,14}. While research and patient care are crucial, it is also important to raise the status of teaching and training. High quality teaching is fundamental to developing the next generation of academics and clinicians, and therefore the quality of patient care in the long term. Many teaching skills, such as listening, are transferable to, and enrich the quality of, patient care and are therefore immediately beneficial to the health service providers. There is increasing recognition of the responsibility and accountability of healthcare providers for education and training of their staff. Medical schools should take every opportunity to raise the profile of teaching locally.
- 40** The funding that has been allocated to supporting education in the academic and in clinical settings should be used for this purpose only¹⁵. Robust management and increased transparency in accountability for the use of teaching funds, facilitated by agreements with other education providers, would help medical schools monitor this.

Staff development and training

Importance of faculty development

- 41 *Tomorrow's Doctors* (2009) highlights the importance of staff development, and development of teaching skills in particular, both at medical school and at other education providers.

148. *The medical school must ensure... that staff-development programmes promote teaching and assessment skills. All staff (including those from other education providers) should take part in such programmes.*

- 42 *Tomorrow's Doctors* (2009) sets out the underlying expectation that these development programmes should aim for preparedness for the role.

148. *Medical schools must make sure that everyone involved in educating medical students has the necessary knowledge and skills for their role... The medical school must ensure that appropriate training is provided to these people to carry out their role.*

149. *Doctors with particular responsibilities for teaching students must develop the skills and practices of a competent teacher...*

- 43 This requirement is also mirrored in *Good Medical Practice*:

16. *If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher*⁵.

- 44 Being a good teacher and role model is not innate and the skills and attributes can usually be acquired. But this will to some extent depend on an aptitude and a wish to teach. With the right development, training and support, more teachers and trainers can be enabled to provide high quality teaching^{3,16}.

In the postgraduate context:

The 'Standards for trainers' in *The Trainee Doctor* state:

Standard: Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.

6.29 *Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.*

6.30 *Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.*

6.31 *Trainers must regularly: review the trainee's progress through the training programme; adopt a constructive approach to giving feedback on performance; ensure the trainee's progress is recorded; identify their development needs; advise*

on career progression; and understand the process for dealing with a trainee whose progress gives cause for concern.

Standard: Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

6.38 *Trainers must have knowledge of, and comply with, the GMC's regulatory framework for medical training.*

6.39 *Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.*

What makes for a competent teacher?

- 45 All doctors should gain a basic understanding of and skills in teaching and learning during their undergraduate and postgraduate education and training. However, those with significant involvement in teaching and training will need more specialised skills. Exact requirements will vary according to the needs of the role and the local structures. For example, teachers involved in interprofessional education may need particular attributes or skills in reflecting and giving feedback. A number of detailed frameworks have been developed which set out the knowledge, skills and characteristics required of teachers in various roles and environments^{12, 13, 17, 18, 19}. Medical schools should refer to these as they design their staff development programmes.

- 46 However, some key attributes for all teachers and trainers can be identified, reflecting the requirements in *Tomorrow's Doctors* (2009) and evidence we have received. This is neither a comprehensive nor a detailed list.

Key attributes and skills of teachers and trainers

Appropriate professional behaviour towards patients, colleagues and others (*Tomorrow's Doctors* (2009), paragraph 149)

- Ability to support, motivate, encourage and mentor students, and enthuse them about caring for patients
- Good communication, including presentation and listening skills
- Commitment to teaching
- Awareness of the curriculum and their role within it, including knowledge of the learning objectives and aims
- Understanding and application of *Tomorrow's Doctors* (2009)

- Knowledge of assessment tools and ability to assess objectively
- Ability to analyse someone's performance and give constructive feedback
- Ability to utilise a range of communication, learning and teaching styles and methods, such as development of problem-solving skills and learning through active participation
- Awareness of the principles of equality and diversity and the relevant school policies, and ability to treat students fairly and impartially, with regard to disabilities and the variety of cultural, social and religious backgrounds
- Keeping up to date with evidence and developments in medical education, adopting a flexible approach and being open to change
- Following other guidance set out in *Good Medical Practice*, including keeping up to date with knowledge of clinical practice and academic advances in the relevant field, and recognising and working within the limits of one's competence.

Teacher development programmes

- 47** The required knowledge and skills can be acquired by teachers and trainers in a number of ways, such as:
- formal training
 - mentorship
 - experience
 - self-directed learning.
- 48** Universities usually have requirements for training of teachers and assessors, and formal training remains one of the key methods of teacher development. A variety of medical education courses are available to those with or intending to take up a teaching role, from courses leading to a teaching qualification to short focused local training sessions. Medical schools and other education providers should support teachers in pursuing medical education courses and teaching qualifications when appropriate^{12, 13}, but they should also ensure that staff development is not limited to formal training. Medical schools should make sure that appropriate training is provided or arranged for clinical teachers employed by NHS bodies and other educational providers.
- 49** A development programme for someone with a role in teaching and training medical students could include these broad themes:
- induction, including requirements of the role and the school's support infrastructure (this should be compulsory on appointment to the role)
 - principles of teaching and learning
 - expected outcomes of learning, including the standard and the acceptable level of variation

- methods of curriculum delivery such as the spiral curriculum, group work and self-directed learning
- assessment methodology and giving feedback
- principles of equality and diversity.

- 50** Schools should consider whether it is feasible to introduce development programmes which are tailored to the needs of each teacher and trainer. The programmes could include some standardised core components, for example as part of induction or refresher training. These can then be supplemented by a range of subject-specific training which is focused on the topic the trainer is delivering and on their development needs.
- 51** The programmes should strive to accommodate a variety of approaches to training appropriate to a particular local teaching environment, provided the expected outcomes are met. Some schools use innovative ways of delivering training to staff. For example, a number of schools are taking standardised courses to regional sites and training departments. This approach is proving effective when a clinical placement/training unit is located some distance from the school that provides training, and it is difficult for trainers to travel to attend courses. Also, some schools have developed web-based materials for teachers and trainers to access whenever required. However, it is important that these approaches supplement rather than replace face-to-face training and development.
- 52** Schools could consider using systems which would allow easy recording and tracking of the training received by teachers, and facilitate its recognition across the local education provider boundaries.

Students as teachers

- 53** The role of the doctor as teacher has received wide acknowledgement and recognition^{5, 20}. To prepare graduates for this role, *Tomorrow's Doctors* (2009) emphasises the importance of developing medical students' core skills in education and teaching:

21(f). [A graduate will be able to] function effectively as a mentor and teacher including contributing to the appraisal, assessment and review of colleagues, giving effective feedback, and taking advantage of opportunities to develop these skills.

- 54** Some medical schools are offering opportunities which nurture teaching skills in students beyond those required to meet the outcome in *Tomorrow's Doctors* (2009). These include a variety of teaching courses and opportunities to deliver teaching to peers, subject to appropriate supervision, and to receive feedback and mentoring. All schools should

consider whether this is something their course could benefit from.

Appraisal

Evaluating teaching effectiveness

55 *Tomorrow's Doctors* (2009) requires the quality of teaching, learning and assessment to be evaluated in university and clinical settings. This not only measures an important aspect of quality of the education programme, but also indicates where teacher development and training is most required, facilitates recognition of teaching and enables quality improvement.

41. The medical schools... will have systems to monitor the quality of teaching and facilities on placements.

51. There must be procedures in place to check the quality of teaching, learning and assessment, including that in clinical/vocational placements, and to ensure that standards are being maintained. These must be monitored through a number of different systems, including student and patient feedback, and reviews of teaching by peers.

56 A number of schools are already using a range of strategies to evaluate different aspects of the quality of teaching. These measure the quality of the programme more generally, such as whether objectives are being met and assessment methods reflect the course¹⁹, as well as the quality of teaching delivered. The methods include peer observation, student feedback questionnaires and formal visits. Some schools, depending on the educational structures, also seek the views of teachers' mentors and undergraduate medical education leads at the clinical and vocational placement providers.

57 It may be challenging to obtain the views of a wide range of individuals in relation to teaching provided by every teacher, but it is the best way of delivering an objective and comprehensive evaluation of performance. More formal measures of quality assessment could supplement informal feedback, and should measure both teaching knowledge and skills and interpersonal qualities. Those evaluating teaching performance should themselves be prepared and trained in assessment methodology, especially in case of formal assessments. A multi-faceted and fair approach to evaluating the quality of teaching can identify strengths and weaknesses and allow teaching excellence to be rewarded or additional training or remediation to be provided where appropriate³.

58 A number of frameworks have been suggested for evaluating the effectiveness of teaching, which may

be utilised by schools and other education providers in addition to existing methods^{3, 19, 21}.

59 Appraisal is an opportunity to review individuals' commitment to the development of their teaching skills.

Carrying out appraisal

60 While processes will vary between employers, appraisals of those with roles in teaching and training should include the educational activities they undertake, as suggested in *Tomorrow's Doctors* (2009):

51. Appraisals should cover teaching responsibilities for all relevant consultant, academic and other staff, whether or not employed by the university.

4(b). NHS organisations^{vii} are responsible for... ensuring that performance of teaching responsibilities is subject to appraisal.

61 Depending on their employment status and the proportion of their commitments in academic and clinical settings, teachers and trainers may be appraised by schools/universities or by other education providers. Educators' employers work together to enable joint appraisals of both clinical and educational activities, as agreed in the Consultant Clinical Academic Contract 2004 and outlined in the Follett Review report²². If a representative from the other employer cannot be present or a joint appraisal is not appropriate, information relating to teaching or clinical performance should be sought from and shared with the other party to enable whole practice appraisal and minimise duplication²³.

62 The result of the teaching performance evaluation and 360 degree feedback, together with the teacher's personal reflection, should feed into appraisal. The outcome should inform the educational elements of the teacher's personal development plan or any other action. This approach would enable schools to target training and resources where there is most need.

63 In time, such arrangements will also support the revalidation of medical teachers and trainers.

Annexes

Extracts on developing teachers and trainers from *Tomorrow's Doctors* (2009)

Domain 2 – Quality assurance, review and evaluation

Criteria

- 41** The medical school will have agreements with providers of each clinical or vocational placement, and will have systems to monitor the quality of teaching and facilities on placements.

Detailed requirements and context

- 51** There must be procedures in place to check the quality of teaching, learning and assessment, including that in clinical/vocational placements, and to ensure that standards are being maintained. These must be monitored through a number of different systems, including student and patient feedback, and reviews of teaching by peers. Appraisals should cover teaching responsibilities for all relevant consultant, academic and other staff, whether or not employed by the university.

Domain 3 – Equality, diversity and opportunity

Detailed requirements and context

- 58** Staff will receive training on equality and diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles in the medical school.

Domain 6 – Support and development of students, teachers and the local faculty

Standard

- 122** Everyone teaching or supporting students must themselves be supported, trained and appraised.

Criteria

- 128** Everyone involved in educating medical students will be appropriately selected, trained, supported and appraised.

Detailed requirements and context: Support for educators

- 148** Medical schools must make sure that everyone involved in educating medical students has the necessary knowledge and skills for their role. This includes teachers, trainers, clinical supervisors and assessors in the medical school or with other education providers. They should also make sure that these people understand *Tomorrow's Doctors* and put it into practice. The medical school must ensure that appropriate training is provided to these people to carry out their role, and that staff development programmes promote teaching and assessment skills. All staff (including those from other education providers) should take part in such programmes.

- 149** Every doctor who comes into contact with medical students should recognise the importance of role models in developing appropriate behaviours towards patients, colleagues and others. Doctors with particular responsibility for teaching students must develop the skills and practices of a competent teacher and must make sure that students are properly supervised.

Domain 7 – Management of teaching, learning and assessment

Criteria

- 152** Teachers from the medical school and other education providers will be closely involved in curriculum management, represented at medical school level and responsible for managing their own areas of the programme.

Detailed requirements and context

- 156** Medical school teachers and other education providers and their staff should be involved in managing their own areas of the curriculum, and should be represented on medical school committees and groups.

- 157** The medical school must have agreements with the other education providers who contribute to the delivery of the curriculum. These should specify the contribution, including teaching, resources and the relevant curriculum outcomes, and how these contributions combine to satisfy the requirements set out in *Tomorrow's Doctors*.

Related documents

Academy of Medical Educators, *Professional Standards*, 2009: www.medicaleducators.org/aome/?LinkServID=567EDE0B-155D-2B90-03373C1C72C7937F&showMeta=0

BMA Board of Medical Education, *Doctors as Teachers*, 2006: www.bma.org.uk/careers/foundation_training/doctorsasteachers.jsp?page=1

GMC, *The Trainee Doctor*, 2011: www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf
GMC, *Tomorrow's Doctors*, 2009: www.gmc-uk.org/education/undergraduate/tomorrows_doctors.asp

Ronald Harden and Joy Crosby, *The Good Teacher is More Than a Lecturer: The Twelve Roles of the Teacher*, Education Guide No. 20, AMEE, 2000

Higher Education Academy, *The UK Professional Standards Framework for teaching and supporting learning in higher education*, 2006: www.heacademy.ac.uk/ourwork/universitiesandcolleges/accreditation/ukpsf

Michelle McLean, Francois Cilliers and Jacqueline M van Wyk, *Faculty Development: Yesterday, Today and Tomorrow*, Guide No. 33, AMEE, 2010

QAA, *Code of Practice for the assurance of academic quality and standards in higher education*, updated in sections: www.qaa.ac.uk/academicinfrastructure/codeofpractice/

Yvonne Steinert, Karen Mann, Angel Centeno, Diana Dolmans, John Spencer, Mark Gelula and David Prideaux, 'A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8', *Medical Teacher*, Vol 28, No 6, 2006, pp 497-526

Local examples

Selecting teachers and trainers

Aberdeen medical school – appointment of practice-based tutors

“ General practice attachments take place in practices around Scotland. GPs are appointed on the basis of quality criteria pertaining to themselves as tutors and their practices as teaching environments. Formal University status, as Honorary (Senior) Clinical Tutors, and as Accredited Teaching Practices, is awarded respectively, reviewable every two years. ”

Manchester medical school – network of GP education facilitators

“ The Health Education Zone (HEZ) model is based around a teaching hospital and its related PCTs www.medicine.manchester.ac.uk/cbme/aboutus/localcontacts/

We have 22 GP education facilitators (GPEFs) covering each PCT area within our boundary and one who specialises in training for ST3s, support practices and other tutor training requirements should a GPEF be overloaded with other parts of their role. Most GPEFs work 2 sessions per week for us for which they are paid. In general, their role covers:

- tutor recruitment
- quality assurance of placements including dealing with student concerns and complaints
- tutor training and development – all tutors are required by contract to undertake 2 sessions of training per year so they all need to run training in their local HEZ
- attend community HEZ meetings at their base hospital with Community Based Medical Education (CBME) staff to update on progress and discuss any arising matters
- attend 3 GPEF meetings per year which enables us (MMS) to deliver training they may require and have discussions around progressing community

placements and curriculum issues (such as curriculum changes).

Our main area of focus this year is probably in the training of GP tutors. We are working with MMS staff development to improve and standardise the training the GPEFs deliver to tutors through a more structured model which would hopefully meet the needs of the tutors and improve the students' experience. We are also introducing a peer appraisal system which will work towards their revalidation process and with more teaching fellows in place there will hopefully be a focus on developing the GPEF model tapping into individuals' strengths, and the development of the connection between the GPEFs and GP consortia in 2013. ”

Northumbria NHS Foundation Trust – selection to consultant teaching posts

“ For formal University-linked posts, such as Senior Lecturers, we would always have a representative of the Newcastle Medical School on the panel. For other Trust appointments which have a significant teaching commitment, we have one of our clinical academics. We have an expectation that all of our consultants will be trainers. But now that we have established our own internal appraisal of education, there is a possibility that in the future, if quality or quantity of education delivery was not satisfactory, some would have this removed from their job plan. This ties in with our system of teaching and training now being explicit within job plans.

Three years ago we decided to review our appointment system, put out a tender and, working with Edgumbe Consulting of Bristol, we established a set of competencies for a Northumbria Consultant through a series of working groups with a range of medical and nursing staff. All interviews are against these competencies weighted for the characteristics of the post.

Our interviews last for two days. On the first the candidates complete two psychometric assessments. Then they take part in assessed clinical/teaching/communication scenarios crafted for the particular post. The results of the Psychometrics and Assessed Exercises are available to the interview panel.

The interview question domains will have been allocated at the planning meeting following shortlisting. The weighting score for each competency will also be agreed and the questions planned and agreed. On the day of interview, the questions may be modified depending on the psychometric/assessment information or if the panel feel areas need further exploration or were not fully answered. At the end, the scoring multipliers are applied and an agreed panel score determined, including the scores from the scenarios. Appointment is by rank order.

We have adopted a rule that we do not appoint if the score is less than 70%.

This system has performed extremely well. All of the clinical managers feel they have a much better knowledge of the strengths and weaknesses of their new colleagues and we are able to tailor their post and development and support. ”

Support and recognition

NHS Education Scotland (NES) – joint working across undergraduate and postgraduate education

“ NHS Education Scotland (NES) established a Scotland-wide Faculty Development Project. This had support of the Medical Schools, through the Scottish Deans Medical Education Group (SDMEG) and the Scottish Postgraduate Deans, through the NES Medical Executive Team (MDET). These two groups are linked through the NES Medical Advisory Group.

A project plan has been agreed, with four workstreams, running in parallel:

- Phase 1 – to review and synthesise existing literature and develop teaching competencies for consultants and other teachers in Scotland who are teaching undergraduates and training postgraduates.
- Phase 2 – to consider the appropriate programmes to deliver faculty development and provide evidence of attainment.
- Phase 3 – to develop a costed implementation plan in conjunction with stakeholders to deliver the programmes within agreed timescales to meet GMC requirements.
- Phase 4 – to develop an electronic system to record teacher training undertaken by consultants in Scotland.

Phase 1 of the programme is particularly sighted on the existing GMC standards for trainers, and on the work recently completed by the Academy of Medical Educators and the Academy of Medical Royal Colleges. ”

Liverpool medical school – Problem Based Learning (PBL) teachers as mentors

“ Long experience shows that continuing support for PBL facilitators is essential. There is no substitute for regular briefings and a routine of training sessions, and the formal peer review of teaching, but since the inception of the PBL programme in 1996 the school has also been encouraging PBL facilitators to nominate mentors from a list of volunteers – experienced PBL teachers. The selection is overseen by the Director of PBL, who ensures that no volunteer is overloaded. Most people find the system particularly helpful in their first year or so of facilitating. ”

Dundee medical school – engaging with the local NHS and NHS Education Scotland

“ NHS Tayside has appointed a Director of Medical Education who is a senior clinician, a member of the University Medical Education Committee (UMEC) and has a focus on undergraduate education. An additional appointment is a full time Quality Assurance Coordinator who is a member of the Curriculum Management Team. These appointments have significantly improved the process by which undergraduate teaching is coordinated and delivered by NHS partners and its quality is monitored.

Specific initiatives and approaches to ensuring a range of quality experiences which have to date resulted from this strategic appointment include:

- overall quality monitoring provided for in the Service Level Agreement (SLA) by way of the 'Tayside Teaching Quality Document'
- a Memorandum of Understanding (MOU) between NHS Tayside and the University of Dundee with a requirement that clinical teachers show evidence of taking part in staff development activities relating to teaching
- QA processes overseen by NHS Education Scotland (NES)
- use of the Additional Cost of Teaching (ACT) Development/Support Fund to encourage innovative ways to influence improvements in the quality of teaching eg Discipline based teaching leads, Staff development, Clinical skills appointments and IT and e-learning development support
- ACT local and regional groups overseeing quality monitoring and strategic planning
- development of a Scotland wide performance Management Framework to monitor quantum and quality of teaching in partnership with Dundee Medical School
- improvements in communication with NHS staff in respect of teaching via the NHS Tayside Intranet/ 'Blackboard' and Newsletters
- formal accountability criteria for new positions or projects to monitor performance
- Faculty of Medical Educators (FaME) awards which acknowledge and celebrate excellence in teaching
- development of a Voicing Concerns Policy to enable students to voice concerns about teaching or patient care
- the joint funding (NHS and University of Dundee) of new education facilities. ”

Leeds medical school – engagement with NHS tutors in general practice

“ The Academic Unit of Primary Care (AUPC) at the University of Leeds adopts a combination of approaches to maintain effective relationships and close engagement with NHS tutors in general practice. This allows us

to assess and improve the quality of our primary care placements and GP tutors.

- An annual Service Level Agreement which outlines expectations and policies; signed by the practice, University and SHA.
- Student evaluation completed and annually returned to practices; and informal feedback regarding placements is actively encouraged.
- Annual quality assurance visits; sharing ideas for best practice and allowing feedback regarding the course and its organisation.
- Communication via a bimonthly e-bulletin, and regular newsletter.
- A Continuing Professional Development programme which includes a series of University accredited workshops designed for GP tutors.
- Local network meetings; annual clinical teacher away days and biennial GP tutor away day all enhance communication and partnership. ”

Glasgow medical school – annual TALE (the Teaching And Learning Event)

“ TALE is Glasgow Medical School’s annual, one-day conference for GPs who teach undergraduates in the West of Scotland. There are 120 delegate places, representing about half of all GP tutors.

Held on campus in September, it begins with an early morning keynote address from an invited speaker. This is followed by year-specific workshops, planned and hosted by members of staff who have responsibility for teaching a particular year or stage of the curriculum. These workshops cover issues raised by tutors, changes to the curriculum, new teaching materials or documentation, and administrative issues.

After a lunch there are afternoon workshops on a diversity of educational topics. GP tutors sign up for these workshops, each of which runs for about an hour and is offered twice in the afternoon, to maximise choice. Each tutor can therefore attend two workshops of their choice. Some workshops are delivered by colleagues, such as Equality and Diversity or simulated PBL sessions, and others are delivered by GP staff. The workshops all feature active participation of tutors.

Each presentation and workshop is evaluated, as is the overall event, and the collated feedback is presented to all educational providers. Feedback informs the activity of the TALE planning group of GP staff who meet throughout the year. ”

Bristol medical school – Primary Care Teaching newsletter

“ We have produced a monthly Primary Care Teaching newsletter since August 2007. This is emailed to all GP teachers on our teaching database (over 300). We

regularly invite and receive contributions to the newsletter from our GP teachers and have published several original ideas from GP teachers. It helps us to regularly communicate with our GP teachers and to have a virtual presence in their surgeries. We know from informal ‘shows of hands’ at teaching workshops that most GP teachers read it. ”

UCL – support with academic promotion for teaching

“ The School is providing informal guidance and mentoring to teachers who seek academic promotion to help them meet the criteria. Here are some of the key elements of the advice for achieving promotion for teaching.

Success in promotion for those on a teaching track is more likely if the following areas are covered, and evidence is provided for:

- academic scholarship in educational innovation and research rather than just delivery of teaching (related publications in peer reviewed journals)
- a National or International role in Medical Education, with presentations at Medical Education Conferences
- membership of learned societies in Medical Education
- the development and implementation of specific local curriculum or assessment innovations
- knowledge transfer activity for example a widely used text book.

In the CV, it is necessary to emphasise the academic role the applicant has played, rather than a list of jobs done.

Finally, it is necessary to plan ahead, and work with a local mentor familiar with the process to develop the CV, and to select local, national and international referees who are able to comment on your work. ”

Southampton medical school – reward for teaching

“ Each year, the University recognises and celebrates individual staff or teams whose teaching is inspirational, innovative or of a particularly high standard. One award is made per School and each carries an honorarium of £1,000. It is hoped that these awards will encourage the sharing of excellent practice.

In addition, the School of Medicine has three annual prizes for the persons considered by medical students to be the best clinical course teachers and not formal teaching (eg lecturing) and as follows:

- a. a prize of £300 to the best Southampton teacher
- b. a prize of £300 to the best teacher outside Southampton
- c. a prize of £300 to the best Doctor in training teacher: FY1/2 or SPR. ”

Bristol medical school – rewards

“ We are just about to invite GP teachers to apply to become Honorary Clinical teachers for University of Bristol. This is dependent on the level of teaching and workshop attendance. We have a database that allows us to track GPs teaching activities and workshop attendance.

We have developed the concept of 'Core teaching practice'. These are practices which commit themselves to a significant amount of teaching in all five years of the undergraduate curriculum at the University of Bristol and in return receive slightly enhanced remuneration paid in monthly instalments. ”

Teacher development programmes

Cambridge medical school – preparing teachers to teach

“ The University of Cambridge School of Clinical Medicine appointed an Academic Lead for staff development. The three parallel staff development programmes are:

- 1 An established programme, which has been running for several years, for clinical supervisors. This programme is open to junior doctors (FY2 and above), from primary and secondary care, who are appointed by the University as clinical supervisors. These individuals facilitate weekly small group bedside teaching with a group of 6–8 students. In addition to educational support of students, the clinical supervisor also undertakes student assessment and has a pastoral and mentoring role with their group. The allied Clinical Supervisor Staff Development programme consists of a one year rolling programme of regular staff development sessions which allow clinical supervisors to reflect on their teaching over the previous few weeks, discuss areas of difficulty and share positive experiences. Each session has a theme and the background reading associated with that theme is distributed beforehand. There are five evening sessions: small group teaching principles, teaching communication skills, teaching clinical examinations skills, giving feedback to students, and how to undertake assessment. Once a year there is an annual half day course on teaching the teachers to teach for clinical supervisors. There is also an annual appraisal/feedback process for all clinical supervisors, coordinated by the Associate Dean responsible for the programme.
- 2 A second established programme, for teachers in primary care, has been running for one year. It is closely aligned with the Clinical Supervisor Staff Development programme and a number of the sessions are shared between both programmes. There are additional sessions with specific focus on

the training needs of the GP tutors. This programme is aimed at all the University's GP tutors who are involved with teaching in primary care.

- 3 A new programme that is open to all staff. It is aimed at more experienced teachers who have previously completed one of the other two programmes. The programme currently has teachers from Primary and Secondary care, from Foundation trainees to Consultant and academic staff, as well as non medical professionals allied to medicine that teach the Undergraduates. The programme is a blended learning programme with face to face as well as online and reflective components. The programme has an inbuilt programme of peer review and completion requires the participants to provide a reflective critique of their learning and their own teaching.

Participants can move from the first two programmes to the third and the Clinical School is looking at developing a further programme which it hopes will allow interested applicants to work towards a Master's programme in Medical Education.

Each of the three programmes is aligned with the UK Professional Standards Framework and participants who complete them are eligible to apply for recognition by the Higher Education Academy (HEA). The first two programmes are accredited to Associate level and the third to Fellowship level with the HEA.

Further information is available on medportal.medschl.cam.ac.uk/courseonline/course/view.php?id=42

Southampton medical school – staff development programme ”

Southampton medical school – staff development programme

“ The staff development for teachers of medical undergraduates is traditionally designed with individual teachers in mind, and it is usually offered as a separate activity to curriculum development. In Southampton we have developed a strategy that reflects the changing needs of the institution as well as the expressed needs of individual teachers. The strategy was determined in close consultation with key stakeholders and through an extensive needs assessment with staff. It ensures that the educational changes we identify are prioritised through the staff development programme. Staff development and curriculum development are linked and the educators collaborate closely with the clinicians and researchers.

The strategy outlines two linked approaches to the delivery of staff development: generic courses run by our Medical Education Development Unit; and embedded staff development integral to the programme management structures. The 'Teaching *Tomorrow's Doctors*' course is

one of the most successful generic courses and has so far attracted over 400 participants. This is a four-day course that aims to enhance the knowledge and skills of individuals with significant teaching roles. Embedded staff development takes a number of different forms but a recent example would include the provision of education expertise and staff training for new professionalism tutorials in the third year.

The continuing challenge within the School is to ensure that busy clinicians continue to value the time spent training. The School is producing an e-learning resource to supplement hands-on courses. This resource, partly funded by the Strategic Health Authority, is enabling clinicians from across the region to access interactive guidance on teaching issues.

All staff development events are evaluated using questionnaires and open-ended feedback. The feedback and evaluations are consistently excellent. In addition, the School has conducted long-term evaluations, which show that the courses continue to be highly regarded and that participants claim a positive and long-lasting impact on their teaching. The success of the staff development activities has also been noted in key areas where student evaluations have improved after introduction of the programme. ”

Southampton medical school – online staff development modules

“ The Medical Education Development Unit at Southampton has developed a number of online staff development modules aimed at busy clinicians across the region. These modules complement the existing programme of face-to-face courses and so far include assessing the undergraduate Mini-Clinical Evaluation Exercise (Mini-CEX), the role of the OSCE examiner, and planning and preparing lectures. ”

UCL – an inter-disciplinary teacher training course

“ The Teaching Improvement Project System (TIPS) is a two day practical course designed to help busy clinical teachers to improve their teaching and support of learning by:

- suggesting best practice
- adding some underpinning education theories to back pedagogical choices
- learning from the experience of others
- giving the opportunity to put their learning into practice with expert and peer feedback.

Funded by the Trusts from their SIFT allocations, this course is offered on a twice monthly basis to a range of health professionals involved in teaching in the undergraduate curriculum. ”

Bristol medical school – developing Bristol University’s clinical teachers

“ We began a formal CPD programme in September 2009. Fortunately, we were able to draw upon some SIFT funding to employ an educationalist to plan and deliver the sessions and co-ordinate the programme. We canvassed need in the eight clinical academies, and devised ‘Fit2Teach’ – branded, RCP-accredited sessions which could be attended as a series or as four stand-alone modules:

- planning and teaching
- assessment and feedback
- supporting learning
- teaching in clinical scenarios (added summer 2010).

Half day modules make them more accessible to busy clinicians and encourage attendance away from one’s ‘home base’. They were planned and delivered by staff from the university’s Teaching and Learning for Health Professionals (TLHP) programme in medical education – experienced medical educators, but not clinicians. The modules were delivered at each of the eight clinical academies, again to make them more accessible, and were open to anyone interested at no charge. We taught over 500 people in 2009-10 – mostly doctors, but also some nurses and allied health professionals – with an average ‘occupancy’ rate per course of over 75%. Attendance is currently entirely voluntary.

Fit2Teach has received excellent feedback, and courses have been fully booked in most academies. For many this was the first experience of training in medical education, and a number of attendees have since enrolled on Bristol University’s Certificate in Teaching and Learning in Medical Education course. Those at consultant level found the RCP CPD points useful. Attendees have been enthusiastic and keen to learn new skills and reinforce their existing practice with educational rationale. The mix of grades and professions has also been useful: Foundation Programme doctors and senior consultants can learn a great deal from each others’ teaching approaches and experiences, and both groups gain from hearing about a nursing perspective. This difference in approaches and experiences has also been a challenge; attention must be closely paid by the facilitator to group dynamics, ensuring that workable, mixed groups are formed and that consistent achievement takes place.

We felt that the CPD offer remaining consistently comprehensive and positive should play a major part in improving the educational culture and involvement in the institutions with less enthusiastic take-up. This policy appears to be bearing fruit, and there has been a noticeable increase in interest in Fit2Teach in this second year of operation. A possibly linked issue is the geographical spread of delivery across an area of several thousand square miles: we believe that it is vital for the

university to demonstrate educational investment and commitment in partner trusts many miles from Bristol. The only credible way to do this is to physically teach in these trusts and be there for them as an educational resource.

Severn Deanery currently provides compulsory structured training for its Educational Supervisors. There is some overlap between this training and Fit2Teach, and a challenge of the next 1-2 years will be to join the two programmes.

CPD has begun to change the perception and place of the TLHP Department in the medical school, from a deliverer of a stand-alone Masters-level programme to much closer integration into the MBChB programme. We hope to become an invaluable resource to the medical school and the wider clinical academies, working to support teaching, learning and assessment in undergraduate medical education at Bristol, as well as continuing to offer the TLHP Certificate, Diploma and MSc in Medical Education for those who would like a more rigorous and formal medical education qualification. ”

Bristol medical school – GP Teacher Development in Primary Care

“ Since 1995 Primary Care has built up an extensive programme of GP Teacher workshops. These are aimed at developing our GPs’ teaching skills and knowledge. They address important teaching competencies including managing and developing an appropriate learning environment, enhancing students’ learning experience, teaching to a curriculum, assessing and evaluating.

The content and delivery of these workshops have developed in line with the changes in the Bristol curriculum since 1995 and general thinking about medical education. In addition to apprenticeship style teaching in Year 4, GP Teachers have learned how to plan and deliver dedicated teaching sessions, undertake learning needs assessments with their students, teach to a curriculum and complete assessments.

In addition we have run a teacher development course which consists of 2 linked study days every year for four years. This course covered the following medical education topics: Teaching and Learning, Assessment and Evaluation, Reflection, Learning theories and Learning Styles. Over 100 GP Teachers have attended this course which reflects the keen interest in medical education of our GP Teachers. The course has been oversubscribed.

In the last 18 months we have developed a half-day workshop to meet specific needs of GPs new or relatively new to teaching. We have over 200 GP practices on our database who are involved in some undergraduate teaching. This means that each year we have a significant number of new GP teachers or GPs who just want to find

out more about teaching before committing to taking on students. These workshops have been held in a number of locations and addressed teaching in several years. We have developed a workshop which addresses the needs of GPs in training who want to teach students in their practices. This has the blessing of the local Deanery and is well received by GPs in training.

It is our experience that GPs bring a lot of personal experience of teaching and learning to their undergraduate teaching role. Workshops are predominantly interactive and we draw and build on this experience through activities and reflection. Learning points are distilled from this and supported by written material and short talks on medical education topics, much of it evidence based.

Many skills needed by GP teachers are also relevant to clinical practice. This includes teaching patients about a condition or giving feedback to colleagues and staff. We write clear learning objectives for our workshops and provide detailed attendance certificates highlighting the skills and knowledge learned in a particular workshop.

We encourage our GP teachers to reflect on the workshops as a learning experience and to make a plan for further learning on teaching. For this purpose we have a reflective template on the back of our workshop programmes and encourage GPs to start completing this in the course of the workshop. This is also useful evidence for the GP appraisal folders.

The teaching pages of the Primary Care website have information how to get involved in student teaching, information on GP Teacher workshops and handbooks and a monthly newsletter.

GP teachers also have access to the learning resources created by primary care for medical students in Years 1, 3 and 4 and a Blackboard course created specifically for GP teachers. ”

Newcastle medical school – the staff development programme

“ The School’s staff development programme has been running since 1998. It has full institutional support and a ring-fenced budget. Its content is based on regular needs assessment, participant feedback and requests for training, and changes to the curricular requirements and policy issues. Sessions are very practical, relevant and participatory. The programme is inclusive and delivered around the Regional Medical School. A cascade strategy has been implemented, whereby staff are encouraged to share with their colleagues the knowledge and learning materials they had obtained through attendance on a particular course. The sessions are run both in the medical school and throughout the region’s hospitals, with workshops on clinical teaching and giving effective feedback through to anger and conflict management.

Given the importance of assessment, specific training sessions are run throughout the region on a regular basis. These focus on videos of mock clinical examinations which are critiqued and judgements compared, which are very well received and allow for both familiarisation and standardisation. All sessions are popular, with 607 attendances in the last 2½ years. There is a further staff development arm for GPs, with teaching observation on offer, and an annual education and training day. A biennial Clinical Teaching Forum with education poster displays and training workshops attracts attendees.

In parallel, the School runs a Certificate, Diploma, and Masters in Clinical Education on a part-time basis, focused at clinical staff. The Masters is also now available full-time. Since inception in 1997, there have been a total of 694 participants.

An online clinical teaching evaluation and feedback tool is in the final stages of refinement, enabling teachers to hone their skills. ”

Durham medical school – staff development programme

“ The School of Medicine and Health Staff Development programme in Durham has been running since 2007. It also has full institutional support, and its own administrative structure, under the Director of Post Graduate Courses. It is responsive to the needs and timetables of participants, and has run both as an evening class and as an intensive week in the summer. It is aimed at practical understanding of teaching and assessment at all levels in medical education. Durham University also runs a modular Certificate, Diploma, and Masters in Medical Education programme, which is a little more focussed on research aspects compared with the Newcastle awards.

All workshops and programmes are open to all staff across the region. ”

Dundee medical school – ‘Getting started’ series

“ ‘Getting Started’ is a series of booklets produced by the Centre for Medical Education in Dundee. Funded by NHS Education Scotland, it provides clinicians who teach medical students an integrated approach to teaching and learning clinical competences in the various clinical venues used to deliver teaching on the Dundee Curriculum. These are the Clinical Skills Centre, Ambulatory Care Teaching Centre, Hospital Wards, Primary Care, Integrated Teaching Area, Day Surgery Unit and Ambulatory Diagnostic and Treatment Centre. There is a booklet for each teaching area with each one providing practical tips as well as appropriate educational theory. NHS clinical teachers were involved as co-authors for the guides. The series is available in hard copy to staff involved in delivering teaching to medical students and also on the Medical

School and NHS intranet. A copy is included in the induction packs of new clinical staff. Feedback from staff has been very positive. ”

The South Thames Foundation School – educational governance within Kent, Surrey and Sussex Deanery

“ All local education providers (LEPs) within Kent, Surrey and Sussex (KSS) Deanery, which hosts the South Thames Foundation School, have established Local Foundation Faculty Groups (LFGs). These provide the first tier of accountability for postgraduate medical education (including Foundation and specialty training), identify any additional support needed by trainees at local level and/or liaise with the Foundation/specialty school about any additional necessary actions. LFGs meet at least three times yearly with minutes sent to the relevant foundation/specialty school. They are required to review the progress of all the relevant postgraduate doctors at each meeting.

Each LEP within KSS Deanery has also established a local academic board (LAB) – the senior forum for medical education, chaired by the director of medical education (DME), which oversees the activities of the multiple LFGs within the LEP. To ensure engagement with both clinical and managerial agendas, LAB membership includes the medical director, library and knowledge services manager, human resources director and director of finance and IT as well as a postgraduate doctor representative and a lay member. The LAB actions or signs off both the satisfactory progress of postgraduate doctors and the learning needs that individual faculties have identified and agreed at their LFGs.

To support the LAB/LFG structure and meet the GMC requirement that all educational and clinical supervisors have received appropriate training (including equality and diversity training) for their role as educators, supervisors and assessors, KSS deanery introduced Qualified Educational Supervisor Programme (QESP).

QESP Part 1 – Certificate in Teaching covers principles of teaching and learning. It includes 3 x 1-hour observations in real-life clinical settings conducted by an education adviser, followed by a ‘professional conversation’ about the observed session. (kssdeanery.org/course/qesp-part-1-certificate-teaching)

QESP Part 2 – Certificate in Educational Supervision – focuses on the principles of practice of assessment, supervision, careers advice and supporting trainees in difficulty. (kssdeanery.org/course/qesp-part-2-certificate-educational-supervision)

Within KSS deanery, all educational supervisors of postgraduate doctors must have completed QESP 1 and 2, and all clinical supervisors must have either completed QESP 1 or have met KSS criteria for local recognition of clinical supervisors. ”

Students as teachers

Birmingham medical school – student selected component (SSC) in teaching

“ During a Community Based Medicine placement, students lead and participate in teaching sessions in small groups. The tutor assesses each student on the preparation (25%) and delivery (25%) of their teaching session, and a reflective activity (report and viva 50%) on what they have learnt about teaching at the end of the year. In the two years that the Special Study Module of the SSC has been running in this format, student feedback has been very positive. They particularly highlight its relevance to future activity as a doctor, the reinforcement of learning and the supportive setting in which to teach for the first time. ”

Bristol medical school – the Peer Assisted Learning Scheme (PALS) SSC in Year 5

“ The PALS SSC provides an opportunity for final year students (Bristol MB ChB programme) to plan and deliver teaching on a relevant clinical topic. For this, students are equipped with basic theory in teaching and learning, and have a high level of support from a tutor. The teaching opportunity has been to deliver bedside teaching for Year 2 students as part of their Introduction to Clinical Skills course either individually or in groups of two to three. Their teaching is evaluated. Both year 5 and year 2 students considered it a positive and useful experience. ”

Barts and the London – Doctors as Teachers and Educators Course

“ The Doctors as Teachers and Educators (DATE) Course was set up to meet the GMC’s requirement for medical graduates to be equipped with the basic knowledge and skills to understand the principles and practices of education. It is a two day programme that is both theoretical and practical, and focuses on preparation for an effective teaching role in their clinical careers. It utilises educational theory to help develop effective clinical and bedside teaching including how to give effective feedback and self evaluate. The students have the opportunity to plan and prepare teaching sessions and consider how they might collect evidence on teaching for portfolios and assessments. ”

UCL – peer teaching initiatives

“ UCL Medical School has an eight year history of providing opportunities, both formal and informal, for students to be involved in peer teaching. Supported by the Division of Medical Education, these include:

- a number of SSCs in peer assisted learning in clinical skills (PALS)
- a Near Peers in the dissection room activity
- student led ‘twilight’ tutorials.

All peer tutors receive training for their teaching roles and gain certification of their contribution to the School as peer tutors. By incorporating opportunities for learning from more senior students to all students in the first three years of the course the School is able to: consolidate the learning of the peer tutors and help them to develop key teaching skills, provide safe and supportive learning for the junior students, create a strong sense of cohesion and support within the School, and provide powerful and relevant role models for our junior students. ”

Appraisal

Cardiff medical school – peer review of teaching

“ Peer Review of Learning and Teaching (PRLT) was originally developed in the Department of General Practice in 2003, and is now being rolled out to other parts of the school, reflecting university policy. This formative process encourages teachers to reflect on their teaching and ensures that they receive feedback from colleagues. ”

Southampton medical school – appraisal of teaching

“ All NHS clinicians have their education roles covered in their NHS appraisals. Where possible we have also introduced joint appraisals between the University and the NHS for key NHS clinicians who undertake lead roles in the undergraduate programmes. These work in a similar way to the joint clinical academic appraisals between the University and the NHS trust (as per the Follett Review). The joint appraisals also ensure that the clinicians’ contribution to undergraduate education is taken into account in their job planning. ”

Northumbria NHS Foundation Trust – appraisal of teaching responsibilities

“ A two page Educational appraisal form has been included in the Trust’s appraisal for the last two years. This followed the decision to recognise all teaching and training in job plans and to quality assure this in the same way as any other consultant activity. ”

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Endnotes

- i Organisations involved in the delivery of undergraduate medical education outside the medical school itself.
- ii We suggest that for the purpose of this advice these responsibilities could be extended to cover all other education providers.
- iii Paragraphs 60-63 of this advice discuss appraisal including arrangements for joint appraisal
- iv See *Clinical placements for medical students – advice supplementary to Tomorrow's Doctors (2009)* for more information on what the agreements should cover.
- v Further advice around the supervision and training of medical students on placements can be found in *Clinical placements for medical students – advice supplementary to Tomorrow's Doctors (2009)*.
- vi See *Clinical placements for medical students – advice supplementary to Tomorrow's Doctors (2009)* for more information on agreements.
- vii See endnote ii