

Job planning for consultant trainers

Effective and transparent job planning for consultant trainers is essential to ensure that there is adequate time to develop trainees. This article sets out the negotiated job planning arrangements that have been implemented in one deanery.

It is a mandatory standard of the Postgraduate Medical Education Training Board (PMETB) (2008) that ‘trainers must be supported in their role by a Postgraduate Medical Education Team and have a suitable job plan with appropriate workload and time to develop trainees’.

It is also widely recognized that the expectations of those undertaking educational roles have increased enormously in the last few years. Other mandatory PMETB standards require proper induction, assessment, delivering specific curriculum objectives and increasingly detailed recording of many aspects of a doctor’s performance often using e-portfolios. To do this takes time not just for training the trainers but the ongoing day-to-day workload.

The Kent, Surrey and Sussex Deanery requires that time, and by implication resource, must be made available through the job-planning process to meet PMETB’s

mandatory standards. In 2007 it became apparent that some trainers felt that they were having difficulty getting adequate time recognized in their job plan and in some places there was a perception that trust management were deliberately targeting educational time for cost-saving measures.

To address the PMETB standard and to support trainers, Kent, Surrey and Sussex Deanery undertook a series of consultations and debates with important stakeholders including directors of medical education, medical directors, directors of human resource and other lead educationalists such as recently appointed heads of school. After a series of iterations, the Deanery was able to issue, to every trust, guidance on the typical allocation required for a number of the key roles in medical education at trust level for managing doctors on the new curricula (*Figures 1 and 2*).

The document was formally endorsed by all the directors of medical education, medical directors and directors of human resources. Pilot work suggested that in the average trust implementing this guidance fully would take up no more than 1 SPA (supporting professional activity) on aver-

age per consultant in the trust. However, this did recognize that some consultants did no training while others had very significant workloads.

Fifteen months after dissemination every trust in Kent, Surrey and Sussex has been revisited, meeting the chief executive, the director of medical education and usually both the director of human resources and the medical director. Not surprisingly trusts are still at different levels of development and complexity in job planning, particularly the amount of detail of SPA planning undertaken, although this is increasingly seen as major priority. However, the following agreements and issues have arisen from those discussions:

- Universally trusts and educationalists were happy that the guidance was fair and balanced to all parties
- Where there had been job plan disputes the guidance has been used successfully to resolve those disputes
- An issue in some departments was about ‘differentials’. Importantly the guidance would help to demonstrate that those who were doing the greatest amount of education, particularly edu-

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Figure 1. Guidance on allocation for key medical education roles: clinical and educational supervisors.

Job	Description	Typical allocation	Comment
Clinical supervisor	Providing safe clinical oversight of trainees during routine ward rounds, outpatients, operating sessions or other clinical sessions. Undertaking a small number per year of workplace-based assessments (less than 10 a year) and contributing to 360° feedback	0.25 professional activities per week maximum	Not dependent on number of trainees. If operating lists or clinic lists are extended because of supervision of trainees or undertaking assessments, then the number of patients in that clinic or list should reflect that, thus allowing the time for education within the standard working week. Optional but preferred to undertake deanery training the trainers programme
Educational supervisor	Responsible for a named trainee for all aspects of personal development planning, appraisal, attending faculty meetings, completing reports and helping the trainee complete workplace-based assessment. Completing relevant sections of e-portfolios and offering help for careers guidance and trainees in difficulty	0.25 professional activities per week, per trainee	This would usually be planned as part of routine supporting professional activity time. However, an educational supervisor, by agreement in a department, might have a significantly higher than average number of trainees, and supporting professional activity time must also cover other governance activities or educational activities for all consultants. On occasion extra professional activity time may be needed. However, this might well be by agreement within a department, still maintaining on average 2.5 supporting professional activities per consultant. Must have undertaken Deanery training in teaching and educational supervision. This sessional time is also needed for those consultants who are active hospital supervisors of GP trainees – including completing all assessments and full use of the e-portfolio

cational supervision, were getting SPA or professional activity time to undertake this, while those who were not would get less or would undertake different activities

- Job planning SPA time at a departmental level had proved a success.

It is vital that people can see a connection between the trust receiving money to train junior doctors and trainers seeing that time (i.e. money) flows to them for training doctors, particularly those who put the greatest effort in.

Conclusions

Training the doctors who will treat tomorrow's patients is a crucial function of the NHS, and the General Medical Council (2006) considers that all should be willing

to contribute to this activity. Modernising Medical Careers has already delivered fundamental changes in the way training is planned, delivered and recorded.

Having spent far too much time resolving the horrendous recruitment problems associated with MTAS (Medical Training Application Service), there is now an appropriate and growing emphasis on the quality of training, and as part of that the roles of responsibility of trainers must be supported through time and resource. Locally we have engaged with those doing the training and those managing the service and come up with a set of recommendations that are seen to be both fair and helpful. [BJHM](#)

Conflict of interest: none.

KEY POINTS

- All trainers must have a suitable job plan with appropriate workload and time to develop trainees.
- The jobs of educational supervisor and college tutor have both changed and grown in size and importance in recent years.
- This guidance has been endorsed by both employers and educationalists.
- Effective implementation remains a challenge, but job planning at a departmental level was seen as successful.

General Medical Council (2006) *Good Medical Practice*. General Medical Council, London
 Postgraduate Medical Education Training Board (2008) *Generics Standards for Training*. PMETB, London

Figure 2. Guidance on allocation for key medical education roles: college tutor and recruitment support.

Job	Description	Typical allocation	Comment
College tutor (Local trust specialty training programme director)	Representing the trust on the core training committee Leading the local faculty group in their specialty, and representing it on the trust education academic board Ensuring the delivery of the Postgraduate Medical Education Training Board or college curriculum within the trust Monitoring the number and type of posts and their educational opportunities Working with the educational supervisors and programme directors Helping undertake workplace assessments and 360° feedback Ensure systems are in place for each trainee to have an annual RITA (record of in-training assessment) or ARCP (annual review of competency progression) in his/her specialty. Ensure that induction process is in place in each department. Ensure that all trainees have a signed and completed learning agreement with their educational supervisor Coordinate 'training the trainers' programme within the department Provide support in the use of e-portfolios Provide specialty career advice Provide advice on access to study leave opportunities Support the deanery quality management and control arrangements, and provide an annual report to the local trust academic board Coordinating local recruitment within the appropriate school	1 professional activity for up to 20 trainees in specialty (excluding foundation). 1.5 professional activities for 20 to 40. 2 professional activities for more than 40	For all future appointments the deanery expects college tutors to be jointly appointed by the trust Director of Medical Education (or Medical Director) and the relevant deanery head of specialty school. In the past, the role of college tutor was not terribly taxing, with very little responsibility attached, and certainly none to the deanery or the trust. The role has changed enormously in the last 18 months Although part of the time for the college tutor role may be able to come out of supporting professional activity time, many people undertaking such roles also have multiple educational supervisor responsibilities and other governance responsibilities We expect that for many consultants some time, if not all, will need to come out of professional activity time Foundation training programme directors are separately remunerated A college tutor or deputy will be needed on each major clinical site, a minimum of 1 professional activity per site
Recruitment support (on top of other activities)	Shortlisting and specialty interviewing. For core training, this will be once or twice a year. For specialty training, this will be two or three times a year, and for foundation allocation once a year. It is expected that every foundation educational supervisor will spend time on this once a year	0.25 to 0.5 professional activities, usually supporting professional activity time, or 1–6 days exceptional leave per annum	Shortlisting and interviewing load tends to be significantly greater for core training recruitment than specialty training currently. Overall, recruitment being centralised to deaneries is far more efficient in consultant time, but much more obvious when it occurs on an annual basis. Recruitment is particularly onerous in core medicine and core surgery, requiring the equivalent of 1 day for shortlisting and up to 3 days for interviewing for each recruitment round. It is significantly less onerous in other specialties, and for foundation is a maximum of 1 day's scoring per annum