University of Glasgow

Academic Standards Committee - Friday 15 November 2013

Periodic Subject Review: Update on Responses to Recommendations arising from the Review of Undergraduate School of Medicine held on 21 and 22 March 2012

Mrs Catherine Omand, Senate Office

Recommendation 1

The Review Panel strongly recommends that the Undergraduate School of Medicine seeks agreement with the NHS in Greater Glasgow and Clyde that adequate facilities and support would be provided for the revised curriculum. *[paragraph 3.4.7] (Also see Recommendation 3)*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The College has been involved in detailed planning with the NHS about facilities and the NHS is fully on board with planning for our needs. The refurbishment of Glasgow Royal Infirmary will be completed in August 2013 and will provide fully modernised teaching space on level 2. The College has also made very good progress with plans for the £20m Learning and Teaching building at the new South Glasgow Hospital which is scheduled for completion by October 2015. Further progress needs the full support of the University Estates and Finance Committees and the University Court.

Updated response – October 2013

The Queen Elizabeth Building in Glasgow Royal Infirmary is due to open in January 2014. Please find attached up to date information on plans for moving into the refurbished building (attachments 1 +2) and the room descriptions (attachment 3).

The new South Glasgow Hospitals Campus build is going according to plan. It is due to open in 2015. See attached floor plans for the academic centre (attachments 4 – 7).

Recommendation 2

The Review Panel strongly recommends that the School seeks confirmation from the NHS that the revision of contracts would include contractual teaching obligation. *[paragraph 3.8.2]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The inclusion of dedicated time for teaching within Consultant contracts is a Scottish wide (indeed a UK wide) issue which is being discussed at a high level by the British Medical Association, the Board for Academic Medicine and NHS Education. Locally the Directors of Medical Education in the five Health Boards that teach students for the University of Glasgow are currently looking at Consultant Job Plans. For example, Professor Paul Knight has been looking at Job Plans in various areas of Greater Glasgow and Clyde Health Board to check that

these include appropriate programmed activities for teaching. He is collaborating with NHS Education for Scotland in this work to ensure that the Additional Cost of Teaching (ACT) funding allocation to Greater Glasgow and Clyde is commensurate with the recorded level of teaching in job plans.

Updated response – October 2013

This recommendation refers to NHS Consultant teaching staff who are paid by NHS monies i.e. no part of their salary is paid by the University. Additional Cost of Teaching (ACT) funding is provided by the Scottish Government and is disbursed by NHS Education to Health Boards to compensate the Boards for the time spent in teaching medical students which can reduce time spent in patient care. The University has no direct control over this funding, although the West of Scotland Regional ACT Priorities Group ensures that any additional funding available through underspend is spent on teaching related activities, that Boards provide an accountability report for the ACT funding they receive and that student feedback is acted upon. This group is chaired by the College of MVLS Dean for Learning and Teaching. There are around 1500 Consultants in NHS Greater Glasgow and Clyde alone and the other four West of Scotland Boards – Ayrshire and Arran, Lanarkshire, Forth Valley and Dumfries and Galloway - also provide teaching. Each Board may teach students from two, three or four different Medical Schools at any one time and so it makes sense for this issue to be dealt with at a national level. Discussions are still ongoing between NHS Education and the Health Boards.

We have focused on NHS Greater Glasgow and Clyde (NHS GG and C) as this is our largest teaching Health Board - approximately 75% of our clinical teaching is carried out in NHS GG and C. The College of MVLS has had productive discussions with Professor Paul Knight who is the Director of Medical Education for NHS GG and C about job plans and this issue is still high on our agenda. However, it should be noted that NHS GG and C does not receive ACT funding (£18million approx) as a separate budget line from its Government allocation (>£2billion) and it has not received any new recurring ACT funding (in fact it is still on the so-called "Glide Path" where funding is being redistributed from NHS GG and C to the other Health Boards). Thus, ACT funding is not a significant driver for changing Consultant contracts.

Recommendation 3

The Panel strongly recommends that the Undergraduate School of Medicine establish joint standardised service level agreements with each hospital. Service level agreements should identify expectations in relation to teaching, mentoring, feedback and assessment. *[paragraph 3.8.3]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

In Scotland, the administrative entities that deal with teaching placements are Health Boards and not individual hospitals. The College is establishing Service Level Agreements with each of the five Health Boards that provide teaching. It is currently negotiating more detailed SLAs with each of the Boards such that the responsibilities of each of the **24** hospitals involved in teaching are delineated.(see also response 4 about strengthening operational procedures).

Updated response – October 2013

All SLAs have been signed with the Health Boards however NHS Education is in the process of developing new, more detailed tripartite agreements (NHS Education, Health Boards and Universities) so the process will shortly start all over again.

Recommendation 4

The Review Panel strongly recommends further investment in strengthening operational procedures to ensure robust lines of communication are established and maintained with key contacts in the NHS. *[paragraph 3.4.8] (Also see Recommendation 10)*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The main line of communication with the NHS is at College level. The College is represented on the quarterly Joint Strategy Group (between the University and NHS) and the monthly NHS/University Operational Group. The Undergraduate Medical School is working to strengthen operational procedures via its network of Hospital SubDeans who are the main link between the NHS and the School. A strategy is also being developed for the new South Glasgow Hospital and Glasgow Royal Infirmary as these will be additional hubs within the current hub and spoke system for organising NHS based teaching. In addition, the School is buying additional sessions of NHS staff time to work between the Medical School and the NHS for leadership roles in the revised curriculum. Finally Professor Paul Knight is implementing a system of awarding Teaching Awards to NHS staff (We are discussing how the plan by the University Learning and Teaching Committee for a two tiered process for Teaching Excellence Awards with the first tier being at College level will fit with the NHS awards).

Updated response – October 2013

The Head of the Undergraduate Medical School, Professor Alan Jardine, has invested considerable time and effort in visiting hospitals and strengthening contacts with Hospital Sub Deans. Much of our contact with Hospital Sub Deans depends on the use of technology, particularly for Sub Deans in more distant locations e.g. Dumfries Royal Infirmary. There is variability in the use of, and response to, email by Hospital Sub Deans. As Hospital Sub Deans are NHS employees who are not funded by the University, there is no link to these colleagues via Performance and Development Review etc. however we believe that links are strengthening.

 The refurbished Glasgow Royal Infirmary site and the South Glasgow Hospitals Campus will have local teaching facilities and offices, with a senior academic in charge, when they are opened. This will facilitate greater communication between the NHS teachers in these sites and the College. It will also help to avoid the University being seen as distant. From January 2014, the refurbished Glasgow Royal Infirmary will have Professor Andrew Rankin, who is one of our senior Hospital Sub Deans, in charge, to pilot this initiative. There will be an office of the Medical School on site and it is planned to rotate Medical School Administrative staff to this office. This will free up funding for a new Hospital Sub Dean. Speciality groups such as Accident and Emergency staff have been very helpful in developing these plans and overall communication with Hospital Sub Deans has improved.

Recommendation 5

The Review Panel strongly recommends that the School undertakes a review of Problem Based Learning (PBL) provision to ensure uniformity of depth of content and to ensure that proper controls are put in place to prevent the educational benefits of PBL being undermined by inappropriate practices. *[paragraph 3.4.15]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The Problem Based Learning component of the curriculum has been reviewed and revised. The learning outcomes for sessions have been revised, it has been agreed the learning outcomes will be released to students immediately at the end of each session so that PBL groups can identify outcomes that they have missed and a process of peer observation of tutors has been developed that will involve external peer review (colleague from Nottingham) as well as internal peer to peer review to ensure consistency of approach.

Updated response – October 2013

The main revision to the curriculum has been a switch from Problem Based Learning to Case Based Learning in third year. Feedback from clinical supervisors about this revised component has so far been positive. The curriculum in years 1 and 2 has been revised to strengthen the range of learning methods available to students so that there is not so much dependence on Problem Based Learning and the PBL sessions are complemented by more lectures etc.   It is early days to judge the success of these changes but we will continue to monitor student performance in the clinical phase.

Recommendation 7

The Review Panel recommends that action is taken to ensure that any possible gaps in knowledge that arise, as a consequence of the reorganisation of the curriculum, are rectified. *[paragraph 3.4.11]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

This is in progress. The curriculum has been mapped against Tomorrow's Doctors 2009 in years one to three to enable gaps to be identified. These are currently being addressed. The mapping has also allowed an examination blueprint to be produced to ensure that all learning outcomes are assessed during the five year programme. This is a standing agenda item on the senior management group.

Updated response – October 2013

A curriculum map has been prepared using various documents e.g. Tomorrow's Doctors (the outcomes used by all Medical Schools in the UK), The Scottish Doctor (more detailed outcomes produced by the Heads of all of the Scottish Medical Schools) and guidelines provided by various learned societies e.g. Physiology Society guidelines etc. to ensure that all relevant outcomes are covered. There is an ongoing exercise to identify and address any gaps although very few gaps have been identified so far.

Recommendation 12

The Review Panel recommends that NHS staff are fully briefed on content, level of provision, appropriate student feedback and be given guidance on adequate student support, such as the availability of power point presentations to students. *[paragraph 3.6.7]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The Medical School is involved in discussions via the Scottish Deans Medical Education Group and the Medical ACT Working Group on appropriate staff development for NHS teaching staff across Scotland. The developments outlined in the response to recommendation 6 describe some of the initiatives to ensure NHS staff are fully briefed. The Medical School, including NHS staff, are increasingly using Moodle 2, i-tunes-U and Echo360 to capture lectures and make them available to students based at a distance from the University and also for all students to use as revision e.g. this is used for all third year lectures.

Updated response – October 2013

Staff development for NHS teaching staff is the remit of NHS Education for Scotland and is being taken forward on a Scottish basis. As there are a huge number of Clinical Teachers (several thousand) who teach medical students for the University of Glasgow, who also teach students for the other Scottish Medical Schools and train doctors in training, it makes sense for there to be a coordinated Scottish approach. Please find attached the relevant most recent draft documents from NHS Education outlining the strategy and timeframe for implementation (attachment 8). The College is working with NHS Education on this strategy via the Medical ACT Working group (the College is represented by the College Dean for Learning and Teaching and the ACT Officer) and Scottish Deans Medical Education Group (the College is represented by the Head of the Undergraduate Medical School, the Deputy Head of the Undergraduate Medical School and the College Dean for Learning and Teaching). In house training for NHS teaching staff has been continuing. For example, over 100 GP tutors undertook training for a whole day on 13.9.13. A number of NHS staff have also been taking the Masters in Health Professions Education HPE) offered by the College.

Lecture capture using Echo360 has been expanded to the lectures delivered in the two academic days that take place during each five week block in years 4 and 5. The remainder of years 4 and 5 comprises clinical placements.

Recommendation 19

The Review Panel recommends that consideration be given to introducing final summative clinical assessments at the end of Year 4 in order for Year 5 to be devoted to preparation for foundation training and portfolio-based assessment *[paragraph 3.3.3]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

This recommendation has been accepted and is in development. A formative first part final MB in February of Year 4 will be introduced this session (2012-13) and will be summative from next

session. This first part will examine medicine and surgery. The second part of the final MB examination will take place in February of Year 5 and will examine the specialities.

Updated response – October 2013

A first part of written clinical finals was successfully introduced as a formative assessment in 2012 – 13 session and this will be summative from session 2013 – 14. The Medical School is now working on a formative practical assessment in year 4.

Recommendation 20

The Review Panel recommends the provision of guidance on appropriate feedback to clinical staff. *[paragraph 3.3.4]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The Medical School is currently discussing this with the Dental School which has developed an effective method of providing guidance to its staff with a view to implementing this shortly. We also use the "red flag" system developed by the five Scottish Medical Schools and NHS Education Scotland (find up to date example attached at appendix 1) and have found this effective in driving up clinical teaching standards.

Updated response – October 2013

Feedback by tutors to students is a key component of the NHS Education staff development – "**Enhancing learning through assessment**: 1. Provide timely and effective feedback to learners on their performance and 2. Apply the principles of good feedback". This is also covered in our in-house training and the HPE.

Where possible feedback is given to individual supervisors on their performance as teachers. For example, specific individual feedback is given to supervisors of Student Selected Components. During clinical assessment, students can be taught by a range of members of the clinical team – consultant supervisors, junior staff, senior medical, pharmacy, nursing, radiography staff etc. In these circumstances it is not possible to give feedback to each individual teacher as it is often not possible to identify who individuals are. The information provided on the NHS Education Scottish wide traffic light system feedback is returned to Hospital Sub Deans who then distribute to it to educational supervisors. There is a closed loop for this feedback – actions are discussed at the West of Scotland Regional ACT Priorities Group.

Recommendation 22

The Review Panel strongly recommends that the School ensures that all University staff, especially clinical academics, are made aware of their obligatory teaching responsibilities. *[paragraph 3.8.5]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

This is strongly supported at College level. A document has been produced outlining College support for teaching in Institutes endorsed by all Heads of Schools and Institutes and by the University (see appendix 3). This is currently being operationalized and monitored by the College Management Group. Joint University/NHS appraisal has been introduced for Clinical Academics and this includes appraisal of teaching responsibilities.

Updated response – October 2013

The College of MVLS Management Group (CMG) discussed the issue of managing teaching interactions between Schools and Institutes at its meeting on the 27th of February 2012. There was strong support, led by the Head of College, for the Position Statement included in our previous submission (attachment 9). The issue has been revisited on a number of occasions at subsequent CMGs since that date and support for the Position Statement has been further endorsed by the Head of College and CMG. In particular, it has been emphasized that all staff, unless specifically bought out by external funding, must contribute to teaching. The teaching interactions between Schools and Institutes have generally been positive but the issue will be discussed again at the CMG Away Day in November to assess if any amendments are required to the Position Statement or how it is implemented.

Return to University Tower Block
Academic Units of Surgery, Anaesthesia, Obstetric & Gynaecology, Human Nutrition (GRI & Yorkhill) & Geriatric Medicine

Janette McBride
Campus Administrator
Move & co-ordinate Staff to University Tower Block
GRI Campus
E-mail: Janette.McBride@glasgow.ac.uk Tel: 0141 211 5171

I am assisting Professor Paul Horgan, with the administration, planning and co-ordination of the above return of University Staff and Students (100+) to levels 2 & 3 at the New Lister Building, GRI. As there are over 400 people both University & NHS returning to this building and only one street level lift our move must be co-ordinated in conjunction with NHS Depts and Facilities to ensure as smooth as possible transition for all.

In this role I will be able to advise on timescales, progress, answer any questions you may have regarding this issue and liaise with each Section to co-ordinate set up of IT and phones etc and then the move to your new offices.

I continually meet with the architects, and attend NHS & University planning meetings. I have collated this information to pass onto all who have been allocated office space and keen to be updated on developments.

1	**Name of building & opening times**
2	**Proposed move date**
3	**Fire safety & badge/pass issue for access**
4	**Public areas**
5	**Communal areas**
6	**Meeting rooms**
7	**Office allocation**
8	**Wi-Fi**
9	**NHS ports/NHS Computers**
10	**Cycle Storage/locks**
11	**Not included in budget**
12	**Included in budget**
13	**Miscellaneous**

1   Name of building & opening times
THE NEW LISTER BUILDING
The main doors on Alexandra Parade will open from 0830-1700 hours, during these times, the main door and internal security doors to meeting rooms will remain open, at 1700 hours the main doors and internal security doors will be locked and only able to be entered with a key and security pass.
The building will be locked on NHS Public Holidays. There will be a 2 part-time NHS staff manning Reception 0900-1300 & 1300-1700 on Level 1.

2   Proposed Move Date for University Staff – Levels 2 & 3
The builders are on target to hand the project over on 29th November. AV, IT and Furniture fit out will take place early-mid December. Everyone concerned with the move was requested to submit a removal form to estimate the scale of the move. Removals by Clockwork Removal firm is planned for Monday 6th January 2014.

Gradual disposal of rubbish is requested by NHS clear by end of November/December. Offices must be left completely empty or Units will be charged by NHS.

Please begin a clear our process to remove paperwork/files/books that you are not taking with you over the next few months. We aim to have all waste removed from offices and corridors

by end of November/early December. The NHS wish to avoid congestion of the corridors/use of lifts between janitors and removal men.

John McWilliams: Room 27, ext: 2 5427 or john.mcwilliams@glasgow.ac.uk has a supply of yellow plastic disposable bags and confidential waste bags.

Please notify John, as and when you have bags/equipment to be disposed of as collection has to be booked via facilities help desk.

3   Fire Safety & badge/pass issue for access
Before anyone is given access to the building, all staff/students are required to attend an NHS Fire Safety Lecture, only after which access passes will be issued and activated. NHS will advise of dates at end of November/December for staff/students to attend.

4   Public Areas
There are several public areas that are to be used by both staff & students.
Computer Cluster Areas – for circa 48 people. MVLS has provided funding for 48 new PC's. This area will be furnished with PC's, tables and chairs. Students/staff can bring their laptop and work or have informal small group discussions. In this area there is an LCD TV adjacent to a meeting table that a laptop can be connected to and presentations etc can be practiced/discussed.

Lounge & Social Area for circa 104 people. This area will be furnished with chairs, sofas & tables, there will be a hot & cold water dispenser and vending machines in this area for all to use. There will be a LCD TV that will display notices and can remotely show the lecture from the main Lecture Theatre if required.

There are 76 coin activated lockers in this area for students to use.

5   Communal Areas
Kitchen
The kitchen will be fitted with lockable cupboards & a sink. There will be boiling hot/cold water dispenser suitable for drinking.

Toilets & Showers
There will be male/female/disabled toilets on level 2 & 3
In the same area there will be one male shower on Level 2, and a changing room with 64 coin activated lockers for staff/PG student use.
There will be one male & one female shower on level 3 with coin activated lockers provided.

Occupational Health Room
There will be a small Occupational Health Office/Quiet Room, which has only to be used for individual quiet time/if someone feeling unwell/prayers, i.e. no coffee/phones/meetings/ discussions. A comfy chair will be placed in this room.

Lecture/PBL/Meeting Rooms
MVLS has provided funding for 7 brand new PC's for the control PC in each of the Teaching Rooms

Drop in Admin Area
There is a room that has 6 desks & PC's that can be utilised by visiting staff or by staff from a shared office requiring to log-into their system etc if there is a private meeting going on within their shared office.

Photocopying Room
There will be four central network pphotocopiers for printing/copying use by all staff and students. These require University Staff ID/student cards and will be swipe operated. ID cards older than four years require replacing. If you do not require a new photo, new ID cards can be posted from HR to you. Please contact Susan McDaid, HR to arrange a new card, or for a new Photo to be taken, please visit University HR Reception, Gilbert Scott Building.
Susan.mcdaid@glasgow.ac.uk or telephone: 0141 330 3758

Storage Area
There are two storage areas on Level 2 to be shared by all Units re-locating to the New Lister Building. Large area is 48.7msq and the smaller area is 11msq.

6   Meeting Rooms
There are 7 bookable meeting rooms. Use of rooms are predominately for University students/staff based at GRI Campus.
All rooms must be booked using a room booking request form and e-mailed to Fiona Crichton Fiona.crighton@glasgow.ac.uk.

Room 1 – Small meeting room – 16 people (weekly Journal Clubs & Meetings)
Room 2 – PBL Room 1 – 8 people
Room 3 – PBL Room 2 – 12 people
Room 4 - Conference Room – 24 people
Room 5 – Seminar Room – 25 Places
Room 6 – Seminar Room – 25 Places
Room 7 – Lecture Theatre – 105 Places
We have 50 evaluation handsets for use in rooms 5, 6 & 7

Room 5 & 6 can be opened up and accommodate 50 places
Rooms 5. 6 & 7 can be linked and lecture projected into all rooms. 200 places

7   Office/Seating Allocation
Heads of Academic Units provided a list of names of those returning and requiring office space, and then approved the suggested allocations. I have used this list as my circulation list. If you know of anyone not receiving this document, but were expecting office space, they should contact me ASAP.
There is a detailed floor plan in my office (Room 24, Level 4, Walton Building) should you wish to see which office space you have been allocated.

8   WiFi
There will be Wi-Fi on levels 2 & 3 which will be available in all areas social/clusters/offices/ meeting & lecture rooms for staff and student use.

9   NHS Ports/Computers
Each Unit has an NHS Port for Research Fellow/Consultant use and those specifically identified by Head of Unit will be able to have one at their desk. Current NHS Port Users will have to bring their own NHS Computers and Printers. NHS are currently upgrading their PC's
To see if yours qualifies for an upgrade contact: Jacqueline Hunt/Alec Rough, Service Delivery Manager, Stobhill - Tel: 1 4129 e-mail: alex.rough@ggc.scot.nhs.uk no later than July 2013.

10   Cycle Storage/Locks
As bicycles will not be permitted in the new building/offices. Joint UNIV/NHS funding is being sought to provide lockable cycle storage at the front of the building. There will be bike stands located at the left hand side of the main entrance of the New Lister Building. The University has contributed up to £5,000 toward CCTV.

11   Not Included in Budget – Additional Funding required
Budget is still to be found for the following items, if anyone is aware of budget that can be made available please let me know.

Receptionist	Currently no post. Funding being sought for 2 x Modern Apprentice
Drop in Admin area	PC's – 6 required
Additional office keys	£10-£15 – or keypad (£250) for larger research rooms
Kitchen Area	Kettle, Microwave & Oven, Fridge, Toaster, crockery, Water cooler mmaintenance,
1-3 people offices	Notice Boards/Whiteboard

General	Planting & Art work

12   Included in Budget

To clarify, below is what is included in the build cost and what we will be provided with.

1-3 person office	2-3 keys, coat pegs, per desk space = 3 double sockets, 4 IT/telephone sockets, a desk, a chair, a drawer unit, a cupboard for filing or bookshelf, (a small meeting table & 2 chairs for 1 person offices only).
4 or more people	2-3 keys per office (additional require cut at a cost of £10-£15), coat pegs, - per desk space – 3 double sockets, 4 IT/telephone sockets, a desk, a chair, a drawer unit. In the room for all to use - whiteboard / notice board & a cupboard for filing/bookshelf.
Showers	1 male & 1 female shower on level 3 and one male shower on level 2 64 Coin activated lockers are provided on level 2 – TBC Level 3.
Kitchen Area	Lockable cupboards & sink (safe to drink) boiling and cold water dispenser
Coffee Area	Will be furnished with tables/chairs/sofas and have WIFI Access
Drop-in cluster areas	Will be furnished with 48 PC's, tables & chairs. Will have WiFi Access. 76 Lockers will be coin activated
Drop-in admin area	Will be furnished with table & chairs, and have WiFi Access

Lecture Theatre/Meeting Rooms Screens, projectors, control PC, chairs provided & IT ports

13   MISCELLANEOUS

Janitors: 50/50 NHS & University funding is still being sought to provide a Janitor on Level 1.
Receptionist Level 2: The College has not provided funding for a Receptionist post. Funding for a 2 x 2 year Modern Apprentice are being sought to contribute to reception duties.   There will be a telephone directory and a phone at the waiting area for guests to call when they arrive, Staff will come to reception and collect their own visitors and take them to their office until reception cover is finalised.
Fax machine. There will be one fax machine in the main admin office for all to use.
NHS Printer - there will only be one NHS printer available to NHS staff and this will be located in the main admin office for privacy/confidentiality reasons.
Clinical skills area Level 1 – this will be utilised by both NHS and Univ Staff booked via NHS
Lecture Theatre 1 & Seminar Rooms – Bookable via Medical Illustration
Telephone numbers – All staff will receive new telephone extensions.

Do you have any questions you would like to ask?

E-mail me: janette.mcbride@glasgow.ac.uk

University of Glasgow | College of Medical, Veterinary & Life Sciences

Move to New Lister Building

Mrs Janette McBride

University of Glasgow | College of Medical, Veterinary & Life Sciences

Consulted with

- Head of Academic Units / Admin Staff
  - obtained up-to-date list of staff / students requiring accommodation from these Units – room allocation approved
- IT / AV specialists, Technicians & Lecturers
  - Equipment specifications agreed, suit everyone's requirements and fall in line with School specifications
- LabTechnician / Prof McMillan
  - Level 3 - Teaching Lab area is fit for purpose
- Professor Christine Edwards
  - level 3 - lab requirements and room layout fit for purpose for PhD Students
- Furniture Contractors
  - To ensure all areas are suitably furnished
- NHS
  - re Telephone lines, Computers/Ports, Parking, Bike Sheds & Level 1 Reception
- Architects
  - Regular meetings to keep plans/requirements up-to-date

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Current Position

- Build on schedule – Building Contract due to end on 29th November
- AV / IT / Furniture Fit out – proposed early to mid December – orders are out to tender
- Staff Move date – anticipated Monday 6th January - Clockworks the furniture removal company have been advised – (might be able to have a staged move from Mid December - dependant on the installation schedule for AV / IT & Phone Technicians - TBC)
- NHS Fire Safety / Induction Sessions and Badge Issue. Early / mid December – dates TBC

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Updates

- All Staff
  - Notified of their new furniture allocation – as indicated per status report 22nd April 2013
  - Furniture removal form and disposal of rubbish request – circulated on 21st June 2013
  - Parking requests / application form – circulated 1st July 2013
- Reception & Support
  - Reception on Level 2 - TBC
  - General admin support will be available from 0900-1700 Monday to Friday
- Bookable teaching space
  - A Lecture Theatre, Seminar Rooms and Meeting Rooms to be booked using the circulated booking request form and e-mailed to Mrs Fiona Crichton, Administrator at GRI Campus. These teaching facilities are predominantly for the use of MVLS Students and Staff based on site.
- AV & IT
  - Drop in Computer Cluster Area & Meeting Rooms - Funding has been secured by the Medical School to supply 55 new computers
  - All bookable teaching space will have a control PC, NHS port and University Wi-Fi
  - We anticipate telephone & video conferencing available in two rooms. (small meeting room and lecture theatre – details to be confirmed)
  - The large lecture theatre can be connected to the two seminar rooms and lectures displayed
  - Hearing loops can be booked at reception for those with hearing difficulties

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Updates

- NHS
  - Telephone lines – everyone will receive a new number. Old numbers mapped across for maximum of 3 months, new number allocation and connection dates TBC – Staff must update their new number through HR Core to in order to ensure website contacts are correctly displayed
  - One NHS Port will be located at a "hot desk" in each Units Research office - NHS printed documents collected at main admin office
  - Current NHS PC's holders have been contacted and are liaising with NHS IT re upgrades
  - Level 1 – A Receptionist and or Janitor will be appointed by NHS 2 x part-time posts = full day cover
  - Bike Racks – circa 50 at front entrance of building, liaising with Univ re CCTV - tbc
- Communal Areas
  - Large Social/Lounge area, comprising of tables & chairs and sofa's
  - Photocopying area – 4 networked copiers in designate area, University Staff/Student Card required (cards older than 4 yrs to be replaced)
  - Large communal storage areas to be shared by all units
  - Occupation Health Room / Quiet Room – for use by all staff/students, i.e. If someone is feeling unwell etc, no meetings/telephones. A comfy chair will be provided
  - Kitchen provided with lockable storage cupboard for staff and long-term students use
  - Showers – 1 Male and 1 Female on Level 3. 1 Male shower on level 2 – lockers in both these areas
  - Lockers – there are 76 coin activated lockers for student use close to the social/computer cluster space

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Reception Cover

- Receptionist
- Rota of Admin Staff (? With U/G Administrator included)
- No cover with bell activation
- 4 month trial of Rota to determine need i.e. Undergraduate or Postgraduate

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Colour Scheme

- Colour Scheme set by NHS as part of way finding proposal

- Level 2 – Magenta
- Level 3 - Green

THE NEW LISTER BUILDING

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Level 2 - Colour Scheme

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Level 2 – Examples of furniture

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Architect's impression

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Thank you

Any questions:

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janette.mcbride@glasgow.ac.uk

Professor Mary Ann Lumsden
maryann.lumsden@glasgow.ac.uk

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New Lister Building - Room Descriptions

R2.34   Lister Lecture Theatre 3 – Has 105 Seats with tablets attached
Has Lectern, projector, 2x Fixed Frame Screens, Sound System, Video Conferencing System, 1 hand held microphone, one Tie clip microphone, Lectern and Lectern Microphone
Size 124.4m^2

R2.29   Seminar Room 1 – Has 25 seats with tablets attached
Has projector, Fixed Frame Screen, White Board, Sound System
This room is on the **left** as you face the two seminar rooms
Size 54.3m^2

R2.30   Seminar Room 2– Has 25 seats with tablets attached
Has projector, Fixed Frame Screen, White Board, Sound system
S This room is on the **right** as you face the two seminar rooms
Size 51.92m^2

     Seminar Room 1 & 2 Combined – Has removable partition wall and can have 50 seats with tablets attached.
Tie Clip Microphone, 2 x hand held microphones
Video & Audio Feed into Lecture Theatre 1

R2.39   Large Conference Room – Board Style – 24 seats with table in centre
Has projector, computer, Fixed Frame Flat Screen, white board, hearing system
Size 60.2m^2

R2.05   Meeting Room– Board style - Seats 16 people with table in centre.
Has projector, computer, Fixed frame screen, Sound system, and whiteboard
Size 29.3m^2

R2.47   Tutorial Room 1 – Board style – Seats 8 People with table in centre
Has projector, computer, and 55 Inch Flat Screen, whiteboard & Sound system. This room is on the **left** as you face the tutorial rooms
Size 18m^2

R2.48   Tutorial Room 2 – Board style – Seats 12 people with table in centre
Has projector, computer, 55 inch Flat Screen, whiteboard & Sound system. This room is on the **right** as you face the tutorial rooms
Size 28.7m^2

There is a mobile projection unit that can be booked
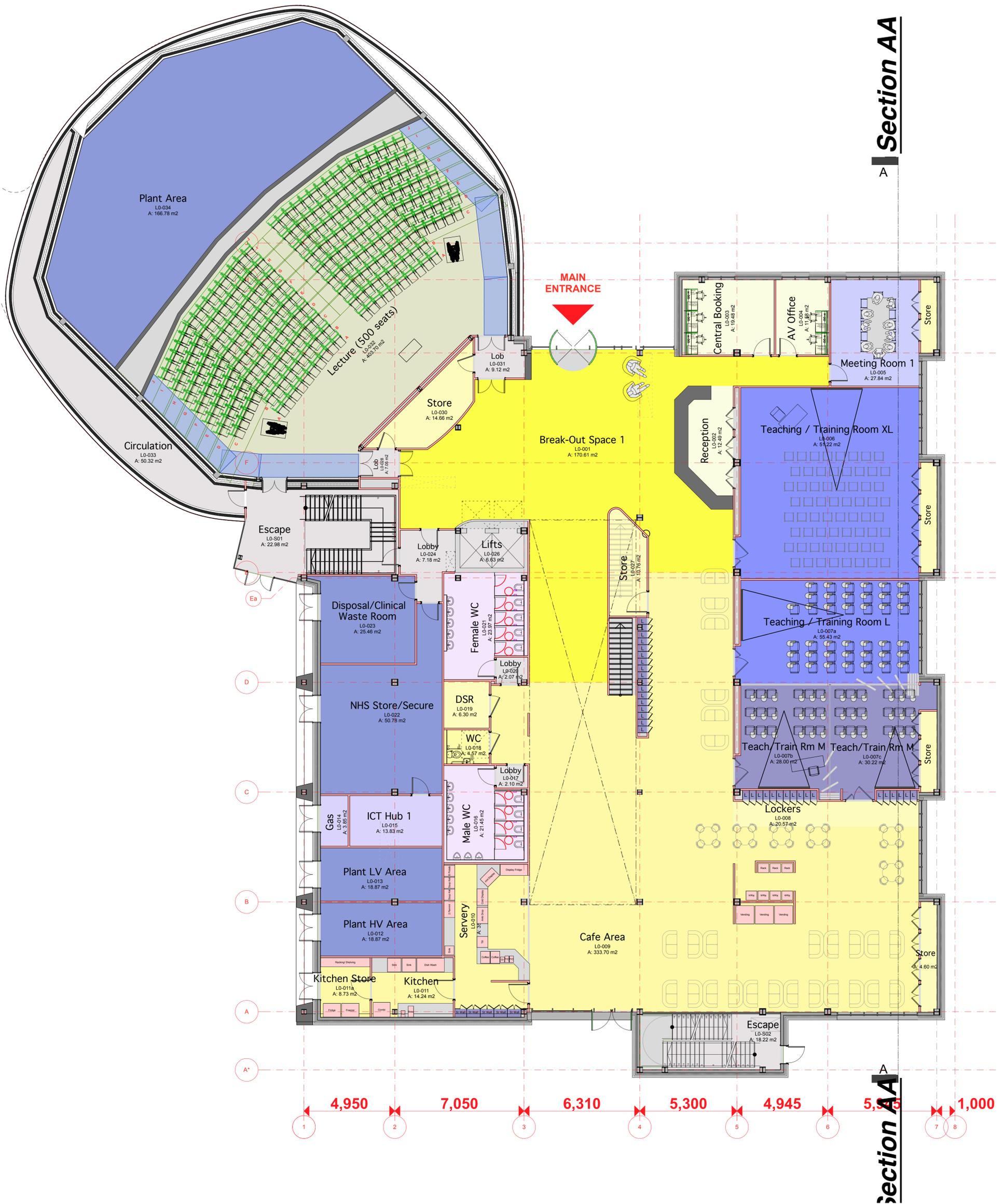There is a Hearing Aid System that can be booked

Lecture Theatre

Learning Block Collaboration Learning Block

Section AA

A

Plant Area
L0-034
A: 166.78 m2

MAIN ENTRANCE

Lecture (500 seats)
L0-032
A: 469.70 m2

Central Booking
L0-003
A: 19.48 m2

AV Office
L0-004
A: 11.86 m2

Store

Lob
L0-031
A: 9.12 m2

Meeting Room 1
L0-005
A: 27.84 m2

Circulation
L0-033
A: 50.32 m2

Store
L0-030
A: 14.66 m2

Lob
L0-029
A: 7.69 m2

Break-Out Space 1
L0-001
A: 170.61 m2

Reception
L0-002
A: 12.49 m2

Teaching / Training Room XL
L0-006
A: 51.22 m2

Store

Escape
L0-S01
A: 22.98 m2

Lobby
L0-024
A: 7.18 m2

Lifts
L0-026
A: 6.63 m2

Store
L0-027
A: 10.76 m2

Teaching / Training Room L
L0-007a
A: 55.43 m2

Ea

Disposal/Clinical Waste Room
L0-023
A: 25.46 m2

Female WC
L0-021
A: 23.97 m2

Lobby
L0-020
A: 2.07 m2

D

NHS Store/Secure
L0-022
A: 50.78 m2

DSR
L0-019
A: 6.30 m2

WC
L0-018
A: 4.57 m2

Teach/Train Rm M
L0-007b
A: 28.00 m2

Teach/Train Rm M
L0-007c
A: 30.22 m2

Store

C

Gas
L0-014
A: 3.85 m2

ICT Hub 1
L0-015
A: 13.83 m2

Male WC
L0-016
A: 21.45 m2

Lobby
L0-017
A: 2.10 m2

Lockers
L0-008
A: 20.57 m2

Plant LV Area
L0-013
A: 18.87 m2

B

Plant HV Area
L0-012
A: 18.87 m2

Servery
L0-010
A: 35.— m2

Cafe Area
L0-009
A: 333.70 m2

Store
A: 4.60 m2

Kitchen Store
L0-011a
A: 8.73 m2

Kitchen
L0-011
A: 14.24 m2

A

Escape
L0-S02
A: 18.22 m2

A*

4,950	7,050	6,310	5,300	4,945	5,3	1,000

1   2   3   4   5   6   7 8

Section AA
A

bmj architects

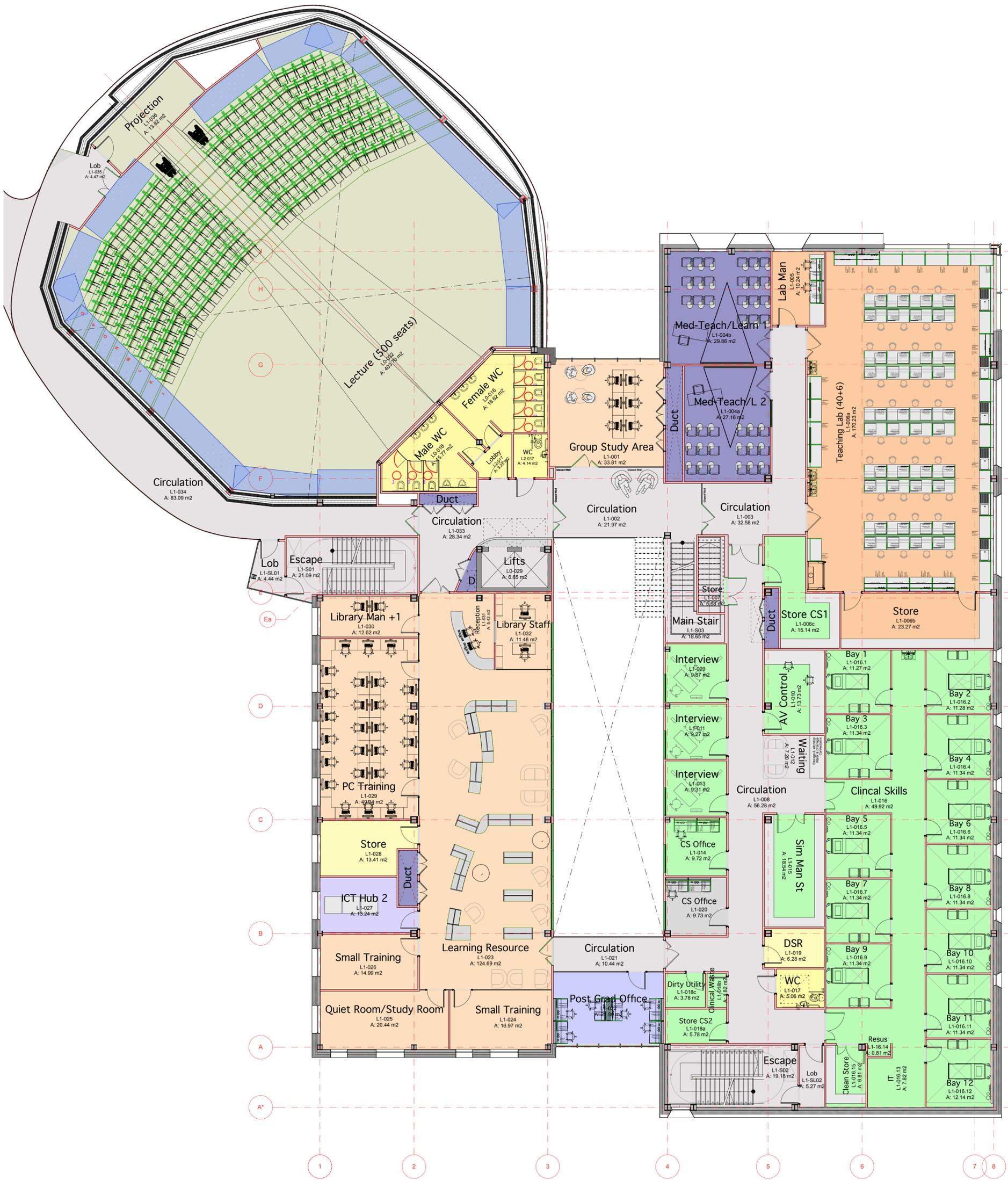NHS Greater Glasgow and Clyde

University of Glasgow

SOUTHERN GENERAL HOSPITAL REDEVELOPMENT

NEW TEACHING & LEARNING FACILITY

LEVEL 0 PLAN
(GROUND FLOOR)

bam

Scale	1:100@A1	Job No	Dwg No
Date	Feb 2013	2907	AL(00)04.K
Drawn	RKD/WE		© COPYRIGHT

Projection
L1-036
A: 13.82 m2

Lob
L1-035
A: 4.47 m2

Lecture (500 seats)
L1-032
A: 460.16 m2

Circulation
L1-034
A: 83.09 m2

Female WC
L1-018
A: 18.62 m2

Male WC
L1-019
A: 18.77 m2

Lobby
L2-017

WC
L2-017
A: 4.14 m2

Group Study Area
L1-001
A: 33.81 m2

Duct

Circulation
L1-033
A: 28.34 m2

Circulation
L1-002
A: 21.97 m2

Circulation
L1-003
A: 32.58 m2

Med-Teach/Learn 1
L1-004b
A: 29.86 m2

Med Teach/L 2
L1-004a
A: 27.16 m2

Lab Man
L1-005
A: 10.24 m2

Teaching Lab (40+6)
L1-006a
A: 170.23 m2

Lob
L1-SL01
A: 4.44 m2

Escape
L1-S01
A: 21.09 m2

Lifts
L0-029
A: 6.65 m2

Store
L1-007
A: 2.68 m2

Main Stair
L1-S03
A: 18.65 m2

Duct

Store CS1
L1-006c
A: 15.14 m2

Store
L1-006b
A: 23.27 m2

Library Man +1
L1-030
A: 12.62 m2

Reception

Library Staff
L1-032
A: 11.46 m2

Interview
L1-009
A: 9.87 m2

AV Control
L1-010
A: 13.73 m2

Bay 1
L1-016.1
A: 11.27 m2

Bay 2
L1-016.2
A: 11.28 m2

PC Training
L1-029
A: 49.84 m2

Interview
L1-011
A: 9.27 m2

Waiting
L1-012
A: 20 m2

Bay 3
L1-016.3
A: 11.34 m2

Bay 4
L1-016.4
A: 11.34 m2

Store
L1-028
A: 13.41 m2

Duct

Interview
L1-013
A: 9.31 m2

Circulation
L1-008
A: 56.28 m2

Clincal Skills
L1-016
A: 49.92 m2

Bay 5
L1-016.5
A: 11.34 m2

Bay 6
L1-016.6
A: 11.34 m2

ICT Hub 2
L1-027
A: 13.24 m2

CS Office
L1-014
A: 9.72 m2

Sim Man St
L1-015
A: 18.5 m2

Bay 7
L1-016.7
A: 11.34 m2

Bay 8
L1-016.8
A: 11.34 m2

Small Training
L1-026
A: 14.99 m2

Learning Resource
L1-023
A: 124.69 m2

CS Office
L1-014
A: 9.73 m2

Circulation
L1-021
A: 10.44 m2

Clinical Waste
L1-01b
A: 6.82 m2

DSR
L1-019
A: 6.28 m2

Bay 9
L1-016.9
A: 11.34 m2

Bay 10
L1-016.10
A: 11.34 m2

Quiet Room/Study Room
L1-025
A: 20.44 m2

Small Training
L1-024
A: 16.97 m2

Post Grad Office

Dirty Utility
L1-018c
A: 3.78 m2

Store CS2
L1-018a
A: 5.78 m2

WC
L1-017
A: 5.06 m2

Bay 11
L1-016.11
A: 11.34 m2

Escape
L1-SD2
A: 19.18 m2

Lob
L1-SL02
A: 5.27 m2

Clean Store
L1-016.15
A: 6.81 m2

Resus
L1-16.14
A: 0.81 m2

IT
L1-016.13
A: 7.82 m2

Bay 12
L1-016.12
A: 12.14 m2

Section AA

A

Room labels:

Med-Teach/Learn 1
L2-005
A: 38.11 m2

Large-Teach/Learn 1
L2-006
A: 57.13 m2

Med-Teach/L 2
L2-004
A: 27.93 m2

Large-Teach/Learn 2
L2-007
A: 56.78 m2

Female WC
L2-0f6
A: 8.82 m2

Male WC
L2-0f5
A: 8.77 m2

Lobby
L2-02f

WC
L2-017
A: 4.14 m2

Meeting Room 2
L2-001
A: 32.27 m2

Med-Teach/Learn 3
L2-008
A: 27.16 m2

Lob
L2-SL01
A: 19.12 m2

Duct

Circulation
L2-025
A: 46.45 m2

Circulation
L2-002
A: 33.69 m2

Circulation
L2-003
A: 107.29 m2

Escape
L2-S01
A: 16.51 m2

Lifts
L0-029
A: 6.65 m2

Store
L2-009
A: 9.83 m2

Duct

Main Stair
L2-S03
A: 17.60 m2

Large-Teach/Learn 3
L2-011
A: 56.74 m2

Ea

ICT 1 (NHS)
L2-028
A: 62.79 m2

ICT 2 (UofG)
L2-027
A: 62.27 m2

Resus Training 1
L2-010
A: 27.81 m2

Large-Teach/Learn 4
L2-013
A: 56.74 m2

Resus Training 2
L2-012
A: 27.81 m2

Office Store & Print
L2-024
A: 13.41 m2

Large-Teach/Learn 5
L2-015
A: 56.77 m2

ICT Hub 3
L2-022
A: 13.24 m2

Duct

Kitchen/Staff Room
L2-023
A: 30.57 m2

Resus Training 3
L2-014
A: 28.09 m2

DSR
L2-018
A: 6.10 m2

Large-Teach/Learn 6
L2-018
A: 61.16 m2

Open Office (24)
L2-021
A: 117.71 m2

Store
L2-020
A: 20.94 m2

WC
L2-017
A: 4.60 m2

Escape
L2-S02
A: 20.04 m2

Lob
L2-SL02
A: 5.63 m2

Store
L2-019
A: 5.87 m2

Section AA

Grid references: J H G F E D C B A A* / 1 2 3 4 5 6 7 8

Revision table:

Rev	Description	Date
B	Lecture Theater replanned to provide link bridge interface at level 1 on external face of theatre wall, Projection area, DDA spaces & stores added to lecture theater. Fire escapes amended adjacent to lecture theatre area. WC's added to lecture theatre area.	05/11/12
C	Configuration & orientation of XL Training/ Teaching Rooms Changed, Acoustic folding partitions in XL rooms removed. Staff Facilities & Kitchen removed from plan. Lift locations changed and main stair arrangement amended. Reception area amended to create link to central booking office. 1 No meeting room relocated to reception area from Office area on level 2. Indicative locker provision added. WC provision amended and location/access changed. Disposal room access made independant of NHS store. Kitchen/Servery/cafe area replanned to suit. Accessible WC's added.	06/11/12
D	Lecture Theatre amended following consultation with the University of Glasgow. (Brian Husband)	08/11/12
E	Drawing Previously AL(Op2)01.A, Drawing updated to reflect revisions made to internal planning to increase internal efficiency and create internal Light Well. Reconfiguration of lifts and main staircase, Central circulation zone and lightwell reduced in width, Kitchen & Servery layout amended to	23/11/12
	make provision for required plant areas, locker provision provided and WC's replanned to provide adequate provision	
F	Ground Floor Plan updated to reflect revisions made to internal planning to increase internal efficiency.	25/02/13
G	Second Floor Plan updated to reflect revisions made to internal planning layout following User Group Meetings	13/03/13
H	Second Floor Plan updated to reflect revisions made regarding service risers and ducting	22/03/13
I	Floor plan updated to incorporate M&E service risers + structural column positions	08/04/13
J	Escape stairs amended	10/05/13

ARIDHIA SPACE

INCUBATOR LABORATORIES (5No. with Offices)

SMART LABORATORY INNOVATION CENTRE

STRATIFIED MEDICINE INNOVATION CENTRE

Aridhia Incubator Unit
A: 103.79 m2

Teapoint

Pod 1
L3-007a
A: 5.27 m2

Pod 2
L3-007b
A: 6.72 m2

Storage Wall

Meeting
A: 19.32 m2

MFD & Store

Reception
A: 18.00 m2

Meeting Room
L3-001
A: 32.23 m2

Female WC
L3-040
A: 15.62 m2

Male WC
L3-039
A: 5.77 m2

Lobby
L3-???

WC
L3-038
A: 4.14 m2

Duct

Circulation
L3-002
A: 33.69 m2

Circulation
A: 107.29 m2

Lab Unit 2
A: 52.05 m2

Lab Unit 3
A: 52.05 m2

Lab Unit 4
A: 52.05 m2

Lab Unit 5
A: 52.20 m2

Lab Unit 6
A: 52.20 m2

Lob
L3-SL01
A: 15.97 m2

Escape
L3-S01
A: 16.51 m2

Circulation
L3-037
A: 46.45 m2

Plant Stair
L3-S04
A: 10.26 m2

Duct

Main Stair
L3-S03
A: 17.60 m2

Receiving
L3-035
A: 13.76 m2

Ultrapure Water Sys

Blood Fridge

Vens Cut

Office
L3-034
A: 15.02 m2

Office
L3-033
A: 15.09 m2

Office
L3-032
A: 15.09 m2

Office
L3-030
A: 15.09 m2

Office
L3-029
A: 15.17 m2

Sample Collec & Lib
L3-031
A: 44.41 m2

Circulation
L3-036
A: 37.73 m2

Lab 2 Office
A: 21.38 m2

Lab 3 Office
A: 19.24 m2

Lab 4 Office
A: 19.24 m2

Lab 5 Office
A: 19.21 m2

Template Prep
L3-028
A: 7.28 m2

Duct

Open Office
L3-027
A: 23.84 m2

Reagent Store
L3-026
A: 10.85 m2

Clin Was
L3-025
A: 6.82 m2

Sequencing / Sample
L3-024
A: 49.96 m2

Client Area
L3-023
A: 32.94 m2

ICT Hub / Data Centre
L3-019
A: 29.73 m2

Data Cen Lobby
L3-021
A: 8.06 m2

Lab 6 Office
A: 25.65 m2

Duct

DSR
L3-022
A: 6.76 m2

WC
L3-020
A: 5.27 m2

Escape
L3-S02
A: 19.15 m2

Lob
L3-SL02
A: 5.36 m2

Rev		Date	Rev		Date	Rev		Date
Rev **A** RKD	Floor plan updated to incorporate M&E service risers + structural column positions	08/04/13						
Rev **B** RKD	Floor plan updated to reflect revisions made to the Incubator Laboratories	08/05/13						
Rev **C** RKD	Drawing updated to reflect requirements discussed with Aridhia. Plant access stair designed.	10/05/13						

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University of Glasgow

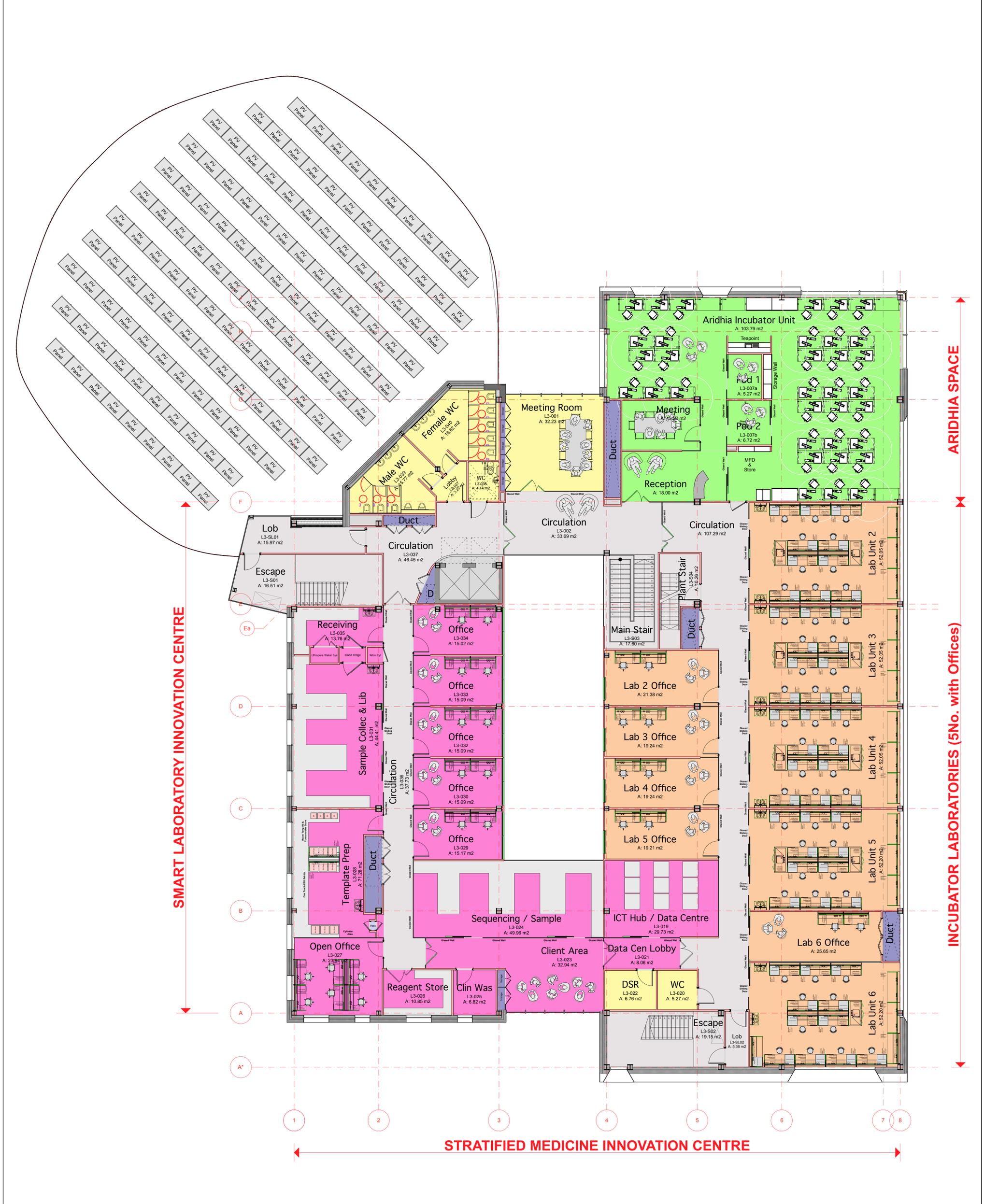SOUTHERN GENERAL HOSPITAL REDEVELOPMENT

NEW TEACHING & LEARNING FACILITY

LEVEL 3 PLAN
(THIRD FLOOR)

bam

Scale	1:100@A1	Job No	Dwg No
Date	Mar 2013	2907	AP(00)07.C
Drawn	RKD		© COPYRIGHT

Scottish Trainer Framework

Executive Summary

The Scottish Trainer Development Framework applies to all clinical teachers and trainers, both undergraduate and postgraduate, working in primary, other community or secondary care settings.

The Framework is designed to support all Scottish Trainers in meeting the GMC Trainer Recognition & Approval arrangements and GMC Approval of GP Trainers regulation, whether they are seeking recognition or approval for their role in a Scottish Health Board or Scottish Medical School. As such it will ensure that the Education Organisers (NES Postgraduate Deaneries and Scottish Medical Schools) have a single framework within which to operate. Furthermore, it will support the Medical Schools in discharging their additional duties to provide support and training for all teachers as stated in Tomorrow's Doctor's 2009. It will provide guidance for Boards, Medical Schools and Deaneries as they set up local trainer development initiatives.

For individual teachers and trainers, the Framework demonstrates how a portfolio of evidence for trainer appraisal could be structured and accredited, and for employers, it provides guidance on job planning and educational tariffs. The framework sets out a structure for the delivery of educational training to trainee doctors. Experienced trainers are not expected to work through the framework in its entirety, but will find it helpful in maintaining their skills for existing roles or developing them for future roles.

Section 1 of this document gives some background to the project, including the information about the scholarly work conducted in Scotland by the Faculty Development Project Working Groups 1 & 3.

Section 2 sets out the Framework, with expected competences, recommended training and examples of experience / evidence which would be expected at each stage of a trainer's career. It also includes the mandatory requirements for recognised / approved trainers.

Section 3 provides guidance for those selecting, recognising and approving trainers.;

Section 4 consists of references to other documents and a series of appendices with templates and examples for use by trainers or those involved in recognising and approving them.

Section 1: Context

Introduction

In 2010 the National Faculty Development Project was set up with the aim of preparing a Faculty Development Plan for Scotland which would:

- meet in full the emerging requirements of the GMC for undergraduate and postgraduate medical education and be kept under review as these requirements are refined.
- meet the needs of all teachers and trainers in Scotland including consultants and other hospital-based non-training doctors (e.g. SAS group), GPs, trainee doctors and other professional groups and also recognise additional competences required for specialist teaching roles.
- be realistic in terms of what can be achieved in the short term for existing teaching and training staff.
- allow maximum local flexibility to determine the mix of programmes best suited to meet local needs within a national framework.
- incorporate a blend of face-to face and on-line teaching, recognising that much will be learnt experientially in the workplace on the job.
- allow for continuous review and updating of the programmes and their content.
- be supported by clear attainment and accreditation arrangements.
- incorporate a national electronic recording system which would capture training undertaken in respect of all programmes incorporated into the plan and provides relevant reports to stakeholders.
- include a supporting implementation plan agreed with stakeholders to ensure proposals are fully costed and funding identified within existing resources

The project was set up with representation from the Territorial Health Boards via the Directors of Medical Education (DME) Group; the Medical Schools via the Scottish Deans' Medical Education Group (SDMEG); the Postgraduate Deaneries via the NES Medical Directorate Executive Team (MDET); and also with NES via the Medical ACT Working Group (MAWG). The project was co-ordinated by NES and ran in four concurrent workstreams:

Working Group 1 conducted a thorough review of existing competency frameworks and carried out a large scale consultation of Scottish teachers and trainers to establish which teaching competences were considered priority areas across Scotland.

Working Group 2 reviewed existing provision to determine to what extent it covered the competences established by Group 1 and the areas identified by the GMC for trainer recognition or approval. They also explored options for accreditation and use of online training packages to supplement face-to-face delivery.

Working Group 3 was responsible for producing a costed implementation plan which would meet GMC requirements within the identified timescale. This work included the evaluation of several pilot projects.

Working group 4 were tasked with developing an electronic recording system to ensure all data regarding teaching and training could be captured and shared centrally, minimising effort required by individuals.

Rationale

This Framework has been produced so as to simplify the demands being made on clinical teachers and trainers. In particular, it aims to ensure that individual trainers with more than one role (e.g. post graduate and undergraduate) receive cross-recognition by Education Organisers for training undertaken, thus avoiding duplication of effort.

There are potential benefits for individual teachers and trainers, and for those involved in the management and delivery of education and training, in managing a staff development project across Scotland that meets the requirements of all relevant partners - Medical Schools, PG Deaneries and the service.

In addition to delivering a solution to meeting GMC standards and requirements, we echo the London Deanery's aspiration to provide "quality enhancement, rather than just quality control to a threshold" (London Deanery, 2010). This Framework addresses both minimum standards for regulation and ongoing development and support needs of trainers.

Regulatory context

This Framework sits within the context of the GMC's regulatory framework. There are a number of key GMC documents which make requirements of Education Organisers, Local Education Providers and individual trainers, including:

Approval of GP Trainers (Medical Act 1983)

The GMC is required by the Medical Act, 1983 to approve GP trainers. To do this, they need to receive relevant information on GP trainer posts which need approval, re-approval or withdrawal by deaneries. They advise deaneries to continue usual quality management processes and re-selection of GP trainers to ensure the standards are maintained. They will quality assure this via the Quality Improvement Framework.

Recognising and approving trainers: the implementation plan (GMC 2012)

This document identifies four groups of trainers who **must** be recognised at both postgraduate and undergraduate level, across both primary and secondary care settings. By 2016 the GMC aims to formally approve these trainers in a similar fashion to GP trainers.

The Trainee Doctor (GMC 2011)

This document defines standards which must be met by those involved in supervising postgraduate training, including foundation, specialty and GP trainees. All "named" postgraduate supervisors will be covered by the Scottish Trainer Framework.

Tomorrows Doctors (GMC 2009)

Tomorrow's Doctors applies to undergraduate medical education and in addition to the roles requiring GMC approval, requires medical schools to ensure that *"everyone involved in educating medical students will be appropriately selected, trained, supported and appraised"*.

Developing teachers and trainers in undergraduate medical education (GMC 2011)

Supplementary advice for medical schools to help them identify who is covered by the Tomorrow's Doctors requirements and what might be involved in selecting, training, supporting and appraising them.

Good Medical Practice (GMC 2013)

Good Medical Practice provides guidance for individual doctors. It indicates that all doctors should be prepared to contribute to teaching and training and states that "you must be competent in all aspects of your work, including management, research and teaching".

Leadership and management for all doctors (GMC 2012)

Leadership and management for all doctors sets out the wider management and leadership responsibilities of all doctors in the workplace, including responsibilities relating to teaching and training.

Mapping to other standards and curriculum guidance

The Framework maps directly to the Academy of Medical Educators' Framework for Supervisors (AoME 2010) which has been adopted by the GMC as their Framework for Trainer recognition and approval (GMC, 2012). It also takes into account other relevant GMC regulations and guidance as described in the section on 'Regulatory Context'.

In addition, a number of other standards and guidelines were taken into account during the 'Core competences' consultation conducted by Working Group 1, including:

- UK Foundation Programme Curriculum (UKFPO 2010)
- Academy of Medical Royal Colleges Common competences framework for doctors (AoMRC 2009)
- Academy of Medical Educators' Professional Standards (AoME 2009)
- Higher Education Academy UK Professional Standards Framework (HEA 2006)

This has allowed us to make the Framework relevant for doctors at all stages of training and across the whole range of educational roles.

Scope

The Framework applies to anyone holding a teaching or training role requiring GMC recognition or approval. It will also be useful to those planning a career in medical education, including trainee doctors or those wishing to become recognised or approved trainers, and to those teachers and trainers in non-recognised roles.

It applies to both primary, other community and secondary care clinicians, and those teaching and training both undergraduate students and postgraduate trainees. It does not apply to non-clinician teachers delivering medical teaching although we expect that they will find it helpful.

Definitions

Throughout this Framework we will use the term '**medical trainer**' as defined by the GMC (2012) to mean "an appropriately trained and experienced doctor who is responsible for the education and training of medical students and/or postgraduate medical trainees which takes place in an environment of medical practice". We will use this term to refer to any medical teacher or trainer.

We will also refer to the approved trainer roles defined by the GMC:

Postgraduate

A **Named Educational Supervisor** is "responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement or series of placements" (GMC, 2012)

A **Named Clinical Supervisor** is "responsible for overseeing a specified trainee's clinical work throughout a placement in a clinical or medical environment"

Other doctors will have a role in supervising specific episodes of practice. These doctors will not require formal recognition, although they should develop any skills required for their role as described in Good Medical Practice (GMC 2013). We will refer to these doctors as **Supervising Clinicians** to distinguish them from Named Clinical Supervisors.

Undergraduate

Two roles are defined by the GMC. Those "responsible for overseeing student's trajectories of learning and educational progress", and those responsible in each LEP "for co-ordinating the training of students, supervising their activities and ensuring these activities are of educational value". In practice these roles often overlap and have different titles in different Schools, so the Scottish Deans' Medical Education Group (SDMEG) have agreed on three broad categories of trainers who will be referred to in this Framework and who will be approved for GMC purposes by each Scottish School.

Year leads / directors are those responsible for overseeing a specific year or years of the curriculum, including both the teaching and assessment of students within this group.

Module / block leads are those with responsibility for a specific section of the curriculum within the larger programme, again including both teaching and assessment.

Senior roles in education delivery include teaching deans, DMEs, teaching leads and others with responsibility for specific aspects of teaching and / or assessment.

Each School will provide a list of titles in use locally for these roles.

Other terms

We will also use **Education Organiser** (EO) as a generic term for the Scottish Medical Schools and Deaneries responsible for organising training and **Local Education Provider** (LEP) for Health Boards, including GP practices, providing clinical placements for students or trainees.

Scholarship

As part of the project, a large-scale consultation of the Scottish clinical workforce was conducted, along with a rapid evidence assessment of existing Faculty Development initiatives. These are described below. Additionally, the project drew heavily on the standards and guidelines described above and the Scottish Consultant survey conducted by NES (NES 2007).

Consultation

A draft list of 80 core teaching competences for all consultants and GPs involved in teaching in Scotland was compiled from the literature, refined over a series of meetings and, following consultation, was made available as an online survey to key stakeholders. Respondents were asked to rate each competency on a 4-point scale in terms of how important they thought it was for all consultants and GPs working in Scotland who are involved in teaching. 1,026 individuals responded to the survey, representing a broad range of undergraduate and postgraduate clinical teachers, supervisors, academics, training programme directors and DMEs.

The responses allowed the competences to be ranked and prioritised, and the exceptionally large number of free-text responses which were collected as part of the survey were also analysed. These related particularly to the topic being controversial and emotive, concerns about time constraints for undertaking training, perceived difficulty in demonstrating certain competencies, specific concerns about the wording and presentation of the competencies, concerns that defining core competences in this way may be counterproductive, and that defined competences may not be appropriate for all doctors.

Literature review

Working group three conducted a rapid evidence assessment, aiming to look at available literature on faculty development programmes and their effectiveness by updating the work carried out by the Best Evidence in Medical Education (BEME) group (Steinert 2006).

Methods: To replicate the BEME strategy as closely as possible Medline was searched using the same keywords. After limiting the search to journal articles, English language and between the years 2001-2012, 1918 articles were found. 183 were found to be relevant enough for abstract review with 155 then excluded (as they were either not relevant to faculty development in teaching or did not include data on how effective the intervention of faculty development had been). The final 28 papers were then analysed and coded using the BEME standardised coding sheet and information was gathered on what levels of the Kirkpatrick model they covered.

Results: Of the 28 studies found for inclusion, they described 24 faculty development programmes (with four programmes having had two studies each). Of the programmes described, over half took place in America and the majority were in the format of workshops or longitudinal programmes. Most programmes aimed to improve general teaching skills and were largely assessed for success by analysing a change in learning and behaviour (both 86%). All studies were quasi-experimental in their analysis of effectiveness with 64% using a questionnaire as their only data collection tool, 71% also only looked at the self-assessment of participants. In all methods of programme delivery results were largely positive in the areas of outcome assessed although not all statistically significant. Few programmes looked at change in organisational structure or student/ junior doctor impact with those that did producing mixed results.

Discussion: Large variations in methods of delivering a faculty development programme were found in many countries proving the widespread recognition of the need for looking into this issue. All studies gave positive results in different ways making it difficult to say which method is most effective or finding how to create the ideal programme. The use of needs assessment with clear aims for the goals of a programme suited to the specific circumstances is most likely to result in a successful programme. Limits included researcher bias and lack of time in carrying out the study as well as the studies themselves having small sample sizes and occasional low response rates. There was also a lack of objective assessment tools. Strengths include the use of the tested BEME guideline methods, which allowed the comparison of this study's papers to those of the BEME guideline

Section 2: The Framework

We have organised this Framework to make it accessible to aspirant and existing trainers at a number of different entry points. Figure 1 shows the standard clinical career progression and some teaching and training roles commonly undertaken at each level, though there will inevitably be individual variation in the scope of educational involvement at each stage. The table principally sets out generic skills that the majority of doctors will require at one point or another throughout their careers, but more specialist knowledge and skills that may be required for specific teaching roles are also listed. We recognise that not all doctors will hold these more specialised roles. The exact skills and training required by an individual will depend on:

- Stage of career
- Formal involvement in teaching / training, including any roles requiring specialist skills
- The balance of UG/PG training provided
- Future career aspirations

If you are in a role requiring specialised skills you should make sure you have the appropriate training and experience.

Using the Framework

The Framework may be used by:

- Individuals who aspire to become recognised or approved trainers
- Individuals who are currently trainers and seek recognition [pre-July 2014]
- Individuals who are recognised or approved trainers who seek to maintain their trainer competences [post-July 2014]
- Individuals who seek advanced competences over and above those required for recognition or approval
- those involved in developing local trainer development programmes
- those responsible for selecting and appraising trainers
- those responsible for recognising and approving trainers
- those responsible for trainers' job planning

The Framework aims to encourage development of competence rather than the tick-box exercise of attending mandatory training. Alternative routes are offered to provide evidence of attainment wherever possible.

This document provides a high level summary of the Framework contents. The full Framework can be accessed online at [WEB ADDRESS TO BE INSERTED]
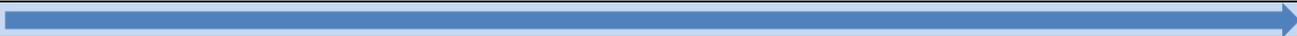
Figure 1: Changes in skill set required throughout clinical career progression chart

Clinical career progression →				
Medical Student	Foundation Doctor	Specialty trainee Y1-2/3 (including GP) / Specialty traineeY3/4-8		Consultant
			Early career SAS doctor	GP
				Experienced SAS doctor

Educational career progression →				
Peer tutor	Standard teaching / assessor roles		Approved trainer roles	Educational leadership roles

Presenter (clinical meetings)

	1:1 teacher					
	Role model					
	Small group tutor					
	Clinical assessor (Supervised Learning Events)					
		Assessor (WBA)				
		Mentor				
			Lecturer			
			Examiner (OSCE / Portfolio)			
			Personal tutor			
				GP tutor		
					Named educational supervisors	
					Named clinical supervisors	
					Module / Block leads	
					Subdeans / NHS teaching leads	
						Training programme directors (PG)
						Year leads (UG)
						Teaching Dean
						Postgraduate dean
						Director of medical education / ADME
						Associate dean

Range of teaching skills required

Peer tutoring	Small group teaching (Managing a small group)	Small group teaching (planning and delivering teaching)		
Skills teaching				
Presentation skills (short, clinical presentations)		Large group teaching		Advanced presentation skills
	Patient-centred teaching			
	Giving feedback		Appraisal	
	Informal evaluation of teaching	Formal evaluation of teaching	Evaluating a course	Quality assuring a programme
	Supervised learning events	Conducting WBA	Basic assessment principles	Standard setting	Advanced assessment (blueprinting, appeals etc.)
			Recognising doctors in difficulty	Supporting doctors in difficulty
			Mentoring	
			Conducting needs assessment	
			Lesson planning	Course planning	Curriculum planning
			Working within a teaching team	Working within curriculum guidelines	Working within regulatory frameworks
				Engaging in educational scholarship	Conducting educational research

Figure 1: Changes in skill set required throughout clinical career progression

Generic Skills for all doctors involved in teaching

Regardless of stage of career or specific role, there are a number of generic skills required by every doctor who comes into contact with medical students or trainees. Many of these skills are not specific to your teaching role and will be acquired elsewhere in your clinical practice. You should make sure you are up-to-date in all of the following areas:

- Professionalism
- Information Governance
- Principles of Dignity Equality and Diversity
- Principles of copyright and use of electronic media, including discussion forums within the healthcare context

Foundation Doctors

The Foundation Programme Curriculum (UKFPO 2012) states that:

"Foundation doctors will be expected to acquire and develop the skills needed to deliver teaching and mentoring effectively. This includes understanding the basic principles of adult learning. They must recognise that teaching skills also apply to interactions with patients/relatives e.g. when explaining illness to patients/relatives/carers. The acquisition of teaching skills should be documented in the e-portfolio and feedback should be sought on the quality of teaching using the 'developing the clinical teacher' SLE as well as from those receiving the teaching.

Section 5 of the Foundation Programme syllabus is entitled 'Teaching and training' and describes outcomes and competences for Foundation doctors. We have mapped them against the GMC's Framework areas and made some recommendations about the training and experience that Foundation Doctors working in Scotland should aim to complete.

Specialty training

We have broken specialty training into two parts. Part 1 includes all trainees within the first 3 years of their training programme, whether they are in an uncoupled or run-through programme or training to become a General Practitioner, while . Part 2 includes all trainees from year 4 onwards of their training programme. The teaching outcomes for this stage of training have been drawn from the Academy of Medical Royal Colleges' Common Competence Framework for Trainees (AoMRC 2009). We have made some minor modifications to the wording of some statements to represent the opportunities available to **all** trainees in Scotland. Individual specialties may have additional requirements and it is important that trainees consult their own curricular documentation. As with Foundation Doctors, we have mapped the expected competences against the GMC's Framework areas and made recommendations about we expect the majority of trainees working in Scotland to achieve by midway through and at the end of their training programme.

Consultants, GPs & SAS doctors

We have used the data gathered from a national consultation of Scottish trainers and teachers to produce a Framework for doctors to help guide their professional development as educators. Many of the competences will have been achieved during UK specialist training and this Framework should be seen as providing guidance rather than as a tick box exercise. Those doctors who did not complete specialist training in the UK may find it helpful to start with Part 1 or Part 2 of the Framework as it applies to specialty trainees

1. Standards for all non-trainee medical staff involved in medical education

The vast majority of non-trainee medical staff will be involved in teaching or training in some capacity. This may not be through a formal teaching role but could include supervising a trainee performing a practical procedure; having a student in clinic or on a ward round or conducting the occasional workplace-based assessment. Our survey identified 18 competences that were felt to be essential for **everyone** involved in teaching or training. These should be seen as the minimum standard on which to build.

Ensuring safe and effective patient care through training

- Discharge educational duties whilst maintaining the dignity & safety of patients at all times
- Balance the needs of service delivery with education and manage time appropriately

Establishing and maintaining a learning environment

- Comply with relevant legislation
- Demonstrate commitment to supporting learners of all disciplines and stages of training, remain accessible and approachable when supervising and protect scheduled teaching time
- Act to ensure equality of opportunity for students, trainees, staff and professional colleagues

Teaching and facilitating learning

- Demonstrate an appropriate grasp of subject material / content to be taught
- Plan and deliver teaching involving patients
- Involve learners in actual practice appropriate to their stage of learning and within the bounds of their competence
- Encourage learners to reflect on their experiences and practice

Enhancing learning through assessment

- Provide timely and effective feedback to learners on their performance
- Apply the principles of good feedback

Supporting and monitoring educational progress

- Recognise the learner in difficulty
- Take appropriate action to support the learner in difficulty, including referral to other services where relevant
- Demonstrate understanding of the process for dealing with a learner whose progress gives cause for concern

Guiding personal and professional development

- Model the values, attitudes and behaviours they expect from trainees

Continuing professional development as an educator

- Demonstrate a standard of professional & educational practice consistent with the requirements of the GMC
- Demonstrate awareness of their limitations in relation to teaching and assessment, and know when to refer or seek help from others

2. CPD Framework for non-trainee medical trainers

This section provides guidance on professional development for those taking on formal but non-recognised teacher or trainer roles. It may also be used by those wishing to advance their skills with a view to becoming a recognised or approved trainer or for those already in recognised roles wishing to refresh their skills. Our web tool presents the competences broken down by Framework area along with examples of training that might support achievement of competence and examples of evidence that could be presented at appraisal. Competences in this section are intended to be used by individuals when planning their trainer portfolio to include evidence across the various areas of the GMC's Framework. Not all statements will be relevant to all roles and individuals may hold roles requiring unlisted competences. It is important that this section is seen as a tool to support individual development and not as a mandatory 'tick box' exercise. We have broken the competences down into 'early' skills for those at the start of their educational career, and 'advanced' skills for those with more experience or who are interested in career progression.

3. Criteria for non-trainee medical staff in recognised trainer roles

Trainers in any of the four roles requiring recognition **must** meet the criteria detailed in this section. The requirements vary slightly dependent on role and individual EOs / LEPs may have additional requirements. In addition to providing evidence of competence across the seven domains, you must meet some specific criteria for recognition. Figure 7 shows the criteria for recognised trainers and the evidence we expect them to provide.

All recognised trainers will be required to complete an induction module for their role. The following courses have been identified as appropriate for recognised trainers in Scotland although other courses may be accepted as equivalent:

> **For GP trainers: SPESC**
>
> **For Clinical Supervisors: SCOTS Clinical Supervision workshop; STAR clinical supervision module**
>
> **For Education Supervisiors: SCOTS Educational Supervision workshop**
>
> **For Undergraduate trainers: Medical School induction module provided by your EO**

Ongoing development for recognised trainers

Once trainers have met the initial criteria for recognition they will have to provide evidence that they are continuing to develop in each of the 7 Framework areas (5 for named clinical supervisors). They may also be interested in career progression and should use the CPD Framework outlined above to support this.

Criteria for initial recognition	Link to GMC statement	Evidence required
The trainer should demonstrate awareness of their role and how that role fits with other educational and clinical roles. (S)he should know how to get support if needed and know about the relevant EOs QA procedures	Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees (GMC, 2011) Induction, including requirements of the role and the school's support infrastructure … should be compulsory on appointment to the role (GMC 2011a)	**All trainers** – Signed job description – Completion of appropriate induction / orientation (face-to-face or online)
The trainer should have appropriate time allocated for their role	Trainers will … need to agree job plans that are consistent with their responsibilities. These will need to be reviewed annually (GMC 2012) Trainers must have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees (GMC, 2011) 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 (GMC 2011a)	**All trainers** – Signed job description – Signed job plan with dedicated time for the role
The trainer should demonstrate awareness of the curriculum and level of students / trainees	Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees (GMC, 2011) Trainers must provide a level of supervision appropriate to the competence and experience of the trainee (GMC, 2011)	**All trainers** – Completion of appropriate induction / orientation (face-to-face or online)

Figure 7: Standards for recognised trainers

The trainer should be able to demonstrate an appropriate level of teaching competence	Trainers 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 (GMC, 2011) Everyone involved in educating medical students will be appropriately selected, trained, supported and appraised (GMC, 2009) You must be competent in all aspects of your work, including management, research and teaching (GMC, 2013) 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 (GMC 2011a)	**All trainers** - Evidence of training for any specific roles held (e.g. OSCE examiner) **Postgraduate trainers** **?** **Undergraduate trainers – **evidence should include **ONE** of the following: – HEA membership – Accredited postgraduate training (e.g. PGCert Medical Education) – AOME membership or fellowship (not associate membership) – Evidence portfolio approved by medical school
The trainer should comply with all legal, ethical and professional obligations including completion of any mandatory training requirements	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 (GMC, 2009) You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work (GMC 2013) You must develop the skills, attitudes and practices of a competent teacher. This includes respecting cultural diversity and making reasonable adjustments for those with a disability without affecting patient safety or educational outcomes (GMC 2012a)	**All trainers** – Evidence that they are up to date with any mandatory training – e.g. equality & diversity training
The trainer should comply with all aspects of Good Medical Practice and have no pending fitness to practise issues	Good Medical Practice describes what is expected of all doctors registered with the General Medical Council. It is your responsibility to be familiar with Good medical practice and the explanatory guidance which supports it, and to follow the guidance they contain (GMC 2013) If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for (GMC 2013) Local education providers will need to share key information with the education organisers to ensure that good practice is recognised and that shortcomings are identified (GMC 2012)	**All trainers** – Agreement that EO may carry out spot checks with LEP / GMC to screen for any unreported issues

Figure 7: Standards for recognised trainers

The trainer should be currently practising within their field. For undergraduate trainers this may include academic practice or health professionals in disciplines other than medicine	Trainers must be involved in and contribute to the learning culture in which patient care occurs (GMC, 2011)	**All trainers** − Registration with relevant professional body and current license to practise (if appropriate)
Criteria for continuing recognition	Link to GMC statement	Appropriate evidence sources
Undergraduate Trainers and Educational Supervisors should be able to provide evidence of on-going CPD across the 7 areas of the GMC Framework for their educational role. Clinical Supervisors should be able to provide evidence of development in the 5 specified areas. (To be provided at appraisal / revalidation but made available to EOs on request)	Recognised trainers must … maintain their skills by continuing to reflect on training responsibilities – for example, through continuing professional development. This will need to be confirmed through their appraisal. (GMC 2012) Beyond meeting the minimum standards, trainers are expected to develop their skills and competence, and to consider opportunities for career progression as trainers (GMC 2012) 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 (GMC 2011a)	− Attendance at training mapped to framework areas − Reflective accounts of practice − Evaluation of teaching and responses to feedback. − Multi-source feedback − Observations of teaching practice − Peer review of teaching episodes − Significant event analysis relating to educational activity − Critical analysis of literature read

GMC 2009 – Tomorrow's Doctors

GMC 2011 – The Trainee Doctor

GMC 2011a - Developing teachers and trainers in undergraduate medical education: Supplementary advice to Tomorrow's Doctors

GMC 2012 – Framework for Recognition & Approval of Trainers

GMC 2012a – Leadership and management for all doctors

GMC 2013 – Good Medical Practice

Figure 7: Standards for recognised trainers

Section 3: Information for LEPs and EOs

Selection and approval of trainers

- Who selects the trainers?
- How are they appraised?
- Approving trainers not in recognised roles

Mandatory training requirements for supervisors

- What training is recommended as mandatory?
- Accessing information about course which meet specific needs

Requirements for Health Boards and other LEPs

Local Faculty Development programmes

- Guidance on what to include when setting up your programme (linked to case studies)

Educational tariff guidance

Educational Supervisors:

The GMC definition of Educational Supervisor is-

"A named educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement of series of placements. The educational supervisor helps the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements" (GMC 2012)

Educational supervisors would be selected and trained as per clinical supervisors (see next page) and would

- undertake post-commencement, mid post and end of post appraisal;
- monitor portfolio progress;
- provide guidance on resources relevant to careers development;
- identify and highlight poorly performing trainees to TPDS for action
- collate evidence on training.

Educational Supervisors would be expected to have 0.25 SPA per week, per trainee, to a maximum of 1PA per week in total to manage these.

Clinical Supervisors:

GMC The definition of Clinical Supervisor is-

"... a trainer who is responsible for overseeing a specified trainee's clinical work throughout a placement and is appropriately trained to do so. He or she will provide constructive feedback during that placement. He or she will lead on providing a review of the trainee's clinical or medical practice throughout the placement that will contribute to the educational supervisor's report on whether the trainee should progress to the next stage of their training". (GMC 2012)#

Therefore, while all consultants in contact with trainees will fulfil a clinical supervisory function and while it may be a future ambition to train all soon to be consultants, for now there should be a selected, designated and trained individual in each placement that is part of a rotation within an overall post (e.g. gastroenterology within medicine) to oversee the completion of reports and promote:

- unit level appropriate training and teaching
- trainees functioning within expected level of competence;
- clinical supervision being readily available and appropriate to level of competence;
- trainee involvement in audit and risk management;
- access to educational opportunities suitable to fulfil a particular trainee's requirements;
- access to assessment completion;
- appropriate unit induction;
- identifying poorly performing trainees.

Clinical supervisors would be expected to have 0.25 SPA per week (total)

Other consultants involved in acting as guardians of patient care given by trainees but not fulfilling the above identified, trained and appointed educational role, could be regarded as 'supervising consultants' as per GMC recognising and approving trainers 57c " to stress the boundary between the named clinical supervisors requiring recognition and the supervisors of trainees for particular sessions who will not require recognition (although they are more loosely, providing 'clinical supervision')

Undergraduate roles

References

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Appendices

Portfolio documentation

Role descriptions

Pilot projects / case studies

COLLEGE OF MVLS

Position Statement

Managing the teaching interactions between Schools and Institutes

Background

All members of MVLS who hold regular academic posts and who are not specifically bought out by external funding have a responsibility to contribute to teaching. In almost no cases are people sufficiently well funded, that the whole of their salary is recouped by overheads on grants and this means that **teaching pays for most people's salary**. Moreover at all levels of seniority, teaching is a significant component in any case for promotion, with the possible exception of progression to a Readership.

Managing interactions

- It is essential that Schools within MVLS can call upon Institute staff to help provide top quality teaching at both Undergraduate and Masters' levels – School staffing levels and expertise cannot sustain taught programmes without significant contributions from Institutes, and University strategy and its competitive position depends upon a research-led approach to teaching.
- Staffing requirements should be organised by the Heads of Schools in discussion with the Directors of Institutes. Any disputes can then be adjudicated by the Head of College.
- When changes in courses are taking place, it is essential that discussions take place in good time to allow staff time to prepare for delivery of the teaching.
- Directors of Institutes should try to manage teaching loads so that differences between individuals have an objective basis and are minimised when other contributions are equivalent. Discussions about teaching contributions should be included in all Performance and Development Review meetings.
- The workload model will be helpful in this regard but until this becomes available, there has to be an acceptance that all teaching-related activities delivered in recent years cannot be suddenly redistributed – staffing levels and workloads in Schools make this impossible.
- The attitude in some parts of some Institutes that staff can refuse to teach must be challenged. It is up to the Directors to get this message across so that MVLS can provide the best teaching possible and to ensure it continues to be truly research led.

This position statement was discussed by the College of MVLS Management Group at its meeting on the 27th of February 2012 and approved by all Heads of Schools and Directors of Institutes (or their deputies).