

# RCPsych Guidance

## Recognition and Approval of Trainers: Guidance on supporting a standardised approach.

### Purpose

The purpose of this document is to clarify guidance surrounding supervision for trainees. This approach is supported by the General Medical Council (GMC).

This guidance will sit within the Psychiatry 'Silver Guide' as part of our quality assurance in training. The aim of this guidance is to enable employers and education providers across the UK to ensure a standardised approach to supervision and training, and to ensure that curricula requirements can be delivered and met.

This document is designed to be relevant across the four nations and to also serve as a guide to third sector and private providers.

### Background

The General Medical Council holds information about individuals who are GMC Recognised Trainers.

There are **seven** key criteria that Recognised Trainers must adhere to and provide evidence for as follows:

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

It is expected that Statutory Educational Bodies<sup>1</sup> (SEBs) and Local Education Providers maintain lists of approved and Recognised Trainers via the GMC portal. Further information about the recognition and approval of trainers is [available here](#).

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<sup>1</sup> Namely Health Education & Improvement Wales (HEIW); Northern Ireland Medical & Dental Training Agency (NIMDTA); NHS Education for Scotland (NES); and Health Education England (HEE)

There are many different stakeholders in psychiatry training, and it is important to understand the relationships between them when considering supervision and supervisors:

**SEB roles:** Head of School (HoS) or equivalent, and Training Programme Directors (TPDs) are appointed by SEBs. They may be seconded from their Trust for these sessions or paid directly by the SEB.

**Trust/Health Board/Other Provider roles:** The Director of Medical Education (DME) and clinical (CS), psychiatric (PS) and educational (ES) supervisors are all substantively employed by Trusts, Health Boards or Other Providers where education and training are delivered. The DME is usually responsible for the recruitment, training and educational appraisal of all supervisors following the GMC's guidance. Where trainers are employed by other providers, the provider will be expected to establish a relevant relationship with the appropriate local DME.

These stakeholders come together to agree on the best local arrangements for delivery of training. Neither an individual being approved as a supervisor, or a post being approved for training guarantees trainee allocation.

In addition to supervisors, trainees may also seek a mentor. Mentorship is different from supervision and is outside the scope of this document, but [more information can be found on our website](#) and particularly in our [Guide to Mentoring for Psychiatric Trainees](#).

## Supervisor Roles in Psychiatry

GMC recognition of trainer status is granted for both Clinical and Educational Supervision.

Within psychiatry, there is the additional 'Psychiatric Supervision' (PS). Trainees meet with a senior supervisor for one hour per week to discuss and reflect on clinical issues and are also able to obtain pastoral support. This should be protected time and in addition to Clinical Supervision. Psychiatric supervisors will be appointed by the local educational provider and quality assured by Postgraduate Deans and Heads of Schools of Psychiatry.

These PS sessions build on the Psychiatric Supervision Report (PSR), which underpins the approved curricula framework from August 2022. The PSR links Placement Specific Personal Development Plans (PSPDPs), High Level Outcomes (HLOs) and Key Capabilities (KCs). The PSR will feed directly into the Educational Supervisor's Report (ESR) and ARCP (Annual Review of Competence Progression) process.

The College recommends that all psychiatric supervisors are also clinical supervisors. However, clinical supervisors will not be automatically eligible to act as psychiatric supervisors as this will depend on their competencies and experience.

Table 1 outlines supervision roles and requirements.

### Table 1: Supervision Roles within Psychiatry

This is guidance only; training standards should be overseen by Directors of Medical Education (DMEs). There may be overlap between roles of CS and PS. Consideration should be given to the seniority and experience of trainer and trainee. Access to Consultant leadership and continuity of supervision are key guiding principles.

Supervision Area	Clinical Supervision	Psychiatric Supervision	Educational Supervision
<b>Purpose</b>	<b>Aim</b> – to ensure safe and effective clinical teaching and training in the workplace.	<b>Aim</b> – to support professional development of psychiatrists in training.  Supports strategies for developing resilience, wellbeing and maintaining appropriate professional boundaries, as well as developing sophisticated understanding of therapeutic relationships and psychodynamic aspects of the work. The role also includes pastoral, developmental and leadership elements.	<b>Aim</b> – to support and monitor educational progress.  Works with individual trainees to develop and facilitate an individual learning plan to develop curriculum competencies.
<b>Supervision Responsibility and Frequency</b>	<b>Day-to-day, trainee to be aware</b> of nominated clinical supervisor in all clinical situations.	Regular 1:1 supervision  <b>1 hour per week</b>	Responsible for educational supervision for one or more trainees (no more than five trainees).  <b>2 meetings per placement (or 4-6 per year).</b>
<b>Protected time requirements</b>	<b>0.25PA per week</b> timetabled in job plan per trainee protected time.	<b>0.25PA per week</b> timetabled in job plan per trainee protected time.	<b>0.125PA</b> timetabled in job plan per trainee per week protected time.

<b>Supervision Level</b>	<p>Required for all trainees throughout core and higher training. The appropriate level of clinical supervision should be tailored to ensure patient safety and meet the developmental needs of individual trainees.</p>	<p>Required for all trainees throughout core and higher training. The appropriate supervisor should be identified to meet the developmental needs of individual trainees.</p>	<p>Required for all trainees throughout core and higher training. The appropriate supervisor should be identified to meet the needs of individual trainees.</p>
<b>Who is eligible to supervise?</b>	<p>Appropriately qualified and experienced senior psychiatrist who has undertaken training in supervision, including retired and returned psychiatrists, Specialty and Associate Specialist (SAS) psychiatrists and consultant psychiatrists.</p> <p>Requires specific experience and training for the role, engagement in educational appraisal and Continuing Professional Development (CPD).</p>	<p>Appropriately qualified and experienced senior psychiatrist who has undertaken training in supervision, including retired and returned psychiatrists, SAS psychiatrists and consultant psychiatrists.</p> <p>Requires specific experience and training for the role with engagement in educational appraisal, educational CPD, which would be identified through the educational appraisal process.</p> <p>PSs should be appropriately allocated for the level of training being undertaken by the trainee, according to the experience, capabilities and role of the trainer. PSs should have experience of working at a senior level to the trainee they are supervising to</p>	<p>Appropriately qualified and experienced senior psychiatrist who has undertaken training in supervision, including retired and returned psychiatrists, SAS psychiatrists and consultant psychiatrists.</p> <p>Requires specific experience and training for the role, engagement in educational appraisal and maintenance of educational CPD. Training for the ES role should be different to that for CS and PS roles as ESs perform a different function.</p> <p>ESs should be appropriately allocated for the level of training being undertaken by the trainee, according to the experience, capabilities and role of the trainer. ESs should have appropriate and senior-level educational qualification and experience to</p>

		<p>support career development advice.</p> <p>Psychiatric supervision is an additional hour of supervision to that of CS and should be protected time.</p>	<p>provide individualised and tailored career development advice to the trainee they are supervising.</p>
<b>Delegation</b>	<p>Clinical supervision can be delegated to other suitably qualified doctors or members of the clinical team including multi-professional staff. When delegating, it is good practice to ensure that all stakeholders are aware of their roles and responsibilities.</p>	<p>Psychiatric supervision must not be delegated to others except in exceptional situations of unplanned absence where arrangements must be made to cover weekly 1:1 supervision. This should be after discussion with the DME.</p>	<p>HoS and DME should liaise with the ES to ensure awareness of a trainee's ongoing needs.</p>
<b>Assessments</b>	<p>WPBAs (Workplace Based Assessments)</p>	<p>Responsible for producing the placement specific Psychiatric Supervision Report (PSR) and Personal Development Plans (PDPs).</p>	<p>Reviews PDPS and progress with WPBAs and portfolio completion.</p> <p>Responsible for producing Educational Supervisor Report (ESR) at least annually for trainees for their ARCP.</p>
<b>CPD and recognition of trainer status</b>	<p>Must attend relevant training for recognition of trainer status and engage in regular educational appraisal.</p>	<p>Competencies required relate to curricula delivery, PDP development, career progression and advice and pastoral care.</p> <p>These should be reviewed via educational appraisal.</p>	<p>Must attend ES specific training which could be available at Trust, RCPsych or SEB levels. These should be reviewed via educational appraisal.</p>

## Standardising the approval of CS and ES trainers and ongoing development

Clinical and Educational Supervisors must undertake training as per the requirements set out by the GMC. In addition, all trainers should participate in ongoing educational CPD and appraisal

It is expected that trainers are approved and able to supervise trainees within a specialty for which they hold specialist registration, and/or core psychiatry training. Approval of trainers is applicable to all four nations SEBs. Psychiatric Supervisors should either be on the Specialist Register (for core and higher specialist training) or be MRCPsych (for core training). Exceptions, if any, should be referred by the HoS or DME to the RCPsych Quality Assurance Committee for consideration.

In some exceptional instances depending on the nature of the clinical post, trainers will be able to supervise trainees outside their GMC speciality.

In all instances, the following criteria would be utilised to decide whether to approve a senior psychiatrist who is seeking to act as a trainer for higher speciality trainees within or outside of their held speciality:

- CSs should be appropriately embedded into their senior clinical leadership role prior to offering training.
- Consideration of trainee need, and level should be paramount when allocating to a CS from a different GMC speciality.
- Prospective CSs should first get in touch with the relevant DME to identify any gaps in their competencies. Prospective CSs will need to work with their DME to make a personalised development plan (PDP) to address any gaps over the following year. Where the DME is not competent to advise on a personal development plan (typically when it is in a different sub-specialty to their own), they can approach the appropriate Regional Specialty Representative and/or Training Programme Director.
- CSs providing supervision need to be able to ensure that curricula can be delivered. Any concerns around curricula delivery or achievability should be raised to the HoS through the TPD and DME.
- DMEs should meet with trainers at the end of the year to review the PDP. For an application for approval to proceed, the DME must endorse a CSs application in writing. Approval is not automatic and the DME may decline an application, approve it, or ask for further training and development.
- It is expected that CSs will continue to develop skills in the post, and these would be formally monitored through CPD and appraisal processes.
- Once the above steps have been completed, prospective CSs can then proceed with their application to become a GMC recognised trainer in the usual way through their Trust.

## Standardised training approach

The College recommends that there is a standardised training approach for Clinical, Educational and Psychiatric Supervision. This will include the following components:

- An outline of supervision roles in Psychiatry,
- An understanding of the difference between supervision and mentorship,
- An overview of [GMC's Promoting Excellence standards in medical education and training](#),
- An overview of Foundation, Core and Higher training curricula, including the Psychiatry 'Silver Guide',
- Assessment blueprint and strategy,
- An overview of e-portfolio, including demonstration of supervisor role and completion of relevant supervisor forms,
- Discussion around managing poor performance/trainees in difficulty,
- An overview of the Trainer appraisal, CPD and further development processes,
- An overview of guidance on supervising outside of specialty.

It is recommended that there is additional training and support for Psychiatric Supervisors, particularly regarding setting up the placement specific PDP and pastoral support required. It should be noted that this guidance applies to the supervision of psychiatric core or higher trainees, rather than GP or Foundation Trainees who have their own guidance.

A draft programme for training is outlined in appendix 1.

## Approvals and monitoring processes

Once a potential supervisor has undertaken the required training, they should provide a summary of their skills and qualification (including their specialist registration and sub-specialty and/or endorsements), and if a new training post is being sought should provide a job description for the training post with specimen timetables and curricular links.

Supervisor status will then be reviewed and appropriately granted by the DME. The DME will work with the TPD (or equivalent) and SEB to consider the value of the post within the training programme.

Approval as a trainer is not a guarantee of new post approval or of allocation of a trainee.

Quality assurance oversight of supervisor approval will sit with the College's Quality Assurance Committee.

## Key Quality indicators (KQIs) in Psychiatry

These are covered in Appendix 3 of the Silver Guide.

## Appendix 1 – Template Programme of Supervisor Training

Areas of Learning	Outline of content
Curricula and Assessments	<ul style="list-style-type: none"> <li>• Understanding the curricula and assessment framework</li> <li>• Setting a placement specific PDP, helping to design an individualised learning plan and providing high quality feedback</li> <li>• Supporting trainees with WPBAs and ensuring that there is early identification and remediation of any attainment delays</li> <li>• Understanding recommended WPBA (Workplace Based Assessments) requirements</li> <li>• Understanding requirements for ARCP</li> <li>• E-portfolio and supervisor forms - demo</li> </ul>
Organisation of Medical Education and training	<ul style="list-style-type: none"> <li>• Overview of education and training organisational structures</li> <li>• Support for trainees</li> <li>• Support for trainers</li> </ul>
Supervision mechanisms in Psychiatry	<ul style="list-style-type: none"> <li>• Clinical and Educational Supervisors</li> <li>• Recognition of Trainer Status</li> <li>• Psychiatric Supervision</li> </ul>
Recruitment and training timelines	<ul style="list-style-type: none"> <li>• Recruitment processes</li> <li>• Training timeline</li> <li>• MRCPsych timetables</li> <li>• ARCP processes</li> <li>• LTFT (Less than full time) and taking time out of training</li> </ul>
Supporting trainees in difficulty	<ul style="list-style-type: none"> <li>• Spotting early signs of trainees in difficulty</li> <li>• Managing poor performance and ensuring early intervention</li> </ul>
Quality assurance in training processes	<ul style="list-style-type: none"> <li>• Quality assurance mechanisms</li> <li>• Role of relevant bodies (e.g., GMC, College, Deaneries, Schools, DMEs etc).</li> </ul>
Trainer appraisal and development	<ul style="list-style-type: none"> <li>• Further CPD and appraisal for trainers</li> <li>• Reflecting on ARCPs (Annual Review of Competence Progression) and trainee development.</li> </ul>