[Audio transcription of module 7a]

NHS Education for Scotland

New Appraiser Training
Medical Appraisal Scotland

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

Welcome to this New Appraiser Training module, "Appraisal in the Trainer Role", focussing on secondary care and university roles.

NHS Education for Scotland

APPRAISAL OVERVIEW

PDP & INTRO TO FORM 4

COACHING APPROACH IN APPRAISAL

APPRAISAL IN TRAINER ROLES

SUPPORTING INFORMATION

APPRAISER SKILLS

CHALLENGING APPRAISAL SITUATIONS
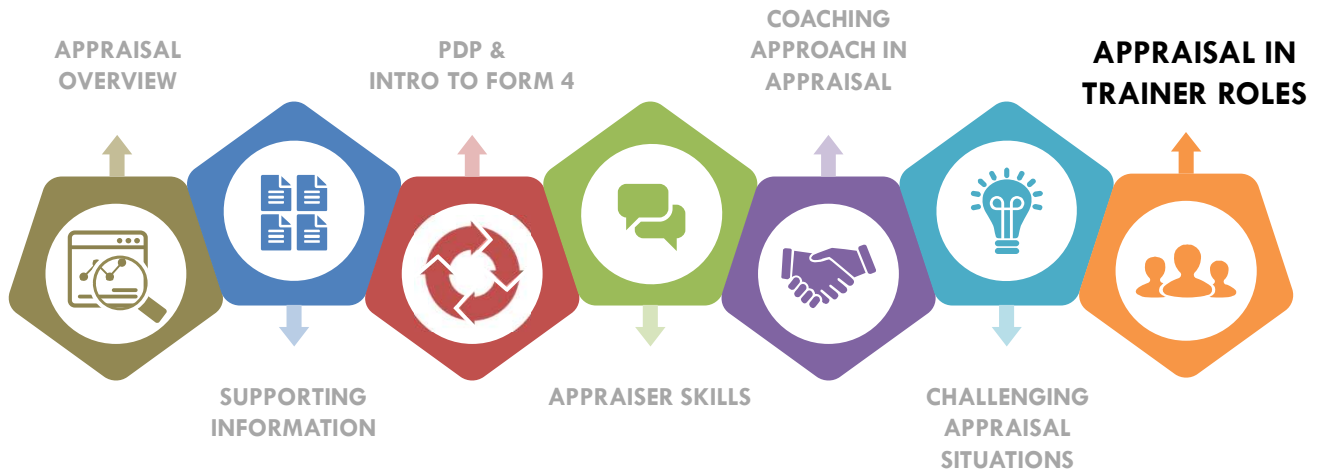
This module is part of a series designed to help you prepare for attending our New Appraiser training courses.

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

Aims of module

Develop

CONFIDENCE

Discuss

TRAINER ROLE

SUPPORTING INFORMATION & PDP
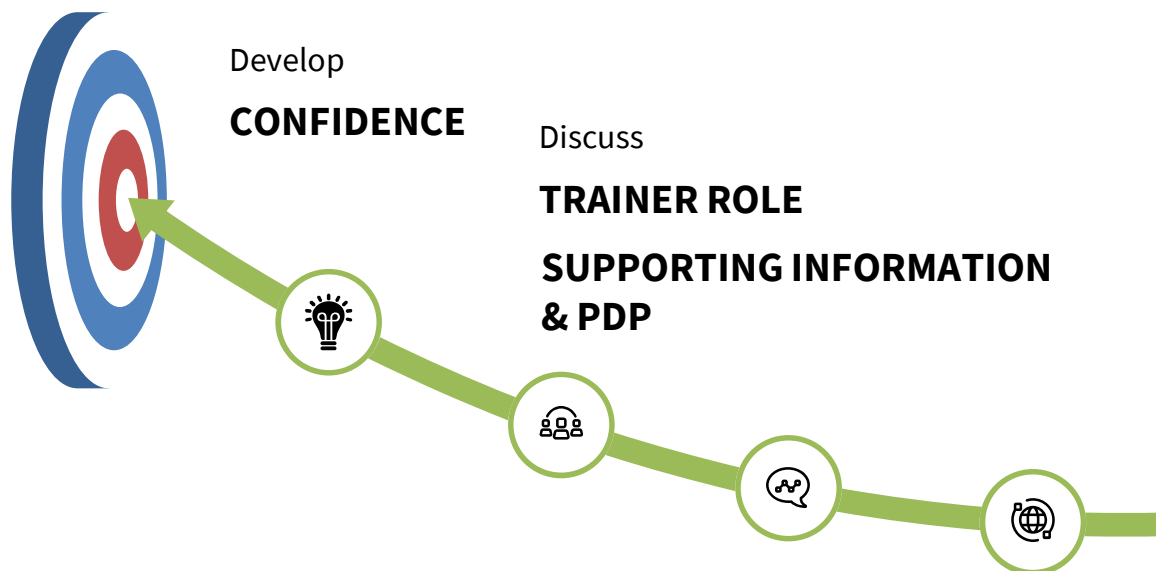
The aim of this module is to help appraisers develop the confidence to discuss the trainer role as part of the (secondary care) appraisal discussions, looking at both the supporting information and the future Personal Development Plan relevant to this role; whether they are already a trainer or looking to take up the trainer role in the future.

Learning outcomes
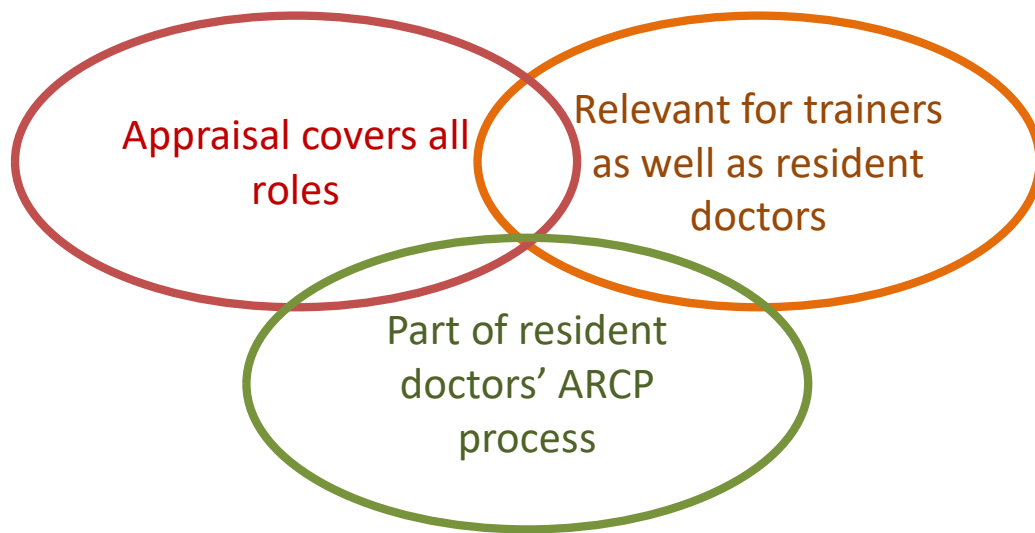
Role of appraiser in supporting trainers

Supporting information and trainer framework

Role of the automated Form 7

By the end of this module, you will understand the appraiser's role in helping trainers **reflect** on relevant supporting information; and be able to identify what types of evidence align with the different domains of the trainer framework.

You will also gain an understanding of what 'Form 7' is on SOAR.

Background

Appraisal covers all roles

Relevant for trainers as well as resident doctors

Part of resident doctors' ARCP process

As covered in the Supporting Information module, appraisal must encompass **all** roles a doctor undertakes. This applies to both trainers and resident doctors, whose appraisal informs the ARCP process and is not conducted separately.

Previously, formal approval was limited to primary care GP trainers and this separate process still remains today; but in 2013, the approval process was expanded into secondary care so that doctors (in secondary care) who meet the required standards will now have their GMC register entry updated with the note: 'This doctor is a trainer recognised by the GMC'.

Relevant trainer roles for recognition

Postgraduate	Undergraduate
Clinical supervisor	Lead coordinator at each placement location
Educational supervisor	Overseeing students' educational progress
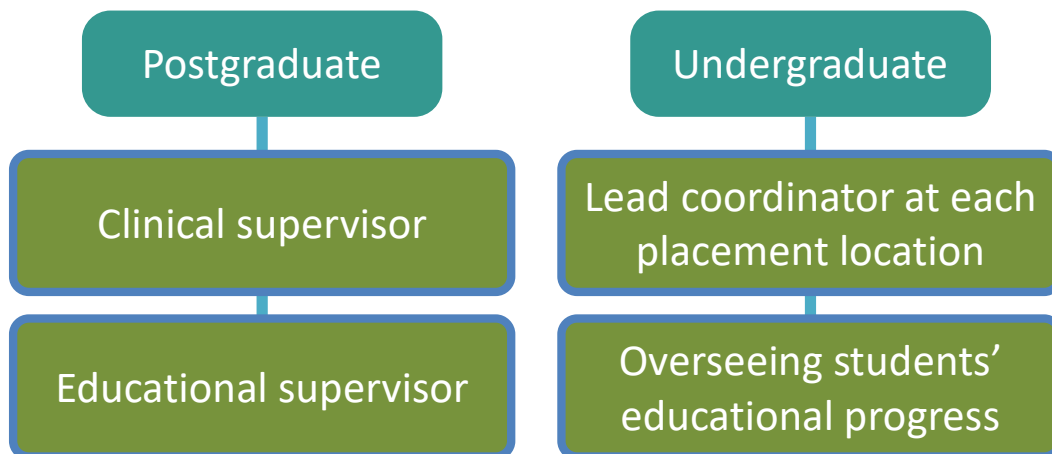
…But not all doctors involved in teaching and training of medical students require to be on the GMC register. The roles where this is relevant are:

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

These are the four roles that require formal GMC recognition.

In primary care, approved GP trainers follow a separate pathway, so Recognition of Trainer on SOAR generally does not apply to them. However, there is a small group of GP trainers who are **not** formally approved but supervise foundation year doctors, and they **will** need to complete the ROT form.

We have a dedicated module focused on primary care GP trainers, please be sure to review it if applicable: https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/pre-course-modules/07b-appraisal-in-trainer-role-primary-care/

GMC domains for trainer recognition

1. Ensuring safe and effective patient care through training

2. Establishing an effective learning environment

3. Teaching and facilitating learning

4. Enhancing learning through assessment

5. Supporting and monitoring progress

6. Guiding personal and professional development

7. Continuing professional development as an educator

Supporting information for GMC trainer recognition is organised into seven domains.

During appraisal, the evidence submitted in the ROT section should be reviewed and reflected upon, with the aim of covering all seven domains within each five-year revalidation cycle.

However, clinical supervisors only need to address domains one to four, along with domain seven.

As with other areas of appraisal, do **NOT** ask for more information than necessary. Appraisal is not a tickbox exercise - focus on the **quality** of the information and the **reflection**.

How does a trainer get recognised?

- Can discuss application in appraisal
- Initial recognition outwith SOAR / appraisal
- Complete application form
- Assessed by DME (Director of Medical Education)
- **Recognised** as trainer on Turas
- Turas hosts health and social care apps
- Added to GMC trainer register

Image: Free for Canva users

So how is a trainer recognised?

Prospective trainers may discuss the evidence they plan to submit during appraisal. However, it's important to note that the initial recognition process takes place outside of SOAR and is separate from appraisal itself.

To gain recognition, trainers must complete an application form, demonstrating how they meet the criteria outlined in the seven domains. This application is reviewed by the Director of Medical Education (DME), and if approved, the trainer is formally recognised on a system called Turas.

Developed by NES (NHS Education for Scotland), Turas is a centralised digital platform that hosts various custom-built applications, including the Training Management System, which exports relevant trainer details to SOAR.

Recognition information is also accessible to NES and Scotland's five medical universities in their role as Education Organisers. Additionally, this data is also shared with the GMC, who then updates the trainer's status on their official register.

Role of appraisal in Recognition of Trainers

- Part of whole-practice appraisal
- Facilitate reflection
- Trainers demonstrate how they remain up-to-date and fit-to-practise

(1) Equality and diversity training

(2) Time in job plan

(3) Supporting evidence for seven framework areas

Image 8713308 from pixabay.com

NHS Education for Scotland

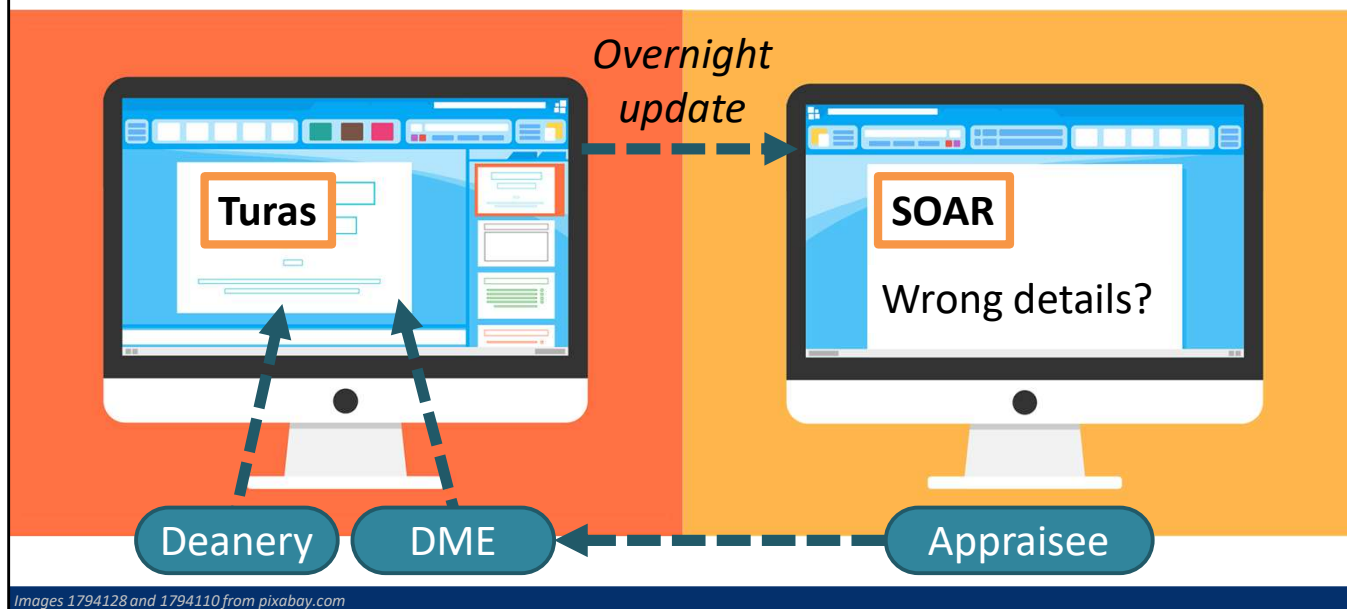What role does appraisal play in the recognition of trainer process?

Trainer-related work should be discussed during appraisal as part of the whole-practice approach - just like any other professional role, such as managerial responsibilities.

The appraiser's role is to facilitate reflection, helping the trainer explore their progress, achievements, challenges, and areas for further development.
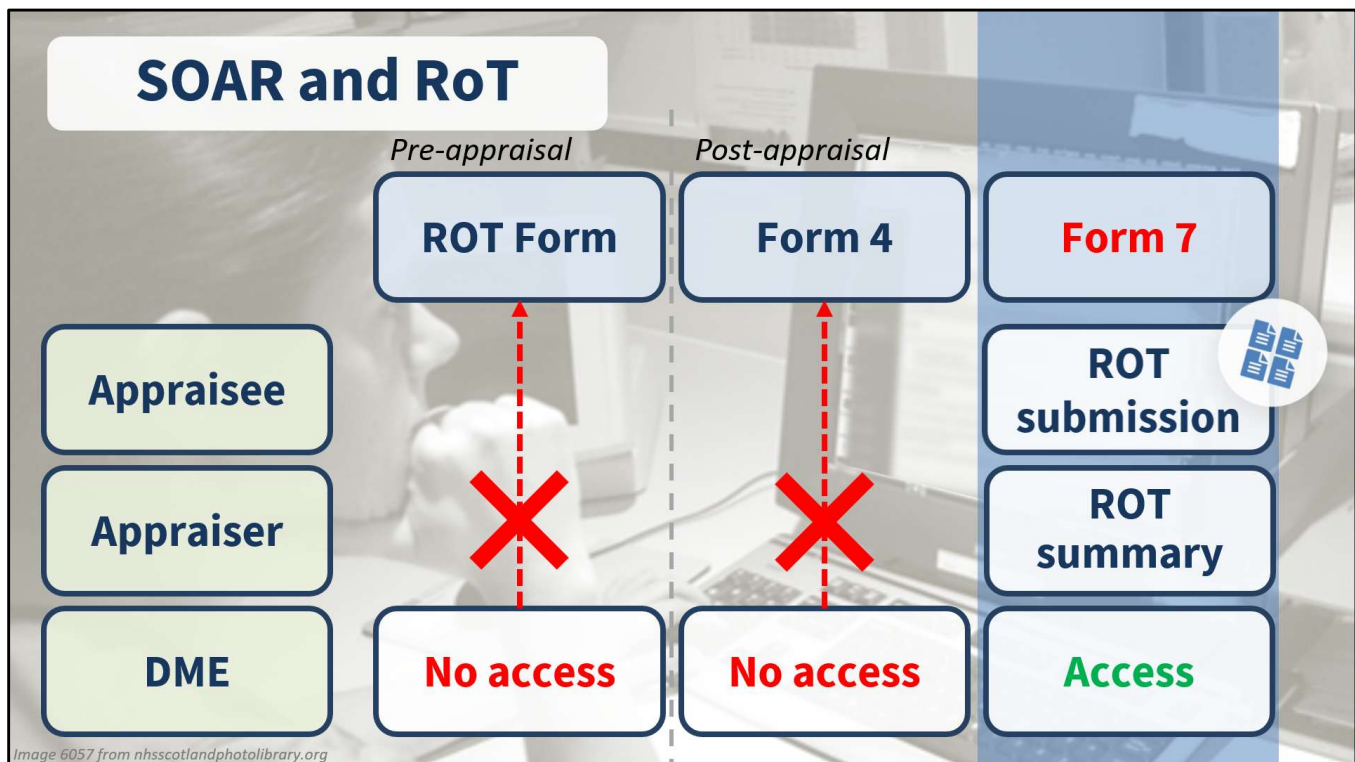
To support this, the ROT form on SOAR is used to collate relevant evidence. The form includes three key components:

1. Confirmation of completed equality and diversity training;
2. Time allocated in the job plan for the trainer role; and
3. Supporting evidence mapped to the seven trainer framework domains.

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Trainer/Resident doctor data

Overnight update

Turas

SOAR

Wrong details?

Deanery   DME   Appraisee

Images 1794128 and 1794110 from pixabay.com

Trainer and resident doctor information on SOAR is imported from Turas, which is maintained by NES deanery teams and the Directors of Medical Education (DMEs) within the health boards. If any details appear incorrect on SOAR, the appraisee should contact their DME or the relevant deanery team as a first step. Once the data is corrected in Turas, SOAR will update the next day via overnight automated processes.

SOAR and RoT

	Pre-appraisal ROT Form	Post-appraisal Form 4	Form 7
Appraisee			ROT submission
Appraiser	✖	✖	ROT summary
DME	No access	No access	Access

Image 6057 from nhsscotlandphotolibrary.org

Trainers imported into the system are required to complete a Recognition of Trainer (ROT) form as part of their annual appraisal. It's essential that trainers use this section to record all relevant information about their trainer role, including uploading of relevant supporting documents.

After the appraisal meeting, appraisers complete the usual Form 4 summary. However, they must also include the trainer-related discussion in the **ROT section** of Form 4. Once Form 4 is signed off, both the summary **and** the ROT section are automatically extracted into a separate Form 7. This includes all the supporting documents uploaded to the ROT form, which are accessible to Directors of Medical Education (DMEs).

DMEs have restricted access on SOAR - they can only view Form 7 and cannot access other parts of the appraisal. Therefore, if trainer discussions are documented elsewhere in Form 4, avoid using references like "see above". Instead, copy and paste the relevant content to ensure visibility.

As of 2025, DMEs are no longer required to routinely sample Form 7s on SOAR, though they may do so periodically as part of local quality assurance processes. To ensure DMEs have access to the correct information, both appraisers and appraisees should use the designated ROT sections in SOAR appropriately.

Let's now take a closer look at how these forms appear on SOAR.

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

On the Medical Appraisal Scotland website, there is a checklist document for appraisees to reference, helping them to complete the ROT form on SOAR.

Further guidance on the ROT processes itself is available on the Scotland Deanery website, where you will also find a very useful ROT Manual which has information for trainers AND appraisers alike. (https://www.scotlanddeanery.nhs.scot/trainer-information/recognition-of-trainers-rot/)

ROT form
what the appraisee completes

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

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

Remember, the DMEs can only access information uploaded on this ROT form. If the appraisee uploads a trainer specific document to another section elsewhere, the DME will not be able to see it.

Form 4: ROT section
what the appraiser completes

In the Recognition of Trainer section on Form 4, the appraisers are asked to summarise the trainer role discussion and any issues and, if applicable, any further actions.

An example might be some PDP elements relevant to the trainer role that the appraisee is going to include going forward.

Form 7
what the DME can see

DMEs may periodically review Form 7s for quality assurance or other purposes.

To support this, ensure that appropriate evidence has been provided for in all relevant domains (over the 5-year period), both as supporting information and in the summary of the appraisal discussion.

Remember: if the information is not recorded in the ROT form or the ROT section of Form 4, DMEs will not be able to see it.

Role of appraiser

❌ **Appraisers do not <u>recognise</u> trainers**

Review and discuss RoT supporting info

Confirm appropriate supporting info has been provided for role(s)

Aid reflection ✔

Image 5138 from nhsscotlandphotolibrary.org

Appraisers are not directly involved in recognising the trainer.

You are **NOT** asked to judge, scrutinise or be experts in the evidence presented. As appraisers, your role is to facilitate the reflection on the supporting information submitted by the appraisee for their trainer role; and also, to confirm that this is appropriate for the roles the doctor has undertaken as a trainer. This is no different to any of the other elements of the appraisees' portfolio.

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

Supporting information

Should demonstrate:

- What doctors do
- Why they do it in that way
- What the supporting info is
- How well they do it

Image: Free for Canva users

The supporting information should demonstrate to you - the appraiser - what the doctor does, why they do it the way that they do it and what evidence they have and how well they do it.

This is what forms the basis for the reflective discussion with the appraisee.

Types of supporting info

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

Image: Free for Canva users

There are certain types of supporting information that would be relevant for all domains, such as training attendance for example.

The Scotland Deanery offers initial trainer workshops as well as other trainer related courses. There are also relevant e-learning packages for example, those offered by the Health Educator Hub. [ADD URL?]

In addition, reflections on the current practice as a trainer or critical analysis of relevant literature would also be appropriate to use.

Reflections on supporting info

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

Image: Free for Canva users

When reflecting on the supporting information, consider the context of the trainer role and relevance to the resident doctors or medical students.

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

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

Domain 1: Ensuring safe and effective patient care through training

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

Some evidence are domain specific and some can cover multiple domains. Let's start by looking at Domain 1: Ensuring safe and effective patient care through training.

Here, anonymised minutes of Morbidity and Mortality (M&M) meetings where incidents involving resident doctors could be included, where the outcome of the discussion and plans to remedy the situation are summarised and reflected.

Induction timetables is another example for consideration – ponder why has the trainer chosen to cover the things they cover? And did they receive any feedback that they can reflect on? What arrangements are they making for the supervision of resident doctors and students? And how do they ensure these are robust?

Minutes from senior staff meetings can also be used to demonstrate consideration of educational impact and support for resident doctors and students. This might involve conversations about service changes, measures to assist doctors in difficulty, and case-based discussions highlighting situations where a resident doctor took responsibility for patient care.

Some trainers will also supervise quality improvement projects or audits completed by their resident doctor or student on a block placement and again, that would be appropriate evidence to use for domain 1.

Domain 2: Establishing an effective learning environment

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

Image 7261803 from pixabay.com

Domain 2 focuses on establishing an effective learning environment.

Now, feedback is an important aspect of this domain, where the trainer can reflect what the feedback has meant for the learning environment and how they have potentially improved the situation to enable better teaching and training.

They may also wish to consider how much awareness trainers have of the curriculum, and what stages of training their students and resident doctors are at, as well as what they need to focus on in their learning during their time with the department or trainer.

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

It should be noted that some of the supporting information a trainer submits may well overlap with domain 1, for example, induction and supervision arrangements. It is perfectly acceptable and normal for a piece of evidence to cover multiple domains.

Domain 3: Teaching and facilitating learning

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

Image 7261803 from pixabay.com

Domain 3 looks at the teaching and facilitating of learning itself.

One suitable example would be teaching programmes. Are they mapped to the curriculum and why does the trainer choose to deliver things the way they do and at the time they are offered?

It would also be useful to have a review of a teaching session by a peer and have an assessment of the courses that they are involved in delivering. Most of these include some feedback from attendees that can be discussed, including any changes or improvements that the trainer has made as a result from it.

Domain 4: Enhancing learning through assessment

- Anonymised WPBAs or Ed Sup reports
- Questions the trainer has written for college exams
- Feedback given to candidates after exams
- Assessments devised by trainers
- Certificates from acting as an examiner
- Feedback to resident doctors as part of a learning event
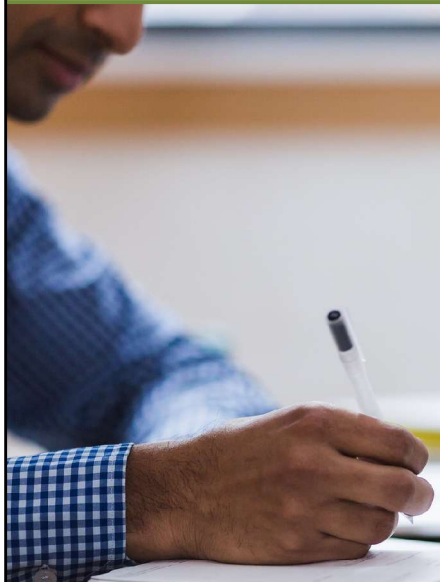
Image 2562325 from pixabay.com

Domain 4 explores the enhancing of learning through assessments.

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

Appraisers may want to discuss with the appraisee how they feel they are performing as a trainer. Are they the hawk or a dove? Or have they had any feedback on being an assessor?

Domain 5: Supporting and monitoring progress
(Educational Supervisors)

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

Domain 5 looks at supporting and monitoring progress. Let's look at Educational Supervisors to begin with.

If the trainer was an Ed Sup, then the appraiser would expect the trainer to have reflected on induction, or midpoint, or end of block meeting entries into the portfolio of a resident doctor; or some anonymised examples of dealing with a resident doctor in difficulty. What did they do? Why did they do it that way? And did it work?

They could also include examples of the resident doctor's PDP or anonymised ARCP panel details.

Other suitable evidence include notes from Speciality Training Committee meetings, or attendance at resident doctor interviews, or other meetings where resident doctor's progress was discussed.

Domain 5: Supporting and monitoring progress
(University roles)

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

If the trainer was in a university trainer role, then suitable evidence expected may include anonymised completion of assessments for students; as well as attendance at university training events relating to student assessment or evidence of participation in exam boards.

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

Domain 6: Guiding personal and professional development

(Educational Supervisors)

- Reflective account of the advice and support given

- Examples of materials provided

- Feedback or letters of thanks from resident doctors

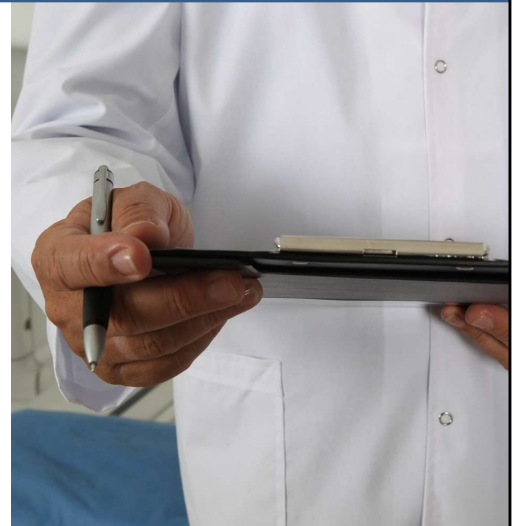*Image 1228627 from pixabay.com*

Domain 6 looks how a trainer guides the PDP of their resident doctors or medical students.

For trainers who are Educational Supervisors, they may consider a reflective account of the advice or support they have given. It could also include examples of materials they have offered, or feedback letters and thank you's from resident doctors who had received that support.

Domain 6: Guiding personal and professional development

(University roles)

- Careers guidance for students
- Attending training on pastoral or professional development for students
- Inclusivity training (e.g. reasonable adjustments for disability)
- Reflection of pastoral and/or professionalism activities (e.g. student mentor, conduct or fitness-to-practice)
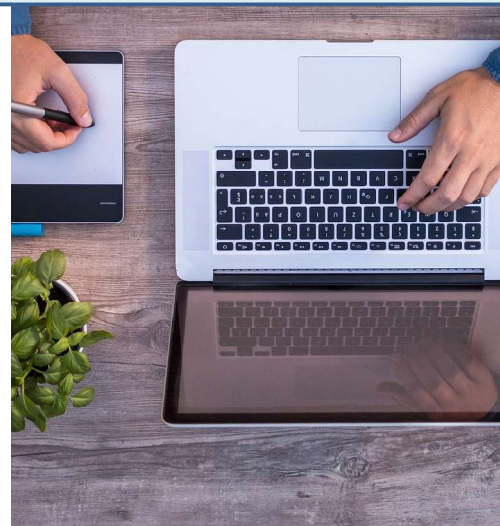
Image 2838921 from pixabay.com

For a trainer with university roles, evidence of training or participation in career guidance for students would be suitable.

In addition, there could also be evidence of training in roles where a trainer supports their students, be that in a pastoral role for their professional development, or training on inclusivity, so knowing how to make reasonable adjustments for disabilities a student may have.

Of course, any reflections on participation in related activities would equally apply, being a student mentor, for example.

Domain 7: Continuing professional development as an educator (1/2)

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

Image 2423815 from pixabay.com

Domain 7 looks at the trainer's **own** CPD as a medical educator, reflecting on their own learning and development - and this domain really brings everything together. All evidence that a trainer has provided in the previous sections count towards this domain, but it needs to include some plans and actions around their own development.

The kind of questions an appraiser could explore include:

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

Domain 7: Continuing professional development as an educator (2/2)

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

Image 2423815 from pixabay.com

When reviewing the evidence's suitability, consider the following:

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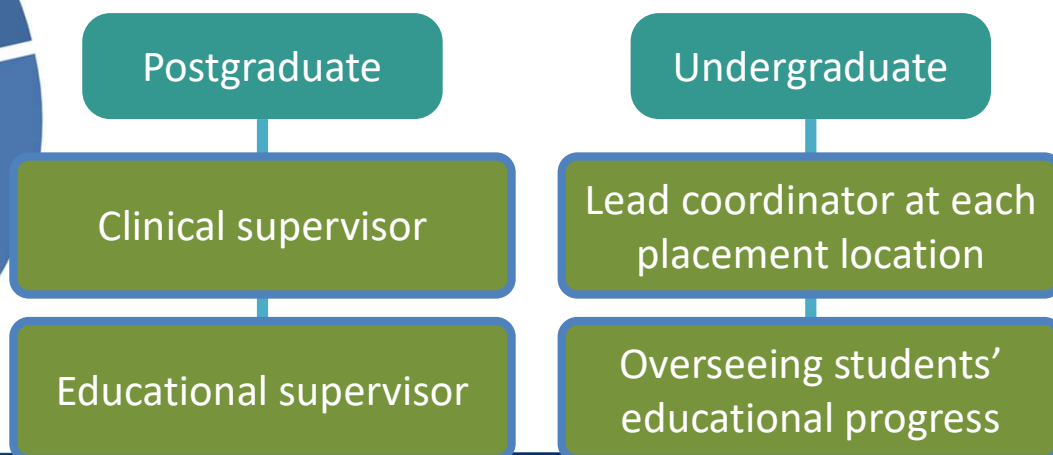
Summary

1

- Whole practice appraisal
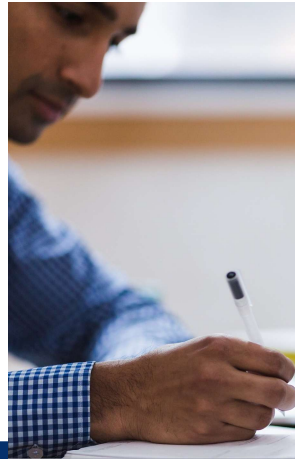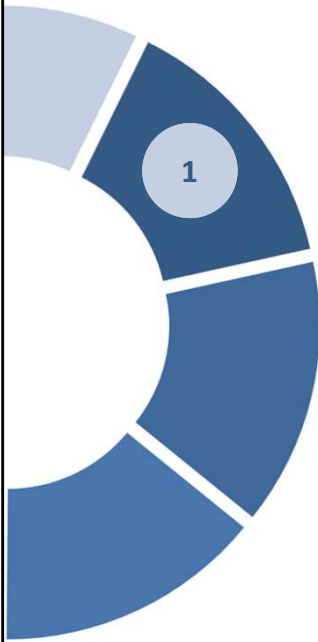
A quick recap of the main points from this module:

Firstly, whole practice appraisal covers all roles the appraisee has, of which the trainer role is one of them.

Summary

(2)

- GMC Recognition of Trainer roles

Postgraduate	Undergraduate
Clinical supervisor	Lead coordinator at each placement location
Educational supervisor	Overseeing students' educational progress

For Recognition of Trainers there are 4 roles to consider, Clinical and Educational Supervisors, and lead coordinators of undergraduate training and doctors responsible for overseeing students' educational progress at each medical school.
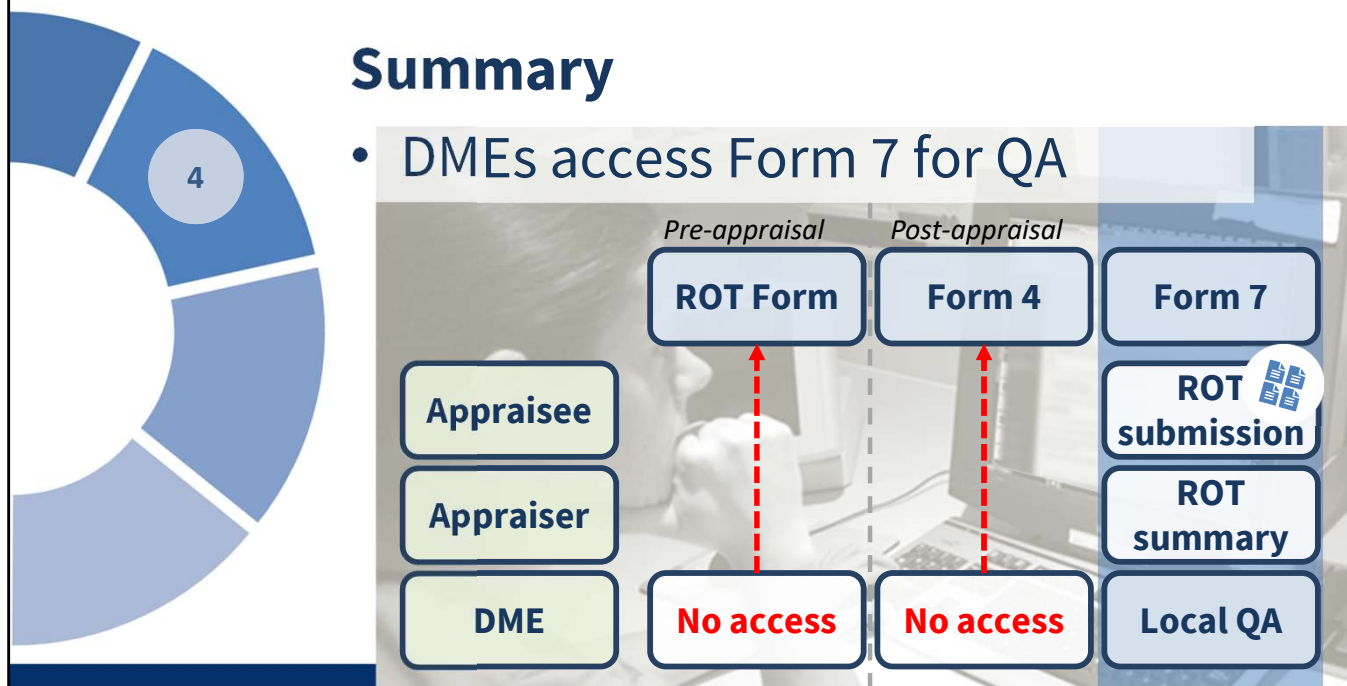
Summary

- Form 7 created automatically
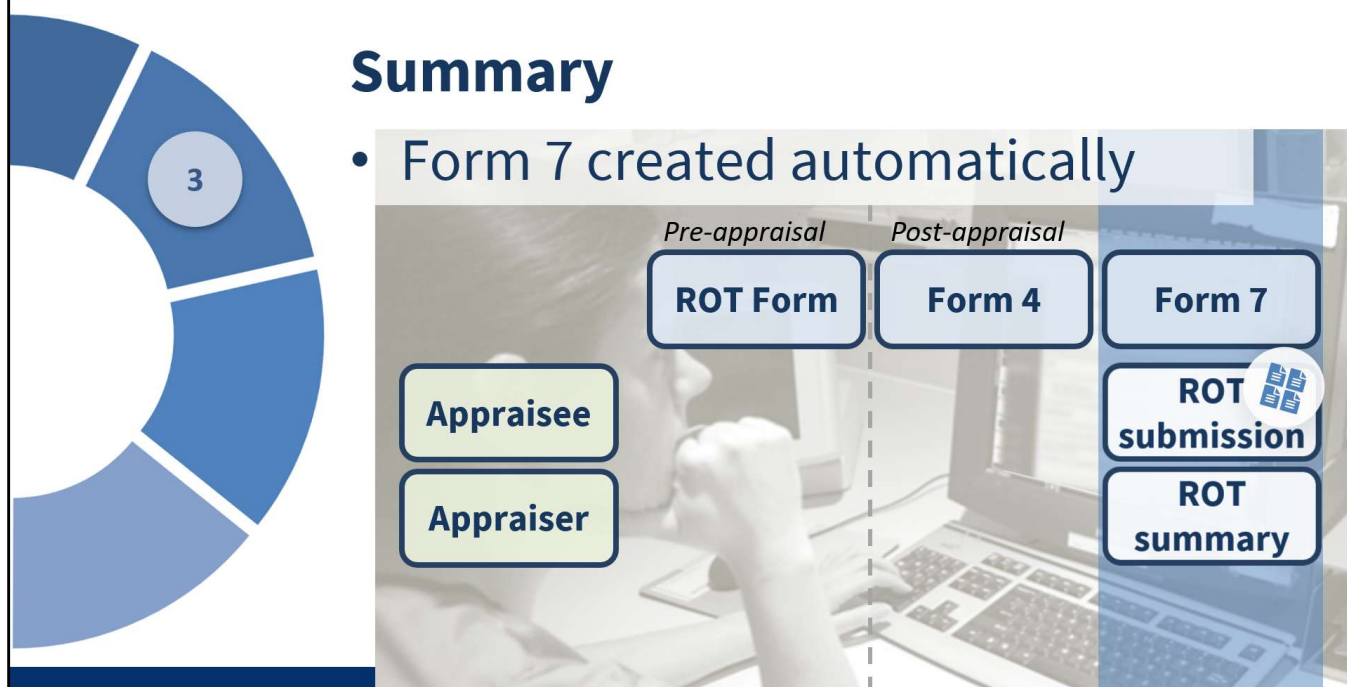
The Trainers complete the ROT form on SOAR, and appraisers record the trainer role discussions in Form 4, which when signed off, a Form 7 is generated automatically by lifting the respective ROT sections so make sure all relevant evidence are included in the relevant ROT sections and forms.
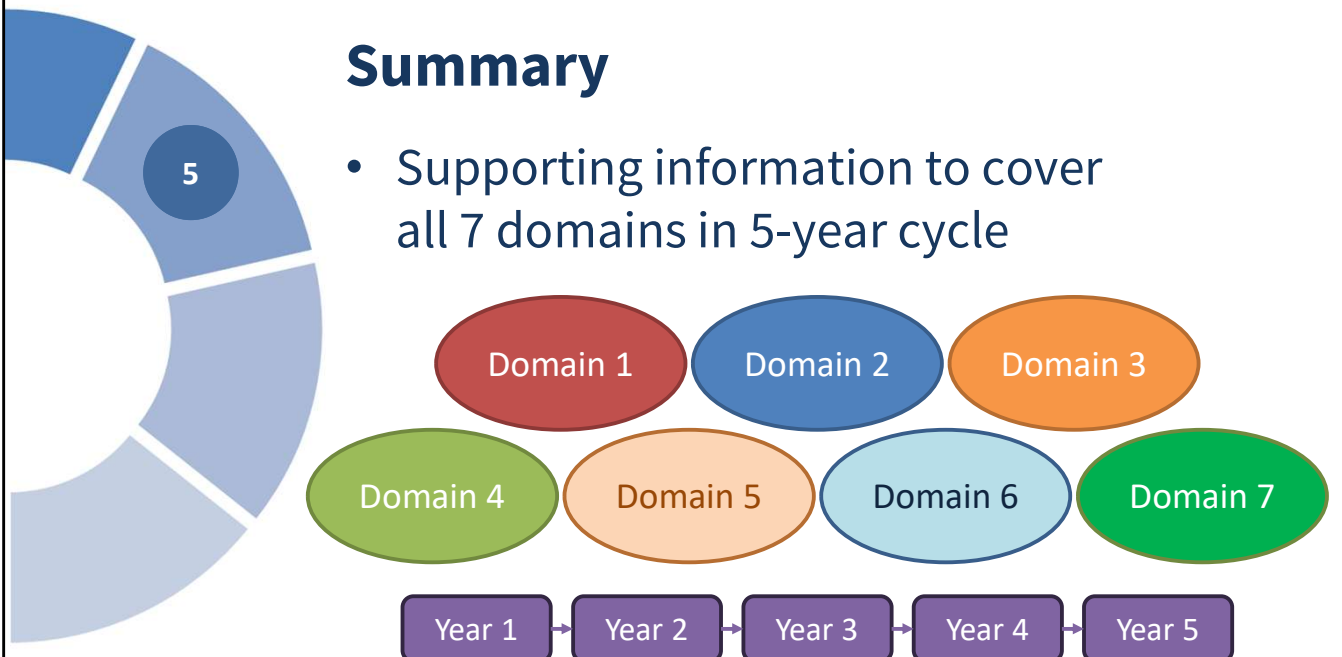
Summary

- ## DMEs access Form 7 for QA

	Pre-appraisal	*Post-appraisal*	
	ROT Form	Form 4	Form 7
Appraisee			ROT submission
Appraiser			ROT summary
DME	**No access**	**No access**	Local QA

The process of recognising trainers sits outside of SOAR and since 2025, DMEs are tasked with the QA of their trainers, which they do by sampling Form 7s at their discretion.
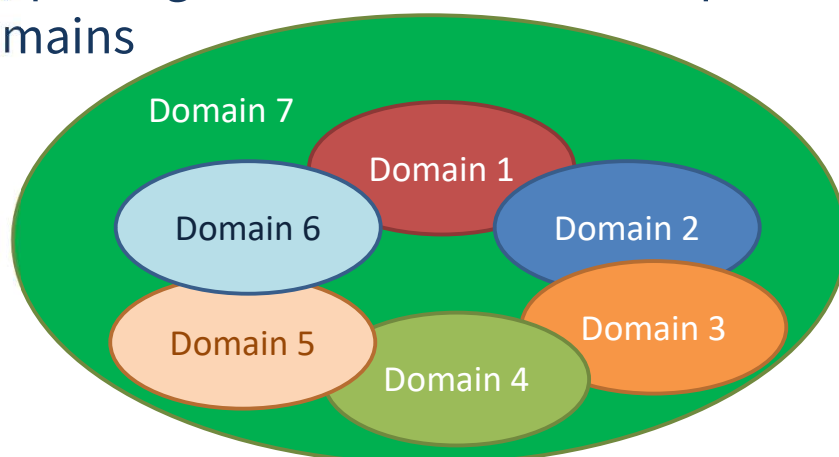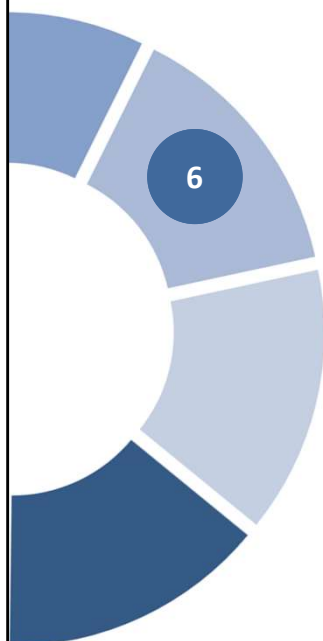
Summary

5

- Supporting information to cover all 7 domains in 5-year cycle

| Domain 1 | Domain 2 | Domain 3 |
| Domain 4 | Domain 5 | Domain 6 | Domain 7 |

Year 1 → Year 2 → Year 3 → Year 4 → Year 5

When discussing the RoT section at appraisal, the submitted evidence should be reviewed and reflected, with a view to covering all seven domains within a five-year revalidation cycle; apart from clinical supervisors, who only need to cover domains one to four, and domain seven.

Summary

6

- Supporting information can overlap domains

Supporting information can overlap multiple domains, but just like any other piece of supporting information, the key is reflection. And their PDP/CPD as part of Domain 7 should reflect all of this.

Summary

7

- Role of appraiser

Appraisers do not recognise trainers ✗

Review and discuss RoT supporting info

Confirm appropriate supporting info has been provided for role(s)

Aid reflection ✓

Finally, when discussing the trainer role with the appraisee, remember that the role of the appraiser is **not** to approve or quality assure their work or their students' work – the role of the appraiser is to facilitate the trainer's reflection and confirm supporting information is appropriate. Focus on the **quality** of the submission and help the trainers to demonstrate they are up-to-date and fit to practise. If done right, the discussions should be no different to other clinical or non-clinical roles as part of the whole practice appraisal.

Further resources

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

Image 4299814 from pixabay.com

For further resources, we suggest you go over the Recognition of Trainer Manual hosted by the Scotland Deanery website - which is a more comprehensive resource on all the ROT processes and requirements. It is also a good resource to signpost your appraisees to (https://www.scotlanddeanery.nhs.scot/trainer-information/recognition-of-trainers-rot/).

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

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

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

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

Helen Keller

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

Interested in becoming an appraiser?

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

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

Image: Free for Canva users

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

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

[End of module 7a]

Audio by:
Pamela Curran | Senior Officer | Medical Appraisal