

CIP GUIDE

Statement of Expectations and Guidance for CiP 9

CiP 9: The doctor is able to directly facilitate learning through the provision of teaching, training, mentorship and assessment to a wide variety of learners from various professions.

1 What is this CiP about?

This CiP is designed to ensure that trainees in CSRH acquire the skills, knowledge and attributes needed to be an effective teacher and supervisor to a wide variety of learners from various professions. It is expected that a consultant in CSRH will be an effective teacher of not only medical students and trainees, but of peers from other medical specialties, other allied healthcare professionals and non-clinical colleagues such as health promotion staff.

During training, doctors should be exposed to and participate in a wide variety of teaching methodologies, as well as attending educational events to support their learning in this area. The ability to reflect on and learn when teaching has gone well or when it could be improved, are all skills that should be developed and consolidated as training progresses. Here are the GMC-approved key skills and descriptors.

Key Skills	Descriptors
Delivers effective teaching	<ul style="list-style-type: none"> • Demonstrates understanding of learning theories relevant to medical education. • Plans and delivers effective teaching/training strategies and activities. • Promotes a supportive learning environment (and ensures patient safety in teaching/training). • Demonstrates techniques for giving feedback and can provide it in a timely and constructive manner. • Evaluates and reflects on the effectiveness of their teaching/training activities. • Manages personal education time and resources effectively
Facilitates interprofessional learning	<ul style="list-style-type: none"> • Understands the value of learning with, from and about other healthcare professionals. • Participates in interprofessional learning. • Demonstrates the ability to deliver multi-professional teaching.
Supervises and appraises	<ul style="list-style-type: none"> • Contributes towards staff development and training, including supervision, appraisal and workplace assessment. • Acts as named Clinical Supervisor, Educational Supervisor and Faculty Registered Trainer. • Understands the skills required to become an Educational Supervisor • Understands GMC recognition of trainer status • Understands GMC revalidation and the underlying medical appraisal process and could act as an appraiser.
Develops people	<ul style="list-style-type: none"> • Acts as a supportive colleague and “critical friend”. • Encourages career development in others. • Understands concepts of formal, mentoring and coaching. • Demonstrates an awareness of the characteristics of a colleague in difficulty. • Supports and guides a colleague in difficulty using the processes which exist within the NHS.

These **Key Skills** also map to a variety of generic professional capabilities developed by the GMC. Evidence supporting progress in this CiP should link to generic capabilities such as dealing with complexity, teamwork and leadership and knowledge of patient safety issues. To help trainees and trainers assess progress in this CiP, there is a Statement of Expectations for trainees at each stage of training. It offers guidance as to what constitutes acceptable progress in each training year.

Descriptors are assigned to each Key Skill. It is important to note that they are given as guidance as to the kinds of activity that will help a trainee self-assess as to their progress with the acquisition of the Key Skill. Other activities that could be said to belong to that Key Skill are not excluded, hence the list is not exhaustive.

Statement of expectations: CiP 9	
ST1–3 Meeting expectation	<p>A trainee who is meeting expectations will recognise that learning theories are important, but may not fully implement them in their teaching. They will undertake opportunistic teaching of practical skills with junior colleagues/medical students, as well as the wider multidisciplinary team. They are aware of the need to support and effectively supervise medical students. They will take opportunities to educate patients and empower them in their own healthcare management; this is usually limited to providing written information. They have an awareness of the techniques for giving feedback and can usually provide it in a timely and constructive manner. They will improve the effectiveness of their educational activities in response to reflection and feedback. They have an appreciation of the basic principles of the appraisal process and participate in revalidation</p>
ST4–5 Meeting expectation	<p>A trainee who is meeting expectations will continue to make progress in the areas covered in their earlier training programme. With supervision they can plan and facilitate multidisciplinary teaching sessions. They understand and value the importance of inter-professional learning but require guidance to create opportunities to maximise learning as a multidisciplinary team. They can deliver regional and local teaching and can support junior trainees to develop effective local teaching sessions. They engage in a variety of different teaching settings including one-to-one, small group and more formal lectures. They take most opportunities to educate patients in their own healthcare management. They directly supervise colleagues supportively and effectively and may begin to demonstrate the skills and attributes of a Clinical Supervisor, including assessments of junior colleagues and medical students, and may employ feedback</p>

	<p>strategies. They demonstrate attention to the dignity and safety of all patients or volunteers involved in teaching and encourage learners to do so.</p>
<p>ST6 Meeting expectation</p>	<p>In addition to the earlier levels outlined, a trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training. They seek out opportunities to plan and facilitate teaching sessions outside the immediate clinical sphere. They will continue to take most opportunities to educate, and conversely learn from patients to develop their own clinical practice and the service more widely, while supporting junior colleagues to do so. They directly supervise junior colleagues supportively and effectively. They will confidently demonstrate the skills and attributes of a Clinical Supervisor and Educational Supervisor including assessments of learners and continue to effectively employ feedback strategies.</p> <p>They will continue to improve the effectiveness of their educational activities in response to reflection and feedback and support junior colleagues to do so. They take opportunities to appraise and encourage junior peers to actively engage in the revalidation process. A trainee who is meeting expectations will be on track to meet all the key skills in this CiP by the end of training.</p>

2 What kind of evidence might be relevant to this CiP?

This list is not exhaustive. Trainees and supervisors can discuss and agree other sources of relevant evidence. They should also refer to the [Matrix of Progression](#) which sets out the key overall requirements for progression at each stage of training.

- TO2
- Reflective practice
- Part 2 KAT
- FRT or equivalent status recognition
- eLearning/courses relevant to education
- Lesson plans
- Power points/ examples of teaching or training sessions delivered
- Feedback from teaching
- Involvement in formal training programme design

- Involvement in undergraduate examinations
- Publications

3 What are the Knowledge Requirements for this CiP?

The Knowledge Requirements for all CiPs are contained in a single document, available on the FSRH website. They are not listed here because they also constitute the MFSRH syllabus which needs to be a separate document for all examination candidates, some of whom are not CSRH trainees.

4 When can this CIP be signed off?

A trainee can make a self-assessment of their progress in this CiP at any point in the training year. The first question for a trainee to ask themselves is,

- Do I think I meet the expectations for this year of training?

If the answer is yes, then the next questions to ask are:

- Have I produced evidence and linked that evidence to support my self-assessment?
- Is this evidence at the right level of complexity for my year of training?
- Do I understand the knowledge requirements of this CiP? If not, do I need to look at the knowledge requirements/MFSRH syllabus?

Once the trainee has completed the self-assessment the educational supervisor (ES) needs to review the evidence and ask the same questions:

- Is this sufficient evidence to sign off the CiP?
- Am I happy there is evidence to support the acquisition of key skills?
- Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?
- Is there other evidence that has been missed?
- Is the level right for this trainee? Are they meeting the standards in the statement of expectations?

When the ES judges that the trainee has met the expectations for that year, they can sign off the CiP. Most crucially, this is a global judgement which does not have to be linked to key skills. One piece of well-presented evidence with some reflection may be enough to sign off the CiP. It is the **quality** of the evidence, not the quantity, which is key. Remember also that one piece of evidence can be used up to three times across the CiPs.

5 Are there any examples or case studies?

Example 1 – ST3 trainee (ES focus)

You are an ES having a meeting with an ST3 trainee, who asks for sign-off of CiP 9. After considering the questions regarding the evidence, they feel that they meet the statement of expectations. They have submitted the following evidence linked to the CiP:

- A power point uploaded of a recurrent undergraduate lecture, not originally written by them but delivered by them:
- Feedback from nurses following delivery of the same lecture/ teaching at a different time
- Audit power point presentation of departmental mandatory training completion rates
- DFSRH

The statement of expectations for an ST3 trainee who is meeting expectations in CiP 9 is as follows:

- A trainee who is meeting expectations will recognise that learning theories are important but may not fully implement them in their teaching.
- They will undertake opportunistic teaching of practical skills with junior colleagues/medical students, as well as the wider multidisciplinary team.
- They are aware of the need to support and effectively supervise medical students.
- They will take opportunities to educate patients and empower them in their own healthcare management: this is usually limited to providing written information.
- They have an awareness of the techniques for giving feedback and can usually provide it in a timely and constructive manner.
- They will improve the effectiveness of their educational activities in response to reflection and feedback.
- They have an appreciation of the basic principles of the appraisal process and participate in revalidation

When you were reviewing the evidence, you felt that the trainee had not demonstrated a proactive approach to the teaching opportunities that have arisen through the year. Although feedback had been received from one group of learners, there was no evidence that it had been used to inform or improve future teaching and the same material had been used for multiple audiences. The audit mentions training but is actually about compliance levels rather than education and the DFSRH does not provide evidence of teaching skills. You have read the trainee's TO2 and know that several staff have commented on the trainee's approachability and willingness to teach colleagues "on the job". You suggest creating a learning package based on common questions that could be delivered to junior colleagues and also that the trainee revisits the feedback following the nursing teaching, reflects and uses it to improve or tailor future teaching. The DFSRH would be better linked to CiP1 and the audit to CiP 3,4 or 6. You would then be happy to sign it off.

Example 2 – ST6 trainee (trainee focus)

You are an ST6 trainee considering sign-off for CiP 9. You are 7 months into ST6 and have submitted the following evidence linked to the CiP:

- FRT status

- Design and initiation of a local “Introduction to Psychosexual Counselling” teaching package for departmental colleagues
- Oral & Poster presentation of this initiative at the FSRH ASM
- Audit of FSRH General Training Programme with recommendations for improvements
- Has acted as CS to a junior trainee with ePortfolio record of WPBA and TO1s completed for that trainee

You feel this evidence matches the Statement of Expectations for ST6 because it demonstrates your involvement in education and how you have put your skills into practice. You discuss this CiP and your request to be signed off with your ES at your next meeting.

The Statement of Expectations for an ST6 trainee who is meeting expectations in CiP 9 is as follows:

- In addition to the earlier levels outlined, a trainee who is meeting expectations will continue to make progress in meeting the key skills covered in their earlier training.
- They seek out opportunities to plan and facilitate teaching sessions outside the immediate clinical sphere.
- They will continue to take most opportunities to educate, and conversely learn from patients to develop their own clinical practice and the service more widely, while supporting junior colleagues to do so.
- They directly supervise junior colleagues supportively and effectively.
- They will confidently demonstrate the skills and attributes of a Clinical Supervisor and Educational Supervisor including assessments of learners and continue to effectively employ feedback strategies.
- They will continue to improve the effectiveness of their educational activities in response to reflection and feedback and support junior colleagues to do so.
- They take opportunities to appraise and encourage junior peers to actively engage in the revalidation process.
- A trainee who is meeting expectations will be on track to meet all the key skills in this CiP by the end of training.

The ES considers the key questions:

Is this sufficient evidence to support sign off of the CiP? Am I happy there is evidence to support the acquisition of key skills?

In this case five pieces of good evidence have been provided – both the theory and practice of designing and delivering teaching in a variety of settings.

Is this the best evidence? Would some of this evidence be more appropriate in other CiPs as evidence?

You feel that the evidence covers this CiP.

Is the level right for this trainee?

You feel that this evidence is at the level you would expect of someone nearing completion of ST6. They have demonstrated educational leadership with a completed project on an Introduction to Psychosexual Counselling skills which has also been presented at a conference. The ES is therefore happy to sign off the CiP.