Academy of Medical Educators - Revision of Professional Standards Consultation

Comments from the Royal College of Physicians of Edinburgh

1. Have we identified the key reasons for the continued existence and development of the Professional Standards?

It would be useful to be explicit about the role of the GMC in recognising named medical trainers, referencing the GMC 2012 publication *Recognising and Approving Trainers: the Implementation Plan*, while acknowledging that the Academy of Medical Educators has a membership beyond medical practitioners. This GMC document had input from the Academy of Medical Educators and references the seven framework areas described by the Academy of Medical Educators.

2. Do the core values adequately reflect the shared values of medical educators?

Yes, on the whole with one consideration - it would be helpful to include a sentence about the importance of the promotion of a learning culture and environment as outlined in domain 2. The terms CV-QSC, CV-PII and CV-S should also be explained.

The core values diagram should precede the table as it is otherwise disjointed – the recognition levels should come after the section on *Professional Standards Framework – Core Values of Medical Educators* as this then makes interpretation of the levels and how the standards relate to the membership categories much more explicit and easier to understand.

3. Does Domain 1 Design and planning of learning activities reflect the skills, knowledge and behaviour of medical educators in this domain of practice?

Yes, with the following considerations:

1. It should be made explicit that these are levels of standards for membership categories – or the layout adjusted as above.
2. There should be some mention of understanding/ being able to describe the principles of the curriculum to be followed in levels 1 & 2.

4. Does Domain 2 Teaching and supporting learners reflect the skills, knowledge and behaviour of medical educators in this domain of practice?

Yes, with the following considerations:

1. It should be made explicit that these are levels of standards for membership categories – or the layout adjusted as above.

2. There needs to be some mention about equality and diversity issues with regard to medical education.

5. Does Domain 3 Assessment and feedback to learners reflect the skills, knowledge and behaviour of medical educators in this domain of practice?

Yes, with the following considerations:

1. It should be made explicit that these are levels of standards for membership categories – or the layout adjusted as above.
2. There should be mention of the role of workplace based assessments/ supervised learning events as some may interpret these standards in the context of formal examinations and these are a small part of assessing progress in post-graduate medical training, particularly with the GMC focus on generic professional capabilities and revision of curricula to reflect this. The assessment of these is outlined in the GMC publication in 2017. The statement about the importance of the delivery of effective feedback from assessment needs to be made explicit in all levels of the standards as this is key to learner development. It would be helpful to change statement 3.1.6. to reflect this – if an assessment is done, the learner should be given feedback rather than using the term "as appropriate".
3. There should also be some comment about the recognition and support of learners who are failing to progress as expected (recognising the overlap with domain 1).
4. There should also be something about addressing issues with differential attainment in designing and reviewing assessments.

6. Does Domain 4 Educational scholarship and evidence-based practice reflect the skills, knowledge and behaviour of medical educators in this domain of practice?

Yes, with the following considerations:

1. It should be made explicit that these are levels of standards for membership categories – or the layout adjusted as above.
2. This will be the most challenging area for clinical practitioners to evidence outwith the pursuit of formal qualifications in medical education or contributions to educational research and may be a disincentive to clinical educators to consider membership of the Academy of Medical Educators.
3. There should be some mention of appraisal and professional revalidation in the standards within this domain (or domain 5). Omitting the section on CPD, appraisal and revalidation in this revision is unhelpful given the focus on re-recognition of trainers and educators as part of revalidation. The College recognises that the stated remit is beyond medical practitioners but this may reduce engagement with membership by clinicians.

7. Does Domain 5 Educational management and leadership reflect the skills, knowledge and behaviour of medical educators in this domain of practice?

Yes, with the following considerations:

1. It should be made explicit that these are levels of standards for membership categories – or the layout adjusted as above.
2. It would be beneficial to include evidence of training in diversity and equality as a core standard.
3. There perhaps should also be something about recognition of and mitigation against the hidden curriculum, differential attainment and unconscious bias.
4. Educational leadership should also include mention of responsibilities as a role model for learners.

8. What do you think has been the impact of these standards on the profession? What will be their impact in future?

As practising medical clinicians, College Fellows feel that there is limited awareness of these standards with more of a focus on the GMC *Recognition of Trainers* process and the Academy of Medical Educators Framework which is used to support recognition of trainers.

Recognition of trainers has helped to promote the importance of trained trainers to deliver high quality education and training for medical undergraduates and postgraduates. This has not translated into large numbers of clinicians joining educational organisations.

9. What do you think has been the impact of these standards from the perspective of patient safety? What will be their impact in future?

As above, our Fellows feel that there is limited awareness of these standards with more of a focus on the GMC *Recognition of Trainers* process and the Academy of Medical Educators Framework which is used to support recognition of trainers. The GMC anticipates that better training will improve patient safety. Certainly the focus on the increased use of learning techniques such as simulation and mastery has improved clinician skills and reduced harm to patients.

10. What do you think has been the impact of these standards from the perspective of equality and diversity? What will be their impact in future?

As above, our Fellows feel that there is limited awareness of these standards but there is a general recognition of the need to recognise learner difference and an awareness of unconscious bias, the hidden curriculum and differential attainment and mitigate these challenges to create a diverse workforce that better reflects the UK population. It would be good to perhaps include something about these areas within these standards.

11. Do you have any further comments about the Revisions to the Academy of Medical Educators' Professional Standards for Medical Educators? If so, please share them here.

Given that medical professionals are being recognised by the GMC and using the Academy of Medical Educators Framework as a template for the collection of evidence to support recognition of their named roles, it would be helpful to include this within this document and consider mapping the domains to this framework as this is what potential members will be using as a basis for assessing their evidence, for example. The advice for post-graduate medical educators in Scotland is also available.