

WHO DOES WHAT

IN FOUNDATION & SPECIALTY

TRAINING?

In 2008 the Quality Management Subgroup of JACSTAG asked NACT UK to produce a document suggesting terminology for the various roles of those involved in postgraduate medical training, from the level of day to day supervision to the management of whole training programmes.

This document results from both internal NACT UK discussions and both formal and informal feedback from others. Creating a clear and simple terminology out of the historical variation between specialties, regions and countries is challenging. However with national standards & regulation, centralised recruitment and mobile trainees & trainers we believe standardising terminology is worthwhile.

In this document we propose no new roles. We have grouped roles into 3 broad groups, Trainers, Tutors and Directors. In broad terms, Trainers teach and facilitate the learning of individual trainee, Tutors and Directors oversee a cohort of trainees and manage the process.

We hope that this document will stimulate informed discussion that will lead to a nationally agreed terminology for the roles involved in Postgraduate Medical Education.

Liz Spencer, Chair NACT UK

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Executive Summary

1. Individual Placement

In Hospital - Trainers are a variety of consultants, and other experienced clinicians who provide training and educational support for more junior doctors.

In General Practice – Trainers are experienced GPs who are “properly organised and equipped for providing training” as defined by Statute¹.

Educational Supervisor: A named Trainer who is responsible for the overall supervision and management of a specified trainee’s **educational** progress during a placement or series of placements.

Clinical Supervisor: A named Trainer who is responsible for overseeing a specified trainee’s **clinical** work and providing constructive feedback to the trainee during a placement.

2. Local Education Provider

College/Specialty Tutor: A Trainer who is appointed to oversee postgraduate medical training within a specialty department to promote the learning environment, support Trainers & Trainees and be responsible for ensuring that the programme(s) are delivered to the desired local and national standards.

Director of Medical Education (DME): responsible within the Local Education Provider for the profile of medical education, developing the faculty (trainers, supervisors & tutors) and ensuring the delivery of the Education Contract.

We are aware that a few LEPs continue with the term Clinical Tutor who fulfils much of this role. We suggest that the DME role is more strategic and is required to embed education & training into Board level discussions.

3. LETB / Deanery

Postgraduate Dean oversees all aspects of foundation and specialty training.

The GP Director is responsible for all aspects of GP training and in some areas the performance & CPD of qualified GPs.

Training Programme Director, Foundation (FPD) & Specialty (TPD): responsible for managing their specific training programme usually across different Local Education Providers. They are responsible for recruitment, rotations and trainee progression and organise the ARCP process.

Postgraduate Schools: Most regions in England organise specialty training through Postgraduate Schools. e.g. Schools of Surgery, Schools of Medicine, Schools of Anaesthesia etc. They have professional links to the College and are accountable to the Postgraduate Dean.

Heads of Specialty Schools are responsible for the overall management of the training programmes in that specialty and its related sub-specialties.

4. College / Faculty / Specialty level

College – need definition

Specialty Advisory Committee (SAC) within the relevant Specialty College/ Faculty /Board provide expert advice on all aspects of the training programme related to that specific specialty or subspecialty – curriculum, assessment framework, and quality assurance. The SAC works closely with the Lead Dean for that specialty and with the Heads of School and TPDs.

Regional Adviser (RA) or **Regional Educational Advisers (REAs)** are consultants with significant experience in specialty training who are appointed by the College / Specialist Body to provide input into the Specialty Training Committee and support the Training Programme Director. They are involved in the approval & appointment of permanent medical staff, and provide externality to quality inspection processes.

Some specialties call these College Advisers

1. Background

- 1.1 The working groups involved in both the Standards for Trainers and the Trainer Survey demonstrated that there was significant variation in the terms used to describe training roles, and the interpretation of these terms, in different regions, specialties, specialty associations, Royal Colleges and Hospitals, Trusts or Health Boards. This has led to considerable confusion in relation to understanding roles, organisational structures, the formulation of job plans and the general management of postgraduate medical training.
- 1.2 A nationally agreed set of terms to describe the roles of those involved in supporting trainees and managing training programmes could provide clarity to trainees, trainers, Local Education Providers (LEPs) and other agencies with an interest in postgraduate medical training.
- 1.3 There is greatest confusion amongst the roles and titles of those most closely involved in the actual process of training individual post-graduate doctors.
- 1.4 All roles need to be specifically recognised in medical job plans with an appropriate allocation of time. Clarity on roles and responsibilities with common terminology will facilitate this being done in a realistic and fair manner.

It is acknowledged that there are various models and terminology in use in different countries, regions & specialties and that it may not be possible to have a single model which fits every single individual situation.

2. Significant issues

- 2.1 The term “Trainer” has a statutory meaning in GP training and cannot be changed. Article 5(4) defines a GP trainer as “one who is properly organised and equipped for providing training”¹.
- 2.2 The GMC has set out the standards for postgraduate training in *The Trainee Doctor* (pdf)² and some clear definition of a Trainer is required to enable these standards to be implemented and monitored. The GMC has started the process of recognising trainers and is currently focusing on named clinical and educational supervisors.
- 2.3 The GMC’s Standards for Training and local clinical governance arrangements require trainees to have clinical supervision at all times by an identified individual. In practice the next most senior member of the team provides this. This person providing the “clinical supervision” could be described as the “clinical supervisor”. However this term has a specific usage in the Gold Guide³ for the named individual overseeing the placement and should be retained for that purpose.
- 2.4 Modernising Medical Careers has led to the linking of posts in different individual departments, or across LEPs, into training programmes. An Educational Supervisor may not work in the same department, or even the same LEP, as the trainee and so to enable them to monitor progress some mechanism of feedback from the department is required.
- 2.5 With consultant expansion and hospital mergers teams of consultants now work together sharing wards and supporting a group of junior staff. In this large team it is important that there is a named individual that develops a personal relationship with the trainee to oversee clinical performance, training and manage any concerns – this person is increasingly being called the “Clinical Supervisor”.
- 2.6 All doctors (and others) working in departments with doctors in training have a duty as part of their professional duties and contract of employment to assist and support that training⁴.
- 2.7 All doctors require an understanding of how to support the learning of others. Those who assume more formal education responsibilities should be trained appropriately².
- 2.8 Local adaptation of these principles will be required as some regions work with a lead employer relationship and in some programmes trainees work in more than one education provider during a working week, as a result of plurality of provision.

3. Proposed Nomenclature

3.1 ***For a placement*** to be educationally useful to a **trainee** a number of outcomes are required.

- Trainees need to discuss cases, receive feedback on performance and be encouraged to learn from every aspect of their clinical activity.
- Trainee's personal learning objectives need to be identified and agreed
- Progress against these objectives needs to be monitored and assessed

3.1.1 In hospital practice, we propose that **Trainers** are those responsible for ***delivering*** the educational outcomes listed above.

Trainers are more experienced clinicians who provide training and educational support for more junior doctors on the wards, in clinic, in an operative list and out of hours. This relationship may vary from a brief encounter on the wards or on call, to overseeing a week of ward work (as a consequence of internal rotation within a specific placement) or regular contact throughout the entire placement.

It is a requirement that all Trainers should be prepared for their role and understand teaching & assessment methods and giving constructive feedback.

An individual trainee will interact with many trainers within a single placement.

Specific Trainer roles

These roles require additional training. The individual should be selected and appointed to the role, and the role detailed in their job plan.

3.1.2 **Educational Supervisor:** A named Trainer who is responsible for the overall supervision and management of a specified trainee's educational progress during a placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement i.e. performs appraisals and identifies, in conjunction with the trainee, the learning objectives for the placement.

3.1.3 **Clinical Supervisor:** A named Trainer who is responsible for overseeing a specified trainee's clinical work and providing constructive feedback to the trainee during a placement. They must provide a written report of clinical performance and progress to the Educational Supervisor, which may involve obtaining & co-ordinating information from several different individual trainers.

Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

In GP Specialty Training the term Trainer is defined in statute¹ but the above supervisor definitions apply. The Education Supervisor for the entire Training Programme is usually a GP and there is a Clinical Supervisor for each hospital placement.

- 3.2 ***For a training organisation*** or Local Education Provider (LEP), the required outcomes are:
- Safe patient care. Trainees require clinical supervision and appropriate supervisors with sufficient seniority and training – Standard C05b⁵
 - Delivery of the Learning and Development Agreement (or equivalent) with the LETB or equivalent⁶.
 - Compliance with educational governance requirements^{2,5}
- 3.2.1 **Clinical Supervision:** All members of the multi-professional team (doctors, senior nurses and allied health professionals) are involved in providing clinical supervision to less experienced doctors as part of their clinical job and professional duty to ensure patients receive safe and quality care.
- 3.2.2 **Accountable Consultant:** The consultant leading the medical team and accountable for the overall care of the patient.

Individuals responsible for delivering the educational governance outcomes at this level we propose to call **Tutors** and **Directors**. The individual roles here are more clearly demarcated. Tutors differ from Directors primarily in the scope of their remit.

- 3.2.3 There should be a consultant selected and appointed to oversee postgraduate medical training within a specific specialty and ensure the delivery of training programmes to the desired standards. This individual is the **Specialty Tutor**: *(who may concurrently hold the honorary role of **College Tutor**, according to the wishes of the Specialty Colleges, Faculties and Boards).*

In large specialties, such as medicine and surgery, the responsibility may be at sub-specialty level (e.g. urology or orthopaedics) if local needs require it. In large organisations a named tutor for core training programmes may also need to be identified.

We are aware that in some specialties/subspecialties this role is undertaken by a Lead Educational Supervisor. We suggest that the term “supervisor” is confined to a one-to-one relationship with a trainee. We suggest that there should be a tutor in all specialties & subspecialties who would attend the STC and assist the TPD & DME in programme management.

- 3.2.4 There is an individual who is responsible for maintaining and developing the profile of medical education within the LEP, ensuring quality control processes of training to local, regional and national standards and providing an annual report to the Postgraduate Dean. This person is usually called the **Director of Medical Education (DME)**⁷ *although in some areas these roles are done by the Postgraduate Clinical Tutor.* This person may also be the responsible for signing the Education Contract on behalf of the LEP *(Learning and Development Agreement or similar).* Depending on the size and geography of the Local Education Provider they may be assisted by one or more **Associate or Deputy DMEs**.

All LEPs will have an identified Board member who has overall leadership responsibility for postgraduate medical education.

- 3.2.5 There are many other educational roles required by large LEPs which are undertaken by **Clinical Tutors** who may oversee training within a Division or Hospital, have a specific remit eg. careers, pastoral support, Simulation/Clinical Skills etc or be responsible for a discreet group of doctors eg. the SAS group.
- 3.2.6 Each locality-based Foundation Programme should have a **Foundation Programme Director** (FTPD) responsible for managing that foundation programme within & between Local Education Providers on behalf of the Foundation School.
- 3.2.7 Facilities are provided for knowledge management, elearning, education delivery, clinical skills & resuscitation facilities and adequate support of medical education services, co-ordinated across sites and specialties by a team of administrators and a **Medical Education Manager**.

3.3 *The Postgraduate Dean* is the Responsible Officer for all doctors in training and is responsible for all aspects of postgraduate medical education:

- overall operational co-ordination of all training programmes - foundation & specialty
 - leadership and support for all involved in postgraduate medical education
 - identification of placements & training rotations for individual trainees
 - quality management of training programmes to GMC generic standards².
 - recruitment of trainees to programmes
 - effective communication with LEPs
 - In England.
- 3.3.1 The **Postgraduate Dean** represents PGME on the LETBs in England & leads the Deanery in the devolved nations. The **Director of Postgraduate General Practice Education** is responsible for all aspects of GP training and in some areas the CPD of qualified GPs.
- 3.3.2 There will be one (or more) Foundation School(s) led by a **Foundation School Director** to oversee the regional Foundation Training Programmes.
- 3.3.3 All specialty training programmes, including General Practice, should have a nominated **Training Programme Director** (TPD) responsible within the LETB / Deanery (or across regional boundaries) for the management of a single specialty training programme across multiple LEPs. They are responsible for recruitment, rotations and trainee progression (ARCP). They would be expected to work with College/Faculty Advisory Committees to ensure that programmes deliver the specialty curriculum. There must be a **Specialty Training Committees** (STCs) involving the Specialty/College Tutors from the individual hospitals that make up the specialty rotations. In general practice the TPD will coordinate the training placements that make up the programme as they cross from primary to secondary care.
- 3.3.4 Most English regions now organise specialty training through **Postgraduate Schools**. e.g. Schools of Surgery, Schools of Medicine, Schools of Anaesthesia etc. **Heads of Specialty Schools** are responsible for the overall management of the training programmes in that specialty and its related sub-specialties.
- 3.3.5 In large LETBs and/or in large specialties there may be several geographically based programmes each with a TPD. A **Head of Specialty Training** (HOST) may be required to represent the LETB / Deanery at the **Specialty Advisory Committee** (SAC) within the relevant Specialty College/Faculty/Board.
- 3.3.6 **Regional Adviser (RA)** or **Regional Educational Advisers (REAs)** are usually appointed by the specialty, but may be a joint specialty/deanery appointment. They are experienced clinicians and educators and provide valuable senior input into the STC and support the TPD. They are involved in the approval & appointment of permanent medical staff, and provide externality to quality inspection processes.

Figure 1 gives a schematic representation of how these roles link together

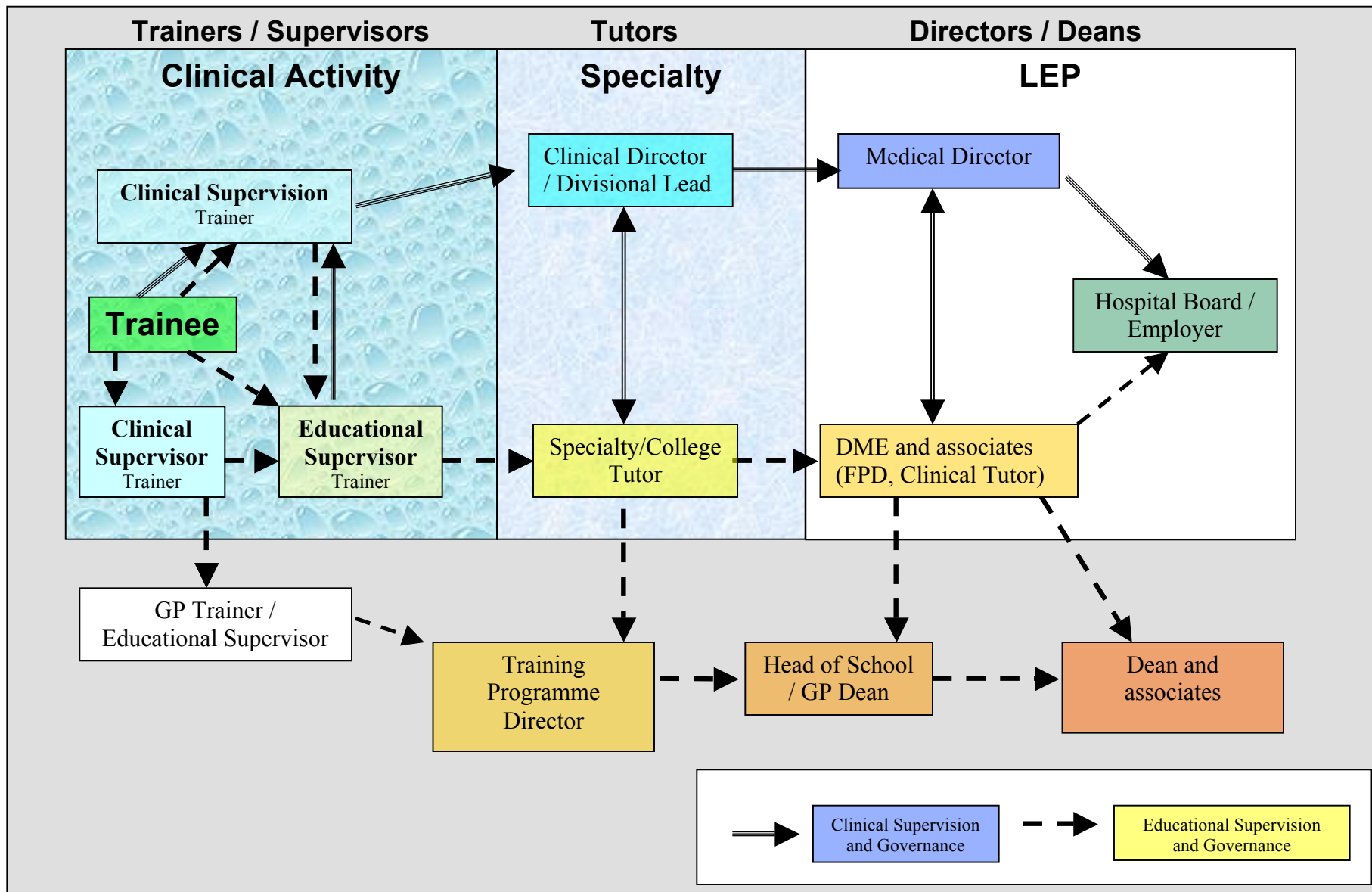


Figure 1: Demonstrating the links between those involved in postgraduate medical training

4. Clinical Supervision – ensuring safe patient care

- 4.1 All members of the multi-professional team (permanent medical staff, registrars, senior nurses and allied health professionals) are involved in providing clinical supervision as part of their clinical job and professional duty. The content of what needs to be supervised at different levels will change and the level of supervision will vary according to the experience of the trainee.

Their roles are to:-

- 4.2 Ensure optimum patient management. They should establish a friendly, open relationship with the trainee to encourage advice-seeking, ensure that the trainee is aware of their limitations and that the patient gets excellent safe care.
- 4.3 Observe and assess clinical practice. To observe practice if appropriate to ensure competency of the trainee. Give constructive feedback to reinforce good practice and develop areas of weakness. A knowledge of the relevant curriculum is desirable and workplace based assessments may be performed.
- 4.4 Provide feedback to the Clinical Supervisor on performance. If any aspect of a trainee's performance causes concern it must be brought to the prompt attention of the Accountable Consultant or Clinical Supervisor for prompt and appropriate management.
- 4.5 Ensure safe handover. They should ensure that the care of patients during the period of duty has been safely handed over to any incoming clinicians. This handover should be supervised by a more senior clinician.

Further information available from Gold Guide ³ and AMEE Guide ⁸.

5. Roles of a Trainer

- 5.1 They should teach, explain their actions and how their decisions were reached. They should establish a friendly, open relationship with the trainee to encourage questioning and promote discussion.
- 5.2 Directly observe the trainee's clinical work and provide constructive timely feedback to reinforce good practice, develop areas of weakness and to enable the trainee to evaluate their own performance and progress. This might include taking the trainee through a new procedure or de-briefing with the trainee after the period of duty. workplace based assessments should be performed. It might also include discussing how the trainee feels about a difficult problem or experience.
- 5.3 To provide coaching and support. Interactions should probe and develop the trainee's knowledge and skills with appropriate questioning to encourage reflection, maximise learning opportunities and develop the trainee.
- 5.4 Knowledge of the individual's curriculum and learning objectives is desirable and opportunities should be created to ensure that they can be met.
- 5.5 A full and balanced report of the trainee's performance should be made to the Clinical Supervisor detailing areas of excellence as well as areas for further development.

6. Specific Trainer - Clinical Supervisor Roles

- 6.1 Be familiar with the individual's learning objectives, ensure that the trainee has a timetable which enables them to gain the desired experience and be able to credibly test completion of these objectives.
- 6.2 Provide regular feedback on progress against training objectives both to the trainee and the Educational Supervisor. This should include regular documented meetings; in addition it is good practice to aim to meet the trainee weekly to discuss progress and problems in a less formal setting.
- 6.3 Be familiar with the trainee's learning portfolio and use it to document interactions with the trainee. Understand the assessments methods and ensure that other members of the team understand the relevant assessment methods and how to apply them in practice.
- 6.4 Ensure effective handover of the trainee to the next Clinical and/or Educational Supervisor, and complete the Supervisor's report at the end of the placement.
- 6.5 Ensure that clinical supervision, appropriate to the competences and experience of the individual trainee, of the trainee's day-to-day clinical performance occurs at all times, and that those responsible are able to feedback on trainee's performance.
- 6.6 Ensure that the trainee has time scheduled to hand over the care of their patients at the end of a duty period.
- 6.7 Be approachable so the trainee can report any issues and concerns regarding their training.

Further information available from Gold Guide ³ and AMEE Guide ⁸.

7. Specific Trainer - Educational Supervisor Roles

- 7.1. Perform regular educational appraisals to
 - facilitate reflection with the trainee on their performance
 - review the learning portfolio to ensure that trainees are making the necessary clinical and educational progress
 - identify key developmental objectives (against the programme curriculum and GMP) and update the PDP.
 - include the requirements for the annual workplace based (NHS) appraisal - *The mechanism for this is described in paras 7.24 – 7.27 and Appendix 7 of the Gold Guide.*
- 7.2 Inform others eg. TPD, DME or Medical Personnel Officer should the level of performance of a trainee give rise for concern.
- 7.3 Complete the Educational Supervisor's structured report (Gold Guide Appendix 4) and support the trainee in preparing for the ARCP.
- 7.4 There should be clear lines of accountability and responsibility for Educational Supervisors to fulfil the programme specific objectives professionally to the TPD and managerially to their employer or partnership. There should also be clear lines of accountability to the trainee's employer to ensure that the trainee's employer is confident that they are fulfilling their contractual responsibility to the trainee.

Further information available from Gold Guide ³ and AMEE Guide ⁸.

8. Roles of Tutors

8.1 Specialty Tutors.

Within the Local Education Provider each specialty requires a lead for PGME who is responsible for:

- 8.1.1 Ensuring that the educational, pastoral & career planning needs of all trainees in the department at all levels and on all programmes are addressed.
- 8.1.2 Maintaining an environment within the department conducive to training and that all those within the multi-professional team understand their role in providing clinical supervision to the trainee.
- 8.1.3 Supporting the Educational Supervisors and Trainers in their role particularly when there is a trainee who requires additional support for whatever reason.
- 8.1.4 Ensuring the quality control of the education and training delivered within that department according to local, regional and national standards.
- 8.1.5 For the Core Programmes, e.g. Core Medical Training (CMT), Core Surgical Training (CST) & Acute Care Common Stem (ACCS), there will be a TPD in the Deanery structures. However in large LEPs there may also be the need to have a nominated Tutor to co-ordinate these two-year programmes. This Tutor would be responsible for co-ordinating the programme and overseeing the progression of the trainees within the LEP, liaising with the TPD in the Deanery, assisting with recruitment, assigning Educational Supervisors and Trainers etc.

8.2 College Tutors.

With increasing sub-specialisation, particularly in medicine and surgery, there may be a need for several specialty tutors where traditionally there was only 1 College Tutor. Having an overarching College Tutor co-ordinating related specialties and providing a communication channel to the Royal College is desirable. Their role for the College and their responsibility locally need to be clearly defined.

8.3 Clinical Tutor.

This role is considered under Director of Medical Education.

Further information on roles and responsibilities of tutors in NACT UK Guide ⁷

9. Role of Deans

- 9.1 **Postgraduate Deans** have overall responsibility for the quality of postgraduate medical and dental education in their LETB / Deanery. They are also responsible for the strategic direction of PGME and for delivering a balanced budget. They are senior medical practitioners who have a background in medical education. They work closely with, and are accountable to NHS strategic organisations (in England LETBs, in Scotland NES, in Wales & N.Ireland direct to government). Most also have a University appointment so that they are able to fulfil their responsibilities to certify suitability for full registration. They work closely with medical royal colleges and faculties to ensure that the training programmes in their Deanery will deliver the College curriculum. They also work closely with other local universities.
- 9.2 Most Deans have working to them a **Director of Postgraduate General Practice Training** or **GP Dean** who is a senior medical practitioner with an educational background and who is responsible for the overview of general practice education across the Deanery including the strategic development of general practice (sometimes primary care)
- 9.3 There may also be a **Director of Postgraduate Hospital Training** or a lead for secondary care training. This person is also a senior medical practitioner with an educational background and is usually responsible for ensuring the overall delivery of postgraduate hospital training and will be accountable to the Postgraduate Dean.
- 9.4 All regions have a cohort of **Associate Deans (some are referred to as associate GP directors)** who are responsible for assisting the delivery of education in the patch. Most have a combination of geographical responsibility, specialty responsibility and portfolio of expertise.

10. Role of the LETBs

There are 13 LETBs across England. The Director of Education and Quality (DEQ) is responsible for the effective quality management of all education & training programmes, with the postgraduate dean having responsibility for medical postgraduate education and training. Their role is to

- Ensure the supply of the local health and care workforce and support national workforce priorities
- identify local priorities for education and training;
- Commission education and training on behalf of member organisations,
- Secure quality and value from education and training providers in accordance with the requirements of professional regulators and Education Outcomes Framework;
- Create effective partnerships with clinicians, local authorities, health and well-being boards, universities and other providers of education and research and provide a forum for developing the whole healthcare workforce.

References

1. 4(5) from Part 3 of [The General and Specialist Medical Practice \(Education, Training and Qualifications\) Order 2003 \(No. 1250\)](#)
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[http://www.mmc.nhs.uk/Docs/A%20Guide%20to%20Postgraduate%20Specialty%20Training%20in%20the%20UK%20\(Gold%20Guide\).doc](http://www.mmc.nhs.uk/Docs/A%20Guide%20to%20Postgraduate%20Specialty%20Training%20in%20the%20UK%20(Gold%20Guide).doc)
4. GMC - Good Medical Practice 2006
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5. Standards for Better Health, Healthcare Commission
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6. LDA – search ref ? from London Deanery website
7. NACT UK Document “Proposals for the Organisation of Postgraduate Medical Education” August 2007. Available from the NACT UK Office.
8. AMEE Guide No. 27: Effective Educational and Clinical Supervision.
Sue Kilminster, David Cottrell, Janet Grant & Brian Jolly

Appendix

Glossary of Terms used (*taken from the Learning & Development Agreement*)

Deanery – a regional organisation responsible with the Local Education Provider for the planning, delivery, quality management and development of education and training of doctors and dentists in training. In many areas the remit has been extended to include the training of other healthcare professionals. They work through a commissioning process to establish Service Level Agreements with individual providers.

Since April 2013 they have been incorporated into the LETBs in England.

Foundation/Specialty School – an organisation, accountable to the Postgraduate Dean, that delivers the national operational framework for postgraduate medical foundation & specialty training programmes. It is responsible for the recruitment and management of medical postgraduate trainees and quality management of the programmes. The School will ensure that recruitment is undertaken in accordance with the national framework.

Learning Environment – the location in which active, supervised training and learning takes place

Learning Development Agreement – means the annual contract between the SHA/Deanery and the Local Education Provider. The MPET levy of money is transferred to the Local Education Provider for the provision of education, training and learning for pre and post-registration students of all healthcare professionals under the terms and conditions stipulated in the Agreement.

Local Education and Training Board (LETB) – In England only. They are responsible for the training and education of NHS staff, both clinical and non-clinical, within their region. The LETB boards are regional committees of HEE and are made up of representatives from local providers of NHS services.

Local Education Provider – a provider of educational services commissioned by the regional / national body, to include medical and dental postgraduate medical education

Placement – a clinical practice learning experience or environment within a Local Education Provider

Programme – an agreed programme of experience and study leading to an approved award as covered by the Agreement

Medical/Dental Trainee – a person receiving education or training on an SHA funded healthcare programme in a Deanery approved programme or placement. Placements are in Local Education Providers.