

# **A Reference Guide for Postgraduate Specialty Training in the UK**

Applicable to all trainees taking up appointments in specialty training which commenced on or after 1 August 2007.

**The Gold Guide  
*Fourth Edition*  
June 2010**

# A Reference Guide for Postgraduate Specialty Training in the UK

## Preface

This edition of “*A Reference Guide for Postgraduate Specialty Training in the UK*” (The “*Gold Guide 2010*”) provides guidance to Postgraduate Deans on the arrangements for specialty training in the UK.

This edition is a consolidation of earlier versions of the Gold Guide and applies to all trainees taking up appointments in specialty training which commence on or after August 2007. This edition replaces the first, second and third editions of the Gold Guide with immediate effect.

Throughout the Guide any reference to specialty training includes general practice and core training. Where arrangements differ between specialty and general practice training, and core trainee these differences are noted. Where there is reference to CESR this also refers to CEGPR, and CESR(CP) also refers to CEGPR(CP). Where arrangements differ these will be noted in the Guide.

The development of this Guide has been through an iterative process of feedback by stakeholders from the Programme Boards in the four administrations. The contribution of stakeholder colleagues from all four administrations is gratefully acknowledged.

The standards and requirements set by the General Medical Council (the GMC) are extensively quoted to ensure that the Guide is underpinned by them and by the General Medical Council’s *Good Medical Practice*.

The *Gold Guide* is published in electronic format and will be available on the four UK Specialty Training websites. This will enable up-dating of the Guide to ensure that it reflects developments in postgraduate specialty training.

The protocol for future review and amendments of the Guide is at Appendix 8.

# A Reference Guide for Postgraduate Specialty Training in the UK

## A Reference Guide for Postgraduate Specialty Training in the UK:

### “The Gold Guide”

#### Table of Contents

PREFACE .....	2
SECTION 1: INTRODUCTION AND BACKGROUND .....	6
REVISIONS TO THIS EDITION OF THE GUIDE .....	7
SECTION 2:    SPECIALTY TRAINING: POLICY AND THE ORGANISATIONS.....	12
UK HEALTH DEPARTMENTS’ UK SCRUTINY GROUP.....	12
MEDICAL EDUCATION ENGLAND .....	12
POSTGRADUATE DEANERIES .....	14
<i>GMC Standards for Deaneries</i> .....	15
SECTION 3:    KEY CHARACTERISTICS OF SPECIALTY TRAINING .....	16
STANDARDS .....	16
STRUCTURE .....	16
<i>GMC Standards for curricula and assessment systems</i> .....	18
SECTION 4:    SETTING STANDARDS .....	20
APPROVAL OF TRAINING PROGRAMMES: STANDARDS OF TRAINING.....	20
<i>Generic Standards for Speciality including GP Training (The GMC, April 2010)</i> .....	21
QUALITY ASSURANCE AND MANAGEMENT OF POSTGRADUATE MEDICAL EDUCATION .....	22
MANAGING SPECIALTY TRAINING.....	22
MANAGING SPECIALTY TRAINING PROGRAMMES.....	23
TRAINING PROGRAMME DIRECTORS (TPDs).....	23
EDUCATIONAL AND CLINICAL SUPERVISION .....	24
EDUCATIONAL SUPERVISOR.....	25
CLINICAL SUPERVISOR.....	25
SECTION 5:    THE STRUCTURE OF TRAINING .....	26
SPECIALTY TRAINING .....	26
FIXED TERM SPECIALTY TRAINING APPOINTMENTS (FTSTAs) .....	27
SUB-SPECIALTY CERTIFICATION DURING TRAINING AND POST SPECIALIST REGISTRATION .....	29
FILLING GAPS IN TRAINING PROGRAMMES .....	30
LOCUM APPOINTMENTS FOR TRAINING (LAT).....	30
LOCUM APPOINTMENTS FOR SERVICE (LAS) .....	31
THE SPECIALIST AND GP REGISTERS.....	31
APPLYING FOR CONSULTANT POSTS.....	32
SECTION 6:    BECOMING A SPECIALTY REGISTRAR.....	34
RECRUITMENT INTO SPECIALTY TRAINING.....	34
OFFERS OF EMPLOYMENT .....	34
TRAINING NUMBERS.....	35
ENTRY TO SPECIALTY TRAINING .....	36
DEFERRING THE START OF A SPECIALTY TRAINING PROGRAMME.....	36
REGISTERING WITH THE POSTGRADUATE DEAN .....	36

# A Reference Guide for Postgraduate Specialty Training in the UK

MAINTAINING A NATIONAL TRAINING NUMBER (NTN): CONTINUING REGISTRATION .....	38
WHEN IS A TRAINING NUMBER GIVEN UP? .....	40
DOCTORS IN SPECIALTY TRAINING EMPLOYED PERMANENTLY OUTSIDE THE NHS .....	40
ARRANGEMENTS FOR THE DEFENCE MEDICAL SERVICES.....	41
LESS THAN FULL-TIME TRAINING.....	42
<i>Eligibility for less than full time training</i> .....	43
<i>Applying for less than full-time training</i> .....	44
ACADEMIC TRAINING, RESEARCH AND HIGHER DEGREES .....	44
<i>Option 1: Integrated combined academic and clinical programmes</i> .....	45
<i>Option 2: Taking time out of programme to undertake research</i> .....	45
TAKING TIME OUT OF PROGRAMME (OOP) .....	46
<i>Taking time out of programme for approved clinical training (OOPT)</i> .....	47
<i>Taking time out of programme for clinical experience (OOPE)</i> .....	48
<i>Time out of programme for research (OOPR)</i> .....	48
<i>Time out of programme for career breaks (OOPC)</i> .....	49
MOVEMENT BETWEEN DEANERIES (INTER-DEANERY TRANSFERS).....	52
<b>SECTION 7:    PROGRESSING AS A SPECIALTY REGISTRAR</b> .....	<b>54</b>
COMPETENCES, EXPERIENCE AND PERFORMANCE .....	54
ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCP) .....	55
<i>Appraisal, assessment and annual planning</i> .....	55
<i>Educational appraisal</i> .....	56
<i>Assessment and the Annual Review of Competence Progression (ARCP)</i> .....	57
<i>Standards for curricula and assessment systems</i> .....	
<i>The Annual Review of Competence Progression (ARCP)</i> .....	60
<i>What is the purpose of the ARCP?</i> .....	62
<i>The Annual Review of Competence Progression Panel (ARCP Panel)</i> .....	63
<i>Outcomes from the ARCP</i> .....	66
ANNUAL REVIEW OF COMPETENCE PROGRESS (ARCP) OUTCOMES .....	68
ADDITIONAL OR REMEDIAL TRAINING .....	72
QUALITY ASSURANCE OF ARCPs .....	73
THE ROLE OF THE POSTGRADUATE DEAN IN THE ARCP.....	74
WHAT IS REQUIRED OF THE TRAINING PROGRAMME DIRECTOR (TPD)? .....	75
WHAT IS REQUIRED OF THE TRAINEE? .....	75
THE ARCP FOR TRAINEES UNDERTAKING JOINT CLINICAL AND ACADEMIC TRAINING PROGRAMMES .....	76
RECORDING ACADEMIC AND CLINICAL PROGRESS – ACADEMIC ASSESSMENT.....	77
THE ARCP FOR TRAINEES UNDERTAKING OUT OF PROGRAMME RESEARCH (OOPR) .....	78
THE ARCP FOR TRAINEES IN LESS THAN FULL-TIME TRAINING .....	78
ANNUAL PLANNING .....	79
APPEALS OF THE ANNUAL REVIEW OF COMPETENCE PROGRESSION OUTCOMES .....	79
<i>Reviews and appeals</i> .....	80
<i>Review of Outcome 2</i> .....	80
<i>Appealing the annual review of competence progression outcome: Outcome 3 and Outcome 4</i> .....	81
<i>Review and appeals for those undertaking top-up training in a training placement</i> .....	83
<i>Appeal against a decision not to award a CCT/CESR/CEGPR</i> .....	84
<i>Appeal against removal of a Training Number</i> .....	85
TERMINATION OF A TRAINING CONTRACT.....	85
<b>SECTION 8: BEING A SPECIALTY REGISTRAR AND AN EMPLOYEE</b> .....	<b>86</b>
ACCOUNTABILITY ISSUES FOR EMPLOYERS, POSTGRADUATE DEANS AND TRAINEES .....	86
ROLES AND RESPONSIBILITIES .....	86
TRANSFER OF INFORMATION .....	87
MANAGING CONCERNS OVER PERFORMANCE DURING TRAINING .....	89

# A Reference Guide for Postgraduate Specialty Training in the UK

POOR PERFORMANCE AND COMPETENCE .....	90
CRITICAL INCIDENTS .....	91
POOR PERFORMANCE AND THE GMC .....	91
ILL HEALTH .....	91
SECTION 9 - APPENDICES .....	92
CORE TRAINING (APPENDIX 1) .....	93
FORM R: REGISTERING FOR POSTGRADUATE SPECIALTY TRAINING (APPENDIX 2) .....	98
CONDITIONS OF TAKING UP A TRAINING POST (APPENDIX 3) .....	100
OUT OF PROGRAMME (OOP) REQUEST AND ANNUAL REVIEW (APPENDIX 4) .....	101
ANNUAL REVIEW OF COMPETENCE PROGRESSION OUTCOMES (APPENDIX 5) .....	103
REPORT ON ACADEMIC PROGRESS (APPENDIX 6) .....	106
GLOSSARY (APPENDIX 7) .....	107
PROTOCOL FOR MAKING REVISIONS TO THE GUIDE (APPENDIX 8) .....	112

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 1: Introduction and background

- 1.1 This fourth edition of the *Gold Guide* sets out the arrangements agreed by the four UK Health Departments for core and/or specialty training programmes. The *Guide* is commissioned by the UK Scrutiny Group to provide guidance to Postgraduate Deans. (Note: throughout this document reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf.)
- 1.2 *A Reference Guide for Postgraduate Specialty Training in the UK (fourth edition, 2010)* is applicable to trainees taking up appointments in core and/or specialty training programmes which commence on or after 1 August 2007. This edition is a consolidation of earlier versions of the Gold Guide and replaces the first, second and third editions of the Gold Guide with immediate effect.
- 1.3 Throughout this document reference to specialty training includes general practice and non-NHS training programmes. Where arrangements differ between specialty training, general practice and non-NHS programmes, these differences are noted in the *Guide*. Where there is reference to CESR this also refers to CEGPR, and CESR(CP) also refers to CEGPR(CP). Where arrangements differ these will be noted in the Guide.
- 1.4 All doctors recruited into GMC approved core and/or specialty training programmes are known as Specialty Registrars (StRs) in all years of their programme. (Specialist Registrars (SpRs) and General Practice Registrars (GPRs) appointed before August 2007 will retain the title of SpR/GPR).
- 1.5 SpRs and GPRs who were appointed prior to August 2007 may continue to train using the curriculum to which they were appointed. The “Orange and Green Books” will continue to be applicable to those who remain on the old curriculum. In addition, this *Guide* does not cover arrangements for dental training which are set out in the Guide to the Management and Quality Assurance of Postgraduate Medical and Dental Education 2000 (“Green Guide”). Nor does it address issues relating to terms and conditions (e.g. pay, extension of training [the “period of grace”]) of doctors in specialty or general practice training.
- 1.6 The policy underpinning this *Guide* is applicable UK wide, but there are some national variations in its implementation. These have been highlighted appropriately.
- 1.7 Doctors who wish to enter specialty training (whether into core/specialty programmes or Fixed Term Specialty Training Appointment (FTSTAs) must apply in open competition.

# **A Reference Guide for Postgraduate Specialty Training in the UK**

## **Revisions to this edition of the Guide**

**1.8** This edition of the guide includes the following revisions:

**1.8.1** Preface (amended) 3<sup>rd</sup> paragraph Clarification on CESR reference added

**1.8.2** Table of contents updated

**1.8.3** A number of web links have been added or updated throughout the Guide but these have not been singled out in the following list of amendments

**1.8.4** Para 1.1 (amended) UK Medical Education Strategy Group replaced by UK Scrutiny Group

**1.8.5** Para 1.3 (amended) Clarification on CESR reference added

**1.8.6** Section 2 title Specialty training (amended): policy and statutory bodies replaced by policy and organisations

**1.8.7** Para 2.1 UK Health Departments UK Scrutiny Group description inserted

**1.8.8** Para 2.2 Medical Education England description replaced

**1.8.9** Para 2.2 (amended) Description of GMC responsibilities amended

**1.8.10** Para 2.6 (amended) Minor change made to reflect demise of PMETB

**1.8.11** Para 2.7 ii (amended) wording simplified and new sentence added on eligibility to take up a post as a GP

**1.8.12** Para 2.13 (amended) reference to PMETB amended

**1.8.13** Para 2.14 Standard 3 (amended) minor change to wording

**1.8.14** Para 3.3 9 (amended) Specialty Registrar description amended

**1.8.15** Para 3.13 (amended) description amended

**1.8.16** Para 3.4.1 (amended) minor change to wording

## **A Reference Guide for Postgraduate Specialty Training in the UK**

**1.8.17** Para 3.4.2 (amended) minor change to wording and deletion of part of last sentence

**1.8.18** Para 4.1 (amended) minor changes to wording

**1.8.19** Para 4.3 (amended) minor changes to wording

**1.8.20** Para 4.4 (amended) minor changes to wording and also in linked table. Also under Domain 6 a new section has been added on the role of trainers.

**1.8.21** Para 4.9 (amended) minor changes to wording

**1.8.22** Para 5.2 (amended) minor changes to PMETB reference

**1.8.23** Para 5.3 amended) minor changes to PMETB reference

**1.8.24** Para 5.29 (amended) last sentence - last part removed

**1.8.25** Para 5.30 (amended) minor changes to wording in sub-heading and paragraph itself

**1.8.26** Para 5.31 (amended) reference to CESR(CP) added

**1.8.27** Para 5.33 (amended) some wording removed regarding locums

**1.8.28** Para 5.44 (amended) 1<sup>st</sup> bullet 6 months changed to 4 months

**1.8.29** Para 5.44 (amended) 3<sup>rd</sup> & 4<sup>th</sup> Bullets minor changes to wording

**1.8.30** Para 5.45 (amended) additional clarification provided on CESR process

**1.8.31** Para 5.46 (amended) minor changes to wording

**1.8.32** Para 5.47 (amended) additional guidance provided on taking up a consultants post

**1.8.33** Para 6.13 (amended) SpRs holding an NTN further clarification added

**1.8.34** Para 6.17 (amended) last part of sentence removed



## **A Reference Guide for Postgraduate Specialty Training in the UK**

**1.8.35** Para 6.25 (amended) minor wording changes to first sentence and last two bullets

**1.8.36** Para 6.26 (amended) NTN replaced by training number

**1.8.37** Para 6.3 (amended) GMC's Principles for entry to Specialty Training deleted and cross reference inserted referring to Domain 4 of the GMC's Generic standards for specialty including GP training

**1.8.38** Para 6.32 (amended) minor changes to wording

**1.8.39** Para 6.38 (amended) minor changes to wording

**1.8.40** Para 6.54 (amended) reference to G&SMP Order removed

**1.8.41** Para 6.66 (deleted) deferral by trainee of up to 3 years before commencement of run-through specialty training programme and or to undertake a higher degree

**1.8.42** Para 6.67 (amended) section removed towards end of paragraph and small wording changes made to 1<sup>st</sup> and 2<sup>nd</sup> bullets

**1.8.43** Para 6.70 (amended) Taking time out for clinical training - major changes to wording

**1.8.44** Para 6.71 (amended) Taking time out for clinical training - major changes to wording

**1.8.45** Para 6.75 (amended) small changes made to wording in the 1<sup>st</sup> sentence and last bullet

**1.8.46** Para 6.77 (amended) further clarification added when consultant has acted up

**1.8.47** Para 6.79 (amended) minor changes to wording

**1.8.48** Para 6.86 (amended) last sentence removed

**1.8.49** Para 6.90 onwards (amended) this section on iner-Deanery transfers has been totally revised

**1.8.50** Para 6.91 (amended) March added to transfer window and April deleted

## **A Reference Guide for Postgraduate Specialty Training in the UK**

- 1.8.51** Para 7.3 (amended) reference to G&SMP Order removed
- 1.8.52** Para 7.26 (amended) minor wording changes
- 1.8.53** Para 7.27 (amended) text box deleted containing GMC Quality Assurance Guidance
- 1.8.54** Para 7.31 (amended) additional sentence added at end of paragraph
- 1.8.55** Para 7.35 (amended) minor wording changes
- 1.8.56** Para 7.42 (amended) minor wording changes
- 1.8.57** Para 7.49 (amended) references added
- 1.8.58** Para 7.58 (amended) significant rewording of paragraph
- 1.8.59** Para 7.67 (amended) “current” added before employer
- 1.8.60** Para 7.68 (amended) minor wording changes
- 1.8.61** Para 7.70 (amended) ARCP Outcome 3 change made to heading wording
- 1.8.62** Para 7.70 (amended) ARCP Outcome 8 clarification added to 2<sup>nd</sup> sentence
- 1.8.63** Outcomes for trainees in FTSTAs, LATs, OOP, or undertaking “top-up” training within a training programme (amended) this section has been significantly amended to include many more outcomes
- 1.8.64** Outcome 9 (amended) minor change to wording
- 1.8.65** Para 7.144 (amended) paragraph references inserted
- 1.8.66** Para 8.30 (amended) additional guidance incorporated around termination of an employees contract and the NTN
- 1.8.67** Appendix 1 Para 9 (amended) Detailed specialty titles removed
- 1.8.68** Appendix 1 Para 10b (amended) wording of this paragraph has been clarified

## **A Reference Guide for Postgraduate Specialty Training in the UK**

**1.8.69** Appendix 1 Para 13 (amended) references to PMETB entry to specialty training and recruitment selection processes deleted and replaced with GMC relevant reference

**1.8.70** Appendix 1 Final Paragraph (amended) FTSTAs in Core Training reference removed

**1.8.71** Appendix 2 Form R Registering for Postgraduate Specialty Training (amended) two new options have been added against the award of CCT

**1.8.72** Appendix 4 (amended) minor change to wording

**1.8.73** Appendix 5 (amended) new form added for supplementary documentation for trainees with fixed-term specialty outcome

**1.8.74** Appendix 7 Glossary (amended) a number of additions and deletions have been made to the definitions in this section

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 2: Specialty training: policy and organisations

### UK Health Departments' UK Scrutiny Group

- 2.1 The coordination of UK policy on medical education is agreed by the UK Scrutiny Group led by the four UK CMOs. Detailed policy issues are remitted to officials to take forward and UK Health Department officials meet regularly to ensure this work is properly coordinated. UK Health Departments are responsible for the Gold Guide.

### Medical Education England

- 2.2 NHS Medical Education England (MEE) provides independent expert advice to ministers and input into the policy-making process on the content and structure of professional education and training as it relates to doctors, dental teams, healthcare scientists and technologists and pharmacy teams, and on the quality of workforce planning for these groups at national level. The MEE Medical Programme Board provides advice on the specialty training programme in England. While MEE is accountable for English issues only it works with stakeholders as appropriate in areas where there may be implications for the rest of the UK. NHS Education Scotland (NES) in Scotland, and postgraduate deaneries in Northern Ireland and Wales have similar lead roles in the Devolved Authorities.

### The General Medical Council (GMC)

#### Scope and responsibilities

- 2.3 The General Medical Council is the independent regulator for doctors in the UK. Its statutory purpose is 'to protect, promote, and maintain the health and safety of the public'. The GMC's powers and duties are set out in the Medical Act 1983. Its job is to ensure that patients can have confidence in doctors. It does this in the exercise of its four main functions:
- setting standards for entry to the medical register
  - keeping up to date registers of qualified doctors
  - determining the principles and values that underpin good medical practice
  - taking firm but fair action where those standards are not met by doctors.
- 2.4 The GMC has a general function to promote high standards and co-ordinate all stages of medical education.
- 2.5 The GMC is also responsible for the standards of postgraduate medical education and training. The GMC does this by:
- establishing and overseeing standards and quality assurance in medical education and training by approving education and training

## A Reference Guide for Postgraduate Specialty Training in the UK

programmes and courses, and quality assuring institutions and trainers through, for example, its visits programme;

- certifying doctors for eligibility to the Specialist and GP Registers, including those applying for a Certificate of Completion of Training (CCT) and those whose skills, qualifications and experience are equivalent to a CCT;
- leading on the content and outcomes for the future of postgraduate medical education and training.
- promoting and developing UK postgraduate medical education, aiming to improve the skills of doctors and the quality of healthcare offered to patients.

**2.6** The GMC holds and maintains the Specialist and GP Registers. All doctors wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practice. (See [www.gmc-uk.org](http://www.gmc-uk.org)) Activities requiring registration include working as a doctor in the NHS, prescribing drugs and signing statutory certificates (e.g. death certificates). A list of relevant legislation is available on the GMC website <http://www.gmc-uk.org/about/legislation/index.asp>

**2.7** In order to apply for a substantive or fixed term consultant post in the NHS a doctor is required to be on or eligible to be on the specialist register as described in the GMC registration fact sheet. [http://www.gmc-uk.org/doctors/before\\_you\\_apply/registration\\_factsheet.asp](http://www.gmc-uk.org/doctors/before_you_apply/registration_factsheet.asp)  
In order to be eligible to take up a post as a General Practitioner a doctor is required to be on the GP register.

### The former Postgraduate Medical Education and Training Board (PMETB)

**2.8** PMETB was responsible for the standards of postgraduate medical education and training until it was merged with GMC in April 2010 when PMETB functions were subsumed into the GMC. Standards set by PMETB remain in force.

### Entry to the Specialist and General Practitioner (GP) Registers

**2.9** For those who are medically qualified there are several routes of entry to these registers which are held by the GMC. The GMC is responsible for approving doctors through the following routes:

#### i. **Certificate of Completion of Training (CCT)**

A CCT confirms the satisfactory completion of a UK programme of training which has commenced from the start of the prospectively approved programme or equivalent approved training and makes a doctor eligible for inclusion on the GMC's Specialist or GP Registers.

#### ii **Certificates of Eligibility**

## A Reference Guide for Postgraduate Specialty Training in the UK

GMC has also implemented a system that assesses applications from doctors for eligibility for inclusion on the GP or Specialist Registers who have not followed a traditional training programme which has been prospectively approved in full by GMC, but who have gained the same level of skills and knowledge as CCT holders. Those wishing to join the Specialist Register apply to the GMC for a Certificate of Eligibility for Specialist Registration (CESR) and those wishing to join the GP register apply for a Certificate of Eligibility for General Practice registration (CEGPR). The CCT, CESR and CEGPR all confer eligibility for entry to the Specialist and General Practice Registers.

For further information on entry to the Specialist and GP registers please refer to the GMC website  
[GMC | Specialist and GP certification](#)

### Royal Colleges and Faculties

- 2.10** The Medical Royal Colleges and Faculties develop the specialty curricula in accordance with the principles of training and curriculum development established by PMETB and subsequently carried forward by the GMC. The GMC consider them for approval. Only approved curricula can be used for delivering specialty training programmes resulting in the award of a CCT.
- 2.11** Royal Colleges/Faculties and their delegated local representatives (e.g. college tutors, regional advisors) and national College/Faculty training or Specialty Advisory Committees (SACs) also work closely with Postgraduate Deaneries to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training units. They also have a role in the quality assurance of the Annual Review of Competence Progression (ARCP) process.
- 2.12** All doctors in specialty training should enrol/register with the relevant Royal College/Faculty so that:
- progress in their training can be kept under review and supported where required
  - eligible trainees can be recommended to the GMC for consideration of award of a CCT, CESR or CEGPR at the end of their specialty training.

### Postgraduate Deaneries

- 2.13** The Postgraduate Deaneries (or equivalents) in the UK are responsible for implementing specialty training in accordance with GMC approved specialty curricula. Postgraduate Deans work with Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate medical

## A Reference Guide for Postgraduate Specialty Training in the UK

training to GMC standards. The standards that must be delivered are normally set out in educational contracts or Service Level Agreements between the Postgraduate Deaneries and Local Educational Providers (LEPs).

- 2.14** Through their Training Programme Directors, Postgraduate Deans (or their nominated deputies) are responsible for developing appropriate specialty training programmes across educational provider units that meet curriculum requirements. The GMC quality assures Deanery processes to ensure that the training programmes meet GMC standards.

[GMC | Visits to deaneries](#)

### GMC Standards for Deaneries (see GMC website for further information)

Standard 1: The postgraduate deanery must adhere to, and comply with, GMC standards and requirements

Standard 2: The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees

Standard 3: The postgraduate deanery must have structures and processes that enable the GMC standards to be demonstrated for all specialty including GP training, for the trainees within the sphere of their responsibility.

Standard 4: The postgraduate deanery must have a system for the use of external advisers

Standard 5: The postgraduate deanery must work effectively with others

- 2.15** All trainees must accept and move through suitable placements or training posts which have been designated as parts of the specialty training programme prospectively approved by GMC (or its predecessor body, PMETB). In placing trainees, Postgraduate Deans or their representatives must take into account the needs of trainees with specific health needs or disabilities. Employers must make reasonable adjustments if disabled trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee. Deans should also take into account the assessments of progress and individual trainees' educational needs and personal preferences, including relevant domestic commitments wherever possible.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 3: Key characteristics of specialty training

### Standards

- 3.1 Explicit standards have been set by the GMC relating to all aspects of specialty training, including curricula, delivery of training, assessment and entry into speciality training. All training programmes offering postgraduate medical education must conform to these standards .
- 3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills, attitudes and time-served. There is a complex relationship between outcomes, performance and experience.

### Structure

- 3.3 *Specialty Registrar* (StR) is the generic title that replaced Senior House Officer (SHO), Specialist Registrar (SpR) and General Practice Registrar (GPR) for those trainees appointed from August 2007 onwards.
- 3.4 There are two types of training programmes in specialty training:
  - 3.4.1 “Run-through” training, where progression to the next level of training is automatic (so long as the trainee satisfies all the competency requirements); and
  - 3.4.2 “Uncoupled” training programmes, where there are two years of core training (three in some specialties), followed by another open competition for higher specialty training posts (normally ST3 onwards) and progression to completion of training (provided the trainee satisfies all the competency requirements). (Further information on core training is provided in Appendix 1).
- 3.5 The type of training programme available depends on specialty. Some specialties offer “run-through” programmes, other specialties offer “uncoupled” programmes while a few (such as Trauma and Orthopaedics in 2010) offer both types of training programme.
- 3.6 All specialty training programmes lead eventually to a Certificate of Completion of Training (CCT), which qualifies the trainee for entry to the Specialist or GP Register held by the General Medical Council (GMC), subject to the successful attainment of required competences.
- 3.7 There are other job opportunities and points of entry such as one-year training posts, known as Fixed Term Specialty Training Appointments (FTSTAs), and ad hoc vacancies (Locum Appointment for Training - LAT) at different stages of training. FTSTAs are only available in run-through



## **A Reference Guide for Postgraduate Specialty Training in the UK**

specialties. Competences gained in such posts will usually contribute to the attainment of required CCT competences. These posts offer an opportunity to gain more experience before applying for a longer-term position.

# A Reference Guide for Postgraduate Specialty Training in the UK

## GMC Standards for curricula and assessment systems

(GMC *Standards for curricula and assessment systems, 2008*)

for further details go to: <http://www.gmc-uk.org/>

### Planning

Standard 1: The purpose of the curriculum must be stated, including linkages to previous and subsequent stages of the trainees' training and education. The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.

Standard 2: The overall purpose of the assessment system must be documented and in the public domain.

### Content

Standard 3: The curriculum must set out the general, professional, and specialty specific content to be mastered, including; - the acquisition of knowledge, skills, and attitudes demonstrated through behaviours, and expertise; the recommendations on the sequencing of learning and experience should be provided, if appropriate; and the general professional content should include a statement about how 'Good Medical Practice' is to be addressed.

Standard 4: Assessments must systematically sample the entire content, appropriate to the stage of training, with reference to the common and important clinical problems that the trainee will encounter in the workplace and to the wider base of knowledge, skills and attitudes demonstrated through behaviours that doctors require.

### Delivery

Standard 5: Indication should be given of how curriculum implementation will be managed and assured locally and within approved programmes.

Standard 6: The curriculum must describe the model of learning appropriate to the specialty and stage of training.

Standard 7: Recommended learning experiences must be described which allow a diversity of methods covering at a minimum: learning from practice; opportunities for concentrated practice in skills and procedures; learning with peers; learning in formal situations inside and outside the department; personal study and specific trainer/supervisor inputs.

Standard 8: The choice of assessment method(s) should be appropriate to the content and purpose of that element of the curriculum.

### Outcomes

Standard 9: Mechanisms for supervision of the trainee should be set out.

Standard 10: Assessors/examiners will be recruited against criteria for performing the tasks they undertake.

Standard 11: Assessments must provide relevant feedback to the trainees.

Standard 12: The methods used to set standards for classification of trainees' performance/competence must be transparent and in the public domain.

Standard 13: Documentation will record the results and consequences of assessments and the trainee's progress through the assessment system.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

### **Review**

Standard 14: Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.

Standard 15: Resources and infrastructure will be available to support trainee learning and assessment at all levels (national, deanery and local education provider).

Standard 16: There will be lay and patient input in the development and implementation of assessments.

Standard 17: The curriculum should state its compliance with equal opportunities and anti-discriminatory practice.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 4: Setting Standards

### Approval of Training Programmes: standards of training

- 4.1** Approval of specialty training programmes and posts rests with the GMC. Approvals by PMETB were adopted by the GMC from April 2010. It has determined that “a programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or sub-specialty. A programme may either deliver the totality of the curriculum through linked stages in an entirety to CCT, or the programme may deliver component elements of the approved curriculum. An example of the latter – where a GMC approved curriculum distinguishes an early “core” element such as core medical training and then a later specialty specific element to complete the training to CCT, there will be two programmes to be approved.” GMC approves programmes of training in all specialties, including general practice. These may be based on a particular geographical area which could be in one or more deaneries if a programme crosses boundaries. They are managed by a Training Programme Director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee. Further guidance is available at:  
[GMC | Approval: Post and programme](#)
- 4.2** Specialty training programmes/posts, including those in general practice, must conform to the training standards set by GMC in order for specialty training approval to be granted. GMC’s standards are available on their website. [GMC | Generic standards for training](#)
- 4.3** Colleges and Faculties may further develop specialty specific guidance based on the GMC’s *Generic standards for specialty including GP training* in order to support the implementation of specialty curricula.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Generic Standards for Specialty including GP Training (GMC, April 2010)

for further details go to: [GMC | Home](#)

### **Domain 1: Patient safety**

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

### **Domain 2: Quality Management, review and evaluation**

Specialty including GP training must be quality managed, reviewed and evaluated.

### **Domain 3: Equality, diversity and opportunity**

Specialty including GP training must be fair and based on principles of equality.

### **Domain 4: Recruitment, selection and appointment**

Processes for recruitment, selection and appointment must be open, fair, and effective.

### **Domain 5: Delivery of approved curriculum including assessment**

The requirements set out in the approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose.

### **Domain 6: Support and development of trainees, trainers and local faculty**

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.

Trainers must provide a level of supervision appropriate to the competence and experience of the trainee. Trainers must be involved in, and contribute to, the learning culture in which patient care occurs. Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees. Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

### **Domain 7: Management of education and training**

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

### **Domain 8: Educational resources and capacity**

The educational facilities, infrastructure and leadership must be adequate to deliver the approved curriculum.

### **Domain 9: Outcomes**

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

- 4.4 The GMC has adopted a system for approval of specialty training programmes which relies on the Postgraduate Deans sponsoring training programmes and posts. Postgraduate Deans will seek advice from delegated representatives of the relevant Royal College/Faculty.  
[GMC | Approval: Post and programme](#)

# A Reference Guide for Postgraduate Specialty Training in the UK

## Quality assurance and management of postgraduate medical education

- 4.5 Postgraduate Deans in the UK are responsible for the quality management of their specialty training programmes. The requirement to quality manage the delivery and outcomes of postgraduate specialty training through Deanery sponsorship of training programmes is a key element in the GMC's overall quality assurance approach.  
[GMC | Quality Framework](#)
- 4.6 GMC's responsibility for quality assurance of postgraduate medical training includes a number of approaches:
- targeted and focused visits to the Postgraduates Deaneries to assess the implementation of quality management of training
  - approval process of training programmes, posts and trainers
  - national surveys of trainers and trainees to collect relevant perspectives on training programmes and their education outcomes
  - approval and review of curriculum and associated assessment system.

## Managing specialty training

- 4.7 The day to day management, including responsibility for the quality management of specialty training programmes, rests with the Postgraduate Deans who are accountable to the Strategic Health Authorities in England, the Welsh Ministers, NHS Education for Scotland, (which is accountable to the Scottish Government), and, in Northern Ireland, to the Department of Health, Social Services and Public Safety (DHSSPS).
- 4.8 The responsible agencies above require Postgraduate Deans to have in place an educational contract or agreement with all providers of postgraduate medical education which sets out the number of potential training posts within the provider unit, the standards to which postgraduate medical education must be delivered in accordance with GMC requirements and the monitoring arrangements. This includes providers of postgraduate training both in and outside of the NHS.
- 4.9 A range of issues will be covered in the educational contract including arrangements for study leave. For example, the GMC's *Generic standards for Specialty including GP Training, Domain 6 (Support and development of trainees, trainers and local faculty)* sets out that:
- trainees must be made aware of how to apply for study leave and be guided as to appropriate courses and funding.
  - trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service

## A Reference Guide for Postgraduate Specialty Training in the UK

- the process for applying for study leave must be fair and transparent, and information about a Deanery-level appeals process must be readily available.

### Managing specialty training programmes

- 4.10** Postgraduate Deans will implement a range of models to manage their specialty training programmes overall. The models will vary but will rely on senior doctors involved in training and managing training in the specialty providing advice and programme management. Various models are in existence or in development which rely on Deanery and Royal College/ Faculty joint working (usually through their Specialist Advisory Committees – SACs) to support this, for example specialty training committees, specialty schools, specialty training boards.
- 4.11** Whichever model is used, these structures will seek advice and input from the relevant medical Royal College/Faculty and their delegated representatives on specialty training issues, including such areas as the local content of programmes, assessments of trainees, remedial training requirements and training the trainers.

### Training Programme Directors (TPDs)

- 4.12** The GMC require that training programmes are led by TPDs (or their equivalent).
- 4.13** TPDs have responsibility for managing specialty training programmes including core training and Fixed Term Specialty Training Appointments (FTSTAs). They should:
- participate in the local arrangements developed by the Postgraduate Dean to support the management of the specialty training programme(s) within the Deanery or across Deanery boundaries
  - work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience
  - take into account the collective needs of the trainees in the programme when planning individual programmes
  - provide support for clinical and educational supervisors within the programme
  - contribute to the annual assessment outcome process in the specialty
  - help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required
  - ensure, with the help of deanery administrative support, that employers are normally notified at least three months in advance of

## A Reference Guide for Postgraduate Specialty Training in the UK

the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.

- 4.14** TPDs also have a career management role. They will need to:
- ensure that there is a policy for careers management which covers the needs of all trainees in their specialty programmes and posts
  - have career management skills (or be able to provide access to them)
  - play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating taster sessions during foundation training, career fair representation, or liaison with specialty leads and with Royal Colleges/Faculties.

### Educational and clinical supervision

- 4.15** Healthcare organisations should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and educational contracts/agreements developed between Postgraduate Deans and educational providers should be based on these principles and should apply to all healthcare organisations that are commissioned to provide postgraduate medical education.
- 4.16** Postgraduate Deans, with the Royal Colleges/Faculties and the employing bodies, should develop locally based specialty trainers to deliver educational and clinical supervision and training in the specialty. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.
- 4.17** Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by the GMC for the specialty.
- 4.18** Postgraduate Deans will need to be satisfied that those involved in managing postgraduate training have the required competences. This includes Training Programme Directors, educational supervisors, clinical supervisors and any other agent who works on behalf of Deaneries or employers to deliver or manage training. All of these individuals must receive training in equality, diversity and human rights legislation which is kept up to date (refreshed at least every three years) and which meets Deanery requirements for such training. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements between GMC and Deaneries (Box 2 – Standards of Training). Such training can be undertaken through a range of training modalities e.g. facilitated programmes, on-line learning programmes



## A Reference Guide for Postgraduate Specialty Training in the UK

or self-directed learning programmes. Trainers involved in appraisal and assessment of trainees must also be trained in these areas.

- 4.19** All trainees must have a named clinical and educational supervisor for each placement in their specialty programme or each post. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities should be clearly defined. In GP programmes there will normally be one educational supervisor for the three years who will be based in general practice.
- 4.20** In line with the GMC's developing standards, educational supervisors should be specifically trained for their role. There should be explicit and sufficient time in job plans for both clinical and educational supervision of trainees.
- 4.21** It will be essential that trainers and trainees have an understanding of human rights and equality legislation. They must embed in their practice behaviours which ensure that patients and carers have access to medical care that is:
- equitable
  - respects human rights
  - challenges discrimination
  - promotes equality
  - offers choices of service and treatments on an equitable basis
  - treats patients/carers with dignity and respect.

<http://www.justice.gov.uk/guidance/humanrights.htm>

### Educational supervisor

- 4.22** An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

### Clinical supervisor

- 4.23** Each trainee should have a named clinical supervisor for each placement. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 5: The Structure of Training

- 5.1 Specialty training will be provided through GMC approved specialty training programmes and posts. The programmes leading to GP and specialist registration in some specialties are based on a managed system of a “run-through” structure of training and FTSTAs. Training in the other specialties is “uncoupled” – that means training is delivered in separate core and higher specialty training programmes – see **Appendix 1**.
- 5.2 Once a trainee has completed a specialty training programme comprising either run through or core and higher, the whole of which has been prospectively approved by the GMC (or its predecessor body, PMETB), they will achieve a Certificate of Completion of Training (CCT) subject to satisfactory progress. Award of a CCT will entitle them to entry onto the Specialist or GP Registers.
- 5.3 Alternatively, trainees who undertake training the whole of which has not been prospectively approved by the GMC (or its predecessor body, PMETB) can apply for a Certificate Confirming Eligibility for Specialty Registration (CESR) for entry to the Specialist Register or for a Certificate Confirming Eligibility for General Practice Registration (CEGPR) for entry to the GP Register. They must be able to demonstrate the competences, knowledge, skills and attitudes required by the relevant specialty curriculum.
- 5.4 Entry into specialty training can only be achieved through competitive entry.

### Specialty Training

- 5.5 In order to meet GMC’s entry requirements into specialty training, applicants must demonstrate they have met the appropriate person specification, available through the following links:
- |                  |  |
|------------------|--|
| England          | <a href="http://www.mmc.nhs.uk/">http://www.mmc.nhs.uk/</a>  |
| Northern Ireland | <a href="#">NIMDTA - Northern Ireland Medical and Dental Training Agency » Recruitment</a>   |
| Scotland         | <a href="#">Scottish Medical Training   Medical Training Posts</a><br><a href="#">Scotland   MMC Scotland   Doctor Training Scotland</a> |
| Wales            | <a href="http://www.mmcwales.org/">http://www.mmcwales.org/</a>  |
- 5.6 The general principle of the legislation is that all training leading to the award of a CCT must take place in posts/programmes approved by the relevant competent authority. The award of the CCT will be made to StRs who provide evidence of satisfactory completion of GMC prospectively approved programme(s) of specialty training covering the entire relevant curriculum. Where the GMC has not prospectively approved the entirety of the specialty training programme, then application for a CESR or a CEGPR should be made.

## A Reference Guide for Postgraduate Specialty Training in the UK

- 5.7** Those that have completed previous Senior House Officer (SHO) training in educationally approved posts and have then competed for a new specialty training programme will be eligible to progress towards a CCT (rather than CESR/CEGPR) as the GMC recognise posts that were approved by the previous competent authorities.
- 5.8** **Appendix 1** provides more detail for the specialties where training has been split between core and higher specialty training programmes.
- 5.9** All doctors in training should be enrolled/registered with the relevant Royal College/Faculty.
- 5.10** Specialty training can be delivered either through:
- i. run-through specialty training programmes, the outcome of which will be (subject to progress) either a CCT or CESR<sup>1</sup>
  - ii. for some specialties in England, Wales and Northern Ireland, through core and higher specialty training programmes - see Appendix 1
  - iii. stand-alone but educationally equivalent training posts which are not part of run-through training programmes (FTSTAs or LATs). As these are educationally approved posts, they may contribute to a CCT. FTSTAs or LATs, however, do not confer a right of entry into run-through, core or higher specialty training.

### Fixed Term Specialty Training Appointments (FTSTAs)

- 5.11** FTSTAs offer formal, approved specialty training, usually but not exclusively in the early years of a specialty curriculum and can be used by doctors:
- in preparation for further specialty training
  - as a means of considering alternative specialty careers;
  - to prepare them to work in career grade posts or
  - as an employment opportunity with the potential to gain further experience and competences where it is appropriate and possible to do so.
- 5.12** FTSTAs are posts which have been approved for specialty training by the GMC. They are managed within specific specialty training programmes approved by the GMC, under the auspices of a specialty Training Programme Director (TPD).
- 5.13** FTSTAs are one year fixed-term appointments. Appointments to FTSTAs will usually be by the same recruitment processes as specialty training.

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<sup>1</sup> Note References to CESR includes CEGPR, and CESR(CP) includes CEGPR(CP)

## A Reference Guide for Postgraduate Specialty Training in the UK

- 5.14** Once an individual has achieved the maximum potential training benefit from undertaking FTSTAs in a particular specialty it would be wasteful in training terms to undertake another FTSTA in that specialty since no further formal training accreditation in the specialty is possible.
- 5.15** FTSTAs are not available to provide formal training in advanced elements of the specialty curriculum. The four UK Health Departments with the advice of their Postgraduate Deans will each determine the extent of the availability of, and access to, FTSTAs.
- 5.16** Although doctors with previous training in a specialty will be able to apply for FTSTAs, formal training through these posts will reflect training of the relevant curriculum.
- 5.17** Doctors will generally be discouraged from undertaking more than two years in FTSTAs in a given specialty although they cannot be prevented from doing so. There is normally no advantage in continuing to undertake FTSTAs in the same specialty as it does not contribute to further competence acquisition.
- 5.18** Doctors may acquire additional experience, skills and competences beyond those specified at that level of the FTSTA which should be recorded and documented in the doctor's learning portfolio. If the doctor subsequently competitively enters a relevant specialty training programme, this information/record may be taken into account when considering the overall competence level of the doctor within the training programme.
- 5.19** FTSTAs will deliver training that is quality managed by the Postgraduate Deans and are included in the GMC's quality assurance programme. They are encompassed within the GMC approval process for specialty training.
- 5.20** Like trainees in run-through training, trainees undertaking FTSTAs should register with the appropriate College/Faculty in order to access the learning/professional portfolio and assessment documentation for the specialty.
- 5.21** As in all other training posts, doctors undertaking FTSTAs must have an educational supervisor with whom educational objectives are set, with regular appraisal, and a programme of work-place based assessments relevant to the curriculum being followed, as well as full clinical supervision. Training and assessment must be provided on an equivalent basis to that provided in run-through specialty training programmes.
- 5.22** At the end of each FTSTA, the trainee should participate in the Annual Review of Competence Process (ARCP) (para 7.8) and receive the appropriate annual assessment outcome documentation. This should confirm achievement of specified competences based on satisfactory assessment of these through the assessment process.
- 5.23** Appointment to a FTSTA carries *no* entitlement to entry into any further specialty training programme, which must be by competitive entry.

## A Reference Guide for Postgraduate Specialty Training in the UK

- 5.24** Deaneries will also need to keep a record of competences which have been achieved by trainees undertaking FTSTAs through the annual assessment outcome process.
- 5.25** It will be the responsibility of each individual undertaking an FTSTA to retain copies of their Annual Review of Competence Progression (ARCP) outcomes as evidence of the competences they have obtained.
- 5.26** Trainees undertaking FTSTAs will need to return to the Postgraduate Dean a signed copy of the document *Conditions for taking up a fixed term specialty training appointment (Appendix 2)* prior to commencing their post.
- 5.27** Doctors appointed to FTSTAs will be known as Specialty Registrars (StRs).
- 5.28** Doctors who have undertaken FTSTAs have several subsequent career options open to them:
- a. apply for a run-through, core or higher specialty training programme
  - b. apply for an FTSTA in the same or a different specialty
  - c. seek appointment to a career post when eligible to do so.
- 5.29** Since FTSTAs are approved training posts they can be counted towards a CCT once a trainee has been competitively selected for a relevant training programme. FTSTAs can also be used by doctors in submitting their CESR application. Advanced training in a specialty should not normally be offered through FTSTAs.

### Sub-specialty certification during training and post specialist registration

- 5.30** In certain specialties it is possible to be awarded a sub-specialty certificate and have this sub-specialty indicated on the Specialist Register against a doctor's name. This applies when a doctor has successfully completed a sub-specialty programme approved by the GMC and is dependent upon the applicant also completing training in the "parent" specialty. This training may be undertaken at the same time as the parent CCT/CESR specialty training programme. However, it is possible to pursue sub-specialty training after the doctor is already entered on the Specialist Register (following the award of a CCT/CESR in the relevant specialty), usually after competitive entry to an approved sub-specialty training programme. Details of the sub-specialty training programmes currently approved by the GMC can be found on its website.
- 5.31** Trainees applying for a sub-specialty certificate should do so on their CCT (or CESR (CP) ) application form where this training is undertaken within the envelope of a full CCT (or CESR(CP) ) specialty training programme. The CCT (or CESR(CP) ) will not be issued until both the specialty and sub-specialty training programmes have been successfully completed. The College/Faculty CCT (or CESR(CP) ) recommendations to the GMC should include details of any sub-specialty training programmes successfully

## A Reference Guide for Postgraduate Specialty Training in the UK

completed by a trainee. Doctors appointed to a sub-specialty programme after entry to the Specialist Register, can apply to the GMC for a sub-specialty certificate on successful completion. Guidance and an application form can be obtained from the GMC's website at:

[GMC | Applying for a sub-specialty certificate](#)

### Filling gaps in training programmes

- 5.32** It is inevitable that there will be gaps to fill in training programmes as a result of people taking time out of programme; leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur. Guidance on managing medical vacancies is available on the NHSE website: [Managing medical vacancies](#)
- 5.33** Vacancies or gaps in training programmes including FTSTAs can be filled by locums where there is a service/workforce requirement to do so.
- 5.34** These will be specified as “Locum Appointments for Training” (LATs) or “Locum Appointments for Service” (LASs), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.
- 5.35** The employer and the deanery should consult on the filling of both types of locum posts in order to fill gaps or vacancies in training programmes/posts where these are required for service provision (including FTSTAs). Where posts are required for service, then employers should appoint but only after deaneries have identified how long a post is going to be left vacant.
- 5.36** Appointment to a LAT or a LAS carries no future entitlement to appointment into a specialty training programme leading to a CCT.

### Locum Appointments for Training (LAT)

- 5.37** LATs must be competitively appointed using the national person specification. A deanery nominated representative from the specialty must sit on the appointment panel.
- 5.38** Doctors who are appointed to LAT must have, in addition to appropriate clinical supervision, a named educational supervisor. The educational supervisor should meet them early in their appointment to plan the training opportunities available in the placement which will allow them to gain competences in the specialty. Suitable assessments, comparable to those undertaken by trainees in specialty training programmes should be undertaken. They should obtain a structured report from their educational supervisor at the end of their LAT placement, summarising their assessments and achievements. Doctors appointed to LATs should register with the appropriate Royal College/Faculty.

## A Reference Guide for Postgraduate Specialty Training in the UK

- 5.39 If a doctor is subsequently appointed to a relevant specialty training programme through open competition, the documented competences achieved through one or more LAT placements may be taken into account by the Training Programme Director.
- 5.40 GMC does not have limits on LATs except that they can only count towards a CCT if the doctor subsequently enters an approved specialty training programme. Deaneries should keep a careful record of these appointments on the trainee's file. A doctor *cannot* obtain a CCT with only LAT appointments. They can, however, use LATs towards their CESR application.

### Locum Appointments for Service (LAS)

- 5.41 Locum appointments for service (LASs) may be appointed by employers in consultation with the Deanery and are usually short-term service appointments.
- 5.42 Discussion with the Deanery is required in order to ensure that the responsibility for filling the short-term gap is clear between the employer and the Deanery. Since these appointments are for service delivery and will not usually enable appointees to be assessed for competences required in a specialty CCT curriculum, employers may use local person specifications.
- 5.43 Doctors undertaking a LAS must have appropriate clinical supervision but do not require an educational supervisor, since they will not normally be able to gain documented relevant specialty training competences through the appointment. LAS posts cannot count for CCT award but may be used as part of the evidence for a CESR application.

### The Specialist and GP Registers

- 5.44 Award of the CCT takes place through the following process:
- when a doctor is within six months of completion of their specialty programme the Postgraduate Dean will notify the relevant College or Faculty of the final annual assessment outcome and that the trainee has satisfactorily achieved the required competences
  - if the relevant Royal College or Faculty believes that all the requirements of the CCT curriculum will be met by the time the trainee is due to complete the training programme, the College/Faculty will provide the trainee with a link to apply on-line to GMC for their CCT.
  - the College/Faculty will forward a recommendation to the GMC in the agreed format.
  - if the GMC accept the College's recommendation, it will issue the CCT within approximately three weeks and will enter the applicant's name on the Specialist Register or GP Register
  - the date entered on the CCT must be the date GMC decides to award the certificate; this date cannot be backdated

## A Reference Guide for Postgraduate Specialty Training in the UK

- GMC recommends that doctors appointed to a training programme leading to the award of a CCT should enrol with the relevant College or Faculty to support the process for award of a CCT.

**5.45** For doctors who have entered a training programme leading to a CESR award on successful completion, there is a simplified CESR application process in place for those who have enrolled with the relevant College or Faculty. These doctors will have been given an expected end of training date at point of entry and have completed a combined programme (CP) of post(s) not approved by GMC before entering a GMC approved training programme above ST1 level and will have fulfilled the other CESR(CP) eligibility requirements. Note: a trainee is not eligible for the CP route if their expected end of training date is brought forward post appointment. Therefore:

**5.45.1** when a doctor is within six months of completion of their specialty programme the Postgraduate Dean will notify the relevant College or Faculty of the final annual assessment outcome and that the trainee has satisfactorily achieved the required competences;

**5.45.2** if the relevant Royal College or Faculty believes that all the requirements of the relevant curriculum will be met by the time the trainee is due to complete the training programme, the College/Faculty will provide the trainee with a CESR(CP) application form to complete for submission to GMC approximately six months prior to the expected date of completion of their specialty programme;

**5.45.3** the doctors who have successfully completed UK training programmes from the point of their entry to the programme onwards should have the necessary documentation in their portfolios (eg. annual assessment outcomes, College examination outcomes) to enable them to demonstrate that they have met the required standards to apply for a CESR. It is anticipated that application time for a CCT or a CESR(CP) in these circumstances will be broadly similar;

**5.45.4** Detailed guidance about who is eligible to apply through this simplified CESR(CP) application process, and what documentation is required, can be found on GMC's website at:  
[GMC | Applying for certification through the Combined Programme](#)

### Applying for consultant posts

**5.46** A trainee may apply for a consultant post, and be interviewed up to 6 months prior to the anticipated CCT/CESR(CP) date, if progress has been satisfactory and it is anticipated that the outcome of the final ARCP will recommend that training will be completed by the time the recommended CCT date is reached.

**5.47** Once a doctor has been entered on the specialist register they are able to take up a substantive, fixed term or honorary consultant post in the NHS.



## **A Reference Guide for Postgraduate Specialty Training in the UK**

- 5.48** There may be exceptional circumstances where there is a requirement for tailored training within the approved curriculum towards a specific post. The rural track within general surgery curriculum is a good example, where GMC has approved the tailored training. An advance appointment longer than six months can then be justified where particular training requirements for the post have been identified that would need to be met in the latter stages of training leading to CCT. Such circumstances would require authorisation by the appropriate Health Department.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 6: Becoming a Specialty Registrar

### Recruitment into specialty training

- 6.1 The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, religion and belief, disability, gender, race and sexual orientation. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.
- 6.2 Guidance on recruitment is available through the following links:
- 6.2.1 England <http://www.mmc.nhs.uk/>
  - 6.2.2 Wales <http://www.mmcwales.org/>
  - Scotland [Scottish Medical Training | Medical Training Posts Scotland | MMC Scotland | Doctor Training Scotland](#)
  - Northern Ireland [NIMDTA - Northern Ireland Medical and Dental Training Agency » Recruitment](#)
- 6.3 Domain 4 of the GMC's *Generic standards for specialty including GP training* covers recruitment, selection and appointment. The standard is 'Processes for recruitment, selection and appointment must be open, fair and effective'.

### Offers of employment

- 6.4 A doctor in training will have a training agreement with the postgraduate deanery that entitles them to continue in a training programme subject to satisfactory progress. They will also be offered an employment contract for the placement they will be working in. Some training programmes will involve more than one employer so doctors may have a series of contracts of employment through a training programme. Employers participate in selection processes for training but these are normally administered by deaneries.
- 6.5 An allocation offer for a training programme following the selection process is not an offer of employment. This can only be made by an employer who will need to ensure that the candidate who has been allocated meets the requirements of employability.
- 6.6 Once an allocation offer has been made by the Deanery or in Scotland by NHS Education for Scotland (NES) and the applicant has accepted it:
- the employing organisation should be informed of the applicant's details by the Deanery/NES

## A Reference Guide for Postgraduate Specialty Training in the UK

- offers of employment will be subject to satisfactory pre-employment checks and references  
<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx>
- the employing organisation should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks such as criminal record bureau enhanced disclosures, occupational health clearance and GMC fitness to practise  
([www.nhsemployers.org/primary/primary-3524.cfm](http://www.nhsemployers.org/primary/primary-3524.cfm))
- employers will also require recent references from clinical supervisors
- contracts of employment remain the responsibility of the employing organisation.

**6.7** If an applicant is selected and offered a placement on a training programme by the Deanery or NES, the employing organisation ultimately has the right to refuse employment but it must have valid reasons such as failed CRB check, occupational health checks, unacceptable references etc. Offers for places on training programmes are subject to satisfactory pre-employment checks. If the employing organisation is unwilling to offer employment then the offer of a training programme to the applicant will be withdrawn.

### Training Numbers

- 6.8** National training numbers (NTNs) will only be awarded to doctors in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT, CESR.
- 6.9** Deaneries have alternative numbering systems for other trainees (such as Core Trainees) to track their progress and to ensure future recognition of successful completion of approved training posts. These deanery training numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.
- 6.10** The main purpose of a training number is to support educational planning and management by enabling Postgraduate Deans to keep track of the location and progress of trainees.
- 6.11** Additionally training numbers inform workforce data, by documenting within each country and within specialties, how many doctors are in each specialty training programme at any time and providing indicative evidence as to when their training is likely to be completed.
- 6.12** A CCT can only be awarded to a doctor who has been allocated a NTN by competitive appointment to a training programme designed to lead to the award of a CCT and who has successfully completed that programme.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

- 6.13** SpRs who held a NTN prior to August 2007 will continue to hold these numbers under the same arrangements upon which they were awarded unless they chose before 31<sup>st</sup> December 2008 to be transferred to the new curriculum and Gold Guide arrangements (this transfer route is now not possible).
- 6.14** Following appointment to a specialty training programme, a NTN will be awarded by a Postgraduate Deanery. This includes doctors in NHS and non NHS employment.
- 6.15** The NTN is unique to the trainee for the period the trainee holds the number in that specialty training programme. The NTN may be changed for a given trainee if that trainee is subsequently appointed competitively to a different specialty or academic programme.
- 6.16** Where a NTN has been issued, it will be held so long as the trainee is in specialty training or is out of programme on statutory grounds or for out of programme activity which has been agreed with the Postgraduate Dean.

### **Entry to specialty training**

- 6.17** Arrangements for core and higher specialty training programmes differ slightly across the UK.
- 6.18** Appendix 1 gives details about competitive appointment to core and higher specialty training programmes for those specialties that have "uncoupled".
- 6.19** Entry to run-through training programmes is by competitive appointment directly into the specific specialty.

### **Deferring the start of a specialty training programme**

- 6.20** The start of training may only be deferred on statutory grounds (e.g. maternity leave, ill health). See Appendix 1 para 19 for arrangements for the Defence Medical Services.

### **Registering with the Postgraduate Dean**

- 6.21** All trainees must register with the Postgraduate Dean by obtaining and returning the Registration form R (see Appendix 2).
- 6.22** The Postgraduate Dean will issue a training number to each doctor appointed to a run through programme and a deanery reference number to each doctor appointed to a core/uncoupled programme or FTSTA post to enable registration using form R. This procedure should be completed within one month of start date. This will:

## A Reference Guide for Postgraduate Specialty Training in the UK

- ensure the doctor is registered on the Postgraduate Dean's database
- initiate the Annual Review of Competence Progression process through which progress in training is monitored so long as the doctor remains in training
- enable the Postgraduate Dean to confirm for the new employer the relevant details of the new trainee and their training number
- record the date of entry into the programme or post
- for those trainees with a NTN or those entering a core training programme, this will result in the Postgraduate Dean forwarding a copy of the registration form to the relevant Royal College or Faculty advising that a new trainee has been registered in the Deanery and giving his/her training number and GMC programme approval number.

**6.23** A trainee should not hold more than one training number (NTN or deanery reference number) at the same time, except in circumstances approved by the deanery.

**6.24** Registration for specialty training and the NTN/deanery training number will be confirmed each year by the Postgraduate Dean. Subject to a satisfactory assessment of progress determined by the Annual Review of Competence Progression process and confirmation that the conditions for holding the NTN have been met, registration in the programme will be maintained. If a trainee is undertaking approved additional or remedial training, the NTN/deanery training number will continue to be retained.

**6.25** Before a training number is issued trainees will be required to indicate formally that they accept the *Conditions of taking up a training post* (Appendix 3). In addition, trainees awarded a training number should:

- be engaged in activities approved by and agreed with the Postgraduate Dean, if not currently taking part in the training programme, which are compatible with their training programme, (e.g. research or agreed leave of absence for a career break). If time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dean/TPD is informed of their proposed plans/timescale to return to the training programme
- ensure that their educational supervisor/TPD is aware of their absence from the training programme for e.g. maternity or prolonged sick leave. The Postgraduate Dean's office and employer must be made aware of plans for prolonged absence
- agree to engage in the training and assessment process e.g. participate in setting educational objectives, appraisal, attend training sessions, ensure that documentation required for the assessment process and maintenance of the GMC licence to practise is submitted on time and in the appropriate format

## A Reference Guide for Postgraduate Specialty Training in the UK

- be committed to make steady progress in completing their training programme
- not undertake locum activities which compromise their training or make them non-compliant with Working Time Regulations
- be aware that if they are employed outside the NHS and cease to pursue, for any reason, the research or other activity which the Postgraduate Dean or their deputy (taking account of advice from research supervisors and Royal Colleges and their Faculties) has agreed is compatible with the retention of the training number, they must inform the Deanery at once. The Postgraduate Dean (or deputy) will then decide whether it is appropriate for them to retain their training number
- be aware that if they hold a training number, are employed outside the NHS in a post that is not part of a training programme and wish to begin or return to a CCT training programme in the NHS, they will need to discuss their return with the relevant Training Programme Director. They cannot be guaranteed a particular placement, but their needs will be taken into account with the rest of the trainees in the programme.

**6.26** Failure to comply with these requirements may result in the removal of the training number by the Postgraduate Dean. The arrangements for appealing against the loss of a training number are described in paras. 7.144 – 7.147.

### **Maintaining a National Training Number (NTN): continuing registration**

**6.27** Trainees in specialty training programmes (as defined at para 6.8) will retain their NTN through satisfactory progress and performance.

**6.28.** Trainees can maintain their NTN and therefore continue registration with the Deanery even when they take time out for research and may no longer be employed by the NHS, or take an agreed leave of absence or career break, as long as they agree and adhere to the following protocol.

**6.29** In advance of leaving a training programme for a period of time, the trainee must agree:

- the period of the time out agreed with the Postgraduate Deanery
- completion of the appropriate out of programme document which sets down the agreed terms of leave from the programme. Time out of programme (OOP) will not normally be agreed until a trainee has been on a training programme for at least one year, unless at the time of appointment deferral of the start of the programme has been agreed
- where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the academic and educational supervisor

## A Reference Guide for Postgraduate Specialty Training in the UK

- they intend to return to complete their training to CCT or CESR
  - to provide the Postgraduate Deanery with an up-to-date email address so that regular communication about the trainee's intentions and entitlements is maintained.
- 6.30** The Postgraduate Dean cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Postgraduate Dean and Training Programme Director (TPD) are advised well in advance of a trainee's wish to return to clinical training. Postgraduate Deaneries will attempt to identify a placement as soon as possible, but the trainee should indicate their intention and preferred time of return as soon as they are able to do so.
- 6.31** The return of the trainee into the programme should be taken account of by the TPD when planning placements. If a trainee, having indicated that they are returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified, although every effort will be made to do so. Under these circumstances, but following discussion with the relevant TPD and the Postgraduate Dean, the trainee may need to relinquish their NTN. Since trainees who take time out of programme remain employed by their last employer (albeit in an unpaid capacity) in order to protect their terms and conditions and continuity of service, employing organisations need to be party to any decisions by a trainee to relinquish their NTN so that the process is timely and fair.
- 6.32** Where trainees are competitively appointed to a training programme leading to dual certification (e.g. neurology and clinical neurophysiology), trainees are expected to complete the programmes in full and obtain the competences set out in both curricula. Application to GMC for a CCT should only take place when both programmes are complete. The two CCTs should be applied for and awarded on the same date and the expected end of training date for both CCTs therefore becomes the same date.
- 6.33** Where a trainee wishes to curtail the programme leading to dual certification and to apply to the GMC for a single CCT, the trainee must apply to the Postgraduate Dean for agreement to do so. If the Postgraduate Dean agrees, the dual certification programme will terminate and a single CCT will be pursued.
- 6.34** Where a trainee has competed during or near the end of a training programme for entry into a different specialty training programme (e.g. radiology and then nuclear medicine or anaesthesia and then intensive care medicine), CCTs may be awarded separately (radiology/nuclear medicine) or at the time of the both CCTs being completed (anaesthesia/ intensive care), providing the curriculum outcomes for each specialty have been met. The trainee will only hold one NTN in one of the two specialties at any given time, but may pursue both curricula and achieve a CCT in each specialty, subject to their satisfactory completion.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

- 6.35** Trainees holding a NTN in one Deanery who are successful in their application for an inter-deanery transfer will be allocated a NTN by the receiving Deanery.

### **When is a training number given up?**

- 6.36** The training number will be given up when a trainee:
- Is erased or suspended from the medical register (whether permanently or temporarily) or where restrictions are applied to their licence to practise where normally such measures are incompatible with continuing in a medical training programme.
  - has completed their training programme or post
  - is assessed as not being suitable for continuing training in the specialty in their current deanery
  - permanently relinquishes their place in a training programme
  - decides not to complete the training programme agreed with the Postgraduate Dean
  - does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean. Deaneries should make reasonable efforts to contact trainees who have not submitted documentation before withdrawing their NTN.
- 6.37** A trainee dismissed after due process by an employer will normally be deemed by the Postgraduate Dean to be unsuitable to continue within the specialty training programme and will have their training number removed and their place on the programme terminated.
- 6.38** In all cases where a NTN is removed, the Postgraduate Dean will inform the trainee in writing of the reasons for this decision. The doctor will have the right of appeal (paras 7.122 – 7.134 and 7.145 -7.147). Relevant employing organisations need to be party to any decisions for removal of a NTN from a trainee in their employ since normally this will also mean that their employment contract will be terminated but the decision for the NTN to be removed rests with the Postgraduate Dean. This must be done fairly and must satisfy the requirements of employment law.
- 6.39** It is open to those who have had their training numbers removed, or have given them up voluntarily, to re-apply for competitive entry to specialty training at a later date should circumstances change. Entry in such cases would be by competition with other applicants.

### **Doctors in specialty training employed permanently outside the NHS**

- 6.40** In some specialties, for example Occupational Medicine and Pharmaceutical Medicine, it is anticipated that most specialty trainees will enter and complete



## A Reference Guide for Postgraduate Specialty Training in the UK

their training with employers outside the NHS. In such circumstances trainees will not hold either substantive or honorary NHS contracts. They must however hold NTN.

- 6.41** Where Postgraduate Deans are satisfied that these specialty trainees have entered specialty training into approved programmes, they may issue trainees with NTNs. The Postgraduate Dean or a representative should participate in the appointment of these trainees.
- 6.42** Receipt of a NTN issued in these circumstances confers no right to a placement in the NHS or to a place in any particular rotation with a non-NHS employer.

### Arrangements for the Defence Medical Services

- 6.43** The Defence Medical Services (DMS) will continue to train medical officers in primary and secondary care specialties for practice in the Armed Forces. Consultants and GP Principals will be by qualification, experience and personal quality, equal to their NHS colleagues. Professional training will follow, as closely as possible, the pattern required for NHS trainees as well as meeting the needs of the DMS.
- 6.44** Candidates who wish to be considered for specialty training will be selected by the DMS from officers who satisfy the entry criteria for the grade and meet the person specification required for entry into specialty training in the relevant specialty. These candidates will be presented before the relevant specialty training selection panel in conjunction with the West Midlands Deanery, or other deaneries as appropriate for those specialties using national recruitment. All such selection panels will include representation from the Defence Postgraduate Medical Deanery (DPMD). DMS candidates will not be in competition with civilians for NHS-funded appointments, but will be in competition with regard to suitability for appointment and ranked accordingly along with their civilian colleagues. Separate arrangements exist for selection into training for Occupational Medicine and Sport & Exercise Medicine within the DMS.
- 6.45** Successful candidates for specialty training will be selected as required by the DMS. Those appointed as StR will be awarded a DPMD National Training Number (NTN) by the Defence Postgraduate Medical Dean (DPM Dean) and the prefix of the NTN remains TSD. They will hold this number until the completion of specialty training but those who, of their own choice, leave the Armed Forces through Premature Voluntary Retirement (PVR) will be required to relinquish their DPMD NTN. If they wish to continue their specialty training as a civilian, they will have to seek an appropriate vacancy within a civilian Deanery for which they will have to compete. For those who retire early not by choice but for reasons beyond their control (eg medical reasons or because training is no longer available through the DPMD in their particular specialty), but still wish to continue their specialty training as a civilian, DPMD will arrange an inter-Deanery transfer to a suitable NHS-funded specialty training programme. However, this will be subject to the

## A Reference Guide for Postgraduate Specialty Training in the UK

availability of an appropriate NTN within a civilian Deanery and the DPMD NTN must still be relinquished. All DMS StRs will occupy posts within specialty training programmes approved by GMC and their progress will be monitored as required by GMC approved curriculum and assessment methods. This will include attendance annually (or more frequently if required) before an assessment panel convened either by the host Deanery or DPMD as appropriate, for Annual Review of Competence Progression (ARCP). Host Deanery ARCP panels will normally be attended by the DPM Dean or a nominated representative and, as for civilian ARCP panels, DPMD ARCP panels must include external representation.

- 6.46** Following the successful completion of a full programme of specialty training and receipt of a CCT and/or Specialist Registration, any Service medical officer seeking accreditation as a DMS consultant will be presented to an Armed Services Consultant Approval Board for confirmation of NHS equivalence and suitability for consultant status.

### Less than full-time training

- 6.47** This guidance is based on *Principles underpinning the new arrangements for flexible training* (NHS Employers, 2005). Full guidance is available at the websites listed below. Advice may also be obtained from the local Postgraduate Dean.

England and Northern Ireland [A new approach to flexible medical training](#)  
Scotland [Flexible Training | NES | Postgraduate Training | Medicine](#)  
Wales [Less Than Full Time Training](#)

- 6.48** Less than full-time training shall meet the same requirements in specialty and general practice training as full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week.
- 6.49** All trainees can apply for less than full-time training either at the point of application for entry into specialty training or at any time once they have been accepted into specialty training. As for all other applicants wishing to enter into specialty training, competitive appointment into specialty training is required but must not be affected or influenced by the applicant's wish to be considered for less than full-time training. The aims of less than full-time training are to:
- retain within the workforce doctors who are unable to continue their training on a full-time basis
  - promote career development and work/life balance for doctors training within the NHS
  - ensure continued training in programmes on a time equivalence (pro-rata) basis

## A Reference Guide for Postgraduate Specialty Training in the UK

- maintain a balance between less than full-time training arrangements, the educational requirements of both full and part-time trainees and service need.

**6.50** As far as possible, Postgraduate Deans will seek to integrate less than full-time training into mainstream full-time training by:

- developing permanent less than full-time training posts in appropriate specialties
- using slot/job shares where it is possible to do so
- using full-time posts for less than full-time training where it is possible to do so
- ensuring equity of access to study leave.

**6.51** Where such arrangements cannot be made, the Postgraduate Dean may consider the establishment of personal, individualised supernumerary posts, subject to training capacity and resources.

**6.52** These must be approved prospectively and individually by the GMC with the deanery submitting the appropriate documentation (Form A of GMC's programme approval documentation) and should usually also include evidence of support from the relevant Royal College for the proposed additional post.

**6.53** The GMC has agreed that if a post is approved for training, then it is also approved for training on a less than full-time basis.

### Eligibility for less than full time training

**6.54** Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons. The Conference of Postgraduate Medical Deans (COPMeD) has agreed the following categories which serve as guidelines for prioritising requests for less than full-time training. The needs of trainees in Category 1 will take priority.

#### Category 1

Doctors in training with:

- disability
- ill health
- responsibility for caring for children (men and women)
- responsibility for caring for ill/disabled partner, relative or other dependant.

#### Category 2

Doctors in training with:

## A Reference Guide for Postgraduate Specialty Training in the UK

- unique opportunities for their own personal/professional development, e.g. training for national/international sporting events
- religious commitment – involving training for a particular role which requires a specific time commitment
- non-medical professional development such as management courses, law courses, fine arts courses, etc.

**6.55** Other well-founded reasons may be considered but will be prioritised by the Postgraduate Dean and will be dependent on the capacity of the programme and available resources. Postgraduate Deans, or Associate Deans with responsibility for less than full-time trainees, should view enquiries about flexible training sympathetically and will need to confirm that an application is well-founded on an individual basis. Where Postgraduate Deans believe that an application is not well-founded they should consult their colleagues appropriately to ensure a consistent approach before making a final decision.

### Applying for less than full-time training

**6.56** Trainees will:

- reflect the same balance of work as their full-time colleagues
- normally move between posts within rotations on the same basis as a full-time trainee
- not normally be permitted to engage in any other paid employment whilst in less than full-time training

**6.57** Further details of the application and appeals process can be found on the websites listed at para 6.47.

### Academic training, research and higher degrees

**6.58** All of the specialty training curricula require trainees to understand the value and purpose of medical research and to develop the skills required to critically assess research evidence. In addition, some trainees will wish to consider or develop a career in academic medicine and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training. The following web links provide important advice on pursuing an academic clinical career.

Academy of Medical Sciences <http://www.academicmedicine.ac.uk/>  
National Institute for Clinical Research <http://www.nccrcd.nhs.uk/>  
Wales CAT [Wales Clinical Academic Track — Specialty Training in Wales](#)  
NI [NIMDTA - Northern Ireland Medical and Dental Training Agency » Academic](#)  
Scotland [Academic Training | NES | Postgraduate Training | Medicine](#)

## A Reference Guide for Postgraduate Specialty Training in the UK

**6.59** Such opportunities are available through two main routes. Trainees can:

- **option 1:** compete for opportunities to enter GMC approved *integrated combined academic and clinical programmes*. Trainees who are appointed to such posts will need to meet the clinical requirements for appointment if they are not already in specialty training, as well as the academic requirements
- **option 2:** take time out of their Deanery specialty training programme once admitted into specialty training to undertake research or an appropriate higher degree (Out of Programme for Research OOPR para 6.78 onwards), with the agreement of the Postgraduate Dean. Trainees will continue to hold their NTN during this time out of their clinical programme.

### Option 1: Integrated combined academic and clinical programmes

- 6.60** Each of the four countries has developed their own arrangements for these integrated academic and clinical posts. Further details are available from the relevant websites.
- 6.61** Trainees already holding a NTN who are subsequently selected for such an integrated academic/clinical programme will have their NTN converted to a NTN (A) or receive a NTN (A) in the appropriate specialty.
- 6.62.** Trainees appointed to such programmes who require a NTN will be allocated a NTN (A) from the outset
- 6.63** Trainees in integrated, combined programmes will be assessed through a joint academic and clinical annual assessment process as described in paragraph 7.91 onwards.
- 6.64** If it is recommended at any point, either through the annual assessment process or by the academic supervisor that such trainees should leave the academic programme, but should still continue with their clinical training, then trainees will be facilitated back into the clinical training programme by the Postgraduate Dean, given due notice. The NTN (A) will revert to a NTN in the appropriate specialty.

### Option 2: Taking time out of programme to undertake research

- 6.65** The trainee will need to seek the prospective agreement of the Postgraduate Dean to take time out of programme to undertake research or an appropriate higher degree. NTN (A)s are not allocated to trainees who take time out of programme for research. Trainees taking time out of programme for research purposes will retain their NTN as long as they have the agreement of the Postgraduate Dean to do so. The process for this is described in para 6.78 onwards. (OOPR).

## A Reference Guide for Postgraduate Specialty Training in the UK

### Taking time out of programme (OOP)

**6.66** There are a number of circumstances when a trainee may seek to spend some time out of the specialty training programme to which they have been appointed. All such requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. Time out of programme (OOP) will not normally be agreed until a trainee has been in a training programme for at least one year, unless at the time of appointment deferral of the start of the programme has been agreed, e.g. for statutory reasons. Time out of programme may be in prospectively approved training posts or for other purposes, e.g. additional experience (including periods of research or training) but if it is not to count towards the award of a CCT then GMC approval of the posts or programme is not required.

[GMC | Guidance: PMETB out of programme approval - September 2007](#)

The purpose of taking time out of a specialty training programme is to support the trainee:

- in undertaking clinical training which has been prospectively approved by the GMC (or its predecessor body, PMETB), and which is not a part of the trainee's specialty training programme (OOPT)
- in gaining clinical experience which is not approved by the GMC (or its predecessor body, PMETB) (GMC approval is not required where such experience is not a requirement of the curriculum) but which may benefit the doctor (e.g. working in a different health environment/country) or to help support the health needs of other countries (e.g. Médecins Sans Frontières, Voluntary Service Overseas, supporting global health partnerships)
- in undertaking a *period of research*
- in taking a *planned career break* from the specialty training programme.

**6.67** If out of programme time is agreed, the relevant section of the out of programme (OOP) document (Appendix 4) must be signed by the Postgraduate Dean. The trainee should give their Postgraduate Dean and their employer (current and/or next) as much notice as possible. Three months is the *minimum* period of notice required so that employers can ensure that the needs of patients are appropriately addressed.

**6.68** Trainees will also need to submit the out of programme (OOP) document annually, ensuring that they keep in touch with the Deanery and renew their commitment and registration to the training programme. This process also requests permission for the trainee to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. For trainee's undertaking

## A Reference Guide for Postgraduate Specialty Training in the UK

approved training out of programme, it should be part of the return for the annual assessment process. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.

- 6.69** Trainees undertaking fixed term specialty training appointments cannot request time out of their fixed term appointment. Where time needs to be taken away from work, for example following bereavement or for illness, the service gap may be filled but the trainee's fixed term appointment contract will not be extended.

### Taking time out of programme for approved clinical training (OOPT)

- 6.70** The GMC must prospectively approve clinical training out of programme if it is to be used towards a CCT award. This could include overseas posts or posts within the UK which are not part of an approved programme in any deanery.
- 6.71** Trainees may be able to take time out of programme and credit time towards training as an 'acting up consultant'. If the relevant Royal College or Faculty agrees that this kind of post is part of the approved specialty curriculum, additional prospective approval is not needed from the GMC. Trainees acting up as consultants (in accordance with the locally defined process) will need to have appropriate supervision in place and approval will only be considered if the acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum.
- 6.72** The Postgraduate Dean will advise trainees about obtaining prospective approval in these circumstances.  
[GMC | Approval: Post and programme](#)  
Clinical training which has not been prospectively approved cannot contribute towards the award of a CCT and will not be out of programme training (OOPT) but may be appropriate as out of programme experience (OOPE).
- 6.73** Trainees may retain their NTN whilst undertaking a clinical approved training opportunity, as long as the OOPT has been agreed in advance by the Postgraduate Dean and trainees continue to satisfy the requirement for annual review. OOPT will normally be for a period of one year in total but, exceptionally, can be up to two years.
- 6.74** Trainees who undertake OOPT must submit the appropriate evidence of acquisition of competencies required by the specialty curriculum to the home Deanery's annual review panel, along with an annual OOPT document. This will ensure that they keep in touch with the Deanery and relevant Royal College/Faculty and renew their commitment and registration to the training programme. This process also requests permission to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the trainee's responsibility to make this annual return.

## A Reference Guide for Postgraduate Specialty Training in the UK

### Taking time out of programme for clinical experience (OOPE)

**6.75** Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by GMC and which will not contribute to award of a CCT. The purpose of this could be to:

- enhance clinical experience for the individual so that they may experience different working practices or gain specific experience in an area of practice and/or
- support the recommendations in *Global health partnerships: the UK contribution to health in developing countries (2007)* which recommends that:

*"An NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training... GMC should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience"*  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083509](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083509)

- take time out of programme to gain experience as a locum consultant which cannot be credited towards the award of a CCT or CESR(CP).

**6.76** The request to take time out for such experience must be agreed by the Postgraduate Dean. The OOP document should be used to make the request and should be returned on an annual basis to the Deanery whilst the trainee is out of programme. OOPEs will normally be for one year in total, but can be extended for up to two years with the agreement of the Postgraduate Dean.

**6.77** Trainees may also take time out of programme to gain experience as a locum consultant (OOPE) which cannot be credited towards the award of a CCT or CESR(CP). Such experience can however be used to support an application for entry to the specialist register through the CESR route. Where a period of time as an "acting up" consultant has not fulfilled the requirements as outlined in paragraph 6.71 above then this time cannot be credited towards the award of a CCT or CESR(CP)

### Time out of programme for research (OOPR)

**6.78** Trainees should be encouraged and facilitated to undertake research where they have an interest in doing so.

- time spent out of a specialty training programme for research purposes *will* be recognised towards the award of a CCT when the relevant curriculum includes such research as an optional element.



## A Reference Guide for Postgraduate Specialty Training in the UK

Under such circumstances, GMC is not approving research per se, but is approving any training, including research, that is deemed to be appropriate and relevant to the CCT curriculum in question. *Both* the College/Faculty and Deanery must support the application for prospective approval

- once prospective approval of the posts and programmes has been obtained it is still for Colleges and Faculties to confirm whether the training (including relevant research) has been completed satisfactorily and satisfies the requirements of the curriculum when the College or Faculty makes recommendations to GMC for the award of a CCT.

- 6.79** When OOPR does not count towards CCT requirements, GMC approval is not required.  
[GMC | Approval: Post and programme](#)
- 6.80** Time taken out for research purposes is normally for a registerable higher degree, e.g. a PhD, MD or Master's degree and will not normally exceed three years. Trainees in their final year of training will not normally be granted OOPR.
- 6.81** Trainees who undertake OOPR must submit the relevant section of the OOP document to the annual review panel. This will ensure that the trainee keeps in touch with the Deanery and registers each year to renew their commitment to the training programme. It requests permission to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the responsibility of the trainee to make this return annually.
- 6.82** Many individuals undertaking such research retain a clinical element, which will allow them to maintain their existing competences whilst out of programme. The extent of this clinical element will guide GMC, the Deanery and the relevant Royal College in decisions concerning whether some of the time spent on clinical and research competences during OOPR can be used to contribute towards the award of a CCT. The trainee should seek advice from their Training Programme Director to ensure that the proposed clinical element is appropriate.
- 6.83** If there is prospective approval for the OOPR to contribute to the CCT, then formal assessment documentation must be submitted annually to the review panel.

### Time out of programme for career breaks (OOPC)

- 6.84** Specialty training can require trainees to commit up to eight years of training in some specialties. For trainees with outside interests, this may influence their choice of specialty or career. The opportunity to take time out of a training programme with the guarantee of being able to return at an agreed

## **A Reference Guide for Postgraduate Specialty Training in the UK**

time and resume training may make some specialties, and indeed a medical career in general, more attractive. Requests for career breaks should therefore be sympathetically considered.

**6.85** A planned OOPC will permit a trainee to:

- step out of the training programme for a designated and agreed period of time to pursue other interests, e.g. domestic responsibilities, work in industry, developing talents in other areas
- take a career break to deal with a period of ill health, secure in the knowledge that they can re-join the training scheme when they are well enough to continue.

### **Who is eligible to apply for an OOPC?**

**6.86** OOPC can be taken with the agreement of the Postgraduate Dean, who will consult as necessary with those involved in managing the training programme. Limiting factors will include:

- the ability of the programme to fill the resulting gap in the interests of patient care
- the capacity of the programme to accommodate the trainee's return at the end of the planned break
- evidence of the trainee's on-going commitment to and suitability for training in the specialty.

**6.87** If all requests for a career break within a programme cannot be accommodated, priority will be given to trainees with any of the following:

- those with health issues
- those who have caring responsibilities for dealing with serious illness in family members that cannot be accommodated through flexible training
- those who have childcare responsibilities that cannot be accommodated through flexible training options
- at the discretion of the Postgraduate Dean, those with a clearly identified life goal which cannot be deferred.

### **Planning and managing an OOPC**

**6.88** The following apply to the planning and management of career breaks during specialty training:

## A Reference Guide for Postgraduate Specialty Training in the UK

- OOPC may be taken after a specialty training programme has been started, but not normally until at least one year of the programme has been successfully completed;
- OOPC is not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training.
- The needs of the service must be considered in agreeing a start date.
- The duration of the OOPC will normally be limited to two years since there are good educational and training reasons for this but may be longer in exceptional circumstances which must be agreed with the Postgraduate Dean.
- Trainees wishing to take longer OOPC will normally need to relinquish their NTN and re-apply in open competition for re-entry to the same specialty or to a new specialty.
- A replacement NTN to fill the gap in a programme left by a trainee undertaking an OOPC may be made available but the Postgraduate Dean will need to ensure that the programme can accommodate any newly appointed trainees, as well as the subsequent return of the trainee who has undertaken the OOPC.
- The trainee should give at least six months notice of their planned return to work. Although the returning trainee will be accommodated in the next available suitable vacancy in their specialty, it may take time for a suitable placement to arise.
- There is no guarantee that the return date will be within six months of a trainee indicating their wish to return to training. If there are likely to be problems accommodating the trainee back into the programme, the trainee should be advised at the outset of the OOPC.
- A period of refreshment of skills and updating may be necessary before the trainee returns formally to the programme. This will be at the discretion of the Postgraduate Dean, following consultation with the Training Programme Director. Arrangements for how this will be achieved will be subject to local agreement.
- Although trainees on career breaks will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement. Since this is not prospectively approved training, it cannot be attributed to award of a CCT, but may (like any other experience) be used as part of an application for CESR.
- Trainees must complete Form R and the relevant section of the OOP on an annual basis and submit this to the ARCP panel in order to continue to register their interest in staying in the programme. The information provided should include their intended date of return to the programme to facilitate the planning process.
- Trainees may need to consider the effect of a career break on their ability to maintain their licence to practise with the GMC.

## A Reference Guide for Postgraduate Specialty Training in the UK

### Movement between Deaneries (inter-deanery transfers)

- 6.89** Requests for an inter-deanery transfer will only be considered where there has been a significant change in a trainee's situation which could not have been foreseen at the time of appointment to their current post.
- 6.90** Whilst it is possible for trainees to move between Deaneries (inter-deanery transfers) there is no automatic entitlement or right for this to take place. Trainees will be expected to show they have well-founded reasons for wishing to move. Movement is at the discretion of the Postgraduate Dean/Director of Postgraduate General Practice Education. Details of the current process together with a detailed timetable are set out on deanery websites. The arrangements for transfer apply to both full-time trainees and trainees working less than full-time.
- 6.91** It is important that trainees give as much notice as possible to their current Postgraduate Dean that they are seeking a transfer and adhere to the transfer window timelines in place. Transfers will only be considered during two time periods "windows" each year – March and October. The timing of these windows allows trainees, who may be required to give 3 months notice, sufficient time to do so if transferring to posts commencing in August and February.
- 6.92** Start dates for posts will be agreed between transferring/receiving deaneries and trainees. Requests to transfer will not be considered outside of these windows, except in very exceptional circumstances.
- 6.93** Deaneries will accept transfer requests within the first year of appointment to the current post but the transfer itself would not be considered appropriate, unless in very exceptional circumstances, until after 12 months in the appointed post. Trainees requesting transfer must meet one or more of the criteria for transfer detailed in the process document – e.g significant life event, caring responsibilities, committed relationship.
- 6.94** Inter-deanery transfers are *not* appropriate for:
- **educational or training reasons:** Deaneries should provide a full range of programmes and placements for the specialties in which they offer training, or have formal arrangements for doing so which are not dependent on ad-hoc transfer arrangements
  - **secondment to a different Deanery:** such moves would be planned to fit in with the agreed training programme and training availability. Trainees would keep their original training number
  - **rotation between Deaneries as part of a planned training programme:** this arrangement applies in some specialties and across some Deaneries because of local arrangements

## A Reference Guide for Postgraduate Specialty Training in the UK

- **undertaking research in a different Deanery:** trainees given permission by their Postgraduate Dean to take time out of a programme to undertake research will retain their training number, even if research takes place in a different Deanery. Trainees will have no entitlement to transfer subsequently to the Deanery in which they have been doing their research but will need to go through either the inter-deanery request process (and meet the requirements of eligibility) or through a competitive process.

**6.95** Where trainees wish to move to another Deanery for any other reason, or if their request to transfer is not supported and they still wish to move to the other deanery, they will have to compete for a place in a specialty training programme in the receiving Deanery through the normal application process.

**6.96** Where trainees wish to pursue a CCT in a different specialty, that is, to transfer to a different training programme - whether in the same or a different Deanery - a new training number will only be awarded in competition with others seeking entry to the training programme.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 7: Progressing as a Specialty Registrar

### Competences, experience and performance

- 7.1 The curricula approved by the GMC for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the CCT.
- 7.2 Competences, knowledge, skills and attitudes take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence based programme of training must be an understanding of both the minimum level of frequency and experience and the time required to acquire competence and to confirm performance in the specialty.
- 7.3 Most but not all specialties have minimum durations of training time. Furthermore, all specialty curricula developed in the UK and approved by the GMC also quote either absolute minimum training durations (which must be at least as long as the European requirement), or an indicative “range” of time that the training programme is expected to take, the bottom end of the range reflecting the minimum European requirement.
- 7.4 This is important for two reasons:
- to define a “full” programme of prospectively approved training which entitles an individual who successfully completes it, the award of the CCT (Appendix 7)
  - to make sense of a competence defined programme of educational progression within a framework of “time required” to enable breadth of experience and practice to ensure that the competences gained are sustainable and part of everyday practice.
- 7.5 Assessment strategies for specialty training must not deliver just “snapshots” of skills and competences, but must deliver a programme of assessment which looks at the sustainability of competences and the clinical and professional performance of trainees in everyday practice.
- 7.6 The new emphasis on work place assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments and that employers must ensure that appropriate opportunities are provided to enable this to happen effectively.
- 7.7 Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations which enable them to develop the required competences. The expected rate of progress in

## A Reference Guide for Postgraduate Specialty Training in the UK

acquisition of the required competences is defined in each specialty curriculum. This is important so that Deaneries, trainers, trainees and employers are clear as to what is acceptable progress within specialty training. This will enable reasonable limits for remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered.

### Annual Review of Competence Progression (ARCP)

#### Appraisal, assessment and annual planning

- 7.8 Structured postgraduate medical training is dependent on having curricula which clearly set out the standards and competences of practice, an assessment strategy to know whether those standards have been achieved and an infrastructure which supports a training environment within the context of service delivery.
- 7.9 The three key elements which support trainees in this process are *appraisal, assessment and annual planning*. Based on a modified version of GMC's assessment framework, these three elements are individual but integrated components of the training process. Together they contribute to the **Annual Review of Competence Progression (ARCP)**.
- 7.10 Assessment is a formally defined process within the curriculum in which a trainee's progress in the training programme is assessed and measured using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress. It results in an *Outcome* following evaluation of the written evidence of progress and is essential if the trainee is to progress and to confirm that the required competences are being achieved.
- 7.11 Appraisal provides a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/ requirements of the employer (workplace based appraisal).
- 7.12 All trainees must have a formally appointed educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression. Ordinarily such a dialogue should not inform the assessment process.
- 7.13 The educational supervisor will be responsible for bringing together the structured report which looks at the evidence of progress in training and also for undertaking workplace based appraisal with their trainees.
- 7.14 The educational supervisor is the crucial link between the educational and workplace based appraisal process since the trainer's report provides the summary of the assessment evidence for the annual review process. The outcome from the annual review underpins and provides evidence for the

## A Reference Guide for Postgraduate Specialty Training in the UK

workplace based appraisal process which is designed to reassure employers that the performance of doctors in postgraduate training is satisfactory.

- 7.15** During their appraisal discussion trainees must be able to discuss their worries/mistakes without fear that they will be penalised. Patient safety issues should usually be identified by clinical incident reporting, unless it is repetitive poor practice. However, where it is in the interests of patient safety or of the trainee, then the trainee must be informed that the relevant element of the appraisal discussion will be raised with the director/lead of medical education in the local education provider and the Postgraduate Dean.

### Educational appraisal

- 7.16** The purpose of educational appraisal is to:
- help identify educational needs at an early stage by agreeing educational objectives which are SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imebound)
  - provide a mechanism to receive the report of the review panel and to discuss these with the trainee
  - provide a mechanism for reviewing progress at a time when remedial action can be taken quickly
  - assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career
  - enable learning opportunities to be identified in order to facilitate a trainee's access to these
  - provide a mechanism for giving feedback on the quality of the training provided; and
  - make training more efficient and effective for a trainee.
- 7.17** Educational appraisal is a developmental, formative process which is trainee-focused. It should enable the training for individual trainees to be optimised, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the training standards as set by GMC.
- 7.18** Appraisal should be viewed as a continuous process. As a minimum, the educational element of appraisal should take place at the beginning, middle, and end of each section of training, normally marked by the Annual Review of Competence Progression process. However, appraisal may be needed more frequently, for example after an assessment outcome which has identified inadequate progress.
- 7.19** Each trainee should normally have a learning agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their ARCP outcome. This should be the basis of all



## A Reference Guide for Postgraduate Specialty Training in the UK

appraisal discussions throughout all stages of training. The learning agreement will need regular review and updating.

- 7.20** The educational supervisor and trainee should discuss and be clear about the use of a learning portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.
- 7.21** Regular feedback should be provided by the educational supervisor on progress. This should be a two way process in the context of an effective professional conversation. Trainees should feel able to discuss the merits or otherwise of their training experience. The detailed content of the discussion which takes place within appraisal sessions should normally be confidential and a summary of the appraisal discussion should be agreed and recorded and any agreed actions documented. Appraisal summaries should be part of the trainee's portfolio.
- 7.22** The educational appraisal process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. Failure to participate in undertaking workplace based assessments across all areas where these are required or in specific instances; issues raised in multi-source feedback; information from either staff or patients; significant or unexplained absences are examples of some early warning signs which should alert the educational supervisor that intervention may be required.
- 7.23** These concerns should be brought to the attention of the trainee during appraisal meetings. Account should be taken of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns persist or increase, further action should be taken, either through the annual assessment process or, if timing is inappropriate, through direct contact with the Training Programme Director and employer, alerting them of these concerns.

### Assessment and the Annual Review of Competence Progression (ARCP)

- 7.24** In accordance with GMC requirements, College and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by the GMC and the requirements of the GMC's *Good Medical Practice*.
- 7.25** This section deals with the elements of the Annual Review of Competence Progression which are designed to provide evidence and a judgement about progress. It does not address the important processes of educational/workplace based appraisal and programme planning which should respectively precede and follow from the formal assessment process.
- 7.26** The Record of In-Training Assessment (RITA) process which was the process of overall assessment for specialist training requires improved

## A Reference Guide for Postgraduate Specialty Training in the UK

definition to take into account the more explicit evidential base required by these assessment standards. It requires better linkages to the service and the public as set out in the Principles of Assessment developed by the GMC. The same also applies for the VTR forms issued for general practice vocational training.

- 7.27** RITA and VTR forms have been replaced by an assessment process for specialty training which will be called the **Annual Review of Competence Progression (ARCP)** and which will be based on the more explicit use of evidence to inform the annual assessment outcome of progress.
- 7.28** Each specialty has developed an assessment process blue-printed against the requirements of the curriculum and approved by the GMC. Further information about these requirements is available on the GMC website. [GMC | Approval: Curricula and Assessment System](#)
- 7.29** Assessment strategies will normally also include well-constructed and “fit-for-purpose” professional examinations which map back to the curriculum, in-work and real-time assessments such as directly observed procedures (DOPS); case note review or case-based discussion (CBD); multi-source feedback reports; observed video assessments or assessments in clinical skills facilities and other documented evidence of progress of the individual against the standards set out in the curriculum for the specialty. The educational supervisor’s structured report or an equivalent summary should be used to provide a summary of the outcome of these for the ARCP panel. This report must:
- reflect the learning agreement and objectives developed between the trainee and his/her educational supervisor
  - be supported by evidence from the workplace based assessments planned in the learning agreement
  - take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.
- 7.30** Log-books, audit reports, research activity and publications document other sorts of experience and attainment of skills which trainees may need to demonstrate. They are not, in and of themselves, assessment tools, but are a valid record of progress. Information about these areas should be retained in a specific specialty professional **learning portfolio** (which is increasingly likely to be an electronic portfolio) which all trainees must keep in order to record their evidence and progress in their training. The portfolio will also form the basis of the educational and workplace based appraisal process and the annual planning process (paragraph 7.109 onwards). Increasingly, portfolios are being developed by specialties through the colleges and faculties to be maintained electronically, forming part of an electronic learning platform.
- 7.31** Trainees should familiarise themselves with the relevant specialty assessment and other documentation requirements required for the assessment of their progress (and the supporting appraisal and planning

## A Reference Guide for Postgraduate Specialty Training in the UK

processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, it is the responsibility of the College or Faculty to notify trainees and trainers of the new requirements.

**7.32** Trainees should also familiarise themselves with the requirements of the GMC's *Good Medical Practice*. In particular, paragraph 14 of *Good Medical Practice* (2006) requires that doctors must work with colleagues and patients to maintain and improve the quality of their work and promote patient safety. In addition, they must:

- maintain a folder of information and evidence, drawn from their medical practice
- reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation
- take part in regular and systematic clinical audit
- respond constructively to the outcome of audit, appraisals and the annual assessment of outcome process,
- undertake further training where necessary.
- take part in systems of quality assurance and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey).

**7.33** The trainee's educational supervisor must ensure that the trainee:

- is aware of his/her responsibility to initiate workplace based assessments
- maintains an up-to-date log-book where this is required
- ensures that the trainee's professional learning portfolio is adequately developed including undertaking and succeeding in all assessments of knowledge (usually examinations) in a timely fashion based on the recommended timescale set out in the specialty curriculum.

**7.34** If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the programme director and between them, must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

**7.35** The educational supervisor will be responsible for completing a structured report which must be discussed with the trainee prior to submission. This report is a synthesis of the evidence in the trainee's learning portfolio which summarises the trainee's workplace assessments, experience and additional activities which contribute to the training process. The report and the

## A Reference Guide for Postgraduate Specialty Training in the UK

discussion which should ensue following its compilation must be evidence based, timely, open and honest.

- 7.36** If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

### The Annual Review of Competence Progression (ARCP)

#### Collecting the evidence

- 7.37** Each specialty is required by the GMC to map its assessment processes against the approved curriculum and the GMC's *Good Medical Practice*. A structured report should be prepared by the trainee's educational supervisor and should reflect the evidence which the trainee and supervisor agreed should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to collate the results of the required in-work assessments, examinations and further experiential activities required by the specialty curriculum (e.g. logbooks, publications, audits). It is strongly recommended that all trainees and educational supervisors familiarise themselves with the GMC's guidance as well as the relevant Royal College curriculum and assessment programme.  
[GMC | Approval: Curricula and Assessment System](#)
- 7.38** The trainee's educational supervisor may also be his/her clinical supervisor (particularly in small specialties and small training units), although wherever possible this should be avoided. Under such circumstances, the educational supervisor could be responsible for some of the in-work assessments, for producing the structured report, as well as for providing educational and workplace based appraisal for the trainee.
- 7.39** Great care will need to be taken to ensure that these roles are not confused and indeed, under such circumstances, the trainee's educational supervisor should discuss with the Training Programme Director and, if necessary, the Postgraduate Dean, a strategy for ensuring that there is no conflict of interest in undertaking educational appraisal and assessment for an individual trainee.
- 7.40** Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them and their trainers at least six weeks notice of the date by which it is required so that trainees can obtain structured reports from their educational supervisors. Documentation must be received at least 2 weeks before the date of the ARCP. Trainees will not be "chased" to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their

## A Reference Guide for Postgraduate Specialty Training in the UK

progress. As a consequence, the trainee will not be able to document attained competences or progress in the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in para 7.43. In time it is anticipated that ARCP panels will receive the evidence, which is largely but not exclusively the structured report, electronically. This is dependent on the development of e-portfolios for each specialty to support training.

- 7.41** Trainees must submit, as part of their documentary evidence for each annual review, an updated Registration Form R, giving accurate demographic details for use on the Deanery database.
- 7.42** It is up to the trainee to ensure that the documentary evidence (including e-portfolio) which is submitted is complete. This should include evidence which the trainee may view as negative. All workplace based assessment outcomes (WPBAs) should be included in the evidence submitted to the ARCP and be retained in the trainee's portfolio so that they are available for discussion with educational supervisors during educational appraisal discussions.
- 7.43** Where the documentary evidence submitted is incomplete or otherwise inadequate so that a panel cannot reach a judgement, **no** decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an *Incomplete* outcome (Outcome 5) and will require the trainee to explain to the panel and Deanery in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.
- 7.44** It may be necessary for the Training Programme Director (TPD) to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. It is not intended that the trainee should agree the report's content but is intended to ensure that the trainee is aware of what had been said. Where the report indicates that there may be a risk to patients arising from the trainee's practice, this risk needs to be shared with the Postgraduate Dean and the current employer. The trainee needs to be made aware that this is the case.
- 7.45** The trainee may submit, as part of their evidence to the ARCP, a response to the trainers' report or to any other element of the assessment documentation for the panel to take into account in their deliberations. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the trainee must expect that it will be followed up appropriately. Where, for example, a trainee raises allegations of bullying, harassment or other inappropriate conduct on the part of a trainer or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up

## A Reference Guide for Postgraduate Specialty Training in the UK

to investigate or deal with allegations of this nature, it will bring such concerns to the attention of the Deanery in writing immediately following the panel for further consideration and possible investigation by the employing organisation. All Deaneries and employers of specialty trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees are encouraged to follow these policies and training providers must make their policies on bullying and harassment known to trainees as part of their induction.

### What is the purpose of the ARCP?

- 7.46** The ARCP provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with progression issues outside the annual review. It is not in itself a means or tool of assessment but has been designed to fulfil the following functions:
- provide an effective mechanism for recording the evidence of the trainee's progress within the training programme or in a recognised training post (fixed term specialty training appointment)
  - provide a means whereby the evidence of the outcome of formal assessment, through a variety of GMC agreed in-work assessment tools and other assessment strategies, including examinations which are part of the assessment programme, are coordinated and recorded to provide a coherent record of a trainee's progress
  - provide a mechanism for the assessment of out of programme clinically approved training and its contribution to achievement of the required competences
  - provided adequate documentation has been presented, to make judgements about the competences acquired by a specialty trainee and their suitability to progress to the next stage of training if they are in a training programme
  - provided adequate documentation has been presented, to make a judgement about the competences acquired by a trainee in a fixed term specialty training appointment and to document these accordingly;
  - provide a final statement of the trainee's successful attainment of the competences for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dean to present evidence to the relevant College or Faculty so that it can recommend the trainee to the GMC for award of the CCT or to enable the trainee to submit an application for the Certificate confirming Eligibility for Specialist or GP Registration (CESR or CEGPR).

## A Reference Guide for Postgraduate Specialty Training in the UK

- 7.47 The Annual Review of Competence Process is applicable to:
- all specialty trainees (including general practice trainees, those in core training, less than full-time training and trainees in academic programmes) whose performance through a specialty training programme must be assessed to demonstrate progression
  - trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Clinical Lectureships, Clinician Scientist appointments
  - trainees who are out of programme with the agreement of the Postgraduate Dean
  - trainees in Fixed Term Specialty Training Appointments (FTSTAs)
  - trainees in Locum Appointments for Training (LATs).
- 7.48 Trainees who continue in SpR programmes will be subject to the Record of in-training assessment (RITA) process which supports the relevant curricula. Workplace-based assessments should be used to provide evidence to support the RITA process.
- 7.49 Doctors who are successful in competing for a training opportunity (e.g. a LAT appointment) or who gain access to top-up training through appropriate arrangements in order to meet the requirements of GMC to apply for a Certificate of Eligibility for Specialist or GP Registration (CESR) will also have their progress assessed through the annual assessment process. There is a specific assessment outcome in relation to doctors undertaking top-up training (Outcome 9).

### The Annual Review of Competence Progression Panel (ARCP Panel)

- 7.50 The panel has two objectives:
- to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's portfolio through a structured report from the educational supervisor, documenting assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report or assessor's documentation;
  - provided that adequate documentation has been presented, to make a judgement about the trainee's suitability to progress to the next stage of training or confirm training has been satisfactorily been completed.

### Composition of the ARCP Panel

- 7.51 The panel has an important role which its composition should reflect. It should consist of at least **three** panel members appointed by the training committee or an equivalent group of which one must be either the

## **A Reference Guide for Postgraduate Specialty Training in the UK**

Postgraduate Dean (or their deputy) or a Training Programme Director (TPD). The Chair of the Specialty Training Committee, Training Programme Directors, College/Faculty representatives (e.g. from the specialty SAC), educational supervisors and associate directors/deans are all appropriate panel members. Where an annual academic assessment outcome is also involved, there should additionally be two academic representatives on the outcome panel neither of whom were involved in the trainee's academic programme. The panel should have input from a lay member and external trainer who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress (Paragraph 7.78). The panel could also have a representative from an employing organisation in order to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their specialty.

- 7.52** Where it is likely or even possible that a trainee could have an outcome indicating insufficient progress which will require an extension to the indicative time for completion of the training programme, the Training Programme Director (or academic educational supervisor) should notify the Deanery in order to ensure that the Postgraduate Dean or designated deputy make arrangements for a senior Deanery representative to attend the panel.
- 7.53** If either the lay member or the external trainer has concerns about the outcomes from the panel, these will be raised with the Postgraduate Dean for further consideration. The Dean may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended.
- 7.54** Where an outcome panel is being held for an individual undertaking an Academic Clinical Fellowship or Lectureship or as a Clinician Scientist, the panel should also include 2 academic representatives, one from the specialty and one outside the specialty. These panel members should specifically take a view about the evidence of academic progress which is submitted.
- 7.55** All members of the panel (including the lay member and those acting as external members) must be trained in equality and diversity issues. This training should be kept-up-to date and should normally be refreshed every three years.
- 7.56** Consultant/GP supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member and should withdraw temporarily from the process whilst their trainee is being considered.

### **How the panel works**

- 7.57** The full panel will be convened by the Deanery. The panel will normally be chaired by the chair of the Specialty Training Committee or one of the Training Programme Directors or Associate Deans/Directors. The external member of the panel need only attend as required to fulfil his/her



## A Reference Guide for Postgraduate Specialty Training in the UK

responsibilities as outlined above and so may only be required towards the end of the process, especially in large specialties.

- 7.58** The process is *an assessment of the documented and submitted evidence* that is presented by the trainee and as such *the trainee should not normally attend the panel*. However, deaneries may wish to have trainees present on the day to meet with the panel after their discussion of the evidence, if required to clarify information, and to discuss the next steps and their future training requirements.
- 7.59** For practical and administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. the trainee's views on their training, planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must *not* be present at the panel considering the outcomes except for the circumstances described in the next paragraph.
- 7.60** The exception to this is where the Training Programme Director, educational supervisor or academic educational supervisor has indicated that there *may* be an unsatisfactory outcome through the annual review process [Outcomes 2, 3 or 4 (see box)]. Under such circumstances the trainee will have been informed prior to the panel of the possible outcome and **must** meet with the panel but only *after* the panel has considered the evidence and made its judgement, based upon it.
- 7.61** The purpose of the trainee meeting with the panel *after* it has reached its decision is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training on the acquisition of specific competences (outcome 2) then the timescale for this should be agreed with the trainee.
- 7.62** If additional remedial training is required (outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of *how* a remedial programme will be delivered will be determined by the TPD and the Postgraduate Dean. The remedial programme will be planned taking into account the needs of other trainees in the specialty and must be within the limits of patient safety.
- 7.63** This additional training must be agreed with the trainee, and with the training site/employer and new trainers who will be providing it. Full information about the circumstances leading to the additional training requirement must be transmitted by the Deanery to the training site/employer, including any areas of weakness and any negative reports. The information transmission will be shared with the trainee but agreement to it being shared with the new employer and trainers is a requisite of joining the training programme.
- 7.64** The panel should systematically consider the evidence as presented for each trainee against the specialty curriculum assessment framework and make a judgement based upon it so that one of the outcomes is agreed.

## A Reference Guide for Postgraduate Specialty Training in the UK

- 7.65** Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 6), including where trainees continue to hold a training number but are out of the programme training, with the agreement of the Postgraduate Dean.
- 7.66** At the annual review the provisional expected date for successful completion of specialty training which is set by the Postgraduate Dean's specialty training committee, should be reviewed, taking into account such factors as a change to or from flexible training; leave of absence from the programme to pursue research; career breaks in training, or delays in achieving the competences as set out in the specialty curriculum, for whatever reason. The expected date for the successful completion of training is important information, since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty.

### Outcomes from the ARCP

- 7.67** The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome recommended by the panel (Appendix 5) for *all* trainees will be made available by the Postgraduate Dean to the:
- a) Relevant College or Faculty.** These outcome documents are part of the minimum data set which will need to be sent to GMC from the College or Faculty with the recommendation for award of the CCT. Trainees appointed to a programme intended to lead to the award of a CESR will also need to submit these documents as part of their training portfolio, with their application to GMC.
  - b) Training Programme Director (TPD).** The TPD will receive 3 copies of the outcome form.
    - i) One copy should be sent to the trainee's educational supervisor. This should be used to form the basis of the further educational appraisal and workplace based appraisal that the educational supervisor undertakes on behalf of the employing organisation. It is the educational supervisor's responsibility to raise any areas of concerns about the trainee's performance as documented by the annual review with the medical director as part of the workplace based appraisal process. If the review has been undertaken shortly before rotation to a new placement has occurred the documentation should be forwarded by the TPD to the medical director where the trainee is due to start.

## A Reference Guide for Postgraduate Specialty Training in the UK

ii) The second copy should be given to the trainee who must sign it and return it to the Deanery within **ten** working days. The trainee should retain a copy of the signed form in their portfolio. The Deanery will retain the signed copy in the trainee's file. Where electronic systems for assessment/annual reviews are used, digital signatures will be acceptable.

iii) The third copy will be retained by the TPD. The TPD (with or without the trainee's educational supervisor) should arrange to meet with the trainee to **discuss the outcome** and to **plan** the next part of their training where this is required (paras 7.113 – 7.116) and document the plan fully.

c) **Medical Director** One copy should be sent to the Medical Director of the current employer.

**7.68** Each trainee will need to complete Form R, Registering for Postgraduate Training, annually. This holds the up-to-date demographic data on the trainee. The return of Form R annually to the Deanery plus the signed annual outcome will enable the trainee to renew their registration on an annual basis with the Deanery and the relevant College.

**7.69** Any concerns which emerge about a trainee's Fitness to Practise must be reported to the Postgraduate Dean for further advice and guidance.

**7.70** The panel will recommend one of the following outcomes for each trainee, including those on integrated clinical/academic programmes: (Outcomes 1 -9 as set out overleaf)

# A Reference Guide for Postgraduate Specialty Training in the UK

## Annual Review of Competence Progress (ARCP) Outcomes

### **Outcome 1: Satisfactory Progress - Achieving progress and the development of competences at the expected rate**

Satisfactory progress is defined as achieving the competences within the specialty curriculum approved by GMC at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exams, etc.

**Unsatisfactory or insufficient evidence – trainee required to meet with the panel (Outcomes 2, 3, 4)**

### **Outcome 2: Development of specific competences required – additional training time not required**

The trainee's progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development which is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.

### **Outcome 3: Inadequate progress– additional training time required**

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the anticipated CCT or CESR date). Where such an outcome is anticipated, the trainee must attend the panel. The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the Deanery to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of the postgraduate dean, but with an absolute maximum of two years additional training during the total duration of the training programme. The extension does not have to be taken as a block of 1 year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

### **Outcome 4: Released from training programme with or without specified competences**

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented. The trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway”.

### **Outcome 5: Incomplete evidence presented – additional training time may be required**

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete their training programme. The additional time begins from the date the panel should have considered the trainee. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designate date, noting that available “additional” time is being used (see 1 above) in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done “virtually” if practicable) and issue an assessment outcome.

### **Recommendation for completion of training**

### **Outcome 6: Gained all required competences - will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR**

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

## A Reference Guide for Postgraduate Specialty Training in the UK

### Outcomes for trainees in FTSTAs, LATs, OOP, or undertaking “top-up” training within a training programme

#### Outcome 7: Fixed-term Specialty Trainee (FTSTAs) or LATs

Trainees undertaking FTSTAs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and will result in one of the following outcomes:

Outcome 7.1	<p><b>Satisfactory progress in or completion of the LAT / FTSTA placement.</b> This means that the trainee has established that they have acquired and demonstrated the competencies expected of a trainee undertaking a placement of this type and duration at the level specified.</p>
Outcome 7.2	<p><b>Development of Specific Competences Required – additional training time not required</b> The trainee’s progress has been acceptable overall; however, there are some competences not fully achieved, which the trainee needs to develop either before the end of their current placement or in a further post to achieve the full competences for this year of training. The rate of overall progress is not expected to be delayed, nor the prospective date for completion of training extended, nor is a period of additional remedial training required as this is a fixed term post. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next review of progression it will be essential to identify and document that these competences have been met. Failure to complete the competences in time will mean this period of training cannot be formally recognised.</p>
Outcome 7.3	<p><b>Inadequate Progress by the Trainee</b> The trainee has not made adequate progress for this period of training to be formally recognised towards either CCT, CESR (CP) or CESR. However, if the trainee wishes to attain the described competencies, they will be required to repeat this period of training, not necessarily in the same post or with the same employer or Deanery.</p>
Outcome 7.4	<p><b>Incomplete Evidence Presented</b> The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The trainee will have to supply the panel with a written account within five working days of the panel meeting as to why documentation was not provided for the panel. However,</p>

## A Reference Guide for Postgraduate Specialty Training in the UK

the panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date. This evidence will then be considered by the panel. Failure to do so will mean that the period of training cannot be counted towards either CCT, CESR(CP) or CESR.
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The outcome should be sent to the trainee's educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The Deanery will also keep a copy on record.

### **Outcome 8: Out of programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC)**

The panel should receive documentation from the trainee on the required form indicating what they are doing during their out of programme (OOP) time. If the trainee is out of programme on a training placement which has been prospectively approved by the GMC (or its predecessor body, PMETB) and which will contribute to the competences of the trainee's programme, then an OOPT document as well as in-work assessments etc demonstrating the acquired competences should be made available to the panel in the usual way. If the purpose of the OOP is research the trainee must produce a research supervisor's report along with the OOPR indicating that appropriate progress in research is being made, in achievement of the registerable degree. Finally, if a doctor is undertaking a career break, a yearly OOPC requests should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.

### **Outcome 9: doctors undertaking top-up training in a training post**

Some doctors who have been recommended for top-up training by GMC after submitting applications for consideration for entry to the Specialist or GP Register through the CESR/CEGPR route may do so by being appointed competitively to approved specialty training programmes for a limited period of time, where there is the opportunity for such competitions to take place (e.g. where a gap appears in a programme). Where this is the case, the doctor should submit the appropriate in-work-assessments and documentation to the annual assessment outcome so that the panel can make a recommendation, based on the evidence, as to whether the objectives set by GMC have been achieved.

## A Reference Guide for Postgraduate Specialty Training in the UK

### Additional or remedial training

- 7.71 Whilst the review panel must recommend the outcome for an individual trainee on the basis of the submitted evidence it must also take into account any mitigating factors on the trainee's part such as ill health or domestic circumstances [e.g. maternity leave] during which time the training time with respect to progress is suspended. It should also consider aspects within the training environment such as changing circumstances or the supervision available in determining its specific recommendations with respect to the additional time which may be required. Whilst these factors should be taken into account in planning future training for the individual trainee, they in and of themselves should not change the outcome arrived at based on the available evidence received by the panel.
- 7.72 The panel may identify the need for additional training time (Outcome 3 or Outcome 5) which extends the indicative date for completion of the training programme for a trainee, or remedial training may be required as a result of a recommendation from the GMC or other body, e.g. NCAS. Such remedial training must take place within recognised training posts. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other trainees at the same level of training. The opportunity costs for other trainees in the programme and critically, for those who want to gain entry into the specialty are considerable.
- 7.73 However, because it is recognised that trainees may gain competences at different rates for a number of reasons, trainees will be able to have additional aggregated training time of normally of up to **one year** within the total duration of the training programme in the hospital specialties and normally up to **six months** in general practice because of the short duration of the training programme, unless exceptionally, this is extended at the discretion of the Postgraduate Dean, but with an absolute maximum of two year additional training during the total duration of the training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into run-through training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed.
- 7.74 When remedial training is required, the Postgraduate Dean will establish a specific educational agreement with the receiving healthcare organisation, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the trainee receives the training that has been identified, as well as assuming patient safety during the process.



## A Reference Guide for Postgraduate Specialty Training in the UK

- 7.75** To enable the effective delivery of such additional training, information will need to be made available to the receiving Deanery. Where the trainee refuses to allow this information to be shared in the interests of patient safety the offer of remedial training will be withdrawn. Trainees will be provided with a copy of any such information and retain the right to challenge its accuracy.
- 7.76** In most cases remedial or additional training will resolve the issue and the trainee in question will return to the specialty training programme. In certain circumstances following additional training, it is possible that the trainee still does not meet the standards required, either of the specialty or of medicine in general. Such an outcome must be based on substantial documented evidence.
- 7.77** The outcome of any additional or remedial training will be reviewed by the annual review panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. The panel will decide if the outcome of the additional training allows the trainee to return to their specialty training programme, requires further additional training, or if they have not met or even cannot meet the standards required. If it is decided that the trainee is unable to meet the standards, this will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dean will advise the trainee that their NTN has been withdrawn. The Postgraduate Dean will also notify the employer that the individual is no longer in specialty training and that following statutory guidance, their contract of employment be withdrawn.

### Quality Assurance of ARCPs

- 7.78** Since decisions from the panel have important implications for both the public and for individual trainees there should also be external scrutiny of its decisions from two sources:
- a lay member to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress. Lay members will be appointed from a list compiled by the Postgraduate Dean usually with the help of employing organisations. A lay member may be specifically appointed by the Deanery or may be an executive or non-executive member of an employing organisation board or other senior non-medical member of management. Lay participants will need to receive appropriate training to undertake this work
  - an external trainer from within the specialty but from outside the specialty training programme or school, who should review at least 10% of the outcomes and any recommendations from the panel about concerns over progress. Deaneries may set up reciprocal arrangements to facilitate this where there is only one training

## A Reference Guide for Postgraduate Specialty Training in the UK

programme in a specialty within a Deanery. Deaneries should work with the relevant Royal College to help identify senior members of the profession to support this work.

### The role of the Postgraduate Dean in the ARCP

- 7.79** The Postgraduate Dean has responsibility for a range of managerial and operational issues with respect to postgraduate medical training. Amongst these is the management of the annual review process, including the provisions for further review and appeals (see below). The process is carried out by a panel under the aegis of the Deanery Specialty Training Committee (STC) or specialty school. Good practice is for the panel to take advice from the local College or Faculty specialty adviser where appropriate. With the collective agreement of the Conference of Postgraduate Medical Deans (COPMeD) for smaller specialties the annual review process may be coordinated nationally although it must remain the overall responsibility of a designated dean (usually the Lead Dean for the specialty).
- 7.80** The Postgraduate Dean should maintain a *training record folder* for each trainee in which completed review outcome forms are stored. For security purposes a photograph of the trainee should be attached to this folder. The folder, previous outcome forms and supporting documentation must be available to the panel whenever the trainee is reviewed. The Postgraduate Dean's staff will provide administrative support for the panel. In time, this information may be stored electronically by the Deanery.
- 7.81** On entry to the training programme the Postgraduate Dean will:
- send a copy of Form R to the trainee along with the appropriate letter outlining the *Conditions of taking up a training Post* (Appendix 2), reminding them of their professional obligations, including active participation in the assessment and review process. The return of the completed Form R and letter registers the trainee with the Postgraduate Dean
  - forward a copy of the trainee's Form R to the relevant Royal College/Faculty which serves to inform the College/Faculty that the trainee has been registered for postgraduate training
  - place a further copy in the trainee's Deanery folder to enable the dean's database to be updated. In the future GMC may require an annual summary of this data.
- 7.82** .At the end of each annual review process the Postgraduate Dean will:
- forward **three** copies of the outcome document to the trainee's Training Programme Director (TPD)/GP trainer (see para 7.67)
  - forward a copy of the completed outcome document to the relevant Royal College/Faculty. This will form part of the minimum data set to be submitted to GMC for those trainees training in a programme leading to a CCT

## A Reference Guide for Postgraduate Specialty Training in the UK

- place a copy in the trainee's Deanery folder.
- Send a copy to the Medical Director of the current employer

**7.83** Where concerns about a trainee have been raised with the Postgraduate Dean – either following an outcome from the annual review process or through some other mechanism - the Postgraduate Dean (or named deputy) should liaise directly with the Medical Director and the educational lead (e.g. Clinical Tutor or Director of Medical Education) or the GP trainer and course organiser where the trainee is employed/working to investigate and consider whether further action is required.

### What is required of the Training Programme Director (TPD)?

- 7.84** The TPD is responsible for ensuring that the trainee and his/her current educational supervisor receive a copy of the annual outcome document within ten working days after they are received by the TPD.
- 7.85** If the outcome is **satisfactory** and is as anticipated then the TPD and/or educational supervisor should meet with the trainee to plan and document the next stage of training, unless this has already been agreed. If the trainee is due to rotate and change training units, this meeting could take place with the trainee's new educational supervisor.
- 7.86** If the outcome is **not satisfactory** then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the annual panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.
- 7.87** The purpose of this meeting is to discuss the further action which is required as a result of the panel's recommendations. The TPD should arrange to have Deanery support staff present to document the agreed arrangements. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee's file at the Deanery. It is important to note that this meeting is not about the decision taken by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

### What is required of the trainee?

- 7.88** On appointment to a specialty training programme or to a FTSTA trainees must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations of the programme and to the importance of the administrative arrangements underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis

## A Reference Guide for Postgraduate Specialty Training in the UK

to ensure that the trainee re-affirms his/her commitment to training and thereby remains registered for their training programme.

- 7.89** Trainees will also need to send to the Postgraduate Dean a signed copy of the *Conditions of taking up a training post* (Appendix 3) which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. These obligations relate to professional and training requirements and do not form any part of the contract of employment.
- 7.90** Return of Form R signals that the doctor has registered with the Deanery for specialty training. It initiates the annual assessment outcome process; and triggers the allocation of a training number. All trainees will be required either to confirm the content of Form R or update it prior to their attendance at the annual review panel. In the interim, it is the responsibility of the trainee to inform the Postgraduate Dean of any changes to the information recorded. Trainees **must** ensure that the Deanery has an up-to-date email address at all times and is one which the trainee regularly checks. Accurate information is needed not only for the Deanery but also to support the requirements of the Royal Colleges/Faculties and the GMC.

### The ARCP for trainees undertaking joint clinical and academic training programmes

- 7.91** Some doctors will undertake joint clinical and academic training programmes. Appointment to such programmes will involve allocation of a National Training Number [NTN (A)]. Trainees in such programmes will have to complete both the full training programme and meet the requirements of the academic programme.
- 7.92** Individuals undertaking academic training must have an academic educational supervisor who will normally be different from the trainee's clinical educational supervisor.
- 7.93** The academic supervisor is responsible for drawing up an academic training programme with the trainee, and a realistic/achievable timetable with clear milestones for delivery. Training goals relating to generic academic competencies and specific academic goals appropriate to the trainee should be explicitly identified. These targets will be summarised within the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.
- 7.94** On entry to the training grade, the academic supervisor should agree explicitly with the trainee the criteria for assessing their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. The educational supervisor and academic supervisor should be certain that clinical objectives are complementary to the academic

## A Reference Guide for Postgraduate Specialty Training in the UK

objectives. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

### Recording academic and clinical progress – academic assessment

- 7.95** At the start of the academic placement, and annually thereafter, the academic trainee must meet with both their clinical and academic supervisors to agree objectives for the coming year. Regular meetings with the academic supervisor should take place through the year to review progress, and decisions taken should be agreed and documented for later presentation to the academic assessment panel.
- 7.96** An annual assessment of academic progress must be undertaken, and ideally should take place at least one month before the joint academic/clinical annual review panel convenes. Those present at this assessment should include the trainee and educational supervisor together with the director of the academic programme, and other members of the academic unit as appropriate.
- 7.97** The academic supervisor is required to complete the *Report on Academic Progress* form (Appendix 6), which needs to be agreed and signed by the trainee for submission to the annual panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.
- 7.98** The report and any supporting documentation should be submitted to the annual panel as part of the evidence received by it. The annual review panel for academic trainees, in addition to the membership described above (Para 7.51) should also include two academic representatives who have not been involved in the trainee's academic programme.
- 7.99** The trainee should *not* attend the panel unless there are concerns about either or both clinical or academic progress. Plans for academic trainees to meet with the panel should only be made if the Training Programme Director *or* the academic educational supervisor indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel.
- 7.100** Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement.
- 7.101** The outcome of this joint process should be recorded using the outcome documentation as described above, which allows for both clinical and academic outcomes to be recorded. The academic report should be attached to the outcome document.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

### **The ARCP for trainees undertaking out of programme research (OOPR)**

- 7.102** Trainees who are undertaking full-time research as out of programme research must have their research programme agreed with their academic educational supervisor. This should form part of the documentation sent to the postgraduate dean requesting an OOPR.
- 7.103** The trainee must submit an OOPR return to the panel, along with a report from their research supervisor. All academic trainees who are on OOPR should have a formal assessment of academic progress as described above for joint clinical and academic programmes, with similar documentation presented as part of the process. The report must indicate whether appropriate progress in the research has taken place during the previous year and must also indicate that the planned date of completion of the research has not changed.
- 7.104** Both the trainee and the supervisor must remain aware that normally up to three years are agreed as time out of programme for research. If a request to exceed this is to be made, such a request must be made to the Postgraduate Dean at least one year prior to the extension commencing so that it can be considered by the joint clinical and academic review panel; the request must come from the research supervisor who must offer clear reasons for the extension request.
- 7.105** The panel should seek appropriate advice from academic colleagues if they are in doubt about whether a recommendation to extend the normal three years out of programme should be made.
- 7.106** The panel should issue an out of programme outcome, recommending continuation of the OOPR or its termination and the date for this.
- 7.107** The time in out of programme research is attributable to a CCT programme only if it has been prospectively approved as part of a GMC prospectively approved programme of training. The purpose of documenting progress in research during OOPR is therefore both to assess progress towards meeting the approved training requirements and/or to ensure regular progress so that return to the clinical training programme is within the agreed timescale.

### **The ARCP for trainees in less than full-time training**

- 7.108** The annual review process for trainees in flexible training will take place at the same frequency as full-time trainees i.e. once per calendar year. The panel should take particular care to consider that progress has been appropriate and that the estimated time for completing the training programme is reviewed. It is helpful to express the part-time training undertaken by a trainee as a percentage of full-time training so that the calculation of the date for the end of training can be calculated based on the specific specialty curriculum requirements.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

### **Annual planning**

- 7.109** Once the outcome for a trainee is known, trainees must meet with their educational supervisor and/or TPD to plan the next phase of their training.
- 7.110** The plan for the trainee's next phase of training should be set within the context of the objectives that must be met during the next phase of training and must reflect the requirements of the relevant specialty curriculum.
- 7.111** The appraisal and planning meetings should be coordinated to ensure that the trainee's objectives and review outcomes drive the planning process, rather than the reverse.
- 7.112** Once the plan for the trainee's next phase of training has been agreed, this should be documented within the trainee's learning portfolio.

### **Appeals of the Annual Review of Competence Progression outcomes**

- 7.113** It should never come as a surprise to trainees that action through the annual review process is under consideration since any shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress.
- 7.114** The review panel will meet with all trainees who are judged on the evidence submitted to:
- require further progress on identified, specific competences (Outcome 2);
  - require additional training because of inadequate progress (Outcome 3); and
  - be required to leave the training programme before its completion (Outcome 4), with identified competences or an identified and specified level of training.
- 7.115** The purpose of this meeting is to plan the further action which is required to address issues of progress in relation to Outcomes 2 and 3 and to make clear to the trainee the competences with which a trainee who has an Outcome 4 will leave the programme.
- 7.116** However, a trainee has the right to request a review and in some circumstances, an appeal if one of these outcomes is recommended by the annual review panel.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Reviews and appeals

- 7.117** A review is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. They must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.
- 7.118** An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or body. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant. Those involved in an appeal must not have played a part in the original decision or the review.

## Review of Outcome 2

- 7.119** Outcome 2 usually involves closer than normal monitoring, supervision and feedback on progress to ensure that the specific competences which have been identified for further development are obtained, but does not require that the indicative date for completion of the training programme will change. The annual review panel will have explained to the trainee the evidential basis on which the decision was made and it will have been documented on the outcome form.
- 7.120** The trainee will have the opportunity to discuss this with the panel and to see all the documents on which the decision about the outcome was based. If the trainee disagrees with the decision they have a right to ask for it to be reconsidered. Requests for such reconsideration (review) must be made in writing to the chair of the annual review panel within ten working days of being notified of the panel's decision. The chair will then arrange a further interview for the trainee (as far as practicable with all the parties of the annual review panel) which should take place within fifteen working days of receipt of such a request from a trainee. Trainees may provide additional evidence at this stage.
- 7.121** The panel which is reviewing the Outcome 2 recommendation should have administrative support from the Deanery so that its proceedings can be documented. An account of the proceedings should be given to the trainee and also retained by the Deanery. A decision of the panel following such a review is final and there is normally no further appeal process.



## A Reference Guide for Postgraduate Specialty Training in the UK

### Appealing the annual review of competence progression outcome: Outcome 3 and Outcome 4

- 7.122** Trainees will have the right of appeal if they receive an outcome which results in a recommendation for:
- an extension of the indicative time to complete the training programme (Outcome 3) or
  - the trainee to leave the training programme with identified competences that have been achieved, but without completion of the programme.
- 7.123** Such outcomes will usually be derived from the annual review panel, but may also be the result of the Training Programme Director having requested that the panel convene specifically to consider the progress of a trainee causing concern, despite informal attempts to address these through the appraisal process. This decision would normally be undertaken in consultation with the Postgraduate Dean.
- 7.124** Trainees will be asked to indicate at the annual review panel that they understand the panel's recommendation. Appeals should be made in writing to the Postgraduate Dean within ten working days of the trainee being notified of the panel's decision. The appeal procedure has two steps:

#### Step 1: Discussion

- 7.125** Step 1 provides the opportunity for discussion between trainees, regional advisers within the relevant College or Faculty representative and Training Programme Directors to resolve matters. The purpose of this stage is to reach a common understanding of a trainee's problems and to decide on the best course of action.
- 7.126** Where, following the Step 1 process, trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set. This should not normally be greater than an aggregated period of one year (normally 6 months in general practice) from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Postgraduate Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a *total of one year across the whole of the training programme* (6 months in general practice) is normally the extent to which a trainee's completion date can be extended.

## A Reference Guide for Postgraduate Specialty Training in the UK

### Step.2: Formal appeal hearing

- 7.127** If a trainee does not accept the outcome of Step 1, they should inform the Postgraduate Dean within ten working days of it. Postgraduate Deans will then arrange a formal, appeal hearing (Step 2) which should normally take place within fifteen working days of receipt of a request for an appeal where practicable. Members of the original annual review panel must *not* take part in the appeal process. Trainees may support their appeals with further written evidence. All documentation which will be considered by the appeal panel must be made available to the trainee.
- 7.128** If the annual review panel has recommended that the trainee should be withdrawn from the training programme, Postgraduate Deans should always assume that a Step 2 hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the trainee formally withdraws, in writing, from the programme at this stage. The Postgraduate Dean should always confirm the position in writing with the trainee where the trainee declines an appeal hearing.
- 7.129** The Postgraduate Dean will convene an independent appeal panel to consider the evidence and to form a judgement. The hearing should be arranged as near to local level as possible. It should consider representations and evidence from both the trainee and from those who are closely involved with their training, such as the educational supervisor or Training Programme Director. The appeal panel should include the postgraduate dean or a nominated representative as chair, a College/Faculty representative, two senior doctors from the same Deanery area as the trainee - at least one of whom should be from a different specialty - and a senior trainee from a different specialty. The membership of the panel should not include any of those involved in the discussions under Step 1 nor should it include any members of the original annual review panel. A representative from the personnel directorate of the employer or the Deanery must be present to advise the chair, for example, on equal opportunities matters and to record the proceedings of the appeal.
- 7.130** Trainees also have a right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or family member. However, if a trainee wishes to be represented by a lawyer, the appeal panel Chairman should normally agree to their request. Legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representatives.
- 7.131** Where following the appeal process trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set.

## A Reference Guide for Postgraduate Specialty Training in the UK

This should not normally be greater than an aggregated period of one year (normally 6 months in general practice) from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Postgraduate Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a *total of one year across the whole of the training programme* (6 months in general practice) is normally the extent to which a trainee's completion date can be extended.

- 7.132** Trainees should be notified in writing of the outcome of the appeal hearing. The appeal process described above is the final internal avenue of appeal.
- 7.133** Outcome documentation from the original annual review panel should not be signed off by Postgraduate Deans and forwarded to the parties indicated in para 7.67 until all review or appeal procedures have been completed.
- 7.134** The review or appeal panels may decide at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by Postgraduate Deans but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in para 7.67.
- It may be that the outcome of appeals under Step 1 and 2 is to alter an earlier recommendation while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel
  - Where lack of progress may result in the extension or termination of a contract of employment, the employer should be kept informed of each step in the appeal process.

### Review and appeals for those undertaking top-up training in a training placement

- 7.135** The review and appeals processes set out above relate to doctors who hold National Training Numbers (NTNs).
- 7.136** Trainees who may be undertaking top-up training in a training post as part of a process to apply for entry to the Specialist or GP Registers do not hold NTNs - unless they have competed for and been appointed into a specialty training programme – in which case they will have been allocated a NTN.
- 7.137** The outcome documentation in this situation identifies the competences which have been achieved, e.g. the outcome for someone undertaking top-up

## A Reference Guide for Postgraduate Specialty Training in the UK

training may indicate that all the required competences, as set out by GMC, have been achieved.

- 7.138** Trainees in such situations may however appeal if they are dissatisfied with the competences which have been identified, on the grounds that the in-work assessments were unfairly administered.
- 7.139** If either the discussion or formal appeal hearing upholds such a view, then the trainee will have the opportunity to be re-assessed in those specific areas through further workplace based assessments (WPBAs) arranged by the Postgraduate Dean, unless in the view of the appeal panel it would not be in the interest and/or safety of patients to do so. If this is the view of the panel, then there must be clear documentation of how this judgement has been reached. If the panel accepts that previous workplace based assessments were carried out unfairly, then the panel must identify the number and type of workplace based assessments that must be repeated.
- 7.140** Such re-assessments will *not* involve a period of further training for the trainee. The Postgraduate Dean will organise the assessment in one of two ways:
- by arranging for an external trainer to come into the unit where the trainee is training to undertake the workplace based assessments in the trainee's own environment
  - by arranging for the trainee to have leave from their top-up placement (usually no longer than two weeks) to undertake a clinical placement in a different training unit for the express purpose of the trainee being able to undertake the necessary work-place based assessments in that unit. The trainee will require a temporary educational supervisor in the receiving unit and attachment to an appropriate clinical unit. The placement can only take place with the express agreement of the medical director in the receiving unit. The educational supervisor should work out with the trainee a clear programme for undertaking the required workplace based assessments (WPBAs) in the time allocated.
- 7.141** If the repeat workplace based assessments provide evidence that the trainee has competences which were not identified in the original annual review, the documentation should be amended to reflect this.
- 7.142** Those trainers involved in undertaking the work-place based assessments which were deemed to be unfairly administered will need re-training before they can undertake further assessments.

### Appeal against a decision not to award a CCT/CESR/CEGPR

- 7.143** The award of the CCT/CESR/CEGPR is the responsibility of GMC and therefore all appeals against decisions not to award such a certificate should be directed to GMC.

## **A Reference Guide for Postgraduate Specialty Training in the UK**

### **Appeal against removal of a Training Number**

- 7.144** Following the appeal procedure (7.122 - 7.134), a decision which results in withdrawal from a training programme automatically involves the loss of the NTN. There is no further appeal against this.
- 7.145** Where Postgraduate Deans indicate their intention to remove trainees currently employed in specialty training (including those with honorary contracts) from the specialty training programme because of non-compliance with the arrangements under which they hold the NTN, the trainees have a right of appeal to a panel constituted as set out in the process above.
- 7.146** In some circumstances trainees will not be currently employed in the NHS or hold honorary contracts, e.g. working overseas or taking a break from employment. Where Postgraduate Deans, with advice from the Royal College or Faculty where appropriate, believe that the conditions under which such trainees hold the NTN have been breached, and that the NTN should be withdrawn, they will write to NTN holders using a recorded delivery or similar service to tell them of their provisional decision.
- 7.147** The NTN holder will then have 28 days in which to state in writing to the Postgraduate Dean their reasons why the NTN should not be withdrawn. Loss of the NTN in this way will mean that the place reserved in a training programme is no longer available to the trainee.

### **Termination of a training contract**

- 7.148** A trainee dismissed for misconduct will normally be deemed by the Postgraduate Dean to be unsuitable to continue with the specialty training programme. (Please refer to paragraph 6.38).
- 7.149** When a training contract is terminated by the Postgraduate Dean they must ensure:
- the trainee's NTN or deanery core training reference number is removed
  - current and future employers within the trainee's programme are notified.

# A Reference Guide for Postgraduate Specialty Training in the UK

## Section 8: Being a Specialty Registrar and an Employee

### Accountability issues for employers, Postgraduate Deans and trainees

- 8.1** Trainees in specialty training are both pursuing training programmes under the auspices of the Postgraduate Dean and are employees in healthcare organisations. In fulfilling both of these roles they incur certain rights and responsibilities.
- 8.2** A number of initiatives are in place to ensure that the accountability of doctors and other healthcare professionals is a key feature of their performance and professional behaviour.
- 8.3** While the Postgraduate Dean is responsible for managing the delivery of training to postgraduate trainees this is always within the context of employing bodies. Trainees therefore clearly have an employment relationship with their individual employer and are subject to individual employing organisations' policies and procedures.
- 8.4** It is important therefore that employers are fully aware of the performance and progress of all doctors, including trainees in their employ. In addition, there must be a systematic approach to dealing with poorly performing trainees. In this context, the relationship between the employer and the Postgraduate Dean must be clearly defined.

### Roles and responsibilities

- 8.5** The Postgraduate Dean is responsible for the trainee's training and education while in recognised training posts and programmes. The Postgraduate Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dean has a legitimate interest in matters arising which relate to the education and training of postgraduate trainees within the employing environment.
- 8.6** Deaneries are responsible for:
- organising training programmes/posts for postgraduate trainees
  - recruiting trainees through nationally defined processes (in Scotland this responsibility rests with NHS Education for Scotland [NES])
  - the Annual Review of Competence Process (ARCP).
- 8.7** Equally, employers have a legitimate interest in being clear about the performance of trainees as their employees. Excellent two-way communication between Postgraduate Deans and employers about the performance of trainees is therefore essential (see paras 7.51 and 7.149).

## A Reference Guide for Postgraduate Specialty Training in the UK

**8.8** So whilst Deaneries are responsible for commissioning and managing good quality training and education, employers must ensure that mechanisms are in place to support the training of trainees and to enable problems which may be identified to be addressed at an early stage in an open and supportive way. At a minimum this should include:

- ensuring that clinical responsibility is tailored to a realistic assessment of the trainees' competence so that patient safety remains paramount and the trainee is not put at risk by undertaking clinical work beyond his/her capability
- thorough induction to both the employer and to the specific specialty training unit. This should include, for example, introduction to key team members and their roles, clarity about any of the geographic areas where a trainee might need to work, a working understanding of the equipment which might be required (especially in an emergency situation), access to and requirements for the use of protocols and guidance documents, supervision arrangements, out-of-hours arrangements, etc
- clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every trainee
- clearly defined and timely training arrangements for trainees, with objectives agreed early in their training placement with their educational supervisor
- regular opportunities to continue to plan, review and update these objectives
- regular assessment of competence based on GMC approved assessment strategy for the specialty, undertaken by trained assessors and handled in a transparent manner with substantiated and documented evidence of poor performance and conduct where and when this is necessary
- where necessary, the support to deliver defined and agreed additional remedial training
- access to pastoral support.

### Transfer of information

**8.9** The basic structure of specialty training programmes is a rotational experience which allows the trainee to develop and demonstrate competences in a range of clinical settings and environments. Trainees rely on the integrity of the training programme to support their growth and development within it. The ability to demonstrate competences and conduct appropriate to the level of training forms part of this continuum.

**8.10** Trainees must maintain a learning portfolio which is specialty specific and which covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as

## A Reference Guide for Postgraduate Specialty Training in the UK

part of the ongoing training process. The transfer of educational information from placement to placement within the training programme is fundamental to the training process and is applicable to every trainee.

- 8.11** Trainees in general practice must be eligible for inclusion on the performers list. They must comply with the provision of information that is necessary for their consideration. If they are not included on the performers list for any reason they must discontinue clinical activity in general practice.
- 8.12** Trainees also have an important employee/employer relationship with their employing organisation. In situations where an employer has had to take disciplinary action against a trainee because of conduct or performance issues, it may be that the employment contract ends before these proceedings are completed. It is in the trainee's interest to have the matter resolved, even if they move on to the next placement in the rotation. The Postgraduate Dean will usually help to facilitate this.
- 8.13** It will be essential in such circumstances for the educational supervisor and director or lead for medical education (e.g. Clinical Tutor, Director of Medical Education) at the trainee's next placement to be made aware of the on-going training and/or pastoral needs to ensure that these are addressed.
- 8.14** It is also essential, for the sake of patient safety and to support the trainee where required, that information regarding any completed disciplinary or competence issue and a written, factual statement about these, is transferred to the next employer. This should make reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, any allegations that were upheld, but not those that were dismissed, and the outcome of the disciplinary action along with any on-going or planned remedial training. Information about any completed disciplinary procedure which exonerated the trainee will not be passed on.
- 8.15** Under these circumstances the information should be transferred with the knowledge of the trainee and Postgraduate Dean to the educational lead in the next employing organisation. This also applies to existing, unexpired disciplinary warnings.
- 8.16** The workplace based (NHS) appraisal process should ensure that employers are aware of the progress and performance of all its employees who are in postgraduate training.
- 8.17** Where a trainee has identified educational or supervisory needs which must be addressed as a result of the disciplinary process, information concerning these will be transferred by the Postgraduate Dean to the educational lead in the receiving employing organisation.
- 8.18** In all of these circumstances, the trainee has the right to know what information is being transferred and has the right to challenge its accuracy, but not to prevent the information being transferred, subject to the requirements of the Data Protection Act.



## A Reference Guide for Postgraduate Specialty Training in the UK

### Managing concerns over performance during training

- 8.19** In all professions it is recognised that sometimes employees may encounter difficulties during their career. These may show themselves in various ways, e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system.
- 8.20** Although it is recognised that the cost of training doctors is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety which is of paramount importance.
- 8.21** Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with guidance such as Maintaining High Professional Standards in the Modern NHS. In all cases, the Postgraduate Dean should be involved from the outset.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4072773](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4072773)
- 8.22** It is possible that disciplinary action initiated by one employing organisation will not be completed before the trainee's employment contract expires and the trainee moves on to the next employing organisation in a rotational training programme.
- 8.23** The end of an employment contract does not have to mean the disciplinary process may not continue. Any warning or suspension notice would cease to have effect once employment with the issuing employing organisation ends. However an enquiry may, if the employing organisation is willing, still proceed all the way to a finding. The range of responses to a disciplinary finding will, however, be limited by the expiry of the employment contract. For example, the employing organisation will not be able to dismiss an ex-employee or ask that a subsequent employer dismisses him or her. Any proven offence must be recorded by the investigating employing organisation and should be brought to the attention of the relevant Postgraduate Dean to assess any impact on the training programme for the trainee.
- 8.24** The Postgraduate Dean should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly. If a trainee is excluded when an employment contract ends, the Postgraduate Dean may decide not to arrange for further placements to be offered until the enquiry has concluded. The best course in these circumstances may be to arrange with the existing employer an extension of employment until the matter is resolved. An employment contract cannot, however, be extended purely to allow disciplinary action, such as suspension, without the employee's express consent.
- 8.25** If a trainee's practice is restricted for whatever reason when an employment contract ends, it would be reasonable for the Postgraduate Dean to arrange

## A Reference Guide for Postgraduate Specialty Training in the UK

further placements with appropriate restrictions until the enquiry had reached a finding.

- 8.26** Once a finding has been reached, the Postgraduate Dean will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outline in paras 7.144 – 7.147.
- 8.27** Misconduct should be taken forward in accordance with the employer's agreed disciplinary procedures in line with local policies. Processes must be in accordance with those set out in the relevant national guidance on maintaining high professional standards. The Postgraduate Dean must be involved from the outset.
- 8.28** The Postgraduate Dean will seek assurance from the employer through the educational contract that trainees will be managed in accordance with best employment practice.
- 8.29** The Postgraduate Dean (or other Deanery staff) must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee, but may provide evidence to the panel and advise on training and education matters if required.
- 8.30** Termination of a trainee's employment contract after due process will normally mean that specialty training is discontinued and the training number is relinquished. In such circumstances the Deanery that has issued the trainee's NTN will review the employer's reports detailing the reasons for the termination of the contract of employment and consequent dismissal, and hence determine whether the circumstances warrant a termination of specialty training and withdrawal of the trainee's NTN. Whilst the decision on this ultimately rests with the PG Dean a final decision will normally be reached after wider Deanery consideration of the circumstances, including a contribution from the local PG Specialty School. This process may be undertaken by correspondence or by holding a meeting.

### Poor performance and competence

- 8.31** In the first instance where there are issues around poor performance and professional competence, employers should advise the Postgraduate Dean of any trainee who is experiencing difficulties and the action being taken to support and remedy any deficiencies. The Postgraduate Dean and employer must work closely together to identify the most effective means of helping/supporting the trainee, whilst ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures. There may also be a need for early involvement of

## A Reference Guide for Postgraduate Specialty Training in the UK

services such as the National Clinical Assessment Service (NCAS) to provide advice about how best to support the process. <http://www.ncas.npsa.nhs.uk/>

### Critical Incidents

- 8.32** On occasion a trainee might make or be involved in a critical or serious, isolated medical error. Such situations may lead to a formal inquiry and are stressful for all staff involved. The Postgraduate Dean should be kept informed in writing at each stage of any such inquiry and should ensure that pastoral support is offered to the trainee throughout the process.
- 8.33** Where a trainee is expected to move to another training placement before the inquiry has been completed, the Postgraduate Dean will ensure the continuing involvement of the trainee in the inquiry process.

### Poor performance and the GMC

- 8.34** On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC. Trainees, in common with all doctors, may be subject to fitness to practise investigation and adjudication by the GMC. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Guidance on managing such situations is available for the GMC. [http://www.gmc-uk.org/concerns/making\\_a\\_complaint/a\\_guide\\_for\\_health\\_professionals.asp](http://www.gmc-uk.org/concerns/making_a_complaint/a_guide_for_health_professionals.asp)

### Ill health

- 8.35** When identified, matters relating to ill-health or to substance misuse should be dealt with through employers' occupational health processes and outside disciplinary procedures where possible. When the doctor's fitness to practise is impaired by a health condition, the GMC must be told and the Postgraduate Dean should be informed in writing. The GMC should also be involved if the doctor fails to comply with any measures that have been put in place locally to address health issues.

# **A Reference Guide for Postgraduate Specialty Training in the UK**

## **Section 9 - Appendices**

### **LIST OF APPENDICES**

- Appendix 1 Core training
- Appendix 2 Registering for Postgraduate Training (Form R)
- Appendix 3 Conditions of taking up a training post
- Appendix 4 Out of Programme Request and Annual review Document
- Appendix 5 Annual review of Competence Progression (ARCP) Outcomes
- Appendix 6 Report on Academic Progress
- Appendix 7 Glossary
- Appendix 8 Protocol for making revisions to the Guide

# A Reference Guide for Postgraduate Specialty Training in the UK

## Appendix 1

### CORE TRAINING

#### Applicability

1. This appendix does not apply to postgraduate training in Scotland. Arrangements for core specialty training in Scotland are set out in a separate supplement
2. In England, Northern Ireland and Wales, it applies to those specialties that have “uncoupled” with effect from 6 August 2008. It means adding a competitive selection process between CT2 and ST3 (or between CT3 and ST4 in the case of specialties where core training is three years).
3. Arrangements for those specialties that are continuing with run-through training are described in the main section of the Guide.

#### Definition of Core Training

4. Training in the first stage of uncoupled training is known as “core training”. For most uncoupled specialties, core training lasts for two years – although core training in the Acute Care Common Stem (providing eligibility for entry into ST4 emergency medicine and ST3 anaesthesia) and core training in psychiatry is for three years.
5. Successful completion of core training can contribute, but does not lead directly, to the award of a Certificate of Completion of Training (CCT), Certificate confirming Eligibility to the Specialist Register (CESR) or Certificate confirming Eligibility to the GP Register (CEGPR) - see paragraph 2.11 of the main section of the Guide.
6. Instead, successful completion of core training provides eligibility to apply for, in open competition, higher specialty training programmes in defined, related specialties and posts in the formal career grade structure. Arrangements for the higher specialty programmes that follow core training are set out in the main section of the Guide.

#### Terminology

7. Trainees in core training, like trainees at the equivalent level in specialties continuing with run-through training, will be Specialty Registrars (StRs).
8. To distinguish them from trainees taking up appointment in these specialties before the introduction of core specialty training and trainees in run-through programmes or Fixed Term Specialty Training Appointments (FTSTAs), it is recommended they are referred to as “core trainees”. This would allow the use of the abbreviation “CT” in reference to these trainees and the posts they occupy – for example, the core training years should be referred to as CT1, CT2 (and CT3 for emergency medicine and psychiatry).

## A Reference Guide for Postgraduate Specialty Training in the UK

### Uncoupled Specialties for Speciality Recruitment 2010

9. Information about which specialties are run-through and which are decoupled will be available from the national recruitment websites, deanery websites and the relevant Royal College website.
10. Training in the acute care common stem (ACCS) has also been uncoupled. All ACCS rotations provide placements in anaesthesia, intensive care medicine, acute medicine and emergency medicine in the first two years of the rotation (CT1 and CT2 ACCS). Three themed ACCS rotations are available:
  - a. Emergency Medicine themed ACCS rotation: doctors completing this theme do a third year in emergency medicine. They may then competitively apply for entry into ST4 emergency medicine subject to achieving CT1-3 competences.
  - b. Anaesthesia/Intensive Care Medicine themed ACCS rotation: doctors undertaking this theme will complete the CT1 competencies in anaesthesia during the first two years and the third year of this theme is in anaesthesia at the CT2 level. They may then competitively apply for ST3 anaesthesia subject to the achievement of CT1 and CT2 competences in anaesthesia.
  - c. Acute Medicine themed ACCS rotation: Doctors having completed the two year ACCS programme have adequate experience to apply for ST3 Acute Medicine provided that they have achieved the CT1 and CT2 competences.
11. Some specialities such as trauma & orthopaedic surgery are also offering run-through training pilots - See the 2010 Applicant's Guide for full information.

### Recruitment into core training

12. The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, religion and belief, disability, gender, race and sexual orientation. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.
13. Domain 4 of the GMC's *Generic standards for specialty including GP training* covers recruitment, selection and appointment. The standard is 'Processes for recruitment, selection and appointment must be open, fair and effective'.
14. Guidance on recruitment into core training is available through the following links:

England <http://www.mmc.nhs.uk/>  
Wales <http://www.mmcwales.org/>  
Scotland <http://www.mmc.scot.nhs.uk/>

# A Reference Guide for Postgraduate Specialty Training in the UK

Northern Ireland <http://www.nimda.gov.uk/mmc>

## Offers of employment

15. The arrangements for offers of employment in core training are no different to those for other types of specialty training – See Section 6 of the main section of the Guide.

## Training Numbers

16. Core trainees will not be awarded National Training Numbers (NTNs), which will only be awarded to doctors in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR. Instead, it is essential that deaneries have robust alternative numbering systems for core trainees to track their progress and to ensure future recognition of successful completion of approved training programmes. These numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

## Deferring the start of core training

17. The start of core training may only be deferred on statutory grounds (e.g. maternity leave, ill health). See para 19 for arrangements for the Defence medical Services

## Registering with the Postgraduate Dean

18. All core trainees must register with the Postgraduate Dean by obtaining and returning Registration Form R (see Appendix 2 of the main section of the Guide).

## Arrangements for the Defence Medical Services

19. The arrangements for the Defence Medical Services (DMS) are no different to those for other types of specialty training (see Section 6 of the main section of the Guide). However, in addition to deferral on statutory grounds, the start of core training may be deferred to meet DMS operational requirements.

## Less than full-time training

20. The arrangements for less than full-time training are no different to those for other types of specialty training (see Section 6 of the main section of the Guide).
21. This guidance is based on Principles underpinning the new arrangements for flexible training (NHS Employers, 2005). Full guidance is available at the websites listed below. Advice may also be obtained from the local Postgraduate Dean.

England and Northern Ireland [A new approach to flexible medical training](#)

Scotland <http://www.nes.scot.nhs.uk/medicine/ltft/>

Wales [http://www.cardiff.ac.uk/pgmde/hospital\\_practice/flexible\\_training](http://www.cardiff.ac.uk/pgmde/hospital_practice/flexible_training)

## **A Reference Guide for Postgraduate Specialty Training in the UK**

### **Academic training, research and higher degrees**

22. All of the specialty training curricula require trainees to understand the value and purpose of medical research and to develop the skills required to critically assess research evidence. In addition, some trainees will wish to consider or develop a career in academic medicine and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training.
23. The web links provided at Paragraph 6.58 of the main section of the Guide provide important advice on pursuing an academic clinical career. Arrangements for pursuing such opportunities are set out in Section 6 of the main section of the Guide.

### **Taking time out of programme (OOP)**

24. There are a number of circumstances when a trainee may seek to spend some time out of the specialty training programme to which they have been appointed. Arrangements are detailed at paragraphs 6.66 to 6.69 of the main section of the Guide.
25. All such requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. However, as time out of programme will not normally be agreed until a trainee has been in a training programme for at least one year, occasions when this is granted for core trainees are likely to be exceptional given the short period and nature of the training.

### **Movement between Deaneries (inter-deanery transfers)**

26. Arrangements for movement between deaneries (inter-deanery transfers) are detailed in Section 6 the main section of the Guide.
27. Whilst it is possible for such transfers to be arranged there is no automatic entitlement or right for this to take place. An offer can only be made by the Postgraduate Deans. As an inter-deanery transfer will normally only be considered after the trainee has been in programme for one year, occasions when this is granted for core trainees are likely to be exceptional given the short period and nature of the training.
28. However, postgraduate deans will do their best to deal sympathetically with trainees where they judge that there are well-founded personal reasons which justify such a move. Trainees who have direct caring responsibilities or those who need a move for reasons of ill health will have priority.

### **Progressing as a core trainee**

29. The arrangements for progression as a core trainee are no different to those for other types of specialty training – that is the system based on the annual review of competence progression (ARCP) - see section 7 of the main section of the Guide.



## **A Reference Guide for Postgraduate Specialty Training in the UK**

30. The only exception to this is in respect of additional or remedial training. Given the short period and nature of core training, core trainees will be able to have additional aggregated training time normally of up to **six months** within the total duration of the training programme, unless exceptionally, this is extended at the discretion of the Postgraduate Dean, but with a maximum of one year additional training during the total duration of the core training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into core training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed.

## Appendix 2

### Form R: Registering for Postgraduate Specialty Training<sup>2</sup>

<b>SHA:</b> <b>Deanery:</b>	<b>Forename (s):</b> <b>Surname:</b>	
<b>Medical School awarding primary qualification:</b> (name and country)	<b>Date of Birth:</b>	<i>Attach Passport Size Photo</i>
	<b>GMC/GDC Reg No.:</b>	
<b>Primary Qualification and date awarded:</b>	<b>Gender:</b>	
<b>Work Address:</b>  <b>Work Phone:</b> <b>Email:</b>	<b>Home/Other Address:</b>  <b>Home Phone:</b> <b>Mobile Phone:</b> <b>Email:</b>	
<b>Immigration Status:</b> (e.g. resident, settled, work permit required)	<b>Post Type or Appointment:</b> (e.g. LAT, Run Through, FTSTA etc.)	
<b>GMC Programme Approval Number:</b> (to be completed by Postgraduate Dean)	<b>National Training Number:</b> (to be completed by Postgraduate Dean on first registration)	
<b>Deanery Reference Number:</b> <b>Specialty:</b>	I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress <input type="checkbox"/>	
<b>Specialty 1 for Award of CCT:</b>  <b>Specialty 2 for Award of CCT:</b>	I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/> I confirm that I will be seeking specialist registration by application for a CESR CP <input type="checkbox"/> I confirm that I will be seeking GP registration by application for a CEGPR <input type="checkbox"/> I confirm that I will be seeking GP registration by application for a CEGPR CP <input type="checkbox"/>	
<b>Provisional Date for CCT/CESR/CEGPR Award:</b>	<b>Royal College/Faculty assessing training for</b>	

<sup>2</sup> (to be confirmed on appointment to/on entering specialty training and before a National Training Number (NTN) or Deanery Reference Number (DRN) is issued. Must be updated and submitted annually with the Postgraduate Dean in order to renew registration for specialty training).

	<b>the award of CCT (if undertaking full prospectively approved programme):</b>
<b>Initial Appointment to Programme:</b> (Full time or % of Full time Training)	<b>Date of Entry to Grade/Programme:</b> (Substantive date started in Programme of appointment)

I confirm that information recorded above is correct

**Specialty Trainee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Postgraduate Dean/Head of School/  
STC Chair/TPD:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix 3

### Conditions of taking up a training post

(Note: this is NOT an offer of employment)

Dear Postgraduate Dean

On accepting an offer to take up a training post in the \_\_\_\_\_ Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care. Trainees should be aware that *Good Medical Practice* (2006) requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a doctor in training with other employers involved in my training and with the Postgraduate Dean on a regular basis
- to maintain regular contact with my Training Programme Director (TPD) and the Deanery by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual GMC/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment.

Yours sincerely

\_\_\_\_\_  
Trainee's signature

\_\_\_\_\_  
Trainee's name (printed)

\_\_\_\_\_  
Date

## Appendix 4

### Out of programme (OOP) Request and Annual Review

**(For new requests, this form should be sent to the Postgraduate Dean, after it has been signed by the trainee's educational supervisor and training programme director. The Postgraduate Dean will use this to support the request for prospective approval from GMC where this is required. For annual review and renewal, the document should be signed by the trainee and training programme director)**

Trainee's name:

Training number:

GMC no:

E-mail address:

**GMC** Post/Programme approval number:

Contact address/e-mail address for duration of OOP if granted:

Specialty:

Training Programme Director (TPD):

Current indicative year of clinical programme:  
date:

Current provisional expected end of training  
date:

Have you discussed your plans to take time out of programme/continue your time out with your educational supervisor and/or training programme director?

Yes  No

Please indicate if you are requesting time out for:

	New request	On-going
<b>Prospectively approved by GMC for clinical training (OOPT)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical experience <i>not</i> prospectively approved for training by GMC (OOPE)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Research for a registered degree (OOPR)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Career Break (OOPC)</b>	<input type="checkbox"/>	<input type="checkbox"/>

Give a brief description of what will be done during time out of programme and where it will take place (not required for on-going OOP). In addition, for:

**OOPT:** attach details of your proposed training for which GMC prospective approval will be required if the training does not already have GMC approval (e.g. if it is part of a recognised training programme in a different Deanery it will already be recognised training). For on-going OOP this document should accompany the assessment documentation for ARCP.

**OOPE:** describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For on-going OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for the ARCP.

**OOPR:** attach your outline research proposal to this document and include the name/location of your research supervisor. For on-going OOP a report from the research supervisor needs to be attached to this document for the ARCP.

**OOPC:** Please give a brief outline for your reasons for requesting a career break whilst retaining your training number

How long would you intend to take time out/still remain on your OOP? .....

What will be your provisional date for completing training if you take/continue with this time out of programme? ....../...../...

**If time out or your programme is agreed, you will be required to give your training programme director and current/next employer 3 months notice of leaving the programme**

Date you wish to start your out of programme experience (which must take into account the 3 months notice period): .....

Date you plan to return to the clinical programme: .....

I am requesting approval from the Postgraduate Dean's office to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

- a) Three years out of my clinical training programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dean.
- b) I will need to liaise closely with my Training Programme Director so that my re-entry into the clinical programme can be facilitated. I am aware that at least 6 months notice must be given of the date that I intend on returning to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.
- c) I will need to return an annual out of programme report for each **year** that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. **Failure to do this could result in the loss of my training number.**
- d) I will need to give at least 3 months notice to the Postgraduate Dean and to my employer before my time out of programme can commence.

Signed \_\_\_\_\_  
(trainee's name)

Date: \_\_\_\_\_

Print name \_\_\_\_\_

Signed \_\_\_\_\_  
(educational supervisor)

Date: \_\_\_\_\_

Print name \_\_\_\_\_

Signed \_\_\_\_\_  
(training programme director - TPD)

Date: \_\_\_\_\_

Print name \_\_\_\_\_

New requests: the Postgraduate Dean will only sign this document after it has been signed by the trainee's education supervisor and training programme director. On-going OOPs: this document should be signed by the TDP and will need to be submitted to the ARCP panel.

Signed \_\_\_\_\_  
(Postgraduate Dean (or deputy))

Date: \_\_\_\_\_

## Appendix 5

### Annual Review of Competence Progression Outcomes

Deanery: \_\_\_\_\_ GMC Training Programme Approval No. \_\_\_\_\_

Trainee: \_\_\_\_\_ Specialty : \_\_\_\_\_ NTN: \_\_\_\_\_ GMC no: \_\_\_\_\_

Members of the panel: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Period covered: From \_\_\_\_\_ to \_\_\_\_\_

Level of training programme assessed (*circle*): CT1, ST1, CT2, ST2, CT3, ST3, ST4, ST5, ST6, ST7 or other (*state*) \_\_\_\_\_

Approved clinical training gained during the period:

- 1.
- 2.
- 3.

Documentation taken into account and known to the trainee:

- |                      |                          |    |                          |
|----------------------|--------------------------|----|--------------------------|
| 1. Structured report | <input type="checkbox"/> | 2. | <input type="checkbox"/> |
| 3.                   | <input type="checkbox"/> | 4. | <input type="checkbox"/> |

#### Recommended Outcomes from Review Panel

##### *Satisfactory Progress*

1. Achieving progress and competences at the expected rate

##### *Unsatisfactory or insufficient evidence (trainee must meet with panel)*

2. Development of specific competences required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with or without specified competences  
Released from academic programme
5. Incomplete evidence presented – additional training time may be required

##### *Recommendation for completion of training*

6. Gained all required competences

##### *Outcomes for trainees out of programme or not in run-through training*

7. Fixed-term specialty outcome – see form for supplementary documentation for trainees  
with this outcome
8. Out of programme experience for approved clinical experience, research or career break
9. Top-up training (outcome should be indicated in one of the areas above)

Signed by: Chair of Panel \_\_\_\_\_ Signed by trainee: \_\_\_\_\_

Signed by: PG Dean \_\_\_\_\_

Date \_\_\_\_\_ Date of next review \_\_\_\_\_

## Supplementary Documentation for trainees with Outcome 7 – Fixed Term Specialty Outcome

(This form supports the annual review outcome and should form part of the trainee's permanent record and should be read in conjunction with relevant Outcome descriptors)

### Recommended outcome from Review Panel

7.1 Satisfactory progress in or completion of LAT / FTSTA placement

### Unsatisfactory or insufficient evidence

7.2 Development of Specific Competences Required – additional training time not required

7.3 Inadequate Progress by the Trainee – expected competences not acquired

7.4 Incomplete evidence presented – further documentation must be supplied

### Detailed reasons for recommended outcome

1.

2.

3.

Discussion with trainee:

Mitigating circumstances

Competences which need to be developed

Recommended additional training period (if required)

Recommended actions

Date for next review

Signed by: Chair of Panel

Trainee

Date:

*These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty as appropriate.*



**Supplementary Documentation for trainees with Unsatisfactory Outcome**

(trainee must be in attendance)

**Recommended outcome**      **Date: from**      **to:**      **In / out of**      **FT/PT as % FT**  
**Programme**

**Detailed reasons for recommended outcome**

- 1
- 2.
- 3.

**Discussion with trainee**

**Mitigating circumstances**

**Competences which need to be developed**

**Recommended actions**

**Recommended additional training time (if required)**

**Date for next review**

**Signed by: Chair of Panel** \_\_\_\_\_ **Trainee** \_\_\_\_\_

**Signed by: PG Dean** \_\_\_\_\_

**Date:** \_\_\_\_\_

These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty if the trainee is on a CCT programme.

## Appendix 6

### Report on Academic Progress

(This form supports the annual review outcome and should form part of the trainee's permanent record) Deanery: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ NTN / NTN (A): \_\_\_\_\_ GMC no \_\_\_\_\_

Members of the panel: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_

Date of Report \_\_\_\_\_

Period covered: **From** \_\_\_\_\_ **to** \_\_\_\_\_

Level of training programme assessed (*circle*): **ST1, ST2, ST3, ST4** or other (*state*) \_\_\_\_\_

Academic competences gained during period of review (*full details of programme should be attached*):

Experience gained during the period:

Placement / Post/ Experience	Dates: from	to	In / out of Prog	PT / FTPT as %FT
------------------------------	-------------	----	------------------	------------------

- 1.
- 2.
- 3.
- 4.
- 5.

Significant academic outputs during the period:

- 1.
- 2.
- 3.

Documentation taken into account and known to the trainee:

- 1.
- 2.
- 3.
- 4.

Recommendations:

Trainee (*signature*) \_\_\_\_\_ Date of next review (*unless not relevant*) \_\_\_\_\_

## Appendix 7

### Glossary

**ARCP Annual Review of Competence Progression** The process whereby trainees in specialty training have the evidence of their progress reviewed by an appropriately convened panel so that a judgement about their progress can be made and transmitted to the training programme director, the trainee and the trainee's employer.

**CCT Certificate of Completion of Training.** Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by the GMC (or its predecessor body, PMETB)

**CEGPR Certificate of Eligibility for General Practice Registration.** Awarded after an applicant has successfully applied to have their training, qualifications and experience assessed against the requirements for the CCT in General Practice.

**CESR Certificate of Eligibility for Specialist Registration.** Awarded after an applicant has successfully applied to have their training, qualifications and experience assessed against the requirements for the CCT in which they have undertaken training (as this is a guide for those in UK training reference has not been made to those applying in a non CCT specialty, for details of this evaluation please refer to the GMC website).

**CESR(CP) CEGPR(CP) Certificate of Eligibility for Specialist or General Practice Registration** is an application process for the award of the CESR or CEGPR through the Combined Programme route. It is for trainees who have a combination of training in a GMC approved programme to successful completion and training and/or experience in posts prior to appointment which were not GMC approved. See GMC website for further information.

**Clinical Supervisor** A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

**Competence** The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from **performance**, which denotes what someone is actually doing in a real life situation.

**Competences** The skills that doctors need (after *The New Doctor, transitional edition, 2005*).

**COPMeD Conference of Postgraduate Medical Deans in the UK.**

**Core Training** Core training is the first stage of uncoupled training,

**Crisp Report** Sir Nigel Crisp authored this report in 2007. *Global health partnerships: the UK contribution to health in developing countries* recommends that: "An NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training... PMETB should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience"

**Curriculum** A *curriculum* is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organization, processes and methods of teaching, learning, assessment, supervision, and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme .

**Domain** The scope of knowledge, skills, competences and professional characteristics which can be combined for practical reasons into one cluster.

**Educational agreement** A mutually acceptable educational development plan drawn up jointly by the trainee and their educational supervisor.

**Educational appraisal** A positive process to provide feedback on the trainee's performance, chart their continuing progress and identify their developmental needs (after *The New Doctor transitional edition, 2005*).

**Educational contract** The Postgraduate Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dean has a legitimate interest in matters arising that relate to the education and training of postgraduate trainees within the employing environment.

**Educational Supervisor** A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

**Equality** is the term used to describe 'policies and practices that tackle inequalities, aiming to ensure that all staff are treated fairly, and that service users do not experience discrimination'

Public sector equality duties are unique pieces of equality legislation. They give public bodies legal responsibilities to demonstrate that they are taking action on race, disability and gender equality in policy-making, the delivery of services and public sector employment.

The duties mean that public bodies have to take action to deliver better outcomes for people of different racial groups, disabled people and men and women, including transsexual men and women. The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Health Departments, NHS and companies/persons working on their behalf should take into consideration the seven equality strands including:- age, disability, gender, gender identity, race, religion or belief and sexual orientation.

NHS Single Equality Scheme

<http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/NHSSingleEqualityScheme/index.htm>

Equality and Human Rights Commission – Your rights - Health and social care

<http://www.equalityhumanrights.com/your-rights/rights-in-different-settings/health-and-social-care/>

Public sector equality duties

<http://www.library.nhs.uk/HEALTHMANAGEMENT/ViewResource.aspx?resID=313276&tabID=290>

NHS Employers – Equality and diversity guidance

<http://www.nhsemployers.org/employmentpolicyandpractice/equalityAndDiversity/Pages/Home.aspx>

**Foundation Training** The first two years of postgraduate training following graduation from medical school in the UK. The first year (F1) leads to full registration with the GMC whilst the successful completion of the two year programme enables the trainee to apply for specialty training programmes.

**FTSTA Fixed Term Specialty Training Appointment.** These are up to one year appointments, usually in the early years of training in a specialty. Appointments can only be made for up to one year.

**GMC General Medical Council.** The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The law gives the GMC four main functions under the *Medical Act 2003*:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

**Human Rights** The Human Rights Act came into effect in the UK in October 2000. They “are rights and freedoms that belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society. There are 16 basic rights in the Human Rights Act - all taken from the European Convention on Human Rights.... They concern matters of life and death... but they also cover rights in everyday life, such as what a person can say or do, their beliefs, their right to a fair trial and many other basic entitlements.” (*Making sense of human rights: a short introduction*, Department of Constitutional Affairs, October 2006 (pp.2-3).

**JCPTGP Joint Committee on Postgraduate Training for General Practice.** The body which was responsible, until September 2005 for regulating general practice training in the UK

**LAS Locum Appointment for Service**, short-term appointment used to fill a service gap in a training programme.

**LAT Locum Appointment for Training**, appointment to fill a gap in a training programme.

**OOP Out of programme** Where trainees take time out of their training programme to undertake a range of activities, with the agreement of their Postgraduate Deanery by the trainee and the agreement by the postgraduate trainee for the trainee to take time out their Deanery specialty training programme.

**OOPC Out of programme for a career break**

**OOPE Out of programme for experience** which has not been prospectively approved by the GMC (or its predecessor body, PMETB) and which cannot be counted towards training for a CCT or CESR(CP) but may be suitable for a CESR

**OOPR** Out of programme for research which can be counted towards training if it is prospectively approved by the GMC (or its predecessor body, PMETB). Research can also be considered for a CESR

**OOPT** Out of programme for clinical training which has been prospectively approved by the GMC (or its predecessor body, PMETB) and can be counted towards a CCT.

**PMETB Postgraduate Medical and Education Training Board.** The competent authority for both hospital specialties and general practice from September 2005 to March 2010. It had responsibility in law for setting standards and quality assuring specialty including GP training in the UK. It was merged with the GMC in April 2010 when the GMC acquired its legal responsibilities.

**Professionalism** Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards will include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs

**Programme** A managed educational experience. As defined by the GMC, "A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty. A programme may either deliver the totality of the curriculum though linked stages in an entirety to CCT, or the programme may deliver different component elements of the approved curriculum." The GMC approves programmes of training in all specialties, including general practice, which are based on a particular geographical area (which could cover one or more Deaneries). They are managed by a training programme director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee."

**Run-through training** The term used to describe the structure of specialty training introduced in August 2007 in which trainees are competitively selected into specialty training curricula which cover both the early and more advanced years of specialty training. Once selected into a run-through specialty training programme, a trainee will be able to complete specialty training in the broad specialty group or specialty, subject to progress. From 6 August 2008, some specialties have moved away from this model (see uncoupled training), whilst others have continued with it.

**SAC Specialty Advisory Committee** is the usual (but not the only) name used for the committee which advises the College or Faculty on training issues and sets the specialty specific standards within the context of the generic standards of training set by GMC

**STA Specialist Training Authority** Prior to the establishment of PMETB, the competent authority for specialist training

**STC Specialty Training Committee** is the usual (but not the only) name used for the committee which advises and manages training in a specialty within a Postgraduate Deanery

**Specialist training** The description of postgraduate training marked by the reforms to postgraduate medical training which began in 1996 under the Chief Medical Officer. Trainees appointed to these programmes are known as specialist registrars

**Specialty training** The designation of training after completion of the Foundation Programme, applying to trainees who have entered this training from August 2007 to undertake a specialty training programme approved initially by PMETB and, from April 2010, by the GMC.

**SpR Specialist Registrar** is the title given to trainees who were appointed into specialist training prior to January 2007

**StR Specialty Registrar** is the title given to trainees who are appointed into specialty training from August 2007

**Training Number** is the reference number allocated by the postgraduate deanery to trainees in specialty training programmes. Each trainee is allocated a single training number that is either a National Training Number or a Deanery Training Number. **National Training Number (NTN)** is the number allocated by the postgraduate deanery to trainees in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR. **Deanery Training Number** is the number allocated to trainees in core or uncoupled training. These deanery training numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

**Training Programme Directors (TPDs)** GMC requires that training programmes are led by TPDs (or their equivalent). TPDs have responsibility for managing specialty training programmes. Please refer to Section 4 for further information.

**Uncoupled training** Uncoupling means building in a formal opportunity after ST2 (or ST3 in the case of specialties where core training is three years) to change direction or make a more focused career choice in the light of greater experience. It means adding a competitive selection process between ST2 and ST3 (or between ST3 and ST4 in the case of specialties where core training is three years).

**Workplace based appraisal** The process whereby trainees are appraised by their educational supervisors on behalf of their employers, using the assessments and other information which has been gathered in the workplace

**Workplace based assessments** are the assessment of working practices on what trainees may actually do in the workplace and predominantly carried in the workplace itself. See GMC guidance

[GMC | Work based assessment - A Guide for Implementation](#)

## **Appendix 8**

### **Protocol for making revisions to the Guide**

1. The Gold Guide will be reviewed on an annual basis to ensure correction and clarification of paragraphs if necessary and to reflect policy decisions taken since the previous publication.
2. Membership of the review group is confined to officials from the four UK Health Departments.
3. Individual country Programme Boards/Steering Groups are invited to submit requests for changes/amendments to the review group, giving reasons why the changes are necessary.
4. Comments regarding changes and/or amendments must be received by the review group in April/May each year.
5. The Review group will meet, consider requests and write the relevant changes, subject to testing of impact of any additions.
6. Revised Guides will be published with a list of the latest amendments.
7. The Review group could be requested to consider urgent amendments on an ad hoc basis.
8. Separate recruitment guidance will be issued each year.