Department of Health

Department of Health, Social Services and Public Safety

NHS SCOTLAND

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A Guide to Postgraduate Specialty Training in the UK

The Gold Guide

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First edition

Preface

A Guide to Postgraduate Specialty Training in the UK (the *"Gold Guide")* sets out the arrangements for the introduction of competence based specialty training in the UK. It primarily deals with operational issues to help support the transition from specia***list*** training which has been in place since 1996 to specia***lty*** training.

All doctors recruited into the new Postgraduate Medical Education and Training Board (PMETB) approved specialty and general practice training programmes will be known as Specia***lty*** Registrars (StRs). Specialist Registrars (SpRs), Specialist Trainees in Public Health Medicine (SpTs) and General Practice Registrars (GPRs) appointed before August 2007 will retain these titles unless they switch to the new specialty curricula.

This *Guide to Postgraduate Specialty Training* builds upon (but replaces) the *Guide to Specialist Registrar Training* (the "Orange Book") and *The GP Registrar Scheme Vocational Training for General Medical Practice UK Guide* (the "Green Book"*)* for doctors entering the new specialty training programmes in August 2007. Throughout this document reference to specialty training includes general practice. Where arrangements differ between specialty training and general practice these differences are noted in the *Guide.*

The development of this *Guide* has been through an iterative process of reflection and discussion. Using the good practice which Postgraduate Deans, Medical Royal Colleges and Faculties, professional associations and the four health departments have developed, it is eclectic and has been refined from documents and sources which have already established practice in a number of areas. It has also retained important and relevant aspects of the Orange and Green Books where it has been appropriate to do so. These remain applicable to SpRs/SpTs/GPRs appointed prior to January 2007 except where legislative changes require adaptation to PMETB standards. The standards and requirements set by PMETB are extensively quoted to ensure that the *Guide* is underpinned by them and by the General Medical Council's (GMC) *Good Medical Practice*. The contribution of colleagues in all of these organisations is gratefully acknowledged as are the excellent and relevant observations from the Reference Group, which supported the drafting of this *Guide*.

The *Guide* is being published in electronic format and will be available on the four UK MMC websites. This will enable electronic links and searches (using the "find" facility) within the *Guide* to be timely and accessible, as well as facilitating regular up-dating of the *Guide* to ensure that it reflects the rapid developments in postgraduate specialty training. Arrangements for updating it will be developed by the UK MMC Policy Group. National and devolved nation supplements will be issued to clarify recruitment and selection procedures in due course. This *Guide* is scheduled to be formally reviewed by August 2009.

A Guide to Postgraduate Specialty Training in the UK:

"*The Gold Guide*"

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Section 1: Introduction and background: from specia*list* training to specia*lty* training

1.1 The four UK Health Departments will introduce a new postgraduate specialty training structure from August 2007. From that date, entry into Senior House Officer (SHO), Specialist Registrar (SpR), Specialist Training (SpT – Public Health only) and General Practice Registrar (GPR) training will cease. All doctors recruited into the new Postgraduate Medical Education and Training Board (PMETB) approved specialty training programmes which will start in August 2007 will be known as Specialty Registrars (StRs) in all years of their programme. Non-medical trainees in Public Health medicine will also be known as Specialty Registrars (StRs). SpRs and GPRs appointed before August 2007 will retain the title of SpR/GPR unless they switch to the new specialty curricula.

1.2 *A Guide to Postgraduate Specialty Training* (the "Gold Guide") replaces both the *Guide to Specialist Registrar Training* (the "Orange Book") and *The GP Registrar Scheme Vocational Training for General Medical Practice, The UK Guide* (the "Green Book"*)* for doctors entering the new specialty training programmes in August 2007. Throughout this document reference to specialty training includes general practice. Where arrangements differ between specialty training and general practice, these differences are noted in the *Guide.*

1.3 SpRs, GPRs and SpTs who were appointed prior to August 2007 may continue to train using the curriculum to which they were appointed or may choose to switch to the new curriculum (paras 5.54) after obtaining advice from the Postgraduate Deanery. The "Orange and Green Books" will continue to be applicable to those who remain on the old curriculum, as will the rules/guidance set out by the Specialist Training Authority (STA) and the Joint Committee for Postgraduate Training in General Practice (JCPTGP) which were responsible for supervising specialist and general practice training respectively prior to September 2005, except where legal requirements prevent this (e.g. requirements for prospective approval of training). In addition, this *Guide* does not cover arrangements for dental training which are still set out within the *Guide to Specialist Training,* 1998 ("Orange Book"). 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.

1.4 In September 2005 The General and Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2003 set up a new competent authority. The new authority is called the Postgraduate Medical Education and Training Board (PMETB). It sets the standards of training and the end-point to be achieved and demonstrated in order to enter the GMC's Specialist Register and General Practitioner Register. This marks the change from the *specia**list*** training of the previous decade to the *specia**lty*** training which PMETB approved curricula describe.

1.5 The changes heralded by the move from specialist training to specialty training are also embedded in policy developed by the four UK Health Departments and are set out in *Modernising Medical Careers* (2003). This broad strategic statement describes the training structure and framework which will support the introduction of more explicit standards of postgraduate specialty training.

1.6 This *Guide* sets out the new arrangements agreed by the four UK Health Departments to enable the introduction of the new specialty training programmes. The Guide was commissioned by the Modernising Medical Careers (MMC) UK Strategy Group (para 2.12) and reflects agreed guidance from the four UK Health Departments.

1.7 The policy underpinning this *Guide* is applicable UK wide, but there are some important national variations in its implementation. These have been highlighted appropriately. The four UK Health Departments will formally review the Guide by December 2009 and there will be a formal process (currently being developed by the four Health Departments) to make changes to the *Guide* in the interim where these are required.

1.8 Doctors who wish to enter specialty training and who are not already SpRs with a National Training Number (NTN) or Visiting Training Number (VTN) (with the exception of trainees already appointed to a vocational general practice training scheme) must apply in open competition to enter the new specialty training programmes/posts.

Section 2: Specialty training: policy and the statutory bodies

The Statutory Bodies

2.1 The statutory authorities are for undergraduate medical education, the General Medical Council (GMC), and for postgraduate medical education, the Postgraduate Medical Education and Training Board (PMETB). They share responsibility for foundation training.

2.2 The GMC and PMETB have different responsibilities in relation to the regulation of specialty training. PMETB is responsible for setting and securing the maintenance of standards for postgraduate medical education and for confirming eligibility for inclusion on the Specialist and GP Registers. The GMC is responsible for maintaining the Specialist Register and the GP Register.

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 sets and secures specific standards for UK undergraduate medical education and for the first year of the Foundation Programme leading to full registration. It also has a general function to promote high standards and co-ordinate all stages of medical education.

2.5 The GMC holds and maintains the Medical Registers. All doctors wishing to practise medicine in the UK must be on the List of Registered Medical Practitioners. 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 at **GMC legislation.**

2.6 Since 1st January 1997 it has been a legal requirement that, in order to take up a consultant post (other than a locum consultant appointment) in a medical or surgical specialty in the NHS, a doctor must be included in the specialist register. The only exceptions are doctors who held a consultant post (other than a locum consultant post) in oral and maxillo-facial surgery in the NHS immediately before 1 January 1997. It is not possible to hold specialist registration without also holding full registration. The routes to registration are available on the GMC website at **GMC registration**

Relationship with PMETB

2.7 The GMC and PMETB have many overlapping areas of responsibility and work closely together to ensure that the regulation of medical education is as smooth as possible.

The Postgraduate Medical Education and Training Board (PMETB)

Scope and responsibilities

2.8 PMETB's statutory functions are to: establish standards of postgraduate medical education and training; secure these standards and requirements; and develop and promote postgraduate medical education and training. It is required to: safeguard service users; ensure the needs of trainees are met; and ensure the needs of employers are met. PMETB does this by:

- establishing and overseeing standards and quality assurance in medical education and training by approving education and training 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.

2.9 PMETB does not have responsibility for delivering postgraduate medical education and training – this, along with workforce planning, is within the remit of the four UK Health Departments, through the Postgraduate Deans and Medical Royal Colleges and Faculties.

Entry to the Specialist and General Practitioner (GP) Registers

2.10 For those who are medically qualified there are several routes of entry to these registers which are held by the GMC. PMETB is responsible for approving doctors through the following routes. All of these certificates are equivalent.

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 (e.g. approved SHO training) and makes a doctor eligible for inclusion on the GMC's Specialist or GP Registers.

ii Certificates of Eligibility

PMETB 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 PMETB, but who may have gained the same level of skills and knowledge as CCT holders. Article 14 of the Order covers those wishing to join the Specialist Register who will apply through it for a Certificate confirming Eligibility to the Specialist Register (CESR), whilst Article 11 of the Order covers those wishing to join the GP Register by applying for a Certificate confirming Eligibility to the GP Register (CEGPR). **Entry to the Specialist Registers.** The CCT, CESR and CEGPR all confer eligibility for entry to the Specialist and General Practice Registers.

Entry to the UK Voluntary Register for Public Health Specialists

2.11 Trainees in Public Health medicine who are not medically qualified follow the same curriculum as those from a medical background. These trainees are known as Specialty Registrars (StRs) in Public Health medicine and subject to satisfactory completion of their training are awarded a Certificate of Completion of Training and are entered onto the Voluntary Register for Public Health Specialists.

The UK Modernising Medical Careers (MMC) Policy Group

2.12 The four United Kingdom Health Departments are responsible for implementing the Modernising Medical Careers policy. The Health Departments co-ordinated action through the Modernising Medical Careers (MMC) UK Strategy Group which has now been succeeded by the UK MMC Policy Group. Each country also has a dedicated national implementation team.

Royal Colleges and Faculties

2.13 The Medical Royal Colleges and Faculties develop the specialty curricula in accordance with the principles of training and curriculum development established by PMETB. PMETB consider them for approval. Only approved curricula can be used for delivering specialty training programmes resulting in the award of a CCT.

2.14 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.

2.15 All doctors in 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 PMETB for consideration of award of a CCT at the end of specialty training.

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Postgraduate Deaneries

2.16 The Postgraduate Deaneries (or equivalents) in the UK are responsible for implementing specialty training in accordance with PMETB approved specialty curricula. Postgraduate Deans work with Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate medical training to PMETB standards. The standards that must be delivered are normally set out in educational contracts between the Postgraduate Deaneries and educational providers.

2.17 Through their Training Programme Directors, Postgraduate Deans (or their nominated deputies) are responsible for developing appropriate specialty training programmes within educational provider units that meet curriculum requirements. PMETB quality assures Deanery processes to ensure that the training programmes meet PMETB standards. (Note: throughout this document reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf.)

2.18 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 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. They should also take into account the assessments of progress and individual trainees' educational needs and personal preferences, including relevant domestic commitments wherever possible.

Section 3: Key characteristics of specialty training

Standards

3.1 Explicit standards have been set by PMETB 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 (Box 1).

3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills and attitudes and/or time-served. There is a complex relationship between outcomes, performance and experience which is in large part time dependent.

Structure

3.3 *Specialty Registrar* (StR) is the new generic title that replaces Senior House Officer (SHO), Specialist Registrar (SpR) and General Practice Registrar (GPR). Specialty training programmes normally include both the early years of broad-based training in the specialty and the more advanced years in which specialty specific knowledge, skills, practice, confidence and experience are developed.

3.4 Current SpRs will complete their contracted training (either in programmes leading to CCT or with specified objectives in fixed term contracts) in those programmes, subject to satisfactory progress and will retain their training number during this period. They will have the option, in discussion with their Postgraduate Deanery, to switch to the new curricula in full or in part (where educational objectives are more limited) to complete their contracted period. This does not confer any rights to extend the duration of their fixed term contract. SpRs who choose to transfer to the new curriculum must elect to do so by 31 December 2008 (para 5.54). These arrangements are also applicable to trainees in general practice vocational training schemes.

3.5 Trainees appointed to new specialty training programmes which lead to specialist registration (subject to progress) will be allocated a National Training Number (NTN).

Box 1: Standards for Curricula (PMETB *Standards for Curricula,* March 2005)
for further details go to: **PMETB Curricula Standards**

Standard 1: Rationale

[a] The purpose of the curriculum must be stated, including its overall role in the relevant postgraduate training.

[b] The curriculum must state how it was developed and consensus reached.
- How content and teaching/learning methods were chosen.
- How the curriculum was agreed and by whom
- The role of teachers and trainees in curriculum development.

[c] The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.

[d] Linkages of the curriculum to previous and subsequent stages of the trainee's training and education should be clarified.

[e] The curriculum must be presented in relation to programmes and posts within those programmes.

Standard 2: Content of learning

[a] The curriculum must set out the general professional and specialty specific content to be mastered.
- Knowledge, skills, attitudes and expertise must be addressed.
- Recommendations on the sequencing of learning and experience should be provided, if appropriate
- The general professional content should include a statement about how *Good Medical Practice* is to be addressed.

[b] Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate:
- what the trainee will know, understand, describe, recognise, be aware of and be able to do at the end of the course.

[c] Content areas should be linked to guidance on recommended learning experiences.

Standard 3: Model of learning

The curriculum must describe the model of learning appropriate to the specialty and stage of training.
- General balance of workplace based experiential learning, independent self-directed leaning and appropriate off-the-job education.
- How learning for knowledge, skills, attitudes and expertise will be achieved.

Standard 4: Learning experiences

[a] 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
- Specific teacher inputs.

[b] Educational strategies that are suited to workplace based experiential learning and appropriate off-the-job education should be described.

Standard 5: Supervision and feedback
[a] Mechanisms for ensuring feedback on learning must be recommended and required.
[b] Mechanisms for ensuring supervision of practice and safety of doctor and patient must be defined.
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Standard 6: Managing curriculum implementation
Indication should be given of how curriculum implementation will be managed and assured locally and within programmes. This should include:

- Intended use of the curriculum document by trainers and trainees.
- Means of ensuring curriculum coverage.
- Suggested roles of local faculty in curriculum implementation.
- Responsibilities of trainees for curriculum implementation.
- Curriculum management in posts and attachments within programmes.
- Curriculum management across programmes as a whole.

Standard 7: Curriculum review and updating
[a] Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.
[b] The schedule for curriculum updating, with rationale, must be provided.
[c] Mechanisms for involving trainees and lay persons in [a] and [b] must be set out.

Standard 8: Equality and diversity

The curriculum should describe its compliance with anti-discriminatory practice.

Section 4: Setting Standards

Approval of Training Programmes: standards of training

4.1 Approval of specialty training courses, programmes, posts and GP trainers rests with PMETB. It has determined that "a programme consists of a series of placements in a range of training environments, offered by a range of training providers and to be used by a number of trainees. PMETB approves programmes of training in all specialties, including general practice, which are 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: **Guidance on specialty training approval**

4.2 Specialty training programmes/posts, including those in general practice, must conform to the training standards set by PMETB in order for specialty training approval to be granted. The domains under which these standards are described are shown in (Box 2**).** For a full description of all the standards under these domains go to **PMETB Standards of Training.** Colleges and Faculties may further develop specialty specific standards based on PMETB generic standards in order to support the implementation of specialty curricula.

4.3 PMETB has adopted the previous JCPTGP standards for GP trainer approvals. These standards will be replaced by standards for all trainers in all specialties to be published by PMETB after consultation in 2007.

Box 2: Domains and Standards for Training (PMETB, April 2006)

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 Assurance, Review and Evaluation

Postgraduate training must be quality controlled locally by Deaneries, working with others as appropriate e.g. Medical Royal Colleges/Faculties, specialty associations, training deliverers.

Domain 3. Equality, Diversity and Opportunity

Postgraduate training must be fair and based on principles of equality. This domain deals with equality and diversity matters pervading the whole of the training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.

Responsibility: Postgraduate Deans and institutions providing training, trainers and trainees, other colleagues working with trainees and local faculties.

Evidence: Surveys, outcome data, Deanery quality control data and visits.

Mandatory requirements:

- at all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.
- information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and PMETB websites.
- Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full- time to work flexibly within the requirements of PMETB Standards' Rules. Deaneries must take appropriate action to encourage trusts and other training providers to accept their fair share of doctors training flexibly.
- appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.

Domain 4. Recruitment, selection and appointment
Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.

Domain 5. Delivery of curriculum including assessment
The requirements set out in the curriculum must be delivered.

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.

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 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 PMETB has established a new 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. **PMETB Post Approval**

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 PMETB's overall quality assurance approach.

4.6 PMETB'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 Executive), 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 with all providers of postgraduate medical education which sets out the number of training posts within the provider unit, the standards to which postgraduate medical education must be delivered in accordance with PMETB requirements and the monitoring arrangements of the contract. 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, in PMETB's generic standards for 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 what courses would be appropriate and what funding is available

- trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service
- 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, transitional specialty 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 PMETB requires that training programmes are led by TPDs (or their equivalent).

4.13 TPDs have responsibility for managing specialty training programmes including 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 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 NHS, 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 PMETB for the specialty. PMETB is developing standards for trainers in all specialties which will be published after consultation in 2007.

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 PMETB 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 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 PMETB'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 trainees in postgraduate training 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.

Doctors in postgraduate training and those responsible for their training must ensure that these principles are understood and inform the practice of all doctors. **A Guide to the Human Rights Act**

Educational supervision

4.22 Educational supervisors are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress. Where possible, it is desirable for trainees to have the same educational supervisor for the whole of their training programme or for stages of training (e.g. the early years or more advanced years of training). Educational supervisors should:

- be adequately prepared for the role and have an understanding of educational theory and practical educational techniques e.g. have undertaken formal facilitated training or an on-line training programme or participate in relevant training the trainers programmes
- be trained to offer educational supervision and undertake appraisal and feedback
- undertake training in competence assessment for specialty training

- be trained in equality and diversity
- provide regular appraisal opportunities which should take place at the beginning, middle and end of a placement
- develop a learning agreement and educational objectives with the trainee which is mutually agreed and is the point of reference for future appraisal
- be responsible for ensuring that trainees whom they supervise maintain and develop their specialty learning portfolio and participate in the specialty assessment process
- provide regular feedback to the trainee on their progress
- ensure that the structured report which is a detailed review and synopsis of the trainee's learning portfolio (Appendix 4) is returned within the necessary timescales
- contact the employer (usually the medical director) and the Postgraduate Dean should the level of performance of a trainee gives rise for concern
- be able to advise the trainee about access to career management
- be responsible for their educational role to the training programme director and locally to the employer's lead for postgraduate medical education.

4.23 Educational supervisors also have responsibilities through their supervision of trainees to support the delivery of the educational contract which exists between employers which provide postgraduate training and Postgraduate Deaneries.

4.24 Educational supervisors are responsible both for the educational appraisal of trainees, and also for review of their performance based on *Good Medical Practice.* This links educational appraisal and performance review (workplace based NHS appraisal) of trainees. The mechanism for this is described in paras 7.24 – 7.27 and Appendix 7 is an example of the documentation that could be used for performance review, using the evidence provided through the Annual Review of Competence Process.

4.25 These important educational and review roles make it essential that there are unambiguous lines of accountability for educational supervisors into both educational programme arrangements through the TPD and also into the management structure of the trainee's employer (e.g. through clinical directors or the designated lead for medical education such as the Director of Medical Education or postgraduate Clinical Tutor) so that there is clarity about::

- who is providing educational supervision
- the clear link between the appraisal, assessment and planning of a trainee's educational programme and their performance as a doctor
- the transparency of the process ensuring that the trainee is aware of the information being shared with the employer
- the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with the Postgraduate Deanery in line with wider regulatory requirements, notably those set out in documents such as ***Professional Standards in the NHS*** and ***Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century***.

4.26 Employers of educational supervisors must have this role recognised within job planning arrangements.

Clinical supervision

4.27 Each trainee should have a named clinical supervisor for each placement, usually a senior doctor, who is responsible for ensuring that appropriate clinical supervision of the trainee's day-to-day clinical performance occurs at all times, with regular feedback. All clinical supervisors should:

- understand their responsibilities for patient safety
- be fully trained in the specific area of clinical care
- offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee
- ensure that no trainee is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise

- ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care
- consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee.
- be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty
- be trained in equality and diversity and human rights best practice.

Section 5: The Structure of Training

5.1 Specialty training will be provided through PMETB approved specialty training programmes and posts. The programmes leading to GP and specialist registration are based on a managed system of a “run-through” structure of training and FTSTAs.

5.2 Entry into specialty training will be primarily (but not exclusively) from foundation or from equivalent training.

5.3 Once an applicant has taken up a place in a specialty training programme, the whole of which has been prospectively approved by PMETB, they will have the right to train in that specialty or specialty group and, subject to satisfactory progress, achieve a Certificate of Completion of Training (CCT). This will entitle them to entry onto the Specialist or GP Registers.

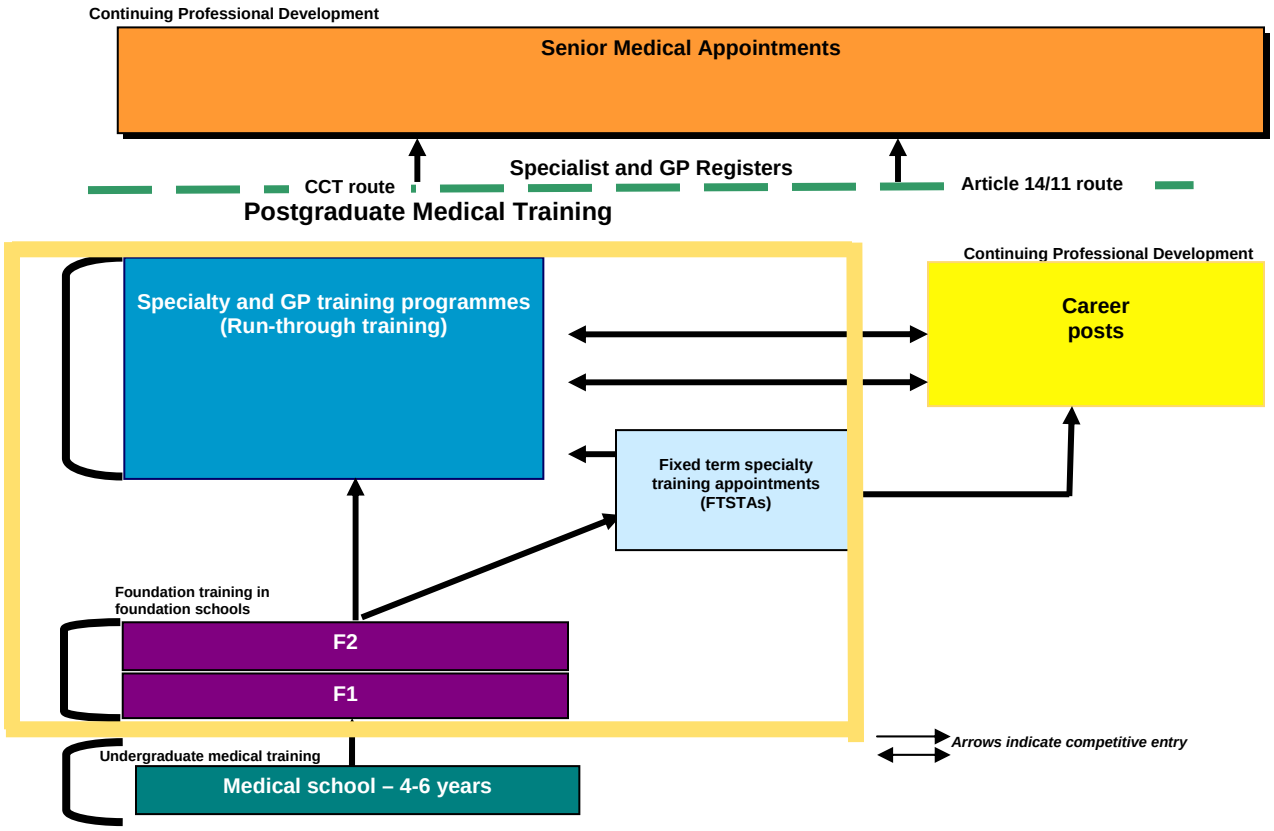
5.4 Alternatively, trainees who undertake training the whole of which has not been prospectively approved by PMETB can apply for a Certificate confirming Eligibility for Specialty Registration (CESR) for entry to the Specialist Register or for a Certificate confirming Eligibility for General Practice Registration (CEGPR) for entry to the GP Register (para 210), They must be able to demonstrate the competences, knowledge, skills and attitudes required by the relevant specialty curriculum.

5.5 A diagram of the training structure is shown in Figure 1. (Note: the size of the boxes on the diagram does not relate to the number of doctors actually working within that level).

5.6 Entry into specialty training can only be achieved through competitive entry.

Figure 1

UK MMC Career Framework



Specialty Training

5.7 In order to meet PMETB's entry requirements into specialty training, applicants must demonstrate they have achieved the foundation competences as set out in the revised edition of the Foundation Curriculum which will be available later in 2007, as will updated versions of the Operational Framework for Foundation Training from each of the four UK Health Departments. The most straightforward way of achieving the competences is through completion of foundation training. Doctors who have not undertaken a foundation programme will have to provide evidence that they have achieved the foundation competences.

5.8 All trainees admitted to run-through training specialty training programmes and Fixed Term Specialty Training Appointments (FTSTAs) will be known as Specialty Registrars (StRs). Trainees should go to the following websites to learn more about both foundation and specialty training in each of the four UK Health Departments:
England **Northern Ireland**
Scotland **Wales**

5.9 Doctors holding employment contracts in the SHO grade will be entitled to complete their contracts in the grade if they wish to do so but would be advised to apply for specialty training at their earliest opportunity. It is expected that there will be few doctors in this grade after July 2007.

5.10 Existing SpRs and GPRs will continue in their current programmes unless they choose to transfer to the new PMETB curriculum in the same specialty. They are under no obligation to switch to the new curriculum, but if they choose to do so it must be by 31 December 2008. This will need to be agreed locally through discussion with their Postgraduate Deanery (paras 5.54). Deaneries must seek advice from the Royal Colleges/Faculties before advising trainees since issues relating to assessment and other curricula requirements will vary between specialties and may impact on switching to the new curricula.

5.11 The award of the CCT will be made to StRs who provide evidence of satisfactory completion of a PMETB prospectively approved programme of specialty training. Where PMETB has not prospectively approved the entirety of the specialty training programme, then application for a CESR or a CEGPR should be made.

5.12 All doctors in training should be enrolled/registered with the relevant Royal College/Faculty.

5.13 Specialty training can be delivered either through:

- run-through specialty training programmes, the outcome of which will be (subject to progress) either a CCT or CESR/CEGPR
- stand-alone but educationally equivalent training posts which are not part of run-through training programmes (FTSTAs). As these are educationally approved posts, they may contribute to a CCT. FTSTAs, however, do not confer a right of entry into run-through training.

Fixed Term Specialty Training Appointments (FTSTAs)

5.14 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.

5.15 All FTSTAs are posts which have been approved for specialty training by PMETB. They are managed within specific specialty training programmes approved by PMETB, under the auspices of a specialty Training Programme Director (TPD).

5.16 FTSTAs are up to one year fixed-term appointments. Appointments to FTSTAs will usually be by the same UK recruitment process as for run-through training and will be managed by Postgraduate Deaneries.

5.17 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.

5.18 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.

5.19 Although doctors with previous training in a specialty will be able to apply for FTSTAs in order to obtain employment, formal training through these posts will normally reflect early years training of the relevant curriculum.

5.20 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.

5.21 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.

5.22 FTSTAs will deliver training that is quality managed by the Postgraduate Deans and are included in PMETB's quality assurance programme. They are encompassed within PMETB approval process for specialty training.

5.23 Like trainees in run-through training, trainees undertaking FTSTAs will need to register with the appropriate College/Faculty in order to access the learning/professional portfolio and assessment documentation for the specialty.

5.24 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.

5.25 At the end of each FTSTA, the trainee should participate in the Annual Review of Competence Process (ARCP) (para 7.9) 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.

5.26 Appointment to an FTSTA carries *no* entitlement to entry into a run-through training programme in any specialty. Entry into run-through specialty training must be by competitive entry into a specific specialty training programme.

5.27 Trainees appointed to FTSTAs will *not* be allocated a National Training Number (NTN) since these are only allocated to trainees who have successfully competed for entry into a run-through specialty training programme. Their names will, however, be recorded on Deanery databases to indicate that they have undertaken an FTSTA. Deaneries will also need to keep a record of competences which have been achieved by trainees undertaking FTSTAs through the annual assessment outcome process.

5.28 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.

5.29 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 3) prior to commencing their post.

5.30 Doctors appointed to FTSTAs will be known as Specialty Registrars (StRs).

5.31 Doctors who have undertaken FTSTAs have several subsequent career options open to them:

a. seek appointment to a career post when eligible to do so
b. apply for a run-through training programme
c. apply for an FTSTA in the same or a different specialty.

5.32 A doctor *cannot* obtain a CCT with only FTSTA appointments in a specialty since 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. 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 and post award of the CCT

5.33 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 PMETB. This training may be undertaken as an optional part of a CCT specialty training programme. However, it is possible to pursue sub-specialty training after the doctor is already entered on the Specialist Register, usually after competitive entry to an approved sub-specialty training programme. Details of the sub-specialty training programmes currently approved by PMETB can be found on its website.

5.34 Trainees applying for a sub-specialty certificate should do so on their CCT application form where this training is undertaken within the envelope of a full CCT specialty training programme. The CCT will not be issued until both the specialty and sub-specialty training programmes have been successfully completed. The College/Faculty CCT recommendations to PMETB should include details of any sub-specialty training programmes successfully completed by a trainee. Doctors appointed to a sub-specialty programme after the award of a CCT, or entry to the Specialist Register, must contact PMETB and request an application form and related guidance which indicates the documentary evidence to submit in support of such an application.

Filling gaps in training programmes

5.35 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.

5.36 Vacancies or gaps in training programmes including FTSTAs can be filled by locums where there is a service/workforce requirement to do so. Doctors applying for locum positions may come from a variety of sources, e.g. doctors who wish to gain "top-up training" as part of a recommendation from PMETB to meet the requirements for a CESR or CEGPR; doctors registered with locum agencies.

5.37 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.

5.38 Both types of locum appointments can be made by employers or Deaneries in order to fill gaps or vacancies in training programmes/posts where these are required for service provision (including FTSTAs), but they must have the agreement of the Deanery to do so since the gaps that must be filled are within recognised training programmes.

5.39 Doctors filling a gap as either a LAT or a LAS in a training programme or within an FTSTA will not be allocated a training number since these can only be obtained through competitive appointment to a run-through specialty training programme. 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)

5.40 LATs must be competitively appointed using the national person specification (e.g. the currently available ST1 and ST2 specifications or FTSTA specifications and the ST3 specification for gaps at or above that level. The latter may be modified locally to reflect the level of appointment in the training programme). A deanery nominated representative from the specialty and normally from outside the employing authority must sit on the appointment panel.

5.41 Doctors who are appointed to LATs 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.

5.42 If a doctor is subsequently appointed to a relevant specialty training programme through open competition, the documented competences achieved through a LAT or LATs may be taken into account by the Training Programme Director.

5.43 PMETB does not have limits on LATs except that they can only count towards a CCT if the doctor subsequently enters an approved run-through 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)

5.44 Locum appointments for service (LASs) may be appointed by employers in consultation with the Deanery and are usually short-term service appointments.

5.45 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.

5.46 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/CEGPR application.

The Specialist and GP Registers

5.47 Award of the CCT takes place through the following process:

- when a doctor is within six months of completion of their specialty programme (and in the case of general practice has completed all elements of summative assessment) 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 CCT application form to complete for submission to PMETB

- the College/Faculty will forward a recommendation to PMETB with the outcome documents from the annual assessment process as part of the minimum data set required by PMETB
- if PMETB accepts the College's recommendation, it will issue the CCT within approximately three weeks and will inform the GMC that the applicant's name should be included on the Specialist or GP Register
- the date entered on the CCT must be the date PMETB decides to award the certificate; this date cannot be backdated
- PMETB 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.

5.48 CESR/CEGPR award takes place through the following process:

- approximately six months prior to the expected date of completion of their specialty programme StRs who will be applying for entry to the registers through CESR/CEGPR, should download the appropriate application form from PMETB's website
- doctors who have successfully completed UK training programmes should have the necessary documentation in their portfolios (e.g. annual assessment outcomes, College examination outcomes) to enable them to demonstrate that they have met the required standards to apply for a CESR/CEPGR. It is anticipated that application time for a CCT or a CESR/CEGPR in these circumstances will be broadly similar.

Applying for consultant posts

5.49 Once a doctor has entered the specialist register they become eligible to apply for a consultant post.

5.50 A trainee may apply for and be interviewed within 6 months of the anticipated CCT/CESR 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.

Continuing as a Specialist Registrar (SpR) or Trainee (SpT) or General Practice Registrar [GPR]

5.51 Current SpRs will continue to hold their allocated training number in the specialty on the same arrangements to which they were appointed, i.e. either a full programme leading to award of a CCT or a fixed-term training appointment (FTTA) which does not lead to award of a CCT. Doctors appointed to programmes leading to a CCT have the option of switching to the new PMETB curriculum if they choose to, but must do so by 31st December 2008, after seeking advice from the Postgraduate Deanery in

order to ensure a smooth transition (para 5.54). Doctors who are currently in FTTAs are not eligible to switch to the new curricula.

5.52 SpRs and GPRs are entitled to continue training to the curriculum/ syllabus to which they were appointed and which are time-based, until they reach the end of training and the CCT is awarded. The *Guide to Specialist Training* (the "Orange Book") should be used as the guidance for SpRs, including arrangements for the review of in-training assessments (RITA), although workplace based assessments (WPBAs) may be used to provide evidence to support it. SpRs should continue to use RITA documentation for annual review purposes unless they switch to the new specialty curriculum and become StRs. Under these circumstances the new documentation for the Annual Review of Competence Progression (ARCP – para 7.9) should be used. *The GP Registrar Scheme Vocational Training for General Medical Practice, The UK Guide* (the "Green Book") should be used for those admitted to general practice vocational training prior to August 2007.

5.53 A SpR/GPR or Public Health specialist trainee (SpT) is entitled, however, to switch to the new PMETB approved curriculum for the specialty if they choose to do so and in so doing will become a StR. As a StR the trainee will follow the new curriculum, including the assessment process which is a critical element of it. SpRs/SpTs/GPRs approaching the end of their training may be less likely to wish to move to the new competence-based curriculum than are those who still have several years of training to complete.

5.54 The process for switching to the new curriculum is as follows:

- the trainee should discuss the possibility of the switch with their educational supervisor and Training Programme Director. Deaneries must seek advice from the Royal Colleges/Faculties before educational supervisors/TPDs advise trainees since issues relating to assessment and other curricula requirements will vary between specialties and may impact on switching to the new curricula
- there should be careful consideration as to the level of the new curriculum the trainee might enter since switching from a time-based curriculum to a competence based curriculum will require a clear understanding of the documentation, including assessments, required to demonstrate acquisition of the necessary competences. Royal College advice will also be required here
- if it is agreed that the move to the new curriculum should be made, the trainee should write formally to the Training Programme Director and to the Postgraduate Dean confirming their wish to change to the new curriculum
- this is important because the trainee's NTN will need to be modified so that the suffix "S" is added to it (see below), indicating that the trainee was an SpR/SpT/GPR who *switched* from the former specialty curriculum to the new one, thereby becoming an StR in the specialty
- the Postgraduate Dean will need to write to the StR/GPR with their modified NTN, ensure that this is entered onto the Postgraduate Dean's

database and inform the relevant College or Faculty of the change to the NTN

- all decisions for current SpRs/GPRs to switch to the new curriculum should be taken by 31st December 2008 at the latest.

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 sex, marital status, race, religion, sexual orientation, colour, disability or age. 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 PMETB's *Principles for Entry into Specialty Training* are set out in Box 3.

6.3 The recruitment process into specialty training is under review. Guidance on recruitment will be made available at a later date.

Box 3: PMETB Principles for Entry to Specialty Training

1. PMETB is committed to maintaining the generic nature of UK Foundation Training

2. The selection process must be fair to all candidates who may apply, whether UK, European Economic Area or international medical graduates

3. The selection process will be competitive and must be designed to identify the candidates most likely to complete the programme successfully

4. A mandatory requirement for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of the Foundation programme either by successfully completing that programme or by demonstrating that they have gained those competences in another way

5. Other evidence that may be sought or presented as part of the selection process may include evidence of excellence in terms of attributes such as motivation, career commitment etc, but no requirement for the completion of a particular post

6. Entry to specialty training programmes may be at different stages. A candidate must demonstrate any competencies required for the level of entry as defined in the curriculum approved by PMETB for that specialty

7. Any trainee accepted onto a programme leading to the award of a CCT will be able to continue in specialty training to award of a CCT so long as the trainee passes all necessary assessments at each stage of progression and does not give other cause for concern, and the trainee wishes to continue in the training programme

8. The application of Principles for Entry to Specialty Training will be monitored by PMETB by the inclusion of entry standards in PMETB's Generic Standards for Training and as part of the associated statutory quality assurance process.

Offers of employment

6.4 Responsibility for *employment* rests with employing authorities (e.g. trusts, health boards). Whilst employers are involved in the selection process and have agreed to its use for appointing trainees who will become employees in their healthcare organisations, they are not responsible or accountable for the selection process itself.

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 which 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 authority should be informed of the applicant's details by the Deanery/NES
- the employing authority 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
- employers will also require two recent references from clinical supervisors
- offers of employment will be subject to satisfactory pre-employment checks and references
- contracts of employment remain the responsibility of the employing authority as is now the case for Specialist Registrars and trainees.

6.7 If an applicant is selected and offered a placement on a training programme by the Deanery or NES, the employing authority ultimately has the right to refuse employment but it must be able to offer robust reasons for this. Under such circumstances, the relevant Postgraduate Dean will take every measure to ensure that an appropriate placement is found, but ultimately, if an employing authority willing to offer employment – and training through it - cannot be identified, then the offer of a training programme to the applicant will be withdrawn.

National Training Numbers (NTNs)

6.8 The allocation of a training number has three main purposes:

- **educational planning and management:** to enable Postgraduate Deans to keep track of the location and progress of trainees who have been selected into run-through specialty training programmes
- **to act as a "passport" for trainees**: as long as the NTN is held a trainee has, subject to acceptable progress and performance, a guarantee of a continued place in a training programme for the specialty or group of designated specialties to which the NTN relates, for the duration of the programme
- **workforce information:** to document, within each country and within specialties, how many doctors are in each run-through specialty training programme at any time and to provide indicative evidence as to when their training is likely to be completed.

6.9 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.

6.10 SpRs who held a National Training Number (NTN), Visiting Training Number (VTN) or Fixed Term Training Appointment Number (FTN) prior to August 2007 will continue to hold these numbers under the same arrangements upon which they were awarded.

6.11 Following appointment to a run-through specialty training programme (either broad specialty or specific specialty), a NTN will be awarded by a Postgraduate Deanery to a candidate who has successfully competed for entry into a run-through specialty training programme on a substantive (but not a locum) basis.

6.12 Doctors appointed to FTSTAs (which by definition are not part of run-through specialty training) will not be awarded a National Training Number.

6.13 The NTN is unique to the trainee for the period the trainee holds the number in that specialty or specialty group. The NTN may be changed for a given trainee if that trainee is subsequently appointed competitively to a different specialty or academic programme or, if holding a specialty group NTN at the outset (e.g. core medical training [CMT]) allocation to a specific specialty is made.

6.14 Subject to progress, a trainee will hold a NTN until training is completed or the NTN is relinquished.

6.15 The competitive appointment of a trainee to run-through training is either directly into a specific specialty (e.g. paediatrics, obstetrics and gynaecology, general practice, radiology) or into a “broad” specialty in which Postgraduate Deans have arrangements for allocating (usually but

not always competitively) from that broad specialty (e.g. core medical training, core psychiatry training) into one of a number of designated specialties that lead on from the broad based years of the early common curriculum. In Northern Ireland, Scotland and Wales the process of allocation to these specialties will be considered on a country-wide basis. In England, allocation is likely to be mainly on a Deanery basis in most, but not necessarily, all specialties. Some may be allocated through an England-wide allocation process.

6.16 Successful competition into a specific specialty and the award of an NTN in that specialty offers the trainee the opportunity to complete training in the specific programme or in a designated and specified number of more advanced specialty training programmes, subject to progress.

6.17 There are three specialties with formal core training components. These are:

- Core Medical Training (to also include those undertaking core medical training taking place through Acute Care Common Stem programmes)
- Surgery in General (core surgical training – CST) Some programmes are "themed" (where the specific specialty NTN will be allocated at appointment)
- Psychiatry in General (core psychiatry training – CPT).

6.18 Successful appointment into one of these core specialty groups will result in the allocation initially of an NTN denoting that broad grouping (e.g. CMT, CST, CPT).

6.19 Trainees will subsequently be allocated (possibly competitively) into one of the designated follow-on specialties that share the core curriculum. The allocation process is limited to the cohort of doctors already holding the broad based NTN or with a particular entitlement agreed through PMETB'S curricula approval process. The list of these is shown in Box 4.

6.20 In all other cases where trainees wish to change into a specialty which is not one of the designated outcome specialties, they will need to compete for entry into a different specialty (e.g. a trainee holding a CMT NTN who wishes to compete to enter radiology, or microbiology, etc). If successful, a NTN in that specialty will be allocated and the previously held NTN will be relinquished.

6.21 Trainees appointed into the Acute Care Common Stem (Emergency Medicine, Anaesthetics/Intensive Care Medicine and General/Acute Medicine) broad programme will be recruited to one of the three outcome specialties from the outset and will be awarded a NTN in the appropriate specialty. Those allocated a CMT NTN because they are appointed to the medical stream will be eligible for allocation (possibly competitively) for all of the available medical specialty outcomes, although it is anticipated that they will prefer to apply for entry into one of the more acute medical specialties.

Deferring the start of a specialty training programme

6.22 The NTN is issued by the Postgraduate Dean when the trainee is accepted into a training programme. 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.

6.23 The start of training may only be deferred on statutory grounds (e.g. maternity leave, ill health), or to enable the doctor to complete research for a registered higher degree which they have already commenced or for which they have already been accepted at the time of being offered their clinical placement. Trainees appointed to FTSTAs cannot defer the start of their fixed term appointment for the purpose of undertaking a higher degree.

Who does not qualify for a National Training Number?

6.24 Doctors undertaking training through the following types of appointments are not eligible for an NTN as a result of such appointments:

- FTSTAs
- Locum Appointments for Training (LATs)
- sponsorship programmes (e.g. the Medical Training Initiative which supports the application of a work permit under the Training and Work Experience Scheme [TWES])
- doctors in top-up training using training slots who have *not* been appointed competitively into a specialty training programme.

6.25 Doctors taking up Locum Appointments for Service (LASs) are also ineligible for an NTN.

6.26 Deaneries will keep a database of doctors who have undertaken LASs, sponsorship programmes or top-up training which records their names, and the specialty and location in which the post was undertaken.

Award of a NTN: registering with the Postgraduate Dean

6.27 The Postgraduate Dean will issue a National Training Number (NTN) to each doctor entering run-through specialty training. The doctor should register with the Postgraduate Dean using the registration form (Form R - Appendix 1) which is obtained from and returned to the Postgraduate Dean. This procedure should be completed within one month of appointment. This will:

- trigger issuing of the NTN
- ensure the doctor is registered on the Postgraduate Dean's database
- initiate the Annual Review of Competence Process through which progress in training is monitored so long as the doctor remains in training

- result in the Postgraduate Dean forwarding a copy of the registration form to the relevant Royal College or Faculty and to PMETB advising that a new trainee has been registered within a specialty training programme in the Deanery and giving his/her training number and PMETB programme/post approval number. If a trainee moves from one specialty group into a named specialty or competes successfully for entry into a different specialty an amended registration form will be sent to the relevant College and to PMETB by the Deanery
- enable the Postgraduate Dean to confirm for the new employer the relevant details of the new trainee and their NTN
- record the date of entry into the programme.

6.28 A trainee cannot hold more than one NTN at the same time.

6.29 Registration for specialty training and the NTN will be confirmed each year by the Postgraduate Dean. Subject to a satisfactory assessment of progress determined by the Annual Review of Competence 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 will continue to be retained.

6.30 Before an NTN is issued trainees will be required to indicate formally that they accept the *Conditions of entering into a specialty training programme* (Appendix 2) In addition, trainees awarded an NTN 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 is submitted to time and in the appropriate format
- 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 NTN, they must inform the Deanery at once. The

Postgraduate Dean (or deputy) will then decide whether it is appropriate for them to retain their NTN

- be aware that if they hold a NTN, are employed outside the NHS and wish to begin or return to a CCT training programme, 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.

6.31 Failure to comply with these requirements may result in the removal of the NTN by the Postgraduate Dean. The arrangements for appealing against the loss of a NTN are described in paras 7.149 – 7.153.

Maintaining a training number: continuing registration

6.32 Trainees in specialty training programmes will retain their NTNs through satisfactory progress and performance.

6.33 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.

6.34 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, e.g. for undertaking a higher degree
- 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
- they intend to return to complete their training to CCT/CESR/CEGPR
- 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.

6.35 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 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 since it could take up to 12 months for a placement to be found, the

trainee should indicate their intention and preferred time of return as soon as they are able to do so.

6.36 The return of the trainee into the programme should be taken account of by the Training Programme Director 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 training programme director 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 authorities need to be party to any decisions by a trainee to relinquish their NTN so that the process is timely and fair.

6.37 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 PMETB 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.

6.38 Where a trainee wishes to curtail the programme leading to dual certification and to apply to PMETB 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.

6.39 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.

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

When is a training number given up?

6.41 The training number will be given up when a trainee:

- is no longer on the GMC register
- has completed their training and achieved CCT, CESR or CEGPR
- is assessed as not being suitable for completing training

- 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.

6.42 A trainee dismissed by an employer through due conduct and capability procedures will normally be deemed by the Postgraduate Dean to be unsuitable to continue within the specialist training programme training and will have their training number removed and their place on the programme terminated.

6.43 In all cases where the 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 7.149 -7.153). Relevant employing authorities need to be party to any decisions for removal of an 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.

6.44 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.

How is a training number constructed?

6.45 Each training number is an alpha-numeric code. It contains four elements:

i. three letters which identify the Deanery, e.g. "WMD" (West Midlands Deanery)

ii. three digits for the specialty or core specialty in which the CCT training programme is being undertaken e.g. 006 Neurology; CMT for core medical training. *This includes general practice for which the specialty identifier will be **800**.* (Scotland uses different specialty codes for some specialties)

iii. three digits to identify the individual holder ("the individual identifier" element); e.g. 324 and

iv. a single letter suffix which enable identification of the following:

C: for all trainees who are entering into specialty training on new approved PMETB curriculum and who will apply to enter the Specialist Register through holding a Certificate of **C**ompletion of Training

E: for trainees who have not undertaken a *full* programme of prospectively approved training, as defined by PMETB, and who will therefore apply for a Certificate confirming **E**ligibility

for Specialist Registration (CESR) or for General Practice Registration (CEGPR) to enter the Specialist or General Practitioners Register through Article 14 or Article 11. A CCT cannot be awarded in these circumstances

N: current **N**TN holders who remain on current SpR or GP training curricula. Trainees currently holding VTNs (visiting training number) should be allocated NTNs (with the suffix **N**) or an NTN with an **S** suffix if they transfer to the new curriculum

S: for trainees who **S**witch from the current SpR (**specia*list*** training) curriculum to the new **specialty** training PMETB approved curriculum in a specialty

A: for trainees who hold **A**cademic training numbers

I: for trainees who are employed outside of the NHS, usually in **I**ndustry and who do not hold neither substantive NHS nor honorary contracts (e.g. in occupational medicine)

T: for specialty trainees in Public Health who are not eligible for entry onto the medical specialist register, as they do not hold a primary medical degree

F: some trainees may still retain part of a fixed term training appointment (FTTA) contract and will have been allocated a fixed term training appointment training number (FTN). Such trainees should have a training number denoted by the suffix **F** for the remainder of their training period.

6.46 It is essential that the Deanery maintains clear and up to date records documenting the programme that a trainee is undertaking as reflected by the NTN. If there is any change to this during the course of a trainee's training (e.g. a trainee commences on a CCT programme but then decides to undertake and count non-approved experience, requiring them to pursue a CESR) the Deanery must inform the relevant Royal College/Faculty.

Core training in the medical, surgical and psychiatric specialties

6.47 It is important that the new NTNs are recorded using the existing nomenclature and structure as far as possible. In particular the structure of the number should not be significantly altered in order to minimise the impact on databases currently used by Deaneries and other central bodies which store and use information derived from them.

6.48 To do this, the new core specialty groupings for ST1, ST2 and ST3 (in some specialties) need to be accommodated within the existing three character specialty identifier segment (para 6.45) which is capable of storing alpha as well as numeric characters.

6.49 The three core training specialty identifiers are:

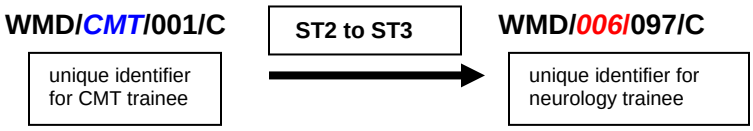
- **Core Medical Training: CMT**
- **Core Psychiatric Training: CPT**
- **Core Surgical Training: CST**

6.50 Using a West Midlands (WMD) core medical training number, as an example, the number for a trainee in CCT programme is:

WMD/*CMT*/001/C

6.51 When trainees in these specialties come to the end of their core medical training and move to ST3, their core number will be amended to reflect the appropriate specialty code for the specialty. Their individual identifier for core training is also likely to change, reflecting the next available sequential number in the allocated specialty in the Deanery.

6.52 In the following example the core training identifier (CMT) is changed to the specialty (e.g. neurology) identifier and the individual identifier has also been amended. The Deanery databases will need to ensure that the core medical training records and the specialty records remain linked throughout the duration of the trainee's specialty training:



6.53 **Core Surgical Training:** trainees selected for generic surgery in programmes will be allocated an NTN with CST as the specialty identifier. These trainees will subsequently be allocated into one of the seven surgical specialties which have core surgical training as part of their curricula. These are identified in Box 4. When they are subsequently allocated into a specific surgical specialty, the identifier will change to the specific specialty identifier.

6.54 Trainees selected from the outset into themed core surgical training will be allocated an NTN with the specific specialty identifier from the outset, e.g. if selected into a themed core surgical programme in plastic surgery, the trainee will receive an NTN with the specialty identifier for plastic surgery (028) instead of the CST identifier.

6.55 **Core Medical and Core Psychiatry Training:** in both of these programmes trainees will be respectively allocated either a specialty identifier of CMT (core medical training) or CPT (core psychiatry training). As described in para 6.55, the NTN will have its specialty identifier modified when allocation into the specific specialty is made at ST3 for the

medical specialties and at ST4 for psychiatry. Box 4 shows the psychiatry specialties available.

Outcome specialties from core training

6.56 Doctors appointed to one of the three broad core programmes described in paras 6.47 – 6.55 will be entitled to continue with specialty training in a specialty which is designated as an *outcome* specialty from the core training element. Core training forms the early years of these specialty curricula.

6.57 Under these circumstances only trainees holding a broad core training NTN will be able to compete (if this is required) for allocation to one of the designated outcome specialties shown in Box 4. They have no right to an NTN in a specialty which is not an outcome specialty of the core training, but would have to compete for entry into that specialty.

6.58 Box 4 lists the outcome specialties to which trainees with NTNs in core training have access. Deaneries will need to ensure that when allocations to outcome specialties are made, all groups of eligible trainees holding a NTN in relevant core training are considered in the allocation process.

6.59 **Acute Care Common Stem (ACCS):** those selected for the emergency medicine stream of Acute Care Common Stem training will be allocated an NTN with the emergency medicine specialty code (030) since this the only entry route into emergency medicine.

6.60 Other trainees in Acute Care Common Stem training will be allocated a NTN in either anaesthetics (091) or a NTN in CMT at the time of appointment since they may compete either to go into acute medicine or another medical specialty.

6.61 No trainee admitted to an ACCS programme has an automatic right to transfer to one of the other specialties. This can only be achieved on a competitive basis if opportunities become available.

6.62 **All other specialties:** those appointed to any year in specialties other than those detailed above will be given a NTN with the appropriate specialty identifier from the outset (e.g. anaesthetics, obstetrics and gynaecology, paediatrics, etc.) and will keep this NTN, subject to satisfactory progress, until the end of training.

Box 4: Outcome specialties for doctors holding CMT/CST/CPT/Paediatrics NTNs

(While trainees can apply for training in any specialty for which they meet the entry requirements, these are the specialties which trainees have the right to apply for from designated core training and are the only "run-through" outcomes of the specialty.)

Outcome specialties for doctors holding a CMT NTN	
Allergy	Infectious Diseases
Audiological Medicine	Infectious Diseases/Medical Microbiology or Infectious Diseases/Virology Joint Training Programme (leading to a CCT in Infectious Diseases and a CCT in Medical Microbiology or Virology)
Cardiology	Medical Oncology
Chemical Pathology (Metabolic Medicine) (leading to a CCT in Chemical Pathology and a sub-specialty in Metabolic Medicine)	Medical Ophthalmology
Clinical Genetics	Neurology
Clinical Neurophysiology	Nuclear Medicine
Clinical Oncology	Occupational Medicine
Clinical Pharmacology & Therapeutics	Palliative Medicine
Dermatology	Paediatric Cardiology
Endocrinology and Diabetes mellitus	Pharmaceutical Medicine
General Internal Medicine (Acute Medicine) (leading to a CCT in General Internal Medicine and a sub-specialty in Acute Medicine)	Rehabilitation Medicine
Gastroenterology	Renal Medicine
Geriatric Medicine	Respiratory Medicine
Genito-urinary Medicine	Rheumatology
Haematology	Sport & Exercise Medicine
Immunology	Tropical Medicine

Surgery in General Training (generic and themed programmes offered)	**Core Psychiatry Training (CPT) Specialties**	**The following four specialties require either core medical training *or* core paediatric training for entry and are therefore outcome specialties for either CMT or paediatrics.**	**The following specialty will accept doctors from CMT *or* Acute Care Common Stem (ACCS), as long as the person specification is met**	**The following specialty will accept doctors either from CMT *or* from Radiology, as long as the person specification for it is met**	**The following specialties will accept doctors from CMT or General Practice, as long as the person specification is met**
Cardiothoracic surgery	Child and Adolescent Psychiatry	Paediatric Cardiology	Sport and Exercise Medicine	Nuclear Medicine	Palliative Medicine and Sport and Exercise Medicine [SEM] (it should be noted that CCT holders in general practice entering into palliative medicine or SEM will not be eligible for a CCT, but will be able to apply for a CESR)
General surgery	General Adult Psychiatry	Clinical Genetics			
Otolaryngology	Forensic Psychiatry	Audiological Medicine			
Paediatric surgery	Old Age Psychiatry	Clinical Neurophysiology			
Plastic Surgery	Psychiatry of Learning Disabilities	Haematology			
Trauma and Orthopaedics	Psychotherapy				

Doctors in specialty training employed permanently outside the NHS

6.63 In some specialties, for example Occupational Medicine and Pharmaceutical Medicine, it is anticipated that most specialist trainees will enter and complete their training with employers outside the NHS. In such circumstances trainees will not hold either substantive or honorary NHS contracts. They must however hold NTNs which will be designated as NTN (I) as indicated in para 6.45.

6.64 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.

6.65 Receipt of an NTN (I) in these circumstances does not trigger the same rights as for NTNs issued to NHS employees or those intending to pursue the majority of training in the NHS. An 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

6.66 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.

6.67 Candidates for consideration for Specialty Registrar (StR) status will be selected by the DMS from officers who satisfy the entry criteria for the grade. These candidates will apply through the national recruitment system and will be presented to a specialty training appointment committee in conjunction with the West Midlands Deanery, which will include representation from the Defence Postgraduate Medical Deanery (DPMD). Service candidates will not be in competition with civilians for appointment but are required to meet the person specification for entry into specialty training in the relevant specialty. Separate arrangements exist for selection into training for Occupational Medicine and Sport & Exercise Medicine within the DMS.

6.68 Successful candidates for either specialty or GP 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 (the prefix of which remains TSD). They will hold this number until completion of specialty training but those who choose to leave the Armed Forces through premature voluntary retirement (PVR) will be required to relinquish their DPMD NTN. It 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 medical reasons or other reasons beyond their control, but who would still be able to continue their medical training as a civilian, DPMD will endeavour to arrange an inter-Deanery transfer subject to availability of vacancies within appropriate training programmes in civilian Deaneries. However, they will still be required to relinquish their DPMD NTN and secure a civilian NTN instead. DMS StRs will occupy posts and programmes approved by PMETB and their progress will be monitored as required by PMETB approved curriculum and assessment strategies. This will include attendance annually or as required at an assessment panel for their specialty convened by the host Deanery or DPMD as appropriate. Host Deanery assessment panels will normally be attended by the Defence Postgraduate Medical Dean or a nominated representative. DPMD assessment panels will normally include external representation.

6.69 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.

Flexible training (less than full-time training)

6.70 This guidance is based on *Principles underpinning the new arrangements for flexible training* (NHS Employers, 2005)**.** Full guidance is available at: **England and Northern Ireland** **Scotland** **Wales** Advice may also be obtained from the local Postgraduate Dean.

6.71 Flexible 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. Flexible trainees must work for a period at least half of that provided for full-time trainees.

6.72 All trainees can apply for flexible 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 flexible training. The aims of flexible 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
- maintain a balance between flexible training arrangements, the educational requirements of both full and part-time trainees and service need.

6.73 As far as possible, Postgraduate Deans will seek to integrate flexible training into mainstream full-time training by:

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

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

6.75 These must be approved prospectively and individually by PMETB as *ad personam* programmes by submitting the appropriate documentation (Form A of PMETB's programme approval documentation).

6.76 PMETB has agreed that if a post is approved for training, then it is also approved for training on a flexible basis.

Eligibility

6.77 Those wishing to apply for flexible training must show that training on a full-time basis would not be practical for them for well-founded individual reasons (The General and Specialist Medical Practice Order 2003, Article 6(2). The Conference of Postgraduate Deans (COPMeD) has agreed the following categories which serve as guidelines for prioritising requests for part-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
- responsibility for caring for ill/disabled partner, relative or other dependant.

Category 2 Doctors in training with:

- unique opportunities for their own person/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.

6.78 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.

Applying for flexible training

6.79 Trainees will:

- be required to undertake at least 50 per cent of a normal working week, reflecting 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
- if undertaking part-time training in general practice, must have specified periods of one week in full-time training.

6.80 Further details on the application process and on the appeals process can be found at the links cited in para 6.70.

Academic training, research and higher degrees

6.81 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.
Academic Medicine **NCCRCD**

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

- **option 1:** compete for opportunities to enter PMETB 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 paras 6.103 – 6.108), 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

6.83 Each of the four countries has developed or is in the process of developing their own arrangements for these integrated academic and clinical posts. **England** **Scotland** **Wales**

6.84 Trainees already holding an NTN who are subsequently selected for such an integrated academic/clinical programme will have their NTN converted to an NTN (A) or receive an NTN (A) in the appropriate specialty.

6.85 Trainees appointed to such programmes who require an NTN will be allocated an NTN (A) from the outset.

6.86 Trainees in integrated, combined programmes will be assessed through a joint academic and clinical annual assessment process as described in paras 7.95 – 7.98.

6.87 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 an NTN in the appropriate specialty.

Option 2: Taking time out of programme to undertake research

6.88 The trainee will need to seek the 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 paras 6.103 – 6.108. (OOPR).

6.89 A trainee may request deferral for up to three years before starting a run-through specialty training programme if they have been accepted to a higher degree programme (e.g. PhD, MD, MSc) at the time of being offered their clinical placement or if they are already undertaking research for a registered degree when their clinical placement is due to start. Because of the short duration of training in general practice, deferral in this specialty is unlikely to be agreed.

6.90 Subject to the training programme being able to manage within its resources, in England the Postgraduate Dean can apply to the Workforce Review Team, for an additional NTN to fill the gap created in the training programme by the deferment. Unless decided otherwise because of specific workforce reasons, the additional number will be returned at the completion of the trainee's programme so that there is not a permanent increase in the numbers training in the specialty. Alternative arrangements apply to the management of deferments in Northern Ireland, Scotland and Wales.

Taking time out of programme (OOP)

6.91 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 or to undertake a higher degree. PMETB has indicated that 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 PMETB approval of the posts or programme is not required. **PMETB post approval** The purpose of taking time out of a specialty training programme is to support the trainee:

- in undertaking PMETB *prospectively approved clinical training* which is not a part of the trainee's specialty training programme (OOPT)
- in gaining *clinical experience* which is *not approved* by PMETB (PMETB 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 help support the health needs of other countries (e. g. Médecins Sans Frontières, Voluntary Service Overseas, supporting global heath partnerships) **Crisp Report**
- in undertaking a *period of research*
- in taking a *planned career break* from the specialty training programme.

6.92 If out of programme time is agreed the relevant section of the out of programme (OOP) document (Appendix 8) 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.

6.93 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 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.

6.94 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.

Time out of programme for approved clinical training (OOPT)

6.95 PMETB must prospectively approve the clinical training if it is to be used towards their CCT award. This will include, for example, undertaking an approved training post in a different training programme in the UK, but could also include overseas posts which have prospective training approval.

6.96 Trainees will also be able to take time out of programme and credit time towards training as an "acting up" consultant if this has been prospectively approved by PMETB. Trainees acting up as consultants 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.

6.97 The Postgraduate Dean will advise trainees about obtaining prospective approval in these circumstances. **PMETB post approval** 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).

6.98 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.

6.99 Trainees who undertake OOPT must submit the assessments required by the specialty curriculum to the home Deanery's annual

outcome 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.

Time out of programme for clinical experience (OOPE)

6.100 Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by PMETB and which will not contribute to award of a CCT. The purpose of such this it 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
- to 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… PMETB should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience" **Crisp Report**

- take time out of programme to gain experience as a locum consultant which cannot be credited towards training.

6.101 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.

6.102` Trainees may also take time out of programme to gain experience as a locum consultant (OOPE) which cannot be credited towards training. Such experience can however be used to support an application for entry to the specialist register through the CESR route.

Time out of programme for research (OOPR)

6.103 Trainees should be encouraged and facilitated to undertake research where they have an interest in doing so**.** PMETB has made clear that: 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. Under such circumstances, PMETB 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 PMETB for the award of a CCT.

6.104 When OOPR does not count towards CCT requirements, PMETB approval is not required. ***PMETB post and programme approval*** ***PMETB approval of out of programme experience***

6.105 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.

6.106 Trainees who undertake OOPR must submit the relevant section of the OOP document to the annual outcome 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.

6.107 Many individuals undertaking such research retain a clinical element, which will allow them to maintain their existing competences whilst out of programme, although at least 50% of time must be spent in approved clinical training if it is to be attributable to a CCT. The trainee should seek advice from their TPD to ensure that the proposed clinical element is appropriate.

6.108 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)

6.109 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 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.

6.110 A planned OOPC will permit a trainee to:

i. 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
ii. 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.

6.111 The chance to take a career break for any of these reasons may make the difference between a doctor staying in medicine or leaving permanently, thereby wasting the public and their personal investment in medical training to date.

Who is eligible to apply for an OOPC?

6.112 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.

6.113 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

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

- 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 are 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
- career breaks are breaks without pay and time out of medicine will not be recognised in increments to salary. Trainees should take expert advice from the Deanery or from their professional associations on their statutory rights in relation to career breaks
- 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 a 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
- trainees must complete Form R and the relevant section of the OOP on an annual basis and submit this to the annual assessment outcome panel in order to continue to register their interest in staying in the programme. This should include an update of the date of their intention to return to the programme to facilitate the planning process

- In the future trainees will also have to consider the effect of a career break on their ability to maintain their licence to practise with the GMC.

Movement between Deaneries (inter-deanery transfers)

6.115 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. Movement is at the discretion of the Postgraduate Deans. The arrangements for this apply to both full-time trainees and trainees working less than full-time.

6.116 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.

6.117 It important that trainees give as much warning as possible to their current Postgraduate Dean that they are seeking a transfer. Training vacancies in other Deaneries may not be readily available and the arrangements may take time to set up.

6.118 The transfer must have the support of the current Deanery, taking into account the notice given, the needs of the service and the progress of the trainee to date, and that of the receiving Deanery, recognising constraints on their training capacity.

6.119 Requests for an inter-deanery transfer for well-founded personal reasons:

- will give priority to disabled trainees, those with direct caring responsibilities, e.g. young children or family members/partners or for those who require a transfer on grounds of ill health
- will only be considered where there has been a significant change in a trainee's situation since their original appointment
- with the exception of general practice, will normally only be considered after the trainee has been in programme for one year
- for general practice programmes a request for transfer can be submitted before the first year is complete although the transfer will not take place until the year has been completed, i.e. the application will only be processed when the trainee has been in post for one year
- must be made directly between Postgraduate Deans (or their designated deputy); trainees should *not* make direct approaches to a potential receiving Deanery but should ensure that the request comes from the home Postgraduate Dean to the Deanery of transfer
- may require the trainee to attend a Deanery specialty interview. This will be the case particularly for competitive specialties within a Deanery since there must be equity of access to training programmes. The trainee may be required to wait until the next appointment process for the interview to take place. The appointment panel will need to consider whether it accepts the trainee requesting transfer or a new appointee to the programme.

This will be dependent not only on the outcome of the interview, but on the capacity of the programme to support the potential for a trainee to enter the programme at a higher level rather than at the start of the programme

- will require the trainee to accept a reasonable offer of a placement which can facilitate the transfer. Failure to do so may result in termination of the inter-deanery transfer request.

6.120 When a request for an inter-deanery transfer (Appendix 9) is agreed the trainee will be allocated a training number from the receiving Deanery, which should normally come from their existing stock of training numbers. Where a number is not available, e.g. because a temporary gap in the programme is being used to support the transfer, then the receiving Deanery should request a temporary NTN from the appropriate authority in order to support the transfer.

6.121 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
- **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.

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

6.123 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 NTN will only be awarded in competition with others seeking entry to the training programme.

Section VII: Progressing as a Specialty Registrar

Competences, experience and performance

7.1 The curricula approved by PMETB 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 required by *The General and Specialist Medical Practice Order, 2003*. Furthermore, all specialty curricula developed in the UK and approved by PMETB 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, award of the CCT (para 2.10)
- 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 rate of progress

in 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 and 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 PMETB'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 (sometimes known as NHS 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 workplace based appraisal process which is designed to reassure employers that the performance of doctors in postgraduate specialty 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 healthcare organisation 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 annual assessment outcome 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 PMETB.

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 of 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 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, and 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 the 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 to 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, either through the annual assessment process or, if timing is inappropriate, through direct contact with the Training Programme Director and or employer, alerting them of these concerns should be taken.

Workplace based appraisal (NHS appraisal)

7.24 There must be a well-defined governance structure within employing authorities to ensure that doctors in postgraduate training are incorporated into employer's performance appraisal processes. So that educational and workplace based appraisal are well integrated and synergistic, the educational supervisor is responsible for both educational *and workplace based* (NHS) *appraisal* of the trainee. This approach will require the educational supervisor to undertake, in addition to educational appraisal, the workplace based appraisal process, with completion of the necessary documentation on behalf of the employers who provide postgraduate medical education through employment opportunities.

Participation in workplace or NHS appraisal is a requirement for all doctors working within the NHS.

7.25 Educational supervisors should complete the workplace based (NHS) appraisal documentation for postgraduate trainees (appendix 7) as part of an integrated appraisal discussion, after receiving the outcome documentation from the annual review (ARCP) process. This will enable both the outcome and educational and workplace based appraisal to inform the planning for the next stage of training for the trainee. There should be no disjunction in the process of educational and workplace based appraisal and in the completion of the relevant documentation. Both fulfil the purpose of appraisal which is to document progress and performance against agreed objectives. The workplace based (NHS) appraisal documentation ensures that employers are aware of the performance of doctors who are employed within their organisations.

7.26 The workplace based (NHS) appraisal documentation should form a permanent part of the trainee's learning portfolio. Where specialties are using electronic portfolios, this documentation should be copied into it as an additional section or be maintained separately as hard copy by the doctor. Educational supervisors should keep copies of the summary document (Form 4) since these will be required by clinical directors or equivalent employer leads to document the performance of postgraduate doctors in their organisations.

7.27 Where a trainee is under investigation by the GMC, this must be made clear and explicit in the appraisal documentation. The employer must be informed if such investigation has been invoked through training channels and should be made aware of it through the workplace based appraisal process. Equally, the Postgraduate Dean must be informed if a doctor in postgraduate training is referred to the GMC by an employer with concerns over the doctor's performance or a breach of professional standards. The Postgraduate Dean will need to take special care that PMETB is informed if this is the case, especially where the doctor is being considered for award of a CCT or a CESR/CEPGR.

Assessment and the Annual Review of Competence Progression (ARCP)

7.28 In accordance with PMETB requirements, College and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by PMETB and the requirements of the GMC'S *Good Medical Practice.*

7.29 This section deals with the elements of the annual review of competence 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 (Figure 2).

7.30 The Record of In-Training Assessment (RITA) process which has, to date, been the process of overall assessment for specialist training

requires improved 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 PMETB (Box 6). The same also applies for the VTR forms issued for general practice vocational training. The full description of the principles and standards can be found at:
PMETB Assessment Principles

7.31 RITA and VTR forms will therefore be 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.

Box 6. Principles of Assessment

Quality Assurance, quality management and assessment systems guidance (PMETB, Revised, December 2006)

Principles

1. The overall assessment system must be fit for a range of purposes
2. The content of the assessment will be based on curricula for postgraduate training which themselves are referenced to all of the areas of *Good Medical Practice*
3. The individual components used will be selected in the light of the purpose and content of that component of the assessment framework
4. The methods used to set standards for classification of trainee's performance/ competence must be transparent and in the public domain
5. Assessments must provide relevant feedback
6. Assessors/examiners will be recruited against criteria for performing the tasks they undertake
7. There will be Lay input in the development of assessment
8. Documentation will be standardised and accessible nationally and internationally
9. There will be resources sufficient to support assessment

7.32 Each specialty has developed an assessment process blue-printed against the requirements of the curriculum and approved by PMETB.

7.33 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 (Appendix 4) or an equivalent summary should be used to provide a summary of the outcome of these for the annual assessment outcome 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 (WPBAs) 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.

7.34 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 (paras 7.16 – 7.27) and the annual planning process (paras 7.28 – 7.27). Increasingly, portfolios are being developed by specialties through the colleges and faculties to be maintained electronically, forming part of an electronic learning platform.

7.35 Trainees should familiarise themselves with the relevant specialty assessment and other documentation requirements required for the assessment (and the supporting appraisal and planning processes) process at the start of the training programme.

7.36 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).

7.37 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.

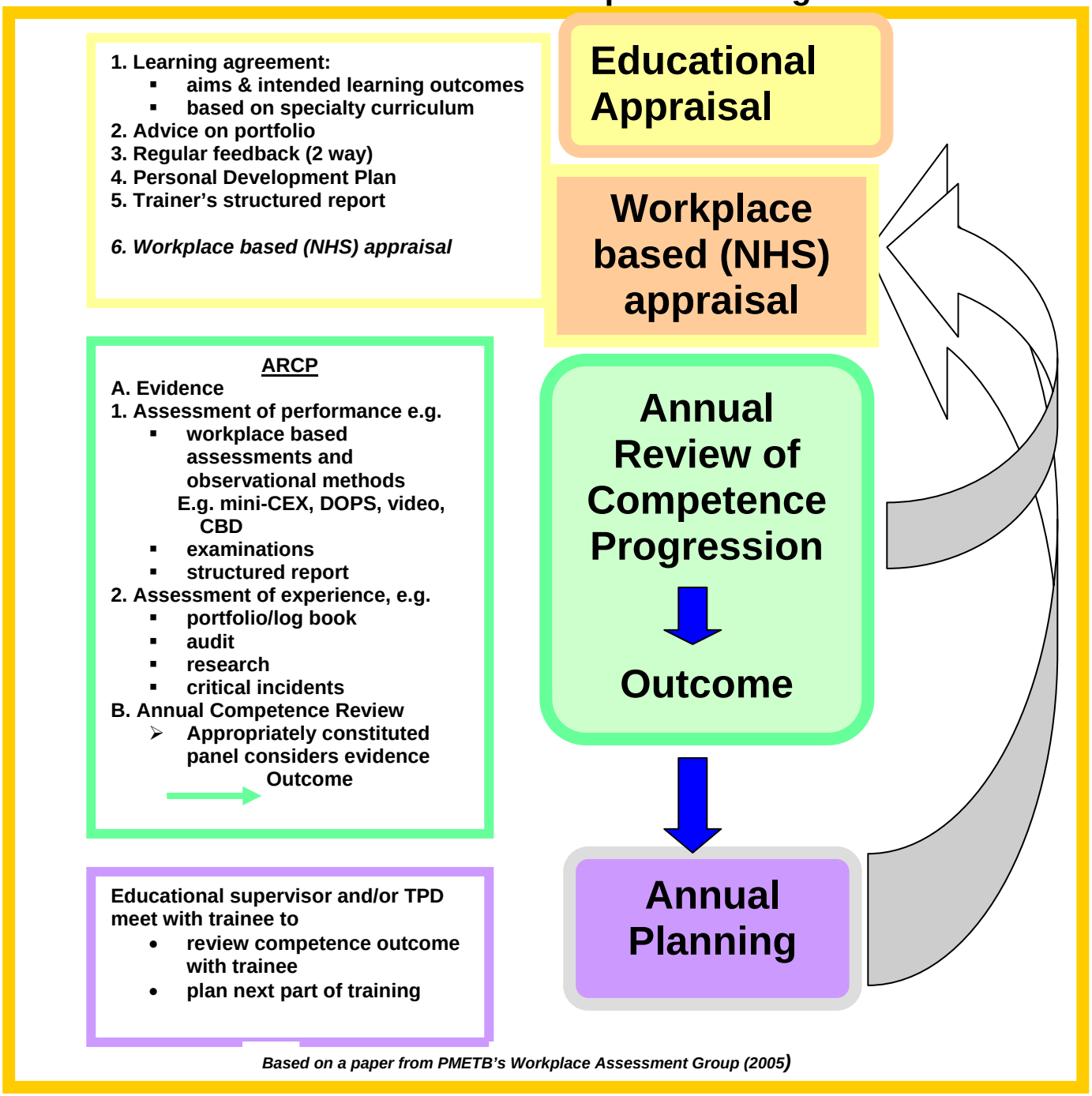
7.38 If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the annual assessment outcome 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.

7.39 The educational supervisor will be responsible for completing a structured report (Appendix 4) 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 discussion which should ensue following its compilation must be evidence based, timely, open and honest.

7.40 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.

Figure 2

The Annual Review of Competence Progression



Based on a paper from PMETB's Workplace Assessment Group (2005)

The Annual Review of Competence Progression (ARCP)

Collecting the evidence

7.41 Each specialty is required by PMETB 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 PMETB's document on *Workplace Based Assessment* (January 2005) which can be found at **PMETB Workplace based assessment** as well as the relevant Royal College curriculum and assessment programme.

7.42 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.

7.43 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.

7.44 Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them at least six weeks notice of the date by which it is required so that trainees can obtain structured reports from their educational supervisors summarising their portfolio from their educational supervisors. 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 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 7.46. In time it is anticipated that annual assessment 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.

7.45 Trainees must submit, as part of their documentary evidence for each annual review, an updated Registration Form (Form R), giving accurate demographic details for use on the Deanery database.

7.46 It is up to the trainee to ensure that the documentary evidence which is submitted is complete. This should include evidence which the trainee may view as negative. Unsuccessful workplace based assessment outcomes (WPBAs) need not be included in the evidence submitted to the ARCP. Unsuccessful workplace based assessments should however be retained in the trainee's portfolio so that they are available for discussion with educational supervisors during educational appraisal discussions.

7.47 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.

7.48 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 (see the workplace based NHS appraisal process – para 7.24 – 7.27). The trainee needs to be made aware that this is the case.

7.49 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 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 authority. 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 annual review?

7.50 The annual review panel 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 panel may be convened more frequently if it needs to deal with progression issues outside of its annual meeting. It is not in itself a means or tool of assessment but has been designed to fulfil the following functions:

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- 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 PMETB 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 PMETB 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 GEGPR).

7.51 The Annual Competence Review Process is applicable to:

- all specialty trainees (including general practice trainees, those in part-time training and trainees in academic programmes) whose performance through a run-through specialty training programme must be assessed to demonstrate progression
- trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Academic 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).

7.52 Trainees who continue in SpR programmes will be subject to the Record of In-Training Assessment (RITA) process which supports the relevant curricula unless they switch to the new curriculum for the specialty (see para 5.54). Workplace based assessments should be used to provide evidence to support the RITA process.

7.53 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 PMETB to apply for a Certificate of Eligibility for Specialist or GP Registration (CESR/CEGPR) through Articles 11 or14, 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)

7.54 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 Outcome Panel

7.55 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 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 also have a representative from an employing authority 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.

7.56 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 authorities. A lay member may be specifically appointed by the Deanery or may be an executive or non-executive member of an employing authority 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 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.

7.57 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.

7.58 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.

7.59 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.

7.60 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 be refreshed every three years.

7.61 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

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

7.63 The process is not an assessment of the trainee in and of itself but it is *an assessment of the documented and submitted evidence* that is presented by the trainee. It has been compared to consideration of University examination results by an external panel and as such *the trainee should not normally attend the panel.*

7.64 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.

7.65 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.

7.66 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 focussed training on the acquisition of specific competences (Outcome 2) then the timescale for this should be agreed with the trainee.

7.67 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 within the context of available resources, taking into account the needs of other trainees in the specialty and must be within the limits of patient safety.

7.68 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.

7.69 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.

7.70 Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 5), including where trainees continue to hold a training number but are out of the programme training, with the agreement of the Postgraduate Dean.

7.71 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

7.72 The outcome recommended by the panel (Appendix 5) for *all* trainees will be made available by the Postgraduate Dean to the:

- **Relevant College or Faculty.** These outcome documents are part of the minimum data set which will need to be sent to PMETB 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 or CEGPR will also need to submit these documents as part of their training portfolio, with their application to PMETB
- **Training Programme Director (TPD).** The TPD will receive 3 copies of the outcome form.

- 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 (NHS) appraisal that the educational supervisor undertakes on behalf of the employing authority. 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 at the where the trainee is due to start
- 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
- 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 – 7.117) and document the plan fully.

7.73 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 as a run-through trainee on an annual basis with the Deanery and the relevant College.

7.74 Any concerns which emerge about a trainee's Fitness to Practice must be reported to the Postgraduate Dean for further advice and guidance. ***Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century***

7.75 The panel will recommend one of the following outcomes for each trainee, including those on integrated clinical/academic programmes:

Annual Review of Competence Progress (ARCP) Outcomes

Satisfactory Progress

1. 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 PMETB 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)

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.

3. Inadequate progress by the trainee – 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/CEGPR 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 year additional training during the total duration of the training programme. The extension does not have to be taken as a block of one 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.

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 about future career options

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

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.

Outcomes for trainees in FTSTAs, out of programme, or undertaking "top-up" training within a training programme

7. Outcome for Fixed-term Specialty Trainee (FTSTAs)

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 should result in an FTSTA outcome which should document the competences achieved. 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.

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 PMETB prospectively approved training placement 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.

9. Outcome for doctors undertaking top-up training in a training post

Some doctors who have been recommended for top-up training by PMETB after submitting applications for consideration for entry to the Specialist Register through Articles 11 and 14 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 PMETB have been achieved.

Additional or remedial training

7.76 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.

7.77 The panel may identify the need for additional training time (Outcome 2 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.

7.78 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.

7.79 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.

7.80 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.

7.81 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.

7.82 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. It 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 or even cannot meet the standards required. The latter case 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.

The role of the Postgraduate Dean in the ARCP

7.83 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).

7.84 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.

7.85 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 for Entry into a Postgraduate Training Programme* (Appendix 2 or 3), 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 PMETB may require an annual summary of this data.

7.86 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 7.91)
- 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 PMETB for those trainees training in a programme leading to a CCT
- place a copy in the trainee's Deanery folder.

7.87 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)?

7.88 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.

7.89 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.

7.90 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.

7.91 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?

7.92 On appointment to a specialty training programme or to an 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 to ensure that the trainee re-affirms his/her commitment to training and thereby remains registered for their training programme.

7.93 Trainees will also need to send to the Postgraduate Dean a signed copy of the *Conditions of joining a specialty training programme* (for those awarded an NTN) or a signed copy of *Conditions for taking up a fixed term specialty training appointment* (for those appointed to an FTSTA). [Appendices 3 and 4] 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.

7.94 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 for those trainees who have been appointed to a specialty training programme (but not those appointed to an FTSTA). All trainees will be required either to confirm the content of Form R or update it prior to their attendance at the annual outcome panel. In the interim, it is the responsibility of the trainee to inform the Postgraduate Dean of any changes to the information recorded on Form R. 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 PMETB.

Annual review of competence progression for trainees undertaking joint clinical and academic training programmes

7.95 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 leading to a CCT or CESR/CEGPR and meet the requirements of the academic programme.

7.96 Individuals undertaking academic training must have an academic educational supervisor who will normally be different from the trainee's clinical educational supervisor.

7.97 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.

7.98 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 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

7.99 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.

7.100 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.

7.101 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.

7.102 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 7.59) should also include two academic representatives who have not been involved in the trainee's academic programme.

7.103 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.

7.104 Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement as per the process defined in paras 7.100 – 7.105. The clinical educational supervisor's report must indicate that the "pro rata" rate of acquisition of clinical competences has been satisfactory, given the time commitment available for clinical training.

7.105 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.

The review of competence progression for trainees undertaking out of programme research (OOPR)

7.106 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.

7.107 The trainee must submit an OOPR return to the panel, along with a report from their research supervisor. Ideally, 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.

7.108 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 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.

7.109 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.

7.110 The panel should issue an out of programme outcome, recommending continuation of the OOPR or its termination and the date for this.

7.111 The time in out of programme research is attributable to a CCT programme only if it has been prospectively approved as part of a PMETB 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.

Annual review of competence progression for trainees in flexible training

7.112 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.

Annual planning

7.113 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.

7.114 A face-to-face meeting is required for this planning. For practical and administrative reasons, some Deaneries or specialties may wish to undertake planning on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from it must be kept separate from the planning process. Trainees must *not* be present at the panel considering the outcomes except for the circumstances described in para 7.65.

7.115 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.

7.116 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.

7.117 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 annual review of competence outcomes

7.118 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.

7.119 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.

7.120 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.

7.121 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.

Reviews and appeals

7.122 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.

7.123 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

7.124 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.

7.125 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.

7.126 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.

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

7.127 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.

7.128 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.

7.129 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

7.130 Step 1 provides the opportunity for discussion between trainees, regional advisers within the relevant College or Faculty and 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.

7.131 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 six 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* (six months in general practice) is normally the extent to which a trainee's completion date can be extended.

Step 2: Formal appeal hearing

7.132 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.

7.133 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.

7.134 The Postgraduate Dean will convene an 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 from an adjacent region, two consultants 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.

7.135 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 chairmen 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.

7.136 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. This should not normally be greater than an aggregated period of one year (normally six 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* (six months in general practice) is normally the extent to which a trainee's completion date can be extended.

7.137 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.

7.138 Outcome documentation from the original annual review panel should not be signed off by Postgraduate Deans and forwarded to the parties indicated in para 7.85 until all review or appeal procedures have been completed.

7.139 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 7.85.

- 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 FTSTAs and those undertaking top-up training in a training placement

7.140 The review and appeals processes set out above relate to doctors who hold National Training Numbers (NTNs).

7.141 Trainees who are in FTSTAs do not hold NTNs, nor do those 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, unless they have competed for and been appointed into a run-through specialty training programme – in which case they will have been allocated an NTN.

7.142 The outcome documentation in both these situations identifies the competences which have been achieved, e.g. the outcome document for a trainee in an FTSTA offering ST1 level training in a specialty may specify achievement of ST1 competences in the specialty and the outcome for someone undertaking top-up training may indicate that all the required competences, as set out by PMETB, have been achieved.

7.143 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.

7.144 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.

7.145 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 FTSTA 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 FTSTA or 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.

7.146 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.

7.147 Those trainers involved in undertaking the workplace 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

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

Appeal against removal of a Training Number

7.149 Following the appeal procedure, a decision which results in withdrawal from a training programme automatically involves the loss of the NTN. There is no further appeal against this.

7.150 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.

7.151 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.

7.152 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.

Section VIII: 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. In addition the White Paper, ***Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*** sets out new arrangements for the future.

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 authorities' policies and procedures. The new White Paper makes it clear that the Postgraduate Dean should be involved from the outset where performance issues relating to trainees arise.

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. Specialty trainees are subject to employment law and to national and local policies and procedures which govern all aspects of their employment. Excellent two-way communication between Postgraduate Deans and employers about the performance of trainees is therefore essential.

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 PMETB 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 programme training 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 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 authority. 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 authority. 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 authority.

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.

Managing concerns over performance during training

8.19 Managing concerns about the performance of trainees is a complex and evolving area. Specific guidance is available in documents such as ***Maintaining High Professional Standards in the NHS*** and further proposals have been developed in ***Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century.***

8.20 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.

8.21 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.

8.22 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 NHS*** In all cases, the Postgraduate Dean should be involved from the outset.

8.23 It is possible that disciplinary action initiated by one employing authority will not be completed before the trainee's employment contract expires and the trainee moves on to the next employing authority in a rotational training programme.

8.24 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 authority ends. However an enquiry may, if the employing authority 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 authority 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 authority and should be brought to the attention of the relevant Postgraduate Dean to assess any impact on the training programme for the trainee.

8.25 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.

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

8.27 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 outlined in paras 7.1479– 7.152.

8.28 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.e.g. **England** **Northern Ireland** The Postgraduate Dean must be involved from the outset.

8.29 The Postgraduate Dean will seek assurance from the employer through the educational contract that trainees will be managed in accordance with best employment practice.

8.30 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.

8.31 Termination of a trainee's employment contract after due process will normally mean that specialty training is discontinued and the NTN is relinquished.

Poor performance and competence

8.32 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 services such as the National Clinical Assessment Service (NCAS) to provide advice about how best to support the process. **NCAS**

Isolated medical incidents

8.33 On occasion a trainee might make or be involved in a 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.

8.34 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

8.35 Trainees remain subject to regulatory action where necessary. On occasion, the performance of a doctor may be poor enough to warrant referral to 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. **Advice on when to refer to the GMC**

Ill health

8.36 When identified, matters relating to ill-health or to substance misuse should be dealt with through 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.

Please attach a passport size photo in colour, signed and dated on the back

Appendix 1

Form R: Registering for Postgraduate Specialty Training

(to be confirmed on appointment to/on entering specialty training and before a National Training Number (NTN) is issued, where this is appropriate. Must be updated and submitted annually with the Postgraduate Dean in order to renew registration for specialty training)

1. Full name:	1. Deanery:
3. Primary contact address in UK: *email address (essential):	4. Home/other address:
5. Medical School awarding primary qualification: *(name and county and date)*	6. Immigration status (resident/settled/work permit required)
7. GMC registration no:	8. GDC registration no (if applicable):
9. National Training Number [NTN] (on first registration to be completed by the Postgraduate Deanery): **I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress** ☐	10. PMETB programme approval number *(to be completed by Postgraduate Dean)*
11. Specialty 1 for award of CCT: *(as used to derive NTN except where core NTN allocated – e.g. CMT, CPT, CST)*	12. Specialty 2 for award of CCT: *(if appointed to a dual certification programme)*
13. Royal College/Faculty assessing training for the award of CCT where trainee is undertaking a full prospectively approved programme:	14. Date of entry to grade/programme *(dd/mm/yy)*
15. Initial appointment to programme (full or part time – *express part time training as a % of full time training)*	16. Provisional date from deanery for award of CCT/CESR/CEGPR *(dd/mm/yy)*
17. Confirmation from trainee that he/she will be seeking entry to the register through Article 11 (CEPGR) or Article 14 (CESR) **I Confirm that I will be seeking specialist registration by application for a CESR or CEGPR** ☐ **Expected date for completion of training:**	18. I confirm that I have *not* been awarded a NTN but that I am undertaking a Fixed Term Training Appointment: **Confirmed** ☐ **Specialty**:

I confirm that the information recorded in Form R is correct.

Specialty Trainee (signature) **Date**

Postgraduate Dean **Date**

Appendix 2

Conditions of joining a specialty training programme (Note: this is NOT an offer of employment)

Dear Postgraduate Dean

On accepting an offer to join a specialty training programme 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 PMETB/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 3

Conditions for taking up a fixed term specialty training appointment (Note: this is NOT an offer of employment)

Dear Postgraduate Dean

On accepting an offer to undertake a fixed term specialty training appointment (FTSTA) in the _____ Deanery, I agree to meet the following conditions for the duration of my fixed term appointment:

- 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 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 TPD and the Deanery by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal and assessment 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
- to use the training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of the fixed term appointment by participating actively in the national annual PMETB/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

I understand that at the end of my fixed term specialty training appointment, my training relationship with the Deanery is at an end. I understand that this document does *not* constitute an offer of employment.

Yours sincerely

_____	_____	_____
Trainee's signature	Trainee's name (printed)	Date

Appendix 4

Educational Supervisor's Structured Report: submission to the Annual Review of Competence Progression panel by the trainee's current educational supervisor, summarising the trainee's learning Portfolio since the previous assessment

(indicative template –may vary by specialty/ Deanery)

Name of person submitting report: Training unit
Position

Trainee's name GMC number

PMETB Programme/Post approval number

Training number (if applicable)

Previous annual assessments

Dates Outcome

1.
2.
3.
4.
5.

Previous placements in programme

Training Unit Clinical supervisor Dates (to-from)

1.
2.
3.
4.
5.

Current placement

Clinical supervisor

Dates of placement

Workplace based assessments (WPBAs) in current placement/s (only successful WPBAs should be included here)

Assessment	Dates	Number	Outcome	Summary of comments
Mini-CEX				
DOPs				
CbD				
MSF (360 degree)				
Patient survey				
Other (please describe)				

Experiential outcomes

Activity	Date/s	Outcomes	Comment
1. log-book		expected activity achieved/not achieved	
2. audits		completed/not completed/had impact/no impact	
3. research projects		work in progress/completed	
4. publications			
5. teaching			
6. management development			
7. presentations			
8. courses attended		relevant/not relevant/impact/no impact	

Other outcomes	Date/s	Outcome	Comment
1. reported adverse incidents		resolved/pending no case to find/accountable	
2. complaints		resolved/pending no case to find/accountable	
3. other		any further comments/observations	

I confirm that this is an accurate description/summary of this trainee's learning portfolio, covering the time period from __/__/_____ to __/__/_____

Signed by _____ Date_____
(educational supervisor)

Signed by _____ Date_____
(trainee)

Appendix 5

Annual Review of Competence Progression (ARCP) Outcomes

Deanery: _____**PMETB Training Programme Approval No.**_____

Trainee: _____ **Specialty** _____ **NTN**_____

Members of the panel: **1**_____**2**_____

3_____**4**_____

5_____**6**_____

Date of Assessment _____

Period covered**: From** _____ **to** _____

Year / phase of training programme assessed (*circle*)**: 1, 2, 3, 4, 5, 6, 7, 8 or other (*state*)** _____

Approved clinical training gained during the period:

Placement / Post/ Experience	**Dates: from**	**to:**	**In / out of Programme**	**FT / PT as % FT**
1.				
2.				
3.				

Documentation taken into account and known to the trainee:

1. Structured report ☐ **2.** ☐

3. ☐ **4.** ☐

Recommended Outcomes from Review Panel

Satisfactory Progress **1.**

Achieving progress and competences at the expected rate (clinical) ☐

Achieving progress and competences at the expected rate (academic) ☐

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 (clinical) ☐

Gained all required competences (academic) ☐

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

7. Out of programme experience for approved clinical experience, research of career break ☐

8 .Fixed-term specialty outcome – competences achieved identified above ☐

9. Top-up training (outcome should be indicated in one of the areas above) ☐

Signed by: Chair of Panel _____ **Signed by trainee:**_____

Date _____ **Date of next review** _____

Supplementary Documentation for trainees with Unsatisfactory Outcome

(trainee must be in attendance)

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

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**

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: _____PMETB Training Programme Approval No._____

Name: _____ Specialty _____ NTN / NTN (A):_____

Members of the panel: 1_____2_____

3_____4_____

5_____6_____

Date of Report _____

Period covered**: From** _____ **to** _____

Year / phase of training programme assessed (*circle*)**: 1, 2, 3, 4 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

Workplace based (NHS) appraisal for postgraduate trainees

(to be completed annually by the postgraduate trainee and their education supervisor – indicative documentation which may vary by Deanery/employer)

Form 1 Personal Details **(to be completed for each review period)**

Name: _____
GMC No: _____Type _____
Date of Full Registration ___/___/___

	Description	Date	Place
Primary Medical Qualification			
Other qualifications / degrees			
Any Specialist registration outside the UK			

Date of Last Annual Assessment Outcome ____/____/____

Date of Last Appraisal ___/___/___

Any Current / Pending / Past Challenges to Registration (YES/NO)

Registered Address	Contact Address (if different)

Main Employer: _____

Address:_____
_____

Post Held
Date of Appointment _____ Full-time/Part-time (….%)
Other employers / places of work / posts…(Please list)

These details are correct as of: ____/____/____
(date)

To be retained by the doctor in their Portfolio and by the educational supervisor

Form 2: DETAILS OF YOUR CURRENT MEDICAL ACTIVITIES

Start date of current post: ____/____/____

End date of current post: ____/____/____

Please provide:

1. A short description of your work and training in your specialty. What different types of activity do you undertake?

2. Sub-specialist training and commitments (if applicable)

3. Details of emergency, on-call and out-of-hours responsibilities

4. Details of out-patient work

5. Details of any other clinical work

6. Details of non-clinical work that you undertake, for example, teaching/academic work, management activities, research

7. Study Leave

8. Work for regional, national or international organisations / other professional activities

Summary of Additional duties/Locum Posts during this review period

Locum Work

For short term and ad hoc locums (< 2 weeks in duration)

Date	Employer	Specialty	Grade	Duration

FORM 3 – RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL AND REPORT ON PERSONAL DEVELOPMENT PLAN (GUIDANCE)

The aim of this form is to record the background evidence and information that will help to inform your appraisal discussions. You should list in Form 3 the documents in your Appraisal folder; these provide evidence in the terms set out in the GMC's *Good Medical Practice.* You should include relevant information and evidence from your training and practice including outside the NHS; to help give an overall picture of you and your development needs.

RECORD OF REFERENCE DOCUMENTATION

GOOD MEDICAL PRACTICE

1. Good Medical Care – Examples of documentation which are appropriate

- **Annual Review of Competence Progression Report**
- **College log book / Portfolio, Trainers reports**
- **Previous Personal Development Plan(s)**
- **Audit + reflections + changes in practice documented**
- **Complaints / outcomes / reflections**
- **Critical incidents + reflections**
- **Reflections on own practice. This may be a documented addendum to appraisal**
- **Reflections on your training and progress**

2. Maintaining Good Medical Practice

The purpose of this section is to record continuing educational activities undertaken since the last appraisal. Any difficulties in attending these activities should be recorded, with reasons and action taken to address.

- **You should keep up to date and ensure that you acquire the necessary knowledge and skills to work appropriately as a doctor in training.**
- **You should keep yourself informed about your working environment by keeping up to date about key directions and changes in the NHS and in medical practice.**
- **You should interest yourself in research findings and may wish to engage in undertaking and participating in research activities.**

Examples of documentation you might include:

- **Record of Study Leave/CPD**
- **Examination results to demonstrate your professional development +attempts**
- **Record of clinical governance activities, including audit activities**
- **Record of research activities and outcomes (e.g. publication, presentations)**
- **Examples of attendance at local and Regional teaching sessions**
- **Examples of participation in appropriate Continuing Professional Development, this might include individual development activity, locally-based development and participation in college or specialty association activities. List all CPD courses attended, and points awarded for each attendance.**

3. Working relationships with colleagues.

The purpose of this section is to reflect on your relationship with your colleagues. Examples of documentation, which may be appropriate

- **For each post / placement e.g. rotating round ward etc… a description of the setting within which you work and the team structure**
- **Four line statement of clinical setting with personal account of how you feel you are relating to, and are part of the team.**
- **Statement from consultant / tutor trainer – Trainer's Report**
- **Peer review / 360° - (Twice in 5 year revalidation cycle) – see attached examples**

4. Relations with patients

The purpose of this section is to reflect on your relationships with your patients
Examples of documentation, which may be appropriate

- **Personal statement**
- **Statements from Trainers / Tutors / Consultants / Work Colleagues**
- **Patient questionnaires / reviews (Year 1, then every 3 years thereafter) – see attached examples**
- **"Thank you" letters**
- **Complaints with outcomes**

5. Teaching and Training

The purpose of this section is to reflect on your teaching and training activities since your last appraisal and should be recorded.
Examples of documentation, which may be appropriate

- **Record of Teaching Activity**
- **Teaching activities to other doctors / students/Professions allied to Medicine**
- **Include feedback where appropriate or available**
  Include teaching - Course- Small group
  1-to-1
  Training in teaching (e.g. Training the Trainers) should be included in (2)

Research

- **Evidence of formal research commitments**
- **Record of any research ongoing or completed in the previous year**
- **Record of funding arrangements for research**
- **Record of noteworthy achievements**
- **Confirmation that appropriate ethical approval has been secured for all research undertaken**
- **Publications**

6. Probity – (Guidance)

The extract below is taken from the GMC's guidance *Good Medical Practice*.

'Probity

Providing information about your services

48. If you publish information about the services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority.

49. The information you publish must not make unjustifiable claims about the quality of your services. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

50. Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.

Writing reports, giving evidence and signing documents

51. You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

Research

52. If you participate in research you must put the care and safety of patients first. You must ensure that approval has been obtained for research from an independent research ethics committee and that patients have given consent. You must conduct all research with honesty and integrity. More detailed advice on the ethical responsibilities of doctors working in research is published in our booklet *Good Practice in Medical Research – The Role of Doctors*

Financial and commercial dealings

53. You must be honest and open in any financial arrangements with patients. In particular:

- you should provide information about fees and charges before obtaining patients' consent to treatment, whenever possible;
- you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services;
- you must not encourage your patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must not put pressure on patients or their families to make donations to other people or organisations;
- you must not put pressure on patients to accept private treatment;
- if you charge fees, you must tell patients if any part of the fee goes to another doctor.

54. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:

- if you manage finances, you must make sure that the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances;
- before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase.

Conflicts of interest

55. You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your judgement. You should not offer such inducements to colleagues.

Financial interests in hospitals, nursing homes and other medical organisations

56. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these must not affect the way you prescribe for, treat or refer patients.

57. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the health care purchaser.

58. Treating patients in an institution in which you or members of your immediate family have a financial or commercial interest may lead to serious conflicts of interest. If you do so, your patients and anyone funding their treatment must be made aware of the financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so or there are no alternatives. If you do this, you must be prepared to justify your decision.'

Procedure

1. The Annex below reproduces a pro-forma which the GMC has tested as part of the work to develop revalidation. It may be freely reproduced. This proforma is a helpful tool for the collection of evidence for annual **appraisal**.

2. For revalidation purposes, it is sufficient to provide a self-declaration about how effectively you are meeting good practice standards of probity in matters which might affect your fitness to practice medicine. You must disclose information that relates to events within the whole of your current appraisal/revalidation cycle.

3. You are not obliged to use any of these pro-forma products as a revalidation self-declaration. You may, if you wish, present evidence of your probity in some other way. However, the GMC have tested the pro-formas and know that they are suitable tools to use. As the GMC have not been able to test or verify the other products or formats that may be used, using them could increase the chance that you will be asked for additional information and/or evidence and might mean that your revalidation may take more time.

Guidance

4. Paragraphs 48-58 of *Good Medical Practice* (above) provides a list of professional obligations that you should consider when signing a declaration on probity. There are, of course, other types of obligations/information that you should also consider, for example, any form of disciplinary, regulatory or criminal procedures which have been applied to you, or which you know are in progress or pending.

7. Health

The extract below is taken from the GMC's guidance *Good Medical Practice*

'Health
If your health may put patients at risk

59. If you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness, or its treatment, you must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to patients.

60. If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.'

Procedure

1. The Annex below reproduces a proforma, which the GMC has tested extensively as part of the work to develop revalidation. It may be freely reproduced. The proforma is a helpful tool for the collection of evidence for annual appraisal.

2. For revalidation purposes, it is sufficient to provide a self-declaration about how effectively you are ensuring that your personal health does not affect your fitness to practice medicine. You must disclose information that relates to your health over the whole of your current appraisal/revalidation cycle.

3. You are not obliged to use any of these pro-forma products as a revalidation self-declaration. You may, if you wish, present evidence of your health in some other way. However, the GMC have tested the proformas and know that they are suitable tools to use. As the GMC have not been able to test or verify the other products or formats that may be used, using them could increase the chance that you will be asked for additional information and/or evidence and might mean that your revalidation may take more time.

Guidance

4. Paragraphs 59 to 60 of *Good Medical Practice* above sets out some of the health obligations that you should consider when signing a declaration. There are other types of obligations/information that you should also consider for example your own assessment of your health and whether there are any formal or voluntary restrictions to your practice because of illness or a physical condition. This would include any conditions imposed by an employer or contractor of your services, any proceedings under the GMC's Health Procedures or Health Committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad.

Probity declaration:

Professional obligations

I accept the professional obligations placed upon me in paragraphs 48 to 58 of *Good Medical Practice.*

Signature…… Date…….

Name in capitals……
Convictions, findings against you and disciplinary action

Since my last appraisal/revalidation **I have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.

- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.

- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practise.

Signature…… Date…….

Name in capitals……

(Notes: If you are able to sign both of the above declarations then you do not need to complete the rest of the pro-forma below. However, if you are unable to sign both of the declarations above then you will need to complete the full pro-forma below.)

Probity declaration pro-forma (To be completed if your are unable to sign the Probity declaration)

Convictions, findings against you and disciplinary action

1. Since your last appraisal/revalidation[1], have you been convicted of a criminal offence either inside or outside the UK? Yes □ No □

If yes, please give details:
.....

.....

2. Do you have any criminal proceedings pending against you inside or outside the UK?
Yes □ No □

If yes, please give details:

.....

.....

3. Since your last appraisal/revalidation, have you had any cases considered, heard and concluded against you by any of the following: -

a. The General Medical Council.
b. Any other professional regulatory or other professional licensing body within the UK.
c. A professional regulatory or other professional licensing body outside the UK.

Yes □ No □

If yes, please give details:.....

.....

.....

4. Are there any cases pending against you with any of the following organisations: -

a. The General Medical Council.

b. Any other professional regulatory or other professional licensing body within the UK.

c. A professional regulatory or other professional licensing body outside the UK

Yes □ No □

If yes, please give brief details:.....

.....

.....

[1] If this is your first appraisal and you have not yet gone through the process of revalidation then please fill in the pro-forma answering the questions as they apply to you at the current time.

5. Since your last appraisal/revalidation, have there been any disciplinary actions taken against you by your employer or your contractor – either in the UK or outside - that have been upheld:

Yes □ No □

If yes, please give brief details:.....

.....

.....

6. Since your last appraisal/revalidation, has your employment or contract ever been terminated or suspended – in the UK or abroad - on grounds relating to your fitness to practise (conduct, performance or health):

Yes □ No □

If yes, please give details:.....

.....

Health Declaration:

Professional obligations

The GMC's guidance *Good Medical Practice* and *Serious communicable diseases* says that if a doctor has a serious condition which they could pass on to patients or colleagues they must have any necessary tests and act on the advice given to them by a suitably qualified colleague about necessary treatment and/or modifications to their clinical practice. Moreover, if their judgement or performance could be significantly affected by a condition or illness, they must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways they should modify their practice.

I accept the professional obligations placed upon me in paragraphs 59 to 60 of *Good Medical Practice* and *Serious communicable diseases.*

Signature…… Date……..

Name in capitals……

Regulatory and voluntary proceedings

Since my last appraisal/revalidation **I have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness of physical condition.

Signature…… Date……..

Name in capitals……

(Notes: If you are able to sign both of the above declarations then you do not need to complete the rest of the pro-forma below. However, if you are not able to sign both of the declarations above then you will need to complete the full pro-forma below.)

Health declaration pro-forma (To be completed if your are unable to sign the Health declaration)

Your own health

The GMC acknowledges that medicine can be a demanding profession and that doctors who become ill deserve help and support. Doctors also have to recognise that illness can impair their judgement and performance and thus put patients and colleagues at risk (this is particularly so in the case of psychiatric conditions, drug and alcohol abuse). The GMC therefore encourages doctors to reflect on their own health, seek professional advice if necessary and consider whether, for health related reasons, they should modify their professional activities.

1.Do you have any illness or physical condition that has since your last appraisal/revalidation resulted in your restricting or changing your professional activities?

Yes □ No □

If yes, please give details of the changes in your professional activities, which it is - or was - necessary for you make:

……

……

Regulatory and voluntary proceedings

2. Are you - or have you been since your last appraisal/revalidation been the subject of any proceedings under the GMC's Health Procedures or Health Committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad?

Yes ☐ No ☐

If yes, please give details:

……

……

3. Are you currently or since your last appraisal/revalidation been subject to medical supervision, voluntary or otherwise, and/or any restrictions voluntary or otherwise, imposed by your employer or contractor resulting from any illness or physical condition within the UK or abroad?

Yes ☐ No ☐

If yes, please give details:

……
……

4. All the information in this declaration is true to the best of my knowledge.

Signature…….. Date……..

Name in capitals……

Form 3 - The Record of Documentation Supporting Appraisal

Good Medical Care

List below each document, in the order they appear in your folder.

1. ……..
2. ……..
3. ……..
4. ……..
5. ……..
6. ……

Maintaining good medical practice

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary.

1. ……..
2. ……..
3. ……..
4. ……..
5. ……

Working Relationship with colleagues

List below each document, in the order they appear in your folder.

1. ……..
2. ……..
3. ……..
4. ……..
5. ……..

Relations with Patients

List below each document, in the order they appear in your folder.

1. ……..

2. ……..

3. ……..

4. ……..

5. ……

Teaching and Training

List below each document, in the order they appear in your folder.

1. ……..

2. ……..

3. ……..

4. ……..

5. ……..

Research

List below each document, in the order they appear in your folder.

1. ……..

2. ……..

3. ……..

4. ……..

5. ……..

……..

……..

……

Form 4 – Summary of Appraisal Discussion

This section includes the signed off Summary of your Appraisal. It is based on and must include all of the standards laid out in *Good Medical Practice* and it should be agreed and signed by your educational supervisor who is undertaking workplace based appraisal.

SUMMARY OF APPRAISAL DISCUSSION

1. Good medical care

2. Maintaining good medical practice

3. Working relationships with colleagues

4. Relations with patients

5. Teaching and training

6. Probity

7. Health

SIGN OFF

We agree that the information in Form 4 and 5 (optional) is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan. The trainee confirms since the last appraisal/revalidation he/she has not, in the UK or outside:

- been convicted of a criminal offence or have proceedings pending against me.
- had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practise.

Educational supervisor_____ Date __/__/__

Trainee _____GMC number_____

FORM 5 - Personal Development Plan

In this section the appraiser and appraisee should identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met on the template provided here.

The PDP is vital in planning the training in the next post. You should agree your PDP with your current appraiser / educational supervisor and take it with you to the next post. It is the basis for the initial meeting with your educational supervisor in the next post.

It should cover development in the areas of GMP but will also cover aspects of training such as examinations and study leave. If the College or Faculty in your specialty has similar documentation to replace this PDP, it may be used, but it should cover the same areas.

FORM 5 - PERSONAL DEVELOPMENT TEMPLATE

*This should be used to inform discussion on development provided for on **Form 4**. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.*

What development needs have I?	**How will I address them?**	**Date by which I plan to achieve the development goal**	**Outcome**	**Completed**
Explain the need.	*Explain how you will take action, and what resources you will need?*	*The date agreed with your appraiser for achieving the development goal.*	*How will your practice change as a result of the development activity?*	*Agreement from your appraiser that the development need has been met.*
1.				
2.				
3.				
4.etc				

Appendix 8

Out of programme (OOP) Request and Annual Review Document (OOPT/OOPE/OOPR/OOPC)

(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 PMETB 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:

E-mail address: **PMETB** 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: Current provisional CCT 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
Prospectively approved by PMETB for clinical training (OOPT)	☐	☐
Clinical experience *not* prospectively approved for training by PMETB (OOPE)	☐	☐
Research for a registered degree (OOPR)	☐	☐
Career Break (OOPC)	☐	☐

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 PMETB prospective approval will be required if the training does not already have PMETB approval (e.g. if it is part of a recognised training programme in a different Deanery if 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 six 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 _____ Date:_____
(trainee's name)
Print name _____

Signed: _____ Date_____
(educational supervisor)
Print name_____ Date_____

Signed: _____ Date_____
(Training Programme Director - TPD)
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: _____ Date:_____
(Postgraduate Dean (or deputy)

Appendix 9

APPLICATION FOR AN INTER-DEANERY TRANSFER ON WELL-FOUNDED PERSONAL GROUNDS
(trainee to complete and return to current Postgraduate Dean)

Surname: First Name: NTN:

PMETB programme approval number :

Contact Address……..
……
Contact Tel…… Fax/Email……

Indicative year of programme: 1/2/3/4/5/6/7/8 other…….Date of Appointment……

Expected date of completion of training……../……../……..*Date of most recent annual assessment……*
(attach all outcome forms to date)

Specialty:

If applicable specify sub-specialty……Dual Specialty ……

My reasons for requesting an Inter-Deanery Transfer from my current programme to that in …….. Deanery are briefly:

When did these circumstances change?

You should attach a more detailed explanation of your reasons for requesting the transfer (one side of A4).

You must also enclose all copies of your annual review outcomes to date.

Please confirm enclosure of: further explanation. Yes? ……. Annual Review Outcomes? ..…….

I hereby formally apply to transfer to …….. Deanery and confirm all the above information is correct.

- I understand that I should not approach the Postgraduate Dean in the Deanery to which I am seeking transfer directly but that my current Postgraduate Dean will do this on my behalf if he/she confirms that I have sufficient well-founded reasons for the transfer.
- I understand that I may be required to have an interview by the Deanery to which I wish to transfer.

Signed…… Date Signed:…….
Trainee

To be completed by current Postgraduate Dean: I hereby approve the above trainee's application to transfer from my region and confirm the current NTN is ……../……../……..

Signed …….. Date…… ☐

Postgraduate Dean(current)

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 PMETB.

CEGPR Certificate confirming Eligibility for GP Registration Awarded after an applicant has successful applied for entry to the GP register through Article 11 of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.

CESR Certificate confirming Eligibility for Specialist Registration. Awarded after an applicant has successfully applied for entry to the specialist register through Article 14 of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003

Clinical Supervisor The professional responsible for teaching and supervising the foundation trainee (after *The New Doctor, transitional edition, 2005)*.

CMT Core Medical Training. The early years of training in medicine. Trainees appointed into CMT will have the right to complete specialty training, subject to satisfactory progress, in one of the outcome specialties described in the *Guide* but training in a particular specialty is not guaranteed.

CPT Core Psychiatry Training The early years of training in psychiatry. Trainees appointed into CPT will have the right to complete specialty training, subject to satisfactory progress, in one of the 6 psychiatry outcome specialties described in the *Guide*, but training in a particular specialty is not guaranteed.

CST Core Surgical Training The early years of training in surgery in general. Trainees appointed into generic programmes of CST will have the right to complete specialty training, subject to satisfactory progress, in one of the outcome surgical specialties described in the *Guide*, but training in a particular specialty is not guaranteed.

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. (*from the Workplace Based Assessment Subcommittee of PMETB*)

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

COPMeD Conference of Postgraduate Medical Deans in the UK.

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 (from the *Workplace Based Assessment Subcommittee of PMETB*).

Domain The scope of knowledge, skills, competences and professional characteristics which can be combined for practical reasons into one cluster. (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

Diversity Range of difference, variety http://www.pegasus.nhs.uk/glossary.htm#d

Diversity training The process of educating professionals to work with people of widely differing cultural, social and religious backgrounds
http://www.pegasus.nhs.uk/glossary.htm#d

Educational agreement A mutually acceptable educational development plan drawn up jointly by the trainee and their educational supervisor (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

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 which relate to the education and training of postgraduate trainees within the employing environment.

Educational supervisor The doctor responsible for making sure that the trainee receives appropriate training and experience through developing clear objectives based on the relevant specialty curriculum. The educational supervisor is responsible through the Postgraduate Dean's educational contract both for educational and workplace based appraisal of the trainee.

Equality or Equal Opportunities 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'. (Equality and Diversity: Learning from Audit, Inspection and Research, Audit Commission, 2002, para. 16)

Foundation Training The first two years of postgraduate training following graduation from medical school in the UK. The first year (F1) leads to 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 fixed term appointments, usually in the early years of training in a specialty. Appointments can only be made for up to one year.

FTTA Fixed Term Training Appointment. These were made during specia**list** training (pre January 2007) for a fixed period of time, with defined learning outcomes.

GMC General Medical Council. Responsible for the General and Specialist medical register in the UK in which a doctor must be included to practise medicine in the UK. Has strong and effective legal powers designed to maintain the standards the public have a right to expect of doctors.

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.

NTN National Training Number. Only trainees who have competed successfully for entry into a run-through specialty training programme are awarded an NTN

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 PMETB and which cannot be counted towards training for a CCT but may be suitable for a CESR or CEGPR.

OOPR Out of programme for research which can be counted towards training if it is prospectively approved by PMETB. Research can also be considered for a CESR or CEPGR.

OOPT Out of programme for clinical training which has been prospectively approved by 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. It is an independent body with responsibility in law for setting standards and quality assuring postgraduate medical education in the UK.

PRHO Pre-registration House Officer; a first year (F1) foundation trainee.

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. (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

Programme A managed educational experience. As defined by PMETB, "a programme consists of a series of placements in a range of training environments, offered by a range of training providers and to be used by a number of trainees. PMETB approves programmes of training in all specialties, including general practice, which are 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." **Guidance on specialty training approval**

Run-through training The term used to describe the new structure of specialty training 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.

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 PMETB.

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.

Specia*list* 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.

Specia*lty* training The description of postgraduate training following the current reforms to postgraduate medical training and marked by trainees who are entering training from August 2007 to undertake the new specialty training curriculum approved by PMETB.

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

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

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

SpT Specialist Trainee is the title given to non-medically qualified trainees in Public Health Medicine who were appointed into Public Health specialist training prior to January 2007. Trainees appointed from August 2007 will be known as specialist registrars (StRs).

Workplace based (NHS) 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.

WPBA 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. (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

Appendix 11

Reference Group

The four UK Health Departments would like to record their thanks to the stakeholder organisations and their members who provided their valuable input in the drafting of the *Guide*.

- Academy of Medical Royal Colleges
- Academy Trainee Doctors' Group
- British Medical Associate Junior Doctors' Committee
- Conference of Postgraduate Medical Deans (COPMeD)
- Committee of General Practice Education Directors (COGPED)
- General Medical Council
- NHS Employers
- Patient representative
- Postgraduate Medical Education Training Board (PMETB)
- Service stakeholders from the 4 UK countries
- Workforce Review Team

Protocol for making revisions to the *Guide* (to be agreed by July 2007)