

## **Modernising Medical Careers (MMC) England**

**An applicant's guide to**

**application and recruitment  
to specialty training in England in 2008**

**(including guidance on selection to higher specialty training  
after core training)**

This document can be downloaded in pdf format from [www.mmc.nhs.uk](http://www.mmc.nhs.uk)

This guide is relevant for specialty training in England in 2008. If you are interested in finding out more about the UK Foundation Programme, Academic Clinical Fellowships, GP training or about MMC in the other three UK countries, please visit the relevant websites:

Foundation Training  
[www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)

GP Training  
[www.gprecruitment.org.uk](http://www.gprecruitment.org.uk)

Recruitment for Academic Clinical Fellowships in Medicine and Dentistry in England  
[www.nccrcd.nhs.uk](http://www.nccrcd.nhs.uk)

MMC Scotland: <http://www.mmc.scot.nhs.uk/>

MMC Wales: <http://www.mmcwales.org/>

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

You may also like to refer to the following publication available from  
[www.mmc.nhs.uk](http://www.mmc.nhs.uk)

***A Guide to Postgraduate Specialty Training in the UK (The Gold Guide)***

Published: 12 June 2007 by the four UK Health Departments

This document provides detailed information about the new postgraduate specialty and GP training programmes that commenced in August 2007. However, it should be read only in conjunction with this 2008 guidance for the most up to date procedures. The guide is due for a comprehensive review in Spring 2008.

For details on the approval of training programmes, please refer to the Postgraduate Medical Education and Training Board (PMETB) website  
[www.pmetb.org.uk](http://www.pmetb.org.uk)

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For the latest updates on this guidance, please visit the MMC website  
[www.mmc.nhs.uk](http://www.mmc.nhs.uk)

## List of significant amendments since first published

### Version 1 published December 2007

### Version 2 published 23 January 2008

- Page 10 In the table showing which specialties will offer run-through training and which will offer core training followed by open competition, Oral & Maxillofacial Surgery has moved from the uncoupling column to the run-through column.
- Page 11 Point 5 has been added to explain the change listed above.
- Page 22 A CT2 person specification has been added to Surgery in general (generic)
- Page 29 Further clarification has been added to the first bullet point in the exceptions listed
- Page 33 Further clarification has been added to the final sentence concerning returning researchers

### Version 3 published 4 March 2008

- Page 11 Section 1.4 *Future of training* updated on the response of the Department of Health to the recommendations from the Independent Inquiry into Modernising Medical Careers
- Page 15 Under *Eligibility checklist, Right to work in the UK*, wording amended to bring the guidance in line with new immigration rules effective from 29 February 2008.
- Pages 46/47 Annex C – *Guidance for overseas nationals* updated to bring the guidance in line with new immigration rules effective from 29 February 2008.

### Version 4 published 5 March 2008

- Pages 46/47 Annex C – *Guidance for overseas nationals* updated to include doctors on clinical attachment visas.

### Version 5 published 20 March 2008

- Pages 29/30 Section 4.1 *Acceptances* updated to provide further clarity on the exceptions to the rule that offers cannot be accepted if a previous offer has already been accepted. This confirms that applicants that have accepted a CT2 post (CT3 in emergency medicine and psychiatry) can continue to compete for a run-through training post.

### Version 6 published 5 June 2008

- Page 37 Section 7 – a new supplementary section with guidance for recruitment between 17 May and 31 December 2008.

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# 1. Planning for specialty training 2008

## 1.1 Specialty training in 2008

There will be a locally led, staggered recruitment for most specialty training in England in 2008 and there will not be a national IT system for applications. There are a few specialties that are exceptions to locally organised recruitment as they are using a national recruitment process and these are listed in 1.2 below.

While some, if not all, representatives of the medical profession believe a national IT system could provide a good technical solution for specialty recruitment, it was agreed that there would not be enough time to pilot it before 2008 recruitment needed to begin.

The deaneries will organise their own recruitment process for most specialties. Their responsibilities will include; advertising vacancies, using their own or specialty-based application forms - which must be structured CV based forms with specialty specific questions, using their own shortlisting criteria and scoring systems (based on nationally agreed person specifications), interviewing and selecting successful applicants; making offers and receiving acceptances.

### Key dates in 2008

The first and main recruitment process for specialty training in England in 2008 is between **5 January and 16 May 2008**, for entry into specialty training on **6 August 2008**. It will be for deaneries and organisations that are running a national recruitment process to determine their own timetable for specialty recruitment within this national timeframe. Not all adverts will be published on 5 January 2008.

However, specialties can run up to three recruitment processes during the year, depending on how often certain specialties need to refill posts that become vacant. This will apply particularly (but not exclusively) to higher specialty training posts (ST3/ST4). Deaneries will continue to advertise training vacancies at any time between **17 May and 31 December 2008**. For more information on this, see section 7 and check the deanery websites in Annex A.

Deaneries should publish in advance on their website, the timetable they are working to, including when applications open and close and interview dates – so that you can plan your applications.

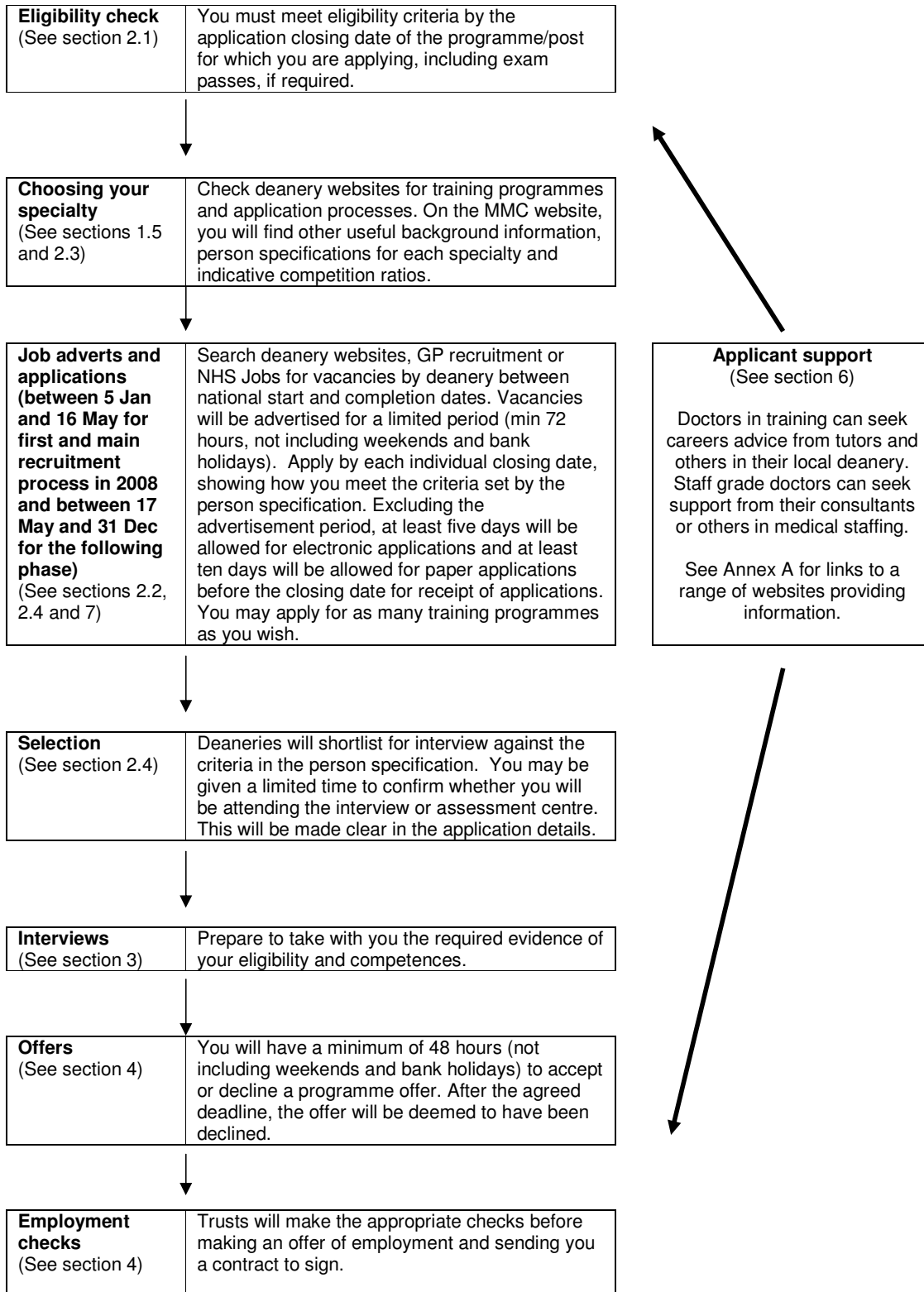
The recruitment process for applications to Academic Clinical Fellowships (ACFs) for specialty is now in its second round. Recruitment to Academic Clinical Fellowship programmes for general practice is at the same time as for standard GP training programmes. For more information on ACFs, please visit the website of the National Co-coordinating Centre for Research Capacity Development (NCCRCD) at [www.nccrcd.nhs.uk/intetacatrain/2008recruitmentprocessacfs](http://www.nccrcd.nhs.uk/intetacatrain/2008recruitmentprocessacfs)

***See Annex A for links to further information***

***See Annex B for background to MMC***

***See Annex C for guidance for overseas nationals***

## 1.2 At-a-glance view of the recruitment process to specialty training in England in 2008



## National recruitment programmes

Some specialties are recruiting by means of a national process handled by a lead agency or deanery on behalf of all deaneries.

The approved exceptions to a locally organised recruitment are:

- Small specialties, which have so few posts that it is better for recruitment to be organised nationally
- Larger specialties for which shortlisting and interview processes and scoring systems across the country have been standardised, so that an applicant's score from one unit of application (UoA) can be compared fairly with another applicant's score from another UoA
- Academic Clinical Fellowships, for which there is an established nationally organised process.

For further information by specialty, please refer to the websites listed below.

### Small specialties using a national specialty-led recruitment process:

Specialty	Level	Lead
Cardiothoracic Surgery	ST3	West Midlands Deanery <a href="http://www.westmidlands.nhs.uk">www.westmidlands.nhs.uk</a>
Plastic Surgery	ST3	London Deanery <a href="http://www.londondeanery.ac.uk">www.londondeanery.ac.uk</a>
Neurosurgery	All levels	South Yorkshire & South Humber Deanery <a href="http://www.syshdeanery.com">www.syshdeanery.com</a>
Public Health	All levels	East Midlands Healthcare Workforce Deanery <a href="http://www.eastmidlandsdeanery.nhs.uk">www.eastmidlandsdeanery.nhs.uk</a>
Histopathology	All levels	London Deanery <a href="http://www.londondeanery.ac.uk">www.londondeanery.ac.uk</a>
Academic Clinical Fellowships in Medicine and Dentistry	All levels	National Institute for Health Research Capacity Development Programme <a href="http://www.nccrcd.nhs.uk">www.nccrcd.nhs.uk</a>

### Large specialties using a standardised recruitment process across the country:

Specialty	Level	Lead
Paediatrics and Child Health	all levels	Royal College of Paediatrics and Child Health <a href="http://www.rcpch.ac.uk/recruitment">www.rcpch.ac.uk/recruitment</a>
Obstetrics and Gynaecology	all levels	Royal College of Obstetricians and Gynaecologists <a href="http://www.rcog.org.uk">www.rcog.org.uk</a>
General Practice	all levels	National Recruitment Office for General Practice Training <a href="http://www.gprecruitment.org.uk">www.gprecruitment.org.uk</a>

There may be some variations in the recruitment processes for these specialties, but they work within a national guidance framework with the following requirements:

1. Selection is based on a nationally agreed person specification
2. There is a standard structured CV-based application form (there are differences for general practice, please refer to the website listed above.)
3. The selection process is standard for long listing (eligibility) including criteria linked to the person specification
4. There is a standard shortlisting and interview process with approved interview questions and agreed scoring mechanisms so that an applicant's score from one Unit of Application (UoA) can be compared fairly with another applicant's score from another UoA. Details of the shortlisting and interview scoring scheme will be made available to applicants.
5. There is a list of the panel of individuals who will be involved in shortlisting (e.g. deanery representative, specialty advisory committee members, consultants etc).
6. There are standardised selection methodologies for short listed applicants (e.g. interview, assessment methods).
7. There is confirmation of the lead Dean responsible for recruitment to the specialty.
8. Details are available on the organisation that will co-ordinate the selection and recruitment process.
9. There is clear accountability for the process in case of legal challenge.

If you are applying through a national process to one of the specialties listed above, you may expect the following to be consistent across all units of application:

- Information on the application process and how to complete the application form.
- Information on interview and assessment methods
- Assessment forms to be completed at the interview
- Information on the consideration of disability or other impediments that may impact on shortlisting, arrangements for interviews and selection at interview
- Communications such as letters inviting you to interview or informing you of the outcome of various stages.

Specialties organising recruitment nationally should make offers first by rank order of applicants' interview/assessment scores before considering applicants' preferences.

### **1.3 Training programmes in 2008**

If you are interested in finding out more about the UK Foundation Programme, academic specialty training, GP training or about MMC in the other three UK countries, please visit the relevant websites listed in Annex A.

## **Recap on the new training system introduced under MMC**

### ***See also Background to MMC in Annex B***

Some specialty training programmes to be offered to 2008 applicants will work differently from those that doctors joined in 2007. However, it may be useful to consider the system introduced in 2007, in order to explain the changes for 2008.

Specialty training was offered in 2007 in terms of a “run-through” training programme or a fixed-term specialty training appointment (FTSTA).

The run-through programme of three to seven years would lead eventually to a Certificate of Completion of Training (CCT), which qualifies the doctor for entry to the Specialist or GP Register held by the General Medical Council (GMC), subject to the successful attainment of required competences. FTSTAs were for one year only with the aim of adding flexibility to training. FTSTAs, for example, could offer an opportunity to gain more experience before applying for a longer-term position.

Applicants in 2007 who were unsuccessful in securing a specialty/GP training post could apply for a Non-consultant Career Grade post, and there were other opportunities, such as educational grants to help trainees develop their training.

The Postgraduate Medical Education and Training Board (PMETB) was launched in 2005 as an independent regulatory body responsible for postgraduate medical education and training. PMETB, working with the royal colleges and others, set the criteria and standards for training, including approving the curricula for the programmes.

## **Training programmes in 2008 – “run-through and “uncoupling”**

**Important note** - All trainees who were offered and accepted run-through training in the 2007 process will continue to have run-through training.

### ***See also Annex B – Background to MMC***

The MMC England Programme Board, in consultation with the medical profession, has introduced greater flexibility in education and training in 2008.

Following consultation with royal colleges, the British Medical Association and others, the change for specialty training in England in 2008 is that there will be different training offers for different specialties, to fit the particular needs of the specialty. Some specialties will continue to offer run-through training, whilst others will uncouple and offer a two-year core training programme (three years for psychiatry and emergency medicine) followed by an open competition to enter specialty training in future years at ST3 onwards (ST4 for psychiatry and emergency care).

The table below shows which specialties will offer run-through training and which will offer core training followed by open competition.

Offer of run-through training in 2008	Offer with Uncoupling in 2008
Obstetrics and Gynaecology	General Medicine
Ophthalmology	Anaesthesia
Paediatrics and Child Health	Psychiatry
General Practice	Occupational Medicine
Public Health Medicine	Emergency Medicine
Neurosurgery	Cardiothoracic surgery
Histopathology	General surgery
Chemical Pathology	Otolaryngology (ENT)
Medical Microbiology	Paediatric surgery
Clinical Radiology	Plastic surgery
Oral & Maxillofacial surgery	Trauma & orthopaedic surgery
	Urology

For those specialties where training is uncoupled, core training will be offered to a larger pool of applicants, with ideally no need for fixed-term specialty training appointments (FTSTAs).

The entry competition between core training and higher specialty training will be open to all eligible applicants (including those working in non-training posts or otherwise not on core training programmes). This will provide opportunities in future years to enter training at a higher level for those people who were not previously successful in securing a core training or run-through training post.

FTSTA1 and FTSTA2 (FTSTA3 in paediatrics) will continue in run-through specialties to add to the opportunities for doctors to develop their training experience and improve their chances of entering later to specialty training.

The terminology for core training is CT1, CT2 (and CT3 for psychiatry and emergency medicine), agreed with the Postgraduate Medical Education and Training Board (PMETB). These terms refer to one of the following approved training programmes:

- Core medical training
- Acute care common stem
- Core surgical training
- Core psychiatric training

***See also the list of specialties in section 2.4***

**Notes:**

1. If you are offered core training in a specialty, this does not guarantee progression through to CCT. There will be another round of open competition at the end of core training CT2 (CT3 for psychiatry and emergency medicine).
2. Successful completion of an acute medicine themed acute care common stem will provide eligibility for training at ST3 in the medical specialties. However, for anaesthetics, a further specialty specific CT2 will be linked to the anaesthetic themed acute care common stem CT1 and CT2. This means that offers for this specialty will be for three years of core training.

3. Core training for emergency medicine is to be extended to three years, followed by competitive entry to ST4. Entry to training in emergency medicine is through a themed core programme within the acute care common stem, CT1 and CT2, followed by a specialty specific CT3.
4. Clinical radiology level ST1 welcomes applicants from ST1, 2, 3 and CT 1, 2, 3 in acute care clinical specialties, such as medicine, surgery and paediatrics. It is also possible to apply direct from Foundation training.
5. The offer of specialty training for oral & maxillofacial surgery (OMFS) will be run-through for applicants in 2008, as it was in 2007. In planning for 2008, the intention was that OMFS would, as in other surgical specialties, “uncouple” core training from higher specialty training, and this was indicated in the first version of this applicant guide. The aim was to offer two years of broad based surgical training followed by another open competition to higher training.

In practice, there was insufficient time to make the changes to the curriculum that would make it possible to “uncouple” core training from higher training. Currently trainees start specialising in OMFS at year two (ST2) which would allow just one year of core training before having to compete again to enter higher training. It has therefore been agreed that OMFS will continue to offer run-through training for 2008, and to look again at the training structure for future years.

## 1.4 Future of training

The future of medical education and training will continue to change, particularly in the light of recommendations from the Independent Inquiry into Modernising Medical Careers, led by Professor Sir John Tooke.

The final report and recommendations was published on 8 January 2008. A response to the recommendations from the Secretary of State for Health was published on 28 February 2008.

See related links for the Inquiry report and other information on the MMC Inquiry. To see the Department of Health’s response to the recommendations, please visit <http://www.mmc.nhs.uk/default.aspx?page=435>

***See Annex A for links to further information***  
***See Annex B for background to MMC***

## 1.5 The competition

When considering which posts and specialties to apply for, we urge all applicants to consider carefully the likely levels of competition involved and to be prepared to be flexible about your choices.

This section draws your attention to three useful sets of background information:

- The latest forecast numbers of training places available for specialty training in 2008
- The estimated applicants in 2008 and likely competition ratios
- The competition ratios from the first round of recruitment in 2007

These figures offer you a broad indication of the likely competition. We must stress that the numbers will change as deaneries agree changes in training posts. It is crucial that potential applicants keep looking at individual deanery websites for the latest information.

### Number of available posts in 2008

Below are the forecast numbers (as at 20 December 2007) of training places that will be available for specialty training in 2008. The latest forecast of the total number of available posts in 2008 will be in the range of 8,900 to 9,100.

#### ST1/CT1 level

Table 1 shows the forecast number of ST1 equivalent level posts (as at 20 December 2007). The total number of available posts is forecast at 6,100.

Table 1	ST1/CT1 posts	FTSTA 1 posts	Total indicative
General Practice	2,200	-	2,200
Specialty posts	3,500	400	3,900
<b>Total ST1 level posts</b>	<b>5,700</b>	<b>400</b>	<b>6,100</b>

#### ST2/CT2 level

Table 2 shows the latest forecast posts planned at ST2 level (as at 20 December 2007). The total number of available posts is forecast at 2,070.

Table 2	ST2 posts (ST3 for Psychiatry & Paediatrics)	CT2/FTSTA2 posts (CT3/FTSTA3 for Psychiatry and Paediatrics)	Total
General Practice	30	-	30
Specialty posts	40	2,000	2,040
<b>Total ST2 level posts</b>	<b>70</b>	<b>2,000</b>	<b>2,070</b>

#### ST3 level range (ST4 in Paediatrics and Psychiatry)

The latest forecast is that over 380 ST3 posts will be advertised in early January, with a further 165 towards the end of January. Therefore, the total number of ST3 posts likely to be advertised in the January to May recruitment period is likely to be about 550.

There will be two further recruitment exercises in June and September. The Department of Health forecasts that between 200 and 400 ST3 posts may be advertised in these two later recruitment exercises in 2008, depending on the rate at which current holders of national training numbers (NTNs) obtain their CCTs and then consultant posts, so releasing their NTN.

Therefore, the latest forecast of the total number of ST3 posts likely to be advertised during the whole of the year 2008 is between 750 and 950.

To see a more detailed breakdown of posts by deanery see the “Vacancies and Competition” section on the MMC website [www.mmc.nhs.uk](http://www.mmc.nhs.uk)

### **Competition levels in 2008**

Trainees who were successful in the 2007 process and offered run-through training will proceed to the next level of training in 2008, providing they pass the appropriate assessments.

The Department of Health predicts that competition in 2008 will be more severe than in 2007, with an average 3:1 ratio. This will vary by speciality and location, with some being much more competitive. Many posts that were available at ST2 and ST3 in 2007 will be filled in 2008 by run-through trainees who were successful in the 2007 process. In addition, a recent Court of Appeal ruling means that the Department of Health cannot give priority to applications from UK medical graduates.

Table 3 on the following page gives a broad analysis showing the likely numbers of people applying for training programmes, the estimated posts available and the likely competition ratios.

### **Considering your options in the light of the competition**

Given the intense level of competition, you should think very carefully about the specialties and locations to which you apply. Some specialties and locations are very much more competitive than others are.

The MMC website [www.mmc.nhs.uk](http://www.mmc.nhs.uk) has information on competition ratios from the first round of recruitment in 2007. This comes from data that shows where some 32,500 doctors chose to apply in 2007, by specialty and by deanery. The results of their specialty choices were analysed to provide competition ratios, which is the number of applications to the number of jobs that were available.

These figures do not claim to show what will happen in 2008, but do offer a broad indication of which were the most and least subscribed specialties and areas in the first round of recruitment in 2007.

There is an important point to note for those considering applying for FTSTA1 posts in those specialties that are retaining run-through training. If you are successful in obtaining an FTSTA1 in those specialties, your chances of obtaining a run-through post at ST2 in 2009 will be relatively low, as there will be very few available.

**Please check deanery websites for up to date job adverts and detailed information.** Some deaneries will also be using NHS Jobs ([www.jobs.nhs.uk](http://www.jobs.nhs.uk)) to advertise their vacancies.

Doctors who are unsuccessful in securing a training post will have many opportunities to move into a service post. The NHS will need more, not fewer doctors in 2008.

<b>TABLE 3 : Estimated Applicants in 2008 – around 23,000 applicants in total for 8,900 to 9,100</b>			
<b>Group</b>	<b>Likely competition ratios</b>	<b>Estimated posts available in England and applicant breakdown</b>	<b>Outlook</b>
<b>5,000 – 5,500</b> <b>UK doctors completing the Foundation Programme and applying for posts in England</b>	4:3 will vary by number of experienced doctors who change specialty	<b>6,100 ST1 equivalent posts</b>  Foundation doctors will be competing with more experienced doctors who want to change specialty.	Foundation doctors will be well placed to get their first speciality post. They will be in competition with more experienced doctors who are changing specialty. There is significant headroom for doctors changing specialty. Most Foundation doctors should secure a post if they are flexible about where they apply and to which specialty. Unsuccessful Foundation doctors will get counselling to change career and/or be supported for a further year of training to try again in 2009
<b>1200 - 1500</b> <b>Doctors in temporary training for the first year of specialty training</b>	1:1	<b>2,000 ST2 equivalent posts</b>  More experienced and service doctors may also apply for these posts.	Most of the 1,200/1,500 doctors in FTSTA1 should get into the second year of speciality training. They will be able to compete for higher specialty training in 2009 or go into service posts and follow a career grade route.
<b>2000</b> <b>Doctors in temporary training for the second year of specialty training (or third year in Paediatrics and Psychiatry)</b>	2:1 to 4:1, higher in over-subscribed specialties eg surgery	There will be <b>around 550 ST3 posts in the first recruitment process between January and May 2008</b> . This includes up to 165 additional posts in over-subscribed specialties. There will be two further recruitment exercises in June and October. SHAs will advertise more posts dependant upon the number and specialty of NTN holders released over 2008. SHAs anticipate <b>between 200 and 400 more ST3 posts may arise over the year</b> . This includes up to 100 additional posts released by NTN holders taking up a further year of post-CCT training, for example for complex surgical procedures	<b>At this level, competition will be most intense.</b> Doctors in temporary FTSTA2 posts (or FTSTA3 for Paediatrics and Psychiatry) will be competing with service applicants who have relevant experience for considerably fewer ST3 posts than there are doctors in this group. Some applicants at this level may be able to change specialty and/or compete at a lower level. Those who are unsuccessful should be able to go into a service post.  Competition will be particularly intense in the heavily oversubscribed specialties e.g. surgery
<b>14,000</b> <b>remaining applicants</b>	Competition will vary dependent upon the specialty, level and location.	There will be around 5,500 estimated applicants from outside the NHS and around 8,500 NHS doctors currently in service posts also competing for training places in 2008 at various levels.	Local recruitment gives doctors multiple chances to apply for posts and test their competitiveness. Doctors in service posts who do not find a training place should be able to continue in service posts, as now. <b>The NHS will need more, not fewer doctors in 2008.</b>

## 2. Preparing and submitting your application

For 2008, strategic health authorities are managing the recruitment to the majority of training posts through their local deaneries and NHS trusts. This means that you will be applying separately for posts that are advertised by individual deaneries. Each deanery will be running its own recruitment process within an overall national timetable, to a set of national rules and standards.

Some specialties are recruiting by means of a national process handled by a lead agency or deanery on behalf of all deaneries. See section 1.2 for more information on the national processes.

***See Annex A for links to further information***

### 2.1 Eligibility

See also Annex C – Guidance for overseas nationals

#### **Eligibility to apply for speciality training in England in 2008**

There are strict rules about eligibility to apply for specialty training in England. If you are submitting an application in 2008, you will need to make sure that you meet all the eligibility criteria by the application closing date. These are indicated on national person specifications (see section 2.4) and should be included in application details.

Full details will be available from the deanery advertising the post you are interested in. Application forms will ask for information to show that you satisfy the criteria and you may be asked to provide further written evidence at interview.

In preparing for this, you may find the following checklist useful.

#### **Eligibility checklist**

- **Confirmed registration with the General Medical Council (GMC) or General Dental Council (GDC)**  
You will need to hold full General Medical Council (GMC) registration status or General Dental Council (GDC) registration status at the time of appointment (unless you are applying to Public Health training and you are from a background other than medicine). You will need to confirm this when you apply.  
For further information see [www.gmc-uk.org/doctors/before\\_you\\_apply/registration\\_factsheet.asp](http://www.gmc-uk.org/doctors/before_you_apply/registration_factsheet.asp)
- **Right to work in the UK**  
UK and EEA nationals and doctors whose immigration status entitles them to work as a doctor in training in the UK are eligible to apply for specialty training. Evidence of immigration status would be a date stamped passport and an accompanying letter from the Home office detailing which type of visa

has been granted. Both of these documents would need to be dated as at or prior to the application closing date.

Other non-UK or non-EEA nationals with limited leave to remain in the UK, whose employment will require a Work Permit, are subject to the resident labour market test. This would include, for example, doctors on student or working holiday visas, or those on the Highly Skilled Migrant Programme (HSMP) or Tier 1 Points Based System who are restricted from taking employment as a doctor in training. The labour market test means that you would only be considered if there were no suitable UK or EEA national candidate for the post.

You will be asked to bring your passport and proof of your immigration status to any interviews or assessments you attend.

- **English language skills**

If your undergraduate training was not in English, you will need to provide written evidence of English language skills e.g. valid English Language Testing System (IELTS 7.0) certificate, confirmation your undergraduate training was in English or other written evidence verified by an appropriate employer or supervisor. You will be required to bring this with you to any interviews or assessment centres that you attend.

- **College exams**

If college exams are a requirement for entry at the level to which you are applying, you must have received notification of having sat and passed the exam by the closing date of your application.

- **Match to person specification**

Each specialty has a nationally agreed person specification that lists the required competences for that specialty. You will need to provide evidence to prove that you have achieved the specified competences.

See section 2.4 about the national person specifications.

- **Match to specialty level**

The following shows the possible levels of entry to specialty training and a general guide to the required competences. You should refer to the appropriate person specification for details.

Specialty training year 1 and core training year 1 (ST1/CT1)

If you are applying straight from the UK Foundation Programme, you will need to show, through your portfolio, that you will have achieved the Foundation Programme competences by the end of July 2008.

If your training was with a different programme, you will need to provide written evidence that you have achieved the equivalent competences. (See further details in section below on evidence of achievement of Foundation competences.)

To enter at ST1 and CT1 you cannot have already held a post for more than 12 months (by the time you take up the new post) in the specialty to which you are applying.

#### Specialty training year 2 and core training year 2 (ST2/CT2)

Typically, you will have achieved the equivalent of all the competences from the first year of specialty training (ST1) or will be on track to do so by end July 2008. For further information, see the specialty training curriculum available from the relevant royal college website.

There is no limit on experience for eligibility for selection to ST2/CT2.

#### Specialty training year 3 (ST3)

Typically, you will have achieved the equivalent competences of all the competences from the first two years of specialty training (ST1 and 2). For further information, see the specialty training curriculum available from the relevant royal college website.

There is no limit on experience for eligibility for selection to ST3.

#### Specialty training year 4 (ST4)

Typically, you will have achieved the equivalent competences of all the competences from the first three years of specialty training (ST1, 2 and 3), or you will have the entry requirements for former higher specialty training programmes (i.e. Specialist Registrar (SpR) programmes). For further information, see the specialty training curriculum available from the relevant royal college website.

There is no limit on experience for eligibility for selection to ST4.

### **Evidence of achievement of Foundation or equivalent competences**

One of the essential criteria (listed above) to be considered for appointment to a specialty training post is evidence of achievement of Foundation or equivalent competences by the end of July 2008.

If you are a Foundation trainee, you should be able to provide a Certificate of Completion of Foundation training by August 2008. If your training was with a different programme, you should be aware that deaneries are encouraged to adopt a similar approach to that used by the National Recruitment Office for General Practice, in order to evaluate evidence of Foundation competences. This requires you to provide one of the following:

- Evidence of having completed educationally approved Senior House Officer, specialty training or fixed term specialty training (FTSTA) post(s) in the UK
- Portfolio evidence of achievement of competences
- Checklist of competences achieved, countersigned by trainer

If, because of your refugee status, you are unable to provide standardised evidence of having achieved Foundation competence, you should contact the relevant postgraduate deanery for advice before submitting an application.

## **2.2 Job adverts and where to find them**

The first and main recruitment process for specialty training in England in 2008 is between 5 January 2008 and 16 May 2008. It will be for deaneries and organisations that are running a national recruitment process to determine their own timetable for specialty recruitment within this national timeframe.

There may be more recruitment processes later in 2008, up to three recruitment processes during the year, depending on how often certain specialties need to refill posts that become vacant. See section 7 for more information on opportunities to apply between 17 May and 31 December 2008.

Each deanery will be advertising vacancies at different times within the national timetable. Deaneries should publish in advance on their website, the timetable they are working to, including when applications open and close and interview dates – so that you can plan your applications.

As a minimum:

- All posts will be advertised on each deanery website
- Posts will be advertised for a minimum of 72 hours (not including weekends and bank holidays).

Excluding the advertisement period, at least five days will be allowed for electronic applications and at least ten days will be allowed for paper applications before the closing date for receipt of applications.

To find out about vacancies, you should check deanery websites on a regular basis. You should be aware that adverts will only be posted up for a short time; the minimum period for adverts is 72 hours (not including weekends and bank holidays).

Some deaneries may post job vacancies on a rolling basis from 5 January 2008 on the NHS Jobs website and some may advertise vacancies in other publications such as BMJ Careers, although this is not a requirement.

## **2.3 Units of Application (UoAs)**

The Unit of Application (UoA) is the team that is handling the local recruitment process for the area to which you are applying. Most of the deaneries have one UoA covering the whole deanery area. These are:

**Defence**  
**East of England**  
**Mersey**  
**North Western**  
**Northern**  
**Oxford**  
**Severn**  
**South Yorkshire and South Humber**  
**South West Peninsula**  
**Wessex**  
**West Midlands**  
**Yorkshire**

In the **East Midlands**, the following six specialties have two specialty schools, each of which will be a UoA:

- Paediatrics
- Obstetrics & Gynaecology
- Surgery
- Medicine
- Anaesthetics
- Psychiatry

**Kent, Surrey and Sussex (KSS)** is the UoA for the following generic programmes for ST1, 2 and CT1, 2 only:

- Core Medical Training
- Core Surgical Training (excluding Oral & Maxillofacial surgery and Neurosurgery)
- Oral & Maxillofacial surgery
- Acute Care Common Stem
- Core Paediatrics
- Core Psychiatry Training
- General Practice

**London** is the UoA for the following generic programmes for ST1, 2 and CT1, 2 only:

- Core Medical Training
- Core Surgical Training (excluding Oral & Maxillofacial surgery and Neurosurgery)
- Oral & Maxillofacial surgery
- Acute Care Common Stem
- Core Paediatrics
- Core Psychiatry Training
- General Practice

**London/KSS** is the UoA for the programmes listed below. Where the programme on offer is entirely within London, the UoA will be London only. Where the programme on offer is London/KSS the UoA will be London/KSS.

- Obstetrics and Gynaecology
- Anaesthetics
- Ophthalmology
- Clinical radiology
- Pathology
- Public Health Medicine
- Neurosurgery (ST1 to ST4 and above)
- Emergency Medicine
- All ST3/4 specialties (ST2 for Oral & Maxillofacial surgery)

## 2.4 Person specifications

Each specialty (and the level at which you would be entering training) has a nationally agreed person specification that lists the required competences for that specialty. In making an application, you will need to provide evidence to prove that you have achieved the specified competences.

Each person specification is available from the MMC website [www.mmc.nhs.uk](http://www.mmc.nhs.uk). Requirements will also be included in the application details for each post.

### Academic Clinical Fellowships

If you are applying for an Academic Clinical Fellowship (ACF), you will need to meet the criteria in both the clinical person specification for your chosen specialty and level and the ACF person specification.

Specialties (Bold type for combination of specialties for early years training)	Person specifications available				Comments
<b>Acute care common stem (ACCS)</b> Acute medicine	CT1	CT2			Themed, core programmes within the acute care common stem specialty group
<b>Acute care common stem (ACCS)</b> anaesthesia	CT1	CT2	CT2 Anaesthesia		
<b>Acute care common stem (ACCS)</b> Emergency medicine	CT1	CT2	CT3		
Anaesthesia	CT1	CT2	ST3		Core training programmes up to and including CT2
Chemical pathology	ST1/ FTSTA	ST2/ FTSTA			
Chemical pathology – Metabolic Medicine			ST3		
Clinical oncology			ST3		
Clinical radiology	ST1/ FTSTA				Applicants may apply directly from foundation training or after having completed core training in other specialties
Emergency medicine				ST4	
General practice	ST1	ST2	ST3		
Histopathology	ST1/ FTSTA				
Obstetrics & Gynaecology	ST1/ FTSTA	ST2/ FTSTA	ST3		
Ophthalmology	ST1/ FTSTA	ST2/ FTSTA	ST3		

Paediatrics	ST1/ FTSTA	ST2/ FTSTA	ST3/ FTSTA	ST4	
Public Health	ST1/ FTSTA				
<b>Core medical training</b>	CT1	CT2			Core training programmes up to and including CT2
Acute medicine			ST3		Individual specialties that are part of the medicine specialty group.
Allergy			ST3		
Audiological medicine			ST3		
Cardiology			ST3		
Clinical genetics			ST3		
Clinical neurophysiology			ST3		
Clinical pharmacology & therapeutics			ST3		
Dermatology			ST3		
Endocrinology & diabetes			ST3		
Gastroenterology			ST3		
Genito-urinary medicine			ST3		
Geriatric medicine			ST3		
Haematology			ST3		
Immunology			ST3		
Infectious diseases			ST3		
Infectious diseases & medical microbiology			ST3		
Infectious diseases & virology			ST3		
Medical microbiology/virology – microbiology	ST1/ FTSTA	ST2			Part of the medical microbiology/virology specialty group
Medical microbiology/virology – virology	ST1/ FTSTA	ST2			
Medical oncology			ST3		Individual specialties that are part of the medicine specialty group.
Medical ophthalmology			ST3		
Neurology			ST3		
Nuclear medicine			ST3		
Occupational medicine			ST3		
Palliative medicine			ST3		
Paediatric cardiology				ST4	
Rehabilitation medicine			ST3		
Renal medicine			ST3		
Respiratory medicine			ST3		
Rheumatology			ST3		
Sports & exercise medicine			ST3		
Tropical medicine			ST3		
<b>Psychiatry</b>	CT1	CT2	CT3		Core training programmes up to and including CT3
Child & adolescent psychiatry				ST4	Individual specialties that are part of the psychiatry
General adult psychiatry				ST4	

Psychiatry of learning disability				ST4	specialty group.
Old age psychiatry				ST4	
Forensic psychiatry				ST4	
Psychotherapy				ST4	
<b>Surgery in general (generic)</b>	CT1	CT2			Themed, core programmes within the surgery specialty group
<b>Surgery in general – general surgery</b>	CT1	CT2			
<b>Surgery in general - otolaryngology</b>	CT1	CT2			
<b>Surgery in general – paediatric surgery</b>	CT1	CT2			
<b>Surgery in general – plastic surgery</b>	CT1	CT2			
<b>Surgery in general – trauma &amp; orthopaedic surgery</b>	CT1	CT2			
<b>Surgery in general – urology</b>	CT1	CT2			
General surgery				ST3	Individual specialties that are part of the surgery specialty group.
Otolaryngology				ST3	
Paediatric surgery				ST3	
Plastic surgery				ST3	
Trauma & orthopaedic surgery				ST3	
Urology				ST3	
Cardiothoracic surgery				ST3	
Oral & Maxillofacial surgery (OMFS)	ST1	ST2			
<b>Neurosurgery (core neuroscience training)</b>	ST1/ FTSTA				
Neurosurgery		ST2/ FTSTA	ST3	ST4	

### Notes:

Successful completion of an acute medicine themed acute care common stem will provide eligibility for training at ST3 in the medical specialties. However, for anaesthetics, a further specialty specific CT2 will be linked to the anaesthetic themed acute care common stem CT1 and CT2. This means that offers for this specialty will be for three years of core training.

Core training for emergency medicine is to be extended to three years, followed by competitive entry to ST4. Entry to training in emergency medicine is through a themed core programme within the acute care common stem, CT1 and CT2, followed by a specialty specific CT3.

Clinical radiology level ST1 welcomes applicants from ST1, 2, 3 and CT 1, 2, 3 in acute care clinical specialties, such as medicine, surgery and paediatrics. It is also possible to apply direct from Foundation training.

## 2.5 Submitting your application

### Planning your application choices

In 2008, you can make as many applications as you wish to different specialties and deaneries / units of application (UoAs), provided you meet all the eligibility criteria and required competences of the post for which you are applying. There may be variations in those specialties that are recruiting through a national process. You should refer to those specialties for details, see links in section 1.2.

There is a deaneries section on the MMC website with a brief profile of each deanery and the geographical area for which they are responsible. [www.mmc.nhs.uk](http://www.mmc.nhs.uk)

A risk to consider is that, if you spend the first few weeks of the recruitment process applying only for posts that are highly competitive, you could find that by the time you start applying for posts with lower competition ratios, those posts may already have been filled.

We recommend that you consider the pressure of the competition along with other factors that are important to you. You can get an indication of the most and least popular specialties and areas from the 2007 competition ratios on the MMC website [www.mmc.nhs.uk](http://www.mmc.nhs.uk).

It is a good idea to consult with senior colleagues and mentors about where you are most likely to be successful.

### The application form

The English deaneries are each responsible for recruitment to local specialty training.

Some specialties are recruiting by means of a national process handled by a lead agency or deanery on behalf of all deaneries. In these specialties, you may be asked to state in the application form your order of preference between deaneries or units of application (UoA).

See section 1.2 for the list of specialties using a national recruitment process and links to further information.

Each deanery or unit of application will have its own application form. You will see variations across the country, but all forms will be CV-based and specialty-specific. You will need to prepare each application differently for each deanery and you should allow sufficient time for this. To ensure a fair, legal and equitable process, the people doing the shortlisting will not see your personal details when they consider your application.

The next section offers some general advice to help you complete the best possible application form.

### Planning and Presentation

Most of the advice that follows is common sense, but you would be surprised by the number of applications that are disadvantaged by a lack of attention to basic details.

### Before you write anything

1. **Read all supporting documentation.** Your application form is your personal marketing tool – use all documentation provided to help you tailor your responses. Pay particular attention to:

- a) The job description
- b) The person specification and the application form, so that you understand what is required from you
- c) Familiarise yourself with any other material, including any deanery guidance for applicants

2. **Gather your evidence.** Ensure that you have gathered together all the dates and titles of qualifications, publications, research, audits, presentations etc. Every statement that you make on the form should be able to be backed up by evidence (either on the application form or at interview) to prove that you do indeed meet the person specification.

There will be questions about your skills and competences where you will need to describe real-life experience, either from your medical work and/or extra-curricula activities.

- What examples do you have? Do they actually address what is asked?
- In what way are they unique? Can you provide examples that might stand out from the crowd?
- What exactly was your part in the example you describe? For example, if you are using an extra-curricula activity, what was your role - chair, secretary, captain etc.?
- You will need to use different examples for each question posed.

3. **Do your career research.** Make sure that you really know why you are applying for a particular specialty and what you can bring to it in terms of skills and personal attributes.

4. **Plan your time.** Work out how long it will take realistically to work on and complete the form, including getting feedback from colleagues. You know the way you work best, but manage any risks that could lead to errors or a product that is less than your best.

5. **Referees** – contact them at the earliest opportunity to check that they will be happy to support your application, and they will be available to do so within the application timeframe.

### Key content of application forms

Your application form will need to pass the first stage eligibility check before it is considered for shortlisting. Deaneries' administrative teams will check that you meet the eligibility criteria in terms of:

- Immigration status
- GMC or GDC registration
- English language skills as per the eligibility criteria
- Any examination or experience requirements in line with the post

See section 2.1 on Eligibility.

In response to the CV-based questions, all previous experience in the particular specialty or specialty group must be declared. This includes experience outside the UK and all experience in the UK, whether within educationally approved posts or not.

Some people find that building up written electronic content first is a good approach. This gives an automatic word count, and an easy spell and grammar check prior to copying into the written or electronic form.

It is best to avoid upper case as most people find it too difficult to read.

Build in time to get feedback and make amendments to your completed application form with a mix of medical and non-medical colleagues.

#### Tackling the competency questions

You may already have developed a technique that will help you answer successfully any competence-based questions. Some people find it helpful to use a structure based on “situation, action result” as an effective way of getting your answer across logically and efficiently:

**Situation/Task** - gives the reader the context, but don't overdo it on description

**Action** - this is where you demonstrate and highlight the skills and personal attributes that the question is testing. Explain what, how and why you did what you did. Talk about you, not everyone else.

**Result** - explain the outcome of your action. Describe what you accomplished.

What did you learn?

## **3. Interviews**

The majority of 2008 interviews for specialty training in England will be arranged locally by deaneries. In some areas, NHS Trusts may lead recruitment for particular specialties, where that is most appropriate. Scoring systems for shortlisting and interviews will be determined locally and the deanery should make available information about the shortlisting scoring scheme.

Some specialties are recruiting by means of a national process handled by a lead agency or deanery on behalf of all deaneries and these processes may vary in arrangements. The GP recruitment and selection process, for example includes an initial assessment and selection centre.

See section 1.2 for the list of specialties using a national recruitment process and links to further information.

You will be notified about the times, dates and venues of interviews by the relevant deanery either by email or by letter.

You should be aware that there might be a very limited timeframe during which you will be expected to confirm whether you will be attending the interview. If you subsequently accept another offer, please let the deanery know so that you may be withdrawn from the interview.

### **3.1 Shortlisting**

Deaneries will shortlist your application form against the nationally agreed person specification, using locally designed shortlisting scoring sheets. Details of the shortlisting and interview scoring scheme should be made available to you.

All applications submitted will be considered. Those which pass the longlisting stage (which considers eligibility to apply for that post, see section 2.1) will all go on to be scored. The top scoring applicants will be invited to interview. Typically, the deanery will invite more people to interview than there are posts available, as this makes it more likely that they will be able to make an offer that will be accepted.

If you are not successful at the shortlisting stage, you can request feedback from the deanery, which will usually take the form of your score in each section. If you feel you have been unfairly scored, there is a complaints procedure in each deanery (see section 6.5).

### **3.2 How interview panels run**

Interview panels will generally include the mix of people as outlined below. There may be variations between different units of application (UoAs).

- A lay chair or lay representative
- Regional college adviser or nominated deputy
- A university representative or nominated deputy

- Training programme director or chair of the specialty training committee
- Consultant representation from the training programme (s)
- A senior management representative

Prior to the interview, all members of the panel will have had access to your application form. However, they will not have access to the equal opportunities or personal data section of your application form.

Interviews should last for a minimum of 30 minutes. The interview panel's main aim is to find out whether you meet the requirements of the person specification for the post for which you are applying, and to make sure that only the best candidates are selected in this highly competitive process.

The structure and content of interviews will vary across deaneries, specialties and levels. The interview could include a scenario where you are asked to respond to a clinical professional situation. This could be through oral questions or through a written exercise before you meet the interview panel. In some instances, you may be asked to demonstrate a practical skill. The application details will explain what will be required from you at the interview.

Panel members will complete a score sheet for each candidate and make any comments. The aggregate score given by all the panel members will be the final score of the interview.

After the interview, the relevant deanery should be able to provide information on your score and rank, although this may take some time to be fed back to you.

### **3.3 What to prepare and take with you**

The deanery will give you clear information about what will be required from you at interview. As a minimum, expect to take the following documents and you may be required to take several copies:

- Original proof of identity (e.g. passport or other photo-ID)
- Original and photocopy of your GMC certificate
- Original and photocopies of all qualifications listed on your application form (translated if necessary)
- Verified evidence of competences cited on your application form – your professional portfolio
- Evidence of educationally approved posts cited on your application form
- Evidence of nationality / immigration status
- Signed / verified references

This is not an exhaustive list. You will need to check the deanery's requirements.

If you are short-listed, you will need to consider ways to provide evidence of having met Foundation and other required competences. You will be asked to bring your professional portfolios to the interview.

Relevant evidence may include:

- Trainers' reports
- Log book of clinical activity
- Audits
- Written workplace assessments, eg min-PAT, mini-CEX, CbD, DOPS.

These are just some examples and should not be taken as an exhaustive list.

Be prepared to answer questions on which parts of your professional portfolio links to statements made in your application form. You should be prepared to provide evidence for any and every statement made on your form.

### **3.4 Planning your approach to the interview**

Most of the advice that follows is common sense, but you would be surprised by the number of applicants that ran into problems last year because of lack of planning.

Strategic health authorities and deaneries will publish in advance the timetable they are working to, including opening, closing and interview dates.

- You should inform your current employer of potential leave requirements for attending interviews in anticipation of being short-listed, and co-ordinate with colleagues wherever possible.
- You may find it helpful to discuss with your clinical tutor or local consultants within the specialty for which you have applied about the type of areas the interviewers might seek to address.
- Arrive at your interview in plenty of time - aim to arrive half an hour before your interview is due to start.
- If you are driving, make sure you know where you are going to park – not all interview locations will have parking available.
- If you have to be somewhere after the interview, for example you are scheduled to be on call, you should alert the interview co-ordinator as soon as possible, as interview schedules often unavoidably run behind time
- You may be eligible to apply for travel expenses for the interview, and you should ask one of the administrative staff in the waiting area about this after the end of your interview (not during the interview itself).

## 4. Training offers

Appointments to training programmes or posts will be offered by deaneries / units of application (UoAs) to the people who ranked the highest in interviews. Not all candidates deemed eligible for appointment by their interview panel will be offered a post. This is because there could be several eligible applicants for a particular post, in which case, the post will be offered to the person with the highest score.

Usually, a training offer will follow soon after the interview, most likely by phone or email.

You will have a minimum of 48 hours (not including weekends and Bank Holidays) to accept or decline an offer. In other words, if you receive an offer on Monday, the deadline for a response would be the following Wednesday, whereas if you receive an offer on Friday, the deadline for response would be the following Tuesday. Where possible, deaneries will try to give you longer time if necessary. After the agreed deadline, the offer will expire and will be deemed to have been declined.

If you are sure that a particular offer is the best for you, you should accept it as soon as possible and decline any others.

Deaneries do need an answer to any training offer as soon as possible so that any post you decline can be offered to other applicants deemed eligible for appointment at interview.

Before you decline an offer, remember that 2008 recruitment will be very competitive – it would be unwise to assume that you will receive more than one training offer.

### 4.1 Acceptances

**Once you have been offered and have accepted a post, you must withdraw from any further applications, interviews or offers. See also section 7 for guidance on applying for posts between 17 May and 31 December 2008.**

Deaneries in their offer letter will state that the offer is made on the condition that you have not accepted other offers and that you withdraw from other applications within the current recruitment episode. You will be expected to give an undertaking when accepting a post that you have not accepted another post and that you will withdraw from further recruitment. If you do not agree to this undertaking, then the offer will be withdrawn.

If it is discovered that you have accepted an offer after you have already accepted another post, the offer will be withdrawn and you will be reported to the General Medical Council (GMC).

There are exceptions to this rule that follow the principle that applicants who secure a training post should be able to continue competing for posts that offer a better position for longer term training, such as run-through training posts.

The following examples show how this principle could be applied in practice:

- If you have accepted a fixed-term specialty training appointment (FTSTA), you may continue to compete for a run-through training post or for uncoupled training programmes that are offering two years or more of core training (CT1, CT2, CT3). However, you may not apply for other FTSTAs or other posts that only offer one year of training (e.g. CT2 where there is open competition at the end of that year or CT3). The reason for this is to enable applicants to apply for what is a better training programme offer with two or more years of training rather than just one year. For example, an applicant that has secured an FTSTA2 post could consider applying for CT2 in emergency medicine or psychiatry as these programmes would offer CT2 and CT3. The same applicant could not apply for CT2 in general surgery as this would only offer one year of core training (CT2) followed by another open competition, which is practically the same type of offer as for FTSTA2.
- If you have accepted a CT2 post (CT3 in emergency medicine or psychiatry), you may continue to compete for a run-through training post. However, if you have accepted a CT1 post (CT2 in emergency medicine or psychiatry), you may not continue to compete for either a CT or run-through training post.
- If you have accepted a run through training post, you are eligible to apply for an Academic Clinical Fellowship post.
- If you are already in a run-through training place in core medical training at ST2 level and you secure an ST3 post in the local allocation stage, you are still eligible to apply for another ST3 post in the later open national competition for medical specialties

There may also be variations in those specialties that are recruiting through a national process. You should refer to those specialties for details; see links in section 1.2.

### **After you have accepted a position**

Any offers made are conditional upon the necessary pre-employment checks being carried out successfully.

Once you have confirmed your acceptance of a training place, the deanery will match you to a specific programme / post. This will take into account the training and educational needs of you and others in the programme, the workforce needs of the local NHS and your personal preferences.

The first or lead NHS employer for your training programme will make all the appropriate pre-employment checks before making an offer of employment and sending you a contract to sign. The offer of employment is distinct from your training agreement with the deanery. You may change employers several times during your training period. The first employer will need to complete pre-employment checks before you can begin working for them.

Pre-employment checks are designed to ensure that every doctor working in the NHS is fit and safe to work with patients. You will be asked to make declarations on your application form relating to your honesty and probity.

Checks will include verification of references, fitness to practise updates from the General Medical Council (GMC), occupational health clearance, Criminal Records Bureau (CRB) disclosures and immigration status checks. They may also include validation of the evidence you presented at the interview, such as English language proficiency.

Once pre-employment checks have been completed successfully, the employer will confirm new starter details with you.

## **4.2 Avoiding problems**

- When you go to an interview, make sure that the people who could potentially be making you an offer have a reliable means of getting in contact with you.
- Let the appropriate people at the UoA / deanery know about any reason that may cause you to be non-contactable, for example, if you are going on holiday, or are going to be on call. Most deaneries will consider this, but you must tell them this in advance and make alternative arrangements with them.
- It is sensible to get confirmation that the appropriate people have received your acceptance or rejection of an offer.

## **5. Guidance on selection to higher specialty training after core training**

This section of the applicants' guide only applies to the allocation of higher specialty training posts to the cohort of doctors recruited to run-through ST2 posts in 2007 (ST3 in Psychiatry) in core training programmes that feed a number of specialties at ST3 (ST4 in Psychiatry).

In psychiatry, core training continues to ST3, and then divides into specialties at ST4. Selection to ST4 psychiatry specialties should be carried out within each strategic health area, to enable some smaller deaneries to collaborate and make slots available in all psychiatric specialties.

### **5.1 Principles for allocation of ST3 posts**

There are a number of principles for the allocation of ST3 posts in medical specialties:

- Deaneries have a duty to place ST2 doctors appointed to run-through core medical training in 2007 in ST3 posts (subject to satisfactory progress) in the Units of Application (UoAs) in which they are currently training.
- Those trainees with a training number do not have a right to be placed in popular specialties or small specialties to the absolute exclusion of those who do not yet have a training number. Some doctors who failed to gain ST2 numbers in 2007 may have the training and credentials to make them suitable for higher specialty training.
- Some trainees with training numbers will be prepared to move from their existing UoA to take up a training number in a popular or small specialty in another UoA. But in doing so, they should not displace a run-through doctor from the original geographical area to which they were appointed in 2007.

The aim is to balance the legal requirement to guarantee posts for trainees with a run-through promise, alongside maximising the possibility of fitting the most capable trainees to the more popular and/or competitive specialties (this latter group will include most of the smaller specialties).

A number of ST3 posts left vacant by trainees having moved on have been placed in a national pot for open competition. These posts will be supplemented by additional new ST3 posts for 2008 entry, and any additional vacancies in deanery posts that subsequently arise.

The national pot will include a disproportionately high number of posts from the highly competitive and the small specialties. This is to ensure that there is a good range and number of competitive and smaller specialties in the national pot available for open competition.

## 5.2 The selection process

The selection process will be in two stages - local placement first, followed by open competition, as follows:

- Round 1: All current ST2 run-through medical trainees will be placed in a **local** ST3 post.
- Round 2: A **national open competition** will be organised by the lead dean for the specialty. As a run-through trainee, you will be eligible to apply for posts in open competition in this second round, even though you will already have the security of a post locally. This allows you to apply to a different area/specialty in the national open competition.
- Backfilling: Posts will be become vacant and available to an open recruitment process. If this final stage finishes after 16 May, then recruitment will be for a start date later than 6 August 2008 to allow the employer to complete employment checks.
- Recruitment later in 2008: There will be further open competition to recruit to vacancies at ST3 level that become available later in the year.

This process avoids displacement of run-through trainees, but provides choices for run-through trainees to compete for national specialty placements. It also provides the opportunity for those without a training number to compete.

Academic Clinical Fellows with a national training number or guaranteed deferred entry to specialty training will be offered a programme place in their locality. Individuals in specialty-specific Academic Clinical Fellowships at ST2 level will progress to the corresponding ST3 specialty area.

All other returning researchers, who are not Academic Clinical Fellows, will compete in the open competition at Round 2 and later.

## **6. Support to applicants**

### **6.1 Support from your local deanery**

As an applicant, you may need support, career information and guidance to help you make the best choices in entering the next round of recruitment.

The deanery in which you are currently working should be able to offer careers advice, in addition to the advice you can get from your existing senior colleagues and mentors. Trust consultants, clinical tutors and others should be well informed by deaneries with up to date process details.

If you are not sure about your local arrangements, check your deanery website or ask for information about how to get confidential advice and support. This information should include for example, contact details for your local Occupational Health Department, employment assistance programmes and other organisations. The British Medical Association's Doctors for Doctors Unit, for example, gives doctors in distress or difficulty the choice of speaking in confidence to another doctor about a wide variety of issues including the pressures and stresses of work and of the application process.

### **6.2 Support from the deanery to which you are applying**

You should expect to receive helpful information from the deanery to which you are applying.

National guidance for strategic health authorities (SHAs) and deaneries recommends the following basic elements of applicant support, and the Department of Health is working with deaneries to review the support they are providing.

- Guidance to applicants via deanery websites, including details of posts on offer and application requirements. This should include where possible information on posts in the rotation.
- Information for applicants on shortlisting criteria and weightings and any scoring scheme used
- Timely information to keep applicants up to date with the overall progress of recruitment and any new developments. This should include direct emails to applicants as well as information on websites.
- An effective helpdesk service that can respond to applicants' queries, details of which can be found on the deanery's website.
- Feedback from applications and interviews. Your shortlisting and interview scores should be made available to you.

Further information on posts and contact details and helpdesks for each English deanery are available from the MMC website [www.mmc.nhs.uk](http://www.mmc.nhs.uk) .

## 6.3 Other sources of information and advice

There are many sources of information and advice, such as the royal colleges, British Medical Association, BMJ Careers, PMETB and NHS Employers.

***See Annex A for useful links to further information.***

## 6.4 MMC Helpdesk

The MMC team provides a national support helpdesk for all England applicants during the 2008 recruitment to specialty training. Contact is by email only.

We will reply to all emails within 48 hours or sooner (not including weekends and bank holidays). Where a query requires some investigation, we will respond within 5 working days.

The MMC England Helpdesk function is to provide support to applicants on matters of national rules and policy where further explanation or assistance is required. If your query is about the 2008 recruitment process to specialty training, your best source of information will be your local deanery or the deanery to which you are applying. For example, questions about deaneries' application forms or deadlines should normally be directed to the specific deanery rather than the central MMC helpdesk.

MMC England Helpdesk: [support@mmc.nhs.uk](mailto:support@mmc.nhs.uk)

## 6.5 Fair, legal and equitable

All recruitment processes must meet legal requirements. Patient care and safety are the priority concern.

The minimum standards shown below are part of a short set of national rules for strategic health authorities and employer organisations. Any variation from the national rules would have to be a reasonable and proportionate response to local circumstances and not lead to conspicuously unfair results.

- As a minimum all posts must be advertised on each deanery website
- All posts must be advertised for a minimum of 72 hours (excluding Saturday, Sundays and bank holidays)
- Advertisements, information for applicants and application forms must be clearly structured so that they are accessible to applicants with disabilities and so that applicants can easily find relevant details when carrying out a search
- Excluding the advertisement period, 5 days should be allowed for electronic applications and 10 days should be allowed for paper applications before the closing date for receipt of applications
- Application forms and the interview processes must map to the national person specifications
- The application form should be structured, CV-based
- Applicants will be able to apply for as many training programmes as they wish

- Random recruitment and selection processes should not be used
- All applications submitted before the deadline will be considered
- Shortlisters and interviewers\* must get a full copy of the application form, but must not have access to the equal opportunities or personal data
- Interviewers\* will take account of applicants' portfolios, their structured CV and the summary of their portfolio of evidence
- Applicants should be asked to bring their portfolios to the interview.

\*Please note that there is a different process for GP recruitment. Please refer to the guidance provided by the National Recruitment Office for General Practice Training (see Annex A for links to further information)

### **Complaints procedure for specialty training 2008**

Each deanery has a process for handling complaints about recruitment. You should contact the deanery to which you applied if you have any concerns about your application, or you would like to know more about the complaints procedure.

## **7. Supplementary guidance for recruitment between 17 May and 31 December 2008**

This section supplements the guidance in sections 1 to 6 and Annexes A, B and C, and should be read in conjunction with these sections.

### **7.1 Opportunities to apply between May and December 2008**

The first and main recruitment process for specialty training programmes in 2008 ended on 16 May 2008. Deaneries will continue to advertise training vacancies at any time between 17 May and 31 December 2008.

During this period, posts arise from those that were not filled in the first recruitment process and from those that become vacant as a result of doctors gaining their Certificate of Completion of Training (CCT), or due to trainees leaving training for various reasons. Inevitably, the majority of vacant posts will be in less popular specialties and training locations, so if you have not been able to find a post in your preferred specialty and location, you will need to consider alternatives.

You can still apply for vacancies arising between May and December, even if you have already accepted a post in the first recruitment process. If you have an existing post or offer, you will need to give the required period of notice before you can take up the new post.

The guide for applicants applying during this period remains the same as in sections 1 to 6 of this guide and annexes A, B and C, except for some differences as explained in 7.3 below.

### **7.2 Where to find vacancies between May and December 2008**

All vacancies are advertised by deaneries on their websites. Even before the adverts appear, the deanery websites will provide information about upcoming vacancies. They must give a minimum of 14 days notice of posts to be advertised.

All posts must be advertised for a minimum of 72 hours (excluding Saturday, Sunday and Bank Holidays). Excluding the advertisement period, at least five days will be allowed for electronic applications and at least ten days will be allowed for paper applications before the closing date for receipt of applications.

Many posts will also be advertised via NHS Jobs and other sites, however, it is impossible to guarantee that these alternatives will pick up every vacancy. We strongly advise that you review deanery websites on a regular basis. For links to the deanery websites, please see Annex A.

### **7.3 Applications and offers**

You can still apply for vacancies arising between now and December 2008, even if you have already accepted a post in the first recruitment process of 2008.

If you have received an offer of employment and accepted it, you must make it known to the deanery or Unit of Application to whom you are applying that you have already secured a post in the first round and you will also need to notify the deanery where you had originally accepted the training offer. You need to do this at the time of applying and at your interview. This will not prejudice your application. This is purely for the benefit of the organisations that are providing patient care, so that they can manage services and maintain standards.

You will also be required to give notice before you can take up the new post. Even though you may not have received your written contract, you should discuss the notice required with your employing organisation.

You have a responsibility for patients and services. As the GMC's *Good Medical Practice* points out, patient care may be compromised if there is insufficient medical cover. The better approach would be to make sure your employer has a reasonable time to make other arrangements (as a minimum, the contractual notice period).

If you do not give the required notice and simply fail to turn up for work on the agreed start date, you may be reported to the General Medical Council. Failure to arrive for work on the start date previously notified by your employer could affect patient services and their care, and may have an adverse impact on the working conditions of medical colleagues. You may be in breach of contract if you do not comply with the minimum contractual notice.

If you accept a post in this second recruitment round, you will be required to give an undertaking when accepting a post that you have not accepted another post and will withdraw from further recruitment. The exemptions to this are the same as those in the first round (see section 4.1).

## **7.4 Options available to you if you do not gain a training post**

If you do not gain a training post a number of options are available.

There may be LAT or LAS locum posts available. Time spent in a LAT (Locum Appointment for Training) post can be counted towards the total time required for a CCT, whereas time spent in a LAS (Locum Appointment for Service) does not. LATs can only be appointed by a formally-defined appointments panel, whereas the appointment to a LAS may be less formal and carried out at a local hospital level. Both types of locum can offer good and worthwhile experiences and may help in gaining specific clinical skills.

Some doctors may choose to take non-training jobs available (e.g. Trust Grade) or jobs in research or abroad. These jobs may be taken as a permanent career move, or may be considered as a stepping-stone to a future training post.

Your Educational Supervisor may be able to offer individual careers advice and suggest options to you. You may also be able to speak to the Clinical Tutor or Director of Medical Education in your local hospital. Many of the Colleges have general advice on their websites for doctors considering a career in their speciality. Some of the Colleges and specialty organisations also offer a counseling/advisory service for individuals with career difficulties. The BMA offer a careers guidance service. For a list of useful links, see Annex A.

## Annex A – Links to further information

### Deaneries

**Northern Deanery**

<http://mypimd.ncl.ac.uk/PIMDDev>

**North Western Deanery**

<http://www.nwpgmd.nhs.uk/>

**Yorkshire Deanery**

<http://www.yorkshiredeanery.com/default.aspx>

**South Yorkshire and South Humber Deanery**

<http://www.syshdeanery.com/>

**Mersey Deanery**

<http://www.merseydeanery.nhs.uk/>

**West Midlands Deanery**

<http://www.westmidlands.nhs.uk/>

**Eastern Deanery**

<http://www.easterndeanery.org/>

**Oxford Deanery**

<http://www.oxford-pgmde.co.uk/>

**London Deanery**

<http://www.londondeanery.ac.uk/>

**Kent, Surrey and Sussex Deanery**

<http://www.kssdeanery.ac.uk/>

**East Midlands Healthcare Workforce Deanery**

<http://www.eastmidlandsdeanery.nhs.uk/>

**Severn Institute**

<http://www.severninstitute.nhs.uk/>

**Wessex Deanery**

<http://www.wessexinstitute.nhs.uk/>

**South West Peninsula Deanery**

<http://www.peninsuladeanery.nhs.uk/>

### Royal Colleges

**The Royal College of Anaesthetists**

<http://www.rcoa.ac.uk/>

**College of Emergency Medicine**

<http://www.emergencymed.org.uk/cem/>

**The Royal College of General Practitioners**

<http://www.rcgp.org.uk/>

**The Royal College of Nursing**

<http://www.rcn.org.uk/>

**The Royal College of Obstetricians and Gynaecologists**

<http://www.rcog.org.uk/>

**The Royal College of Ophthalmologists**

<http://www.rcophth.ac.uk/>

**The Royal College of Paediatrics and Child Health**

<http://www.rcpch.ac.uk/>

**The Royal College of Pathologists**

<http://www.rcpath.org/>

**The Royal College of Physicians in Edinburgh**

<http://www.rcpe.ac.uk/>

**The Royal College of Physicians in London**

<http://www.rcplondon.ac.uk/>

**The Royal College of Physicians and Surgeons of Glasgow**

<http://www.rcpsg.ac.uk/>

**The Royal College of Psychiatrists**

<http://www.rcpsych.ac.uk/>

**The Royal College of Radiologists**

<http://www.rcr.ac.uk/>

**The Royal College of Surgeons of Edinburgh**

<http://www.rcsed.ac.uk/site/0/default.aspx>

**The Royal College of Surgeons in Ireland**

<http://www.rcsi.ie/>

**The Royal College of Surgeons of England**

<http://www.rcseng.ac.uk/>

**The Royal Society of Medicine**

<http://www.roysocmed.ac.uk/>

**Academy of Medical Royal Colleges**

<http://www.aomrc.org.uk/>

**Academy of Medical Sciences**

<http://www.acmedsci.ac.uk/>

**Faculty of Occupational Medicine (of the Royal College of Physicians)**

<http://www.facoccmmed.ac.uk/>

**Faculty of Pharmaceutical Medicine (of the Royal Colleges of Physicians of the United Kingdom)**

<http://www.fpm.org.uk/>

**Faculty of Public Health**

<http://www.fphm.org.uk>

## **Other Links**

**British Medical Association**

<http://www.bma.org.uk/ap.nsf/content/home>

**British Medical Association's Doctors for Doctors Unit**

Tel 08459 200 169 or [info.d4d@bma.org.uk](mailto:info.d4d@bma.org.uk)

**Committee of General Practice Education Directors (COGPED)**

<http://www.cogped.org.uk>

**Conference of Postgraduate Dental Deans & Directors (COPDenD)**

<http://www.copdend.org.uk>

**Conference of Postgraduate Medical Education Deans of the UK (COPMeD)**

<http://www.copmed.org.uk>

**Council of Heads of Medical Schools ( CHMS )**

<http://www.chms.ac.uk/>

**Department of Health**

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

**e-learning for Healthcare**

[www.e-lfh.org.uk](http://www.e-lfh.org.uk)

**Foundation Programme**

<http://www.foundationprogramme.nhs.uk/pages/home>

**Foundation Assessment Programme (Healthcare Assessment and Training)**

<http://www.hcat.nhs.uk>

**General Medical Council (GMC)**

<http://www.gmc-uk.org/>

**Joint Committee on Postgraduate Training for General Practice (JCPTGP)**

<http://www.jcptgp.org.uk/>

**MMC Inquiry led by Professor Sir John Tooke**

<http://www.mmcinquiry.org.uk/index.htm>

**MMC in Northern Ireland**

<http://www.nimdtgta.gov.uk/mmc>

**MMC in Scotland**

<http://www.mmc.scot.nhs.uk/>

**MMC in Wales**

<http://www.mmcwales.org/>

**Medical Research Council**

<http://www.mrc.ac.uk/index/about.htm>

**National Association of Clinical Tutors (NACT)**  
<http://www.nact.org.uk/>

**National Association of Medical Personnel Specialists (NAMPS)**  
<http://www.namps.org.uk/index.html>

**National Coordinating Centre for Research Capacity**  
<http://www.nccrcd.nhs.uk/>

**NHS Careers**  
<http://www.nhscareers.nhs.uk/>

**NHS Confederation**  
<http://www.nhsconfed.org/>

**NHS Employers**  
<http://www.nhsemployers.org/>

**NHS Institute for Innovation and Improvement**  
<http://www.institute.nhs.uk/>

**NHS Jobs**  
<http://www.jobs.nhs.uk/>

**National Medical Careers Fair**  
<http://careersfair.bmj.com/>

**National Recruitment Office for GP training**  
<http://www.gprecruitment.org.uk/>

**Postgraduate Medical Education and Training Board**  
<http://www.pmetb.org.uk>

**ROSE (website for refugee doctors)**  
<http://www.rose.nhs.uk/index.html>

**Skills for Health**  
<http://www.skillsforhealth.org.uk/>

## **Annex B – Background to MMC**

Modernising Medical Careers (MMC) is a programme of radical change that aims to drive up the quality of care for patients through reform and improvement in postgraduate medical education and training.

Under MMC, a new system of recruitment and training was introduced, with the recruitment to the Foundation Programme in 2005 and recruitment to Specialty Training (ST) in 2007.

The main underlying principles of MMC continue to apply for 2008 (see below), but there will be some significant changes to the processes of recruitment and training, informed by feedback from doctors and representatives of the medical profession and NHS recruiting organisations.

There are likely to be more significant changes to the MMC Programme for 2009 and beyond. The experience of the 2007 application process raised strong concerns and the Secretary of State for Health therefore established an independent inquiry in April 2007 under the Chairmanship of Professor Sir John Tooke. This inquiry, which is due to publish its final report in January 2008, was to examine the framework and processes underlying Modernising Medical Careers and make recommendations to inform any improvements. This could mean changes to be implemented over the next two years or more.

This section provides a summary of the background to MMC, its main principles, current developments and possible direction for the future.

### **The past – the principles of MMC**

One of the intended benefits of Modernising Medical Careers (MMC) was to ensure a transparent and efficient career path for doctors.

The NHS Plan, published in 2000, included a commitment to increase the number of consultants and ensure that more of the NHS service was being delivered by trained doctors (rather than those in training) and to 'modernise the Senior House Officer (SHO) grade'.

This was in response to the widely held view that there were many problems with training at SHO level, as these doctors had no clear educational or career pathways, no defined educational goals, no limit to time spent in the grade and a lack of distinction between service and training.

Since 1997, the stated policy of the Department of Health was to increase the number of medical school places so that there would be enough UK-trained medical graduates to provide for the future needs of the NHS. This (often misconstrued) policy was implemented so that NHS planning could proceed without having to make assumptions about the number of doctors from outside Europe who might be available for junior doctor posts.

MMC was launched in February 2003 by the four UK health departments after widespread consultation around the Chief Medical Officer's report *Unfinished Business*.

The principles outlined below received broad support at the time Modernising Medical Careers was launched.

- More of medical care should be provided by fully trained doctors, rather than by trainees
- National standards for training should be established
- Comprehensive curricula for each specialty should be set
- There should be regular assessment of the competences
- All trainers and supervisors should be trained and given the right support to fulfil their roles

### **The changes introduced by MMC**

The changes introduced by MMC sought to improve both the system of medical education and the application process for entry to training as part of a GP, specialist or academic medical career.

There were five main new features:

- Foundation Programme (2 years - F1, F2)
- “Run-through” specialty and GP training (ST) (3-7 years)
- Centralised selection process
- Limited fixed-term specialty training appointments (FTSTAs)
- Formalised non-consultant career grade status, entry and career progression

The two-year Foundation Training programme for new medical graduates was introduced in 2005, followed by a revised programme of Specialty Training (ST) introduced in August 2007.

This meant that medical graduates (from 2007 onwards) would go through two main competitions to get into training posts, the first by application to the Foundation Programme for the first two years of training, and the second by application to specialty and GP “run-through training” or fixed term specialty training appointments (FTSTAs).

Run-through training offered programmes of five to seven years (fewer in GP training) that would eventually lead to a Certificate of Completion of Training (CCT), which would qualify a doctor to apply for a consultant or GP post. FTSTAs were for one year only with the aim of adding flexibility to training. FTSTAs, for example, could offer an opportunity to gain more experience before applying for a longer-term position.

In practical terms for aspiring consultants, the new system replaced the old career path that involved several, often unstructured, years as a Senior House Officer, followed by competition to secure a place on a specialist registrar programme. From 2007, for example, the doctors that successfully secured a place on a run-through training programme will, subject to satisfactory progress, move seamlessly to completion of training. However, there has been considerable debate since then about the pros and cons of run-through training and this concept is changing for 2008 and beyond.

### **Better training standards**

MMC aims to provide consistent national standards for training through better-structured and managed programmes with new competency-based curricula approved by the independent Postgraduate and Medical Education and Training Board (PMETB).

For patients, it was intended to mean that a higher proportion of care would be delivered by an appropriately skilled workforce with less reliance for service delivery on those still in training. For trainees, the new programmes' structures meant an assured high quality of training, better formal supervision and continuous development of acquired competences, backed up by good evidence.

The Postgraduate Medical and Education Training Board (PMETB) was launched in 2005 to set the criteria and standards for training, including approving the curricula for the programmes.

### **National application process**

The implementation of MMC provided an opportunity to streamline recruitment and selection. A national approach was adopted so that recruitment could be carried out to consistent standards and criteria and to an agreed timetable and set of rules.

The national process was supported by an online system for electronic applications. Applicants submitted one application that indicated their four job preferences and the Deaneries were able to use the computer system for processing and selection.

The new process was also intended to provide transparency, including management information to assist recruiters and applicants. In particular, the fact that particular specialties and locations had a much lower competition ratio than others was anecdotally well known before 2007, but there was little if any information either for applicants or for managers on this disparity.

The national application process replaced a system that involved many thousand separate recruitment exercises across the UK every few months to varying standards and criteria.

### **Learning from the experience of 2007**

There were serious problems with the specialty recruitment process in 2007, which caused great anxiety and distress for many applicants and their families and for those implementing the system. The Department of Health has apologised to those applicants and families involved.

Three particular elements of the 2007 process caused problems:

- Firstly, since 1997, the Department of Health's policy was to establish a supply of UK medical graduates sufficient to meet the future needs of the NHS. However, attempts to control access to specialty training for International Medical Graduates (IMGs) were legally difficult to implement, which led to a much larger pool of applicants for the available training places than had been anticipated.
- Secondly, there were serious reservations about the shortlisting and selection processes involved among the medical profession, most importantly among many consultants involved.
- Thirdly, the computerised applications system used (the Medical Training Application System, or MTAS), while it performed well in some ways, experienced two serious security breaches, which led to it being withdrawn

from applicant use. (The Foundation Programme successfully used the same national computer system to process applications in 2007.)

The Secretary of State for Health established an independent Inquiry, led by Professor Sir John Tooke, Dean of the Peninsula College of Medicine and Dentistry. The aim of the Tooke Inquiry was to examine the framework and processes underlying MMC and make any recommendations to inform any improvements for 2008 and beyond.

### **MMC – the future**

MMC development continues and planning for 2009 and beyond is already underway.

The future is likely to be influenced by the final recommendations of the Independent Inquiry into Modernising Medical Careers led by Professor Sir John Tooke, published 8 January 2008. To see the Department of Health's response to the recommendations, please visit <http://www.mmc.nhs.uk/default.aspx?page=435>

## ANNEX C - Guidance for overseas nationals

If you are subject to immigration control, you will be required to provide evidence of your immigration status on the closing date of the post to which you are applying.

Evidence of immigration status should normally consist of a date stamped passport and an accompanying letter from the Home Office detailing which type of visa has been granted. Both of these documents would need to be dated as at or prior to the job application closing date. Applicants should visit <http://www.bia.homeoffice.gov.uk> for more information.

If you have limited leave to remain, you will be considered for the post as long as your immigration category allows you to take up a training programme and is valid on the closing date of the post to which you are applying.

The following table sets out the main categories of limited leave to remain and eligibility to take up specialty training programmes.

<b>Category</b>	<b>Status</b>
Refugee	Can take up a training programme
Partner/civil partner or spouse of a UK citizen	Can take up a training programme
Partner/civil partner or spouse of a UK citizen on a probationary period	Can take up a training programme
HSMP or dependent family members (no restriction placed on you to prevent you working as a 'doctor in training'). <sup>1</sup>	Can take up a training programme
Tier 1 clearance (no restrictions placed on you to prevent you working as a 'doctor in training').	
UK Ancestry or family member	Can take up a training programme
Science and Engineering Graduates Scheme or family members	Can take up a training programme
Postgraduate Doctor or Dentist or family members	Can take up a training programme
Dependent family members of work permit holders	Can take up a training programme
Dependent family members of students with initial grant of more than 12 months	Can take up a training programme
People with indefinite leave to remain in other EEA country	Can take up a training programme if have been granted citizenship for that country but cannot take up a training programme if only possess indefinite leave to remain
Non EEA partners of EEA nationals	Cannot normally take up a training programme unless have been granted leave to enter the UK as the partner of an EEA national
HSMP or dependent family members (restriction placed on you to prevent you taking specialty training posts – your endorsement will read 'no employment as a doctor in training'). <sup>1</sup>	Cannot take up a training programme
Tier 1 clearance (restriction placed on you to prevent you taking specialty training posts – your endorsement will read 'no employment as a doctor in training').	Cannot take up a training programme
Clinical attachment visa	Cannot take up a training programme

<sup>1</sup> The immigration rules were changed on 29 February 2008. From that date, some doctors with leave under the HSMP (and their partners) will not be able to take employment as 'doctors in training'.

Dependent family members of students with initial grants of less than 12 months	Cannot take up a training programme
Students	Cannot take up a training programme
Working Holiday Makers	Cannot take up a training programme
Visitors	Cannot take up a training programme
Non EEA nationals with leave to remain in other EEA countries (including those with refugee status in other countries)	Cannot take up a training programme

In November 2007, the Court of Appeal decided that the Department of Health's guidance (issued in April 2006) on the management of applications for postgraduate training posts from certain categories of doctors who were not UK or EEA nationals was unlawful.

The Department of Health petitioned the House of Lords to hear an appeal against the decision. This was accepted and the appeal was heard on the 28<sup>th</sup> February 2008. It is likely that a decision will not be known for some time.

The Department of Health has reviewed the options for managing migration more effectively. At present the preferred option is to implement guidance that will give priority to UK trained doctors.

A detailed consultation began on 6 February on the issue of managing medical migration more effectively. The consultation will close on 6 May 2008.

The eventual decision as to whether or not to implement guidance, and if so, in what form, will be taken in the light of the decision of the House of Lords, an equalities impact assessment (EIA) and the outcome of the consultation exercise.

For further information on the consultation, please visit <http://www.mmc.nhs.uk/default.aspx?page=419>