

Modernising Medical Careers (MMC) England

An applicant's guide to

**application and recruitment
to specialty training in England in 2009**

Issue 2
First published 14 November
Updated 20 November 2008
Significant amendments listed on page 3

This document can be downloaded in PDF format from www.mmc.nhs.uk

This guide is relevant for specialty training in England in 2009. 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

GP Training: www.gprecruitment.org.uk

Recruitment for Academic Clinical Fellowships in Medicine and Dentistry in England: <http://www.nccrcd.nhs.uk/news/2009acftrecruitment>

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

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

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

You may also like to refer to the following publication available from www.mmc.nhs.uk

A Guide to Postgraduate Specialty Training in the UK 2008 (The Gold Guide)

Published: June 2008 by the four UK Health Departments

This document provides detailed information about the new postgraduate specialty and GP training programmes that commenced in August 2008. However, it should be read only in conjunction with this 2009 guidance for the most up to date procedures. The guide is due for review in spring 2009.

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

First published by the Department of Health and MMC England Programme Board on 14 November 2008. For the latest updates on this guidance, please visit the MMC website www.mmc.nhs.uk

Significant amendments since 14 November are listed on page 3

List of significant amendments since first published

Issue 1 published 14 November 2008

Issue 2 published 20 November 2008

Page 8 - corrections to the programme levels for nationally coordinated recruitment processes for Cardiothoracic Surgery, Public Health, Histopathology and Urology

Page 11 - clarification that a number of deaneries are offering run-through as well as core training in Trauma and Orthopaedics

Page 14 – updated forecast figures for the total number of training places that will be available for specialty training in 2009.

Page 16 – correction to the eligibility criterion concerning GMC and GDC registration.

Page 30 – correction concerning deanery complaints procedures

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1. Planning for specialty training 2009

Welcome to the recruitment process for specialty training 2009.

This guide is intended to support you in making the best possible applications, starting with your specialty choices and continuing through the application process to its outcome.

You may face some tough decisions and the section on competition, for example, will offer some useful information. In addition, your local deanery and the deaneries to which you may be applying are ready to help you, and you will find more information on this in [section 5: Support to applicants](#).

Good luck with your applications, and keep checking deanery websites for the latest vacancies and information.

1.1 Specialty training in England in 2009

Recruitment to most specialties in 2009 will be run locally by deaneries, coordinated within an agreed national timetable. Whilst all applications will be electronic, there will not be a national IT system for applications. However, some specialties will use a national recruitment process and these are listed in [section 1.2](#) below.

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.

Improving on last year's process, there is a national standard part one application form, designed to reduce the workload for applicants and streamline the process for recruiters. See further details at [Annex A](#).

Throughout this guide, training posts are described as ST1, ST2, ST3 etc. and CT1, CT2, CT3. ST is short for "specialty training" and CT is short for "core training". The number represents the year or level of the post. Later sections of the guide give you more information on the nature of posts and the difference between ST and CT posts.

Key dates in 2009

The first and main recruitment round for specialty training in England in 2009 is between **5 January and 22 May 2009**, for entry into specialty training on **5 August 2009 or thereafter**. 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. Adverts will appear for information from mid December and for application from 5 January onwards.

Specialties will continue to recruit up until 31 December 2009 in order to fill any vacancies that may remain after 22 May and any new vacancies that may arise during the year. 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 **23 May and 31 December 2009**. For more information on this, see [section 6](#) and check the deanery websites in [Annex B](#).

Deaneries must 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.

See [Annex A](#) for standard national parts of the application form

See [Annex B](#) for links to further information

See [Annex C](#) for background to MMC

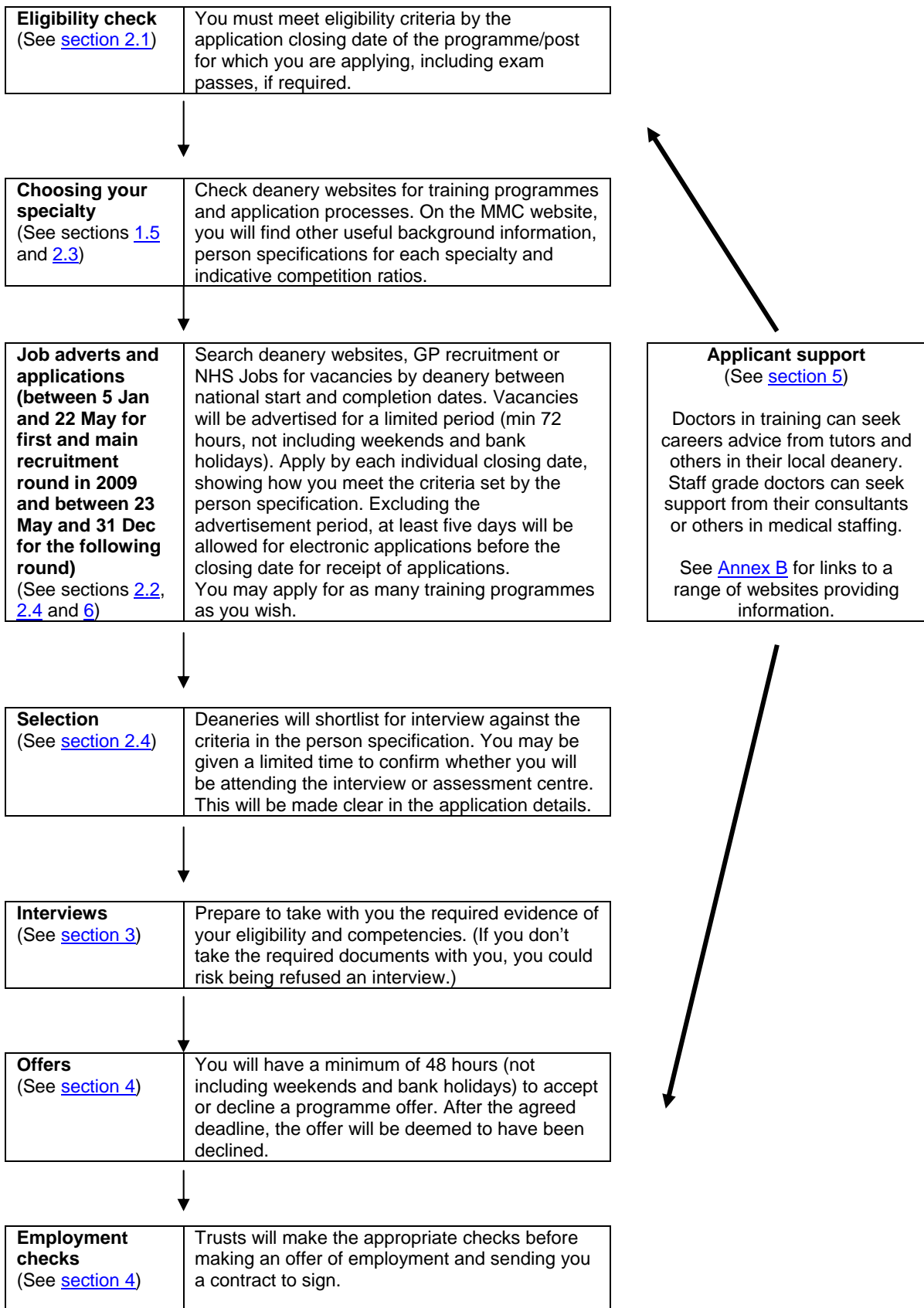
See [Annex D](#) for guidance for overseas nationals

2009 recruitment for Academic Clinical Fellowships (ACFs)

2009 recruitment for Academic Clinical Fellowship (ACF) posts started on **14 November 2008**.

This recruitment process is run by the National Institute for Health Research Coordinating Centre for Research Capacity Development (NIHR CCRCD). For details, please visit the NIHR CCRCD website <http://www.nccrcd.nhs.uk/news/2009acftrecruitment>

1.2 At-a-glance view of the recruitment process



National recruitment programmes

Some specialties are recruiting by means of a national process handled by a lead organisation on behalf of all deaneries. Both applicants and recruiters commended the specialties that recruited in this way in 2008. More specialties will be using this approach in 2009.

The approved specialties for a nationally coordinated process include:

- Small specialties that 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 (from mid December 2008):

Small specialties using a national specialty-led recruitment process:

| Specialty | Level | Lead |
|---|-------------|---|
| Cardiothoracic Surgery | ST3 and ACF | West Midlands Deanery www.westmidlands.nhs.uk |
| Plastic Surgery | ST3 | London Deanery www.londondeanery.ac.uk |
| Neurosurgery | All levels | Yorkshire & the Humber Deanery www.syshdeanery.com |
| Neurophysiology | ST3 | Yorkshire & the Humber Deanery www.syshdeanery.com |
| Public Health | ST1 | East Midlands Healthcare Workforce Deanery www.eastmidlandsdeanery.nhs.uk |
| Histopathology | ST1 | London Deanery www.londondeanery.ac.uk |
| Urology | ST3 | Yorkshire & the Humber Deanery www.syshdeanery.com |
| Clinical Genetics | ST3 | West Midlands Deanery www.westmidlands.nhs.uk |
| Academic Clinical Fellowships in Medicine and Dentistry | All levels | National Institute for Health Research Capacity Development Programme www.nccrcd.nhs.uk |

Large specialties using a standardised recruitment process in England:

| Specialty | Level | Lead |
|------------------------------|------------|---|
| Paediatrics and Child Health | all levels | Royal College of Paediatrics and Child Health www.rcpch.ac.uk/recruitment |
| Obstetrics and Gynaecology | all levels | Royal College of Obstetricians and Gynaecologists www.rcog.org.uk |
| General Practice | all levels | National Recruitment Office for General Practice Training www.gprecruitment.org.uk |
| Core Medical Training | CT1 | Joint Royal College of Physicians Training Board (JRCPTB) www.rcplondon.ac.uk |
| Emergency Medicine | ST4 | Yorkshire & the Humber Deanery www.syshdeanery.com |
| Psychiatry | CT1 | Royal College of Psychiatrists http://www.rcpsych.ac.uk/ |
| Trauma and Orthopaedics | ST1 | Yorkshire & the Humber Deanery www.syshdeanery.com |

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, HR professional etc).
6. There are standardised selection methodologies for shortlisted 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 is coordinating 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 2009

If you are interested in finding out more about academic specialty training, GP training or about training in the other three UK countries, please visit the relevant websites listed in [Annex B](#).

Recap on the new training system introduced under MMC in 2007

See also *Background to MMC* in [Annex C](#)

Some specialty training programmes to be offered to 2009 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 programmes for 2009.

Training offers in 2007

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 competencies. 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.

Training programmes in 2009 – “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.

Training offers in 2009

In 2009, 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 (ST1, ST2 etc.), whilst others are “uncoupled” and offer a two-year core training programme (CT1, CT2) (three years (CT3) in the cases of psychiatry and emergency medicine). This core training is then followed by an open competition to enter higher specialty training at ST3 onwards (ST4 for psychiatry and emergency medicine).

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 2009 | Offer with uncoupling in 2009 (Core training followed by open competition to higher specialty training) |
|---------------------------------------|--|
| Obstetrics and Gynaecology | General Medicine |
| Ophthalmology | Anaesthesia |
| Paediatrics and Child Health | Clinical Oncology |
| General Practice | Psychiatry |
| Public Health Medicine | Occupational Medicine |
| Neurosurgery | Emergency Medicine |
| Histopathology | Cardiothoracic Surgery |
| Chemical Pathology | General Surgery |
| Medical Microbiology | Oral Maxillo Facial Surgery |
| Clinical Radiology | Otolaryngology (ENT) |
| Trauma and Orthopaedic Surgery* | Paediatric Surgery |
| Urology** | Plastic Surgery |
| | Trauma & Orthopaedic Surgery* |
| | Urology** |

*In Trauma and Orthopaedics, most training programmes are offered as uncoupled core training, but four deaneries are offering run-through training programmes. The deaneries offering run-through as well as core training are Northern, West Midlands, North Western and Yorkshire and the Humber.

**In Urology, the training offer from North Western deanery will be run-through. Training offers from all other deaneries will be uncoupled core training.

For those specialties where training is uncoupled, core training is offered to a larger pool of applicants, without the 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 and neurosurgery) 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 Certificate of Completion of Training (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 for 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.

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 Tooke Report was

published on 8 January 2008. See <http://www.mmcinquiry.org.uk/draft.htm>

A response to the Tooke recommendations from the Secretary of State for Health was published on 28 February 2008. See <http://www.mmc.nhs.uk/default.aspx?page=435>

- Recommendations from the Health Committee, published in its 2007/08 Third Report on 24 April 2008. See <http://www.parliament.the-stationery-office.co.uk/pa/cm200708/cmselect/cmhealth/25/2502.htm>

A response to the Health Select Committee from the Secretary of State for Health was published on 7 July 2008. See <http://www.mmc.nhs.uk/default.aspx?page=460>

- *High Quality Care for All*, the NHS Next Stage Review published on 30 June 2008. See <http://www.ournhs.nhs.uk/2008/06/30/high-quality-care-for-all-nst-final-report-launched/>

The NHS Next Stage Review made a commitment to establishing by the end of 2008/09 an independent advisory body, *Medical Education England* (MEE). MEE will advise the Department of Health on the education and training of doctors, dentists, pharmacists and healthcare scientists which needs to be planned nationally. Similar bodies in every NHS region will support the national MEE. Together they will provide scrutiny advice on workforce plans and education commissioning strategies to make sure that the NHS has the right quantity and quality of medical staff in the future.

See [Annex B](#) for links to further information

See [Annex C](#) 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 two useful sets of background information:

- The latest forecast numbers of training places available for specialty training in 2009
- The competition ratios from the first round of recruitment in 2008

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 2009

To see a more detailed breakdown of posts by deanery see the “Vacancies and Competition” section on the MMC website www.mmc.nhs.uk.

Below are the forecast numbers (as at 24 October 2008) of training places that will be available for specialty training in 2009. It is likely that more training posts will be identified in the period up to the commencement of recruitment and these will be notified on deanery websites.

ST1/CT1 level

Table 1 shows the forecast number of ST1 equivalent level posts (as at 24 October 2008). The total number of available posts is forecast at 6,580.

| Table 1 | ST1/CT1 posts | FTSTA 1 posts | Total indicative |
|------------------------------|----------------------|----------------------|-------------------------|
| General Practice | 2,519 | - | 2,519 |
| Specialty posts | 3,781 | 106 | 3,887 |
| Total ST1 level posts | 6,300 | 106 | 6,406 |

ST2/CT2 level

Table 2 shows the latest forecast posts planned at ST2 level (as at 24 October 2008). The total number of available posts is forecast at 540.

| Table 2 | ST2 posts (ST3 for Psychiatry & Paediatrics) | CT2/FTSTA2 posts (CT3/FTSTA3 for Psychiatry and Paediatrics) | Total |
|------------------------------|---|---|--------------|
| General Practice | - | - | - |
| Specialty posts | 125 | 468 | 593 |
| Total ST2 level posts | 125 | 468 | 593 |

ST3 level range (ST4 in Paediatrics and Psychiatry)

The 2009 recruitment round at the ST3 level will take place after the trainees appointed in 2007 to run-through programmes have been matched to higher specialty training posts. This will be complete in spring 2009 and it is unlikely that any ST3 posts will be advertised before then. Information on ST3 posts will be posted to the MMC website as soon as it is available.

Competition levels in 2009

Trainees who were recruited to run-through training programmes will proceed to the next level of training in 2009, provided they pass the appropriate assessments.

The Department of Health predicts that competition in 2009 will be slightly higher than in 2008. Overall, the number of posts available is lower than last year, but the likely number of applicants is also lower. The important point is that competition ratios vary by specialty and location, with some being much more competitive than others.

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.

The MMC website www.mmc.nhs.uk has information on competition ratios from recruitment in 2008. The results of applicants' specialty choices were analysed to provide competition ratios, including for example, the number of applications to the number of jobs and the number of people shortlisted.

These figures do not claim to show what will happen in 2009, but do offer a broad indication of which were the most and least subscribed specialties and areas in the previous recruitment year.

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 2010 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) 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 2009.

2. Preparing and submitting your application

If you are interested in applying for those specialties that are recruiting by means of a national process, you will be able to apply for all of your preferred posts in a single application. For full details on each specialty, you should visit the relevant websites as listed in [section 1.2](#).

For all other specialties, recruitment is being managed by local deaneries and NHS trusts. This means that you will be applying separately for posts that are advertised by individual deaneries. Each English deanery will be running its own recruitment process within an overall timetable, to a set of national rules and standards for England. Deanery websites will provide full details.

See [Annex B](#) for links to further information

2.1 Eligibility

See also [Annex D](#) – Guidance for overseas nationals

Eligibility to apply for specialty training in England in 2009

There are strict rules about eligibility to apply for specialty training in England. If you are submitting an application in 2009, 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 GMC registration status or GDC registration status by the time of appointment of post (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
- **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/or identity card, together with 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 competencies for that specialty. You will need to provide evidence to prove that you have achieved the specified competencies. 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 competencies. 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 competencies by the end of July 2009.

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

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 competencies or equivalent from the first year of specialty training (ST1) or will be on track to do so by end July 2009.

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 competencies or equivalent 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 competencies or equivalent 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 competencies

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 competencies by the end of July 2009.

If you are a Foundation trainee, you should be able to provide a Certificate of Completion of Foundation training by August 2009. 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 competencies. 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 competencies
- Checklist of competencies 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 English job adverts and where to find them

The first and main recruitment round for specialty training in England in 2009 is between 5 January 2008 and 22 May 2009. 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.

Specialties will continue to recruit up until 31 December 2009 in order to fill any vacancies that may remain after 22 May and any new vacancies that may arise during the year. See [section 6](#) for more information on opportunities to apply between 23 May and 31 December 2009.

Each deanery will be advertising vacancies at different times within the national timetable. Deaneries will 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 before the closing date for receipt of applications.

To find out about vacancies, you should check deanery websites on a regular basis.

Some deaneries may post job vacancies on a rolling basis from 5 January 2009 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

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 West Peninsula
Wessex
West Midlands
Yorkshire and the Humber

In the **East Midlands**, the following six specialties have two specialty schools, each of which will be a separate 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 and ST/CT3 for Paediatrics and Psychiatry only:

- Anaesthetics
- Core Medical Training
- Core Surgical Training (excluding Oral & Maxillofacial surgery and Neurosurgery)
- 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 for jobs in England

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

Each person specification is available from the MMC website 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.

| Themed core specialties (Bold type for combination of specialties for early years training) | Person specifications available | | | | Comments |
|--|---------------------------------|-----|-----------------|-----|---|
| | | | | | |
| Acute care common stem | | | | | |
| (ACCS) Acute medicine | CT1 | CT2 | | | Themed, core programmes within the acute care common stem specialty group |
| (ACCS) Anaesthesia | CT1 | CT2 | CT2 Anaesthesia | | |
| (ACCS) Emergency medicine | CT1 | CT2 | CT3 | | |
| Emergency medicine | | | | ST4 | |
| Anaesthesia | CT1 | CT2 | ST3 | | Core training programmes up to and including CT2 |

| Surgical specialties | Person specifications available | | | | Comments |
|---|---------------------------------|-----|-----|--|--|
| | | | | | |
| Surgery in general (generic) | CT1 | CT2 | | | Themed, core programmes within the surgery specialty group |
| Cardiothoracic surgery | | | ST3 | | Individual specialties that are part of the surgery specialty group. |
| General surgery | | | ST3 | | |
| Oral & Maxillofacial surgery (OMFS) | CT1 | | ST3 | | |
| Otolaryngology (ENT) | | | ST3 | | |
| Paediatric surgery | | | ST3 | | |
| Plastic surgery | | | ST3 | | |
| Trauma & orthopaedic surgery ¹ | CT1 | | ST3 | | |
| Urology ² | CT1 | | ST3 | | |

| Psychiatry core training | Person specifications available | | | | Comments |
|-----------------------------------|---------------------------------|-----|-----|-----|---|
| | | | | | |
| Psychiatry | CT1 | CT2 | CT3 | | Core training programmes up to and including CT3 |
| Child & adolescent psychiatry | | | | ST4 | Individual specialties that are part of the psychiatry specialty group. |
| General adult psychiatry | | | | ST4 | |
| Psychiatry of learning disability | | | | ST4 | |
| Old age psychiatry | | | | ST4 | |
| Forensic psychiatry | | | | ST4 | |
| Psychotherapy | | | | ST4 | |

¹ Trauma & Orthopaedic Surgery are offering a mixed economy entry for 2009 with ST1 being available at the following deaneries (Northern, North Western, West Midlands and Yorkshire & the Humber)

² Urology are offering a mixed economy entry for 2009 with ST1 being available via North Western deanery only.

| Medical specialties | Person specifications available | | | | Comments |
|--|---------------------------------|-----|-----|-----|---|
| | CT1 | CT2 | | | |
| Core medical training | | | | | 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 oncology | | | 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 oncology | | | ST3 | | |
| 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 | | |

| Run through Specialties | Person specifications available | | | | Comments |
|---|---------------------------------|---------------|---------------|-----|---|
| Chemical pathology | ST1/ FTSTA | | | | |
| Chemical pathology – Metabolic Medicine | | | ST3 | | |
| Clinical radiology | ST1/ FTSTA | | | | Applicants may apply directly from foundation training or after having completed core training in other specialties |
| General practice | ST1 | | | | |
| Histopathology | ST1 | | | | |
| Medical microbiology/virology – microbiology | ST1/ FTSTA | | | | |
| Medical microbiology/virology – virology | ST1/ FTSTA | | | | |
| Neurosurgery | ST1 | ST2 | ST3 | | |
| Obstetrics & Gynaecology | ST1/ FTSTA | ST2/ FTSTA | ST3 | | |
| Ophthalmology | ST1/ FTSTA | ST2/ FTSTA | ST3 | | |
| Paediatrics | ST1/ FTSTA | ST2/ FTSTA | ST3/ FTSTA | ST4 | |
| Public Health | ST1 | | | | |
| Trauma & orthopaedic surgery ³ | ST1 | | | | |
| Urology ⁴ | ST1 | | | | |

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 is 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.

³ Trauma & Orthopaedic Surgery are offering a mixed economy entry for 2009 with ST1 being available at the following deaneries (Northern, North Western, West Midlands and Yorkshire & the Humber)

⁴ Urology are offering a mixed economy entry for 2009 with ST1 being available via North Western deanery only

2.5 Submitting your application

Planning your application choices

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 competencies 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

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 specialities and areas from the competition information on the MMC website 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

All applications are in an electronic format to be completed and submitted by email or via deanery websites. You should make sure that you are using an email account that you can access at any time and will not be blocked by your trust's IT security system. If you are uncertain about this, you should check with your IT department at work.

Some specialties are recruiting by means of a national process handled by a Royal College or lead deanery on behalf of all deaneries. In these specialties, you will be able to make a single application where you state in the application form your order of preference between deaneries or UoA. See [section 1.2](#) for the list of specialties using a national recruitment process and links to further information.

The first part of the local deanery application forms is the same for all deaneries in order to save as much time as possible for applicants (see [Annex A](#)). However, each deanery or UoA will have different sections and you will need to give yourself sufficient time to prepare each application according to the requirements of each deanery. 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 and programme details
- 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
- d) Any other documentation required to be submitted. Deaneries will not chase you for information. You need to make sure you have submitting everything that is required or you could risk your chances of being shortlisted.

2. Gather your evidence. Ensure that you have gathered 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 competencies 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.

You should also give the reasons for any time you have spent out of work, such as maternity leave or relocation to the UK, so that there are no unexplained career gaps on your application 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 2009 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. Ideally you will be given five working days notice of any interview, however notice may be less if late gaps arise due to other applicants dropping out. You will be informed of the reason for the late notice if this occurs.

Deaneries will publicise all their assessment centre / interview dates and you must consider this when applying for posts, as deaneries will be limited as to how much they can accommodate trainees who are invited to an assessment centre / interview by two separate deaneries for the same specialty (where this is not nationally coordinated).

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.

Check the deanery's policies on equality and diversity, for example, there may be a Guaranteed Interview Scheme for applicants with a declared disability who meet the person specification criteria. Recruiters will ensure that reasonable adjustments are made at interview to meet the needs of applicants with disabilities.

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 on request.

All correctly submitted applications will be considered. Those which pass the long listing stage (which considers eligibility to apply for that post, see [section 2.1](#)) will 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.

Due to the large volume of applicants, deaneries will only contact you if you are being invited to interview. Deanery websites will publish interview dates for each specialty so if you have not heard by the interview date you can assume you have not been shortlisted.

If you are not successful at the shortlisting stage, you can request feedback from the deanery (see [section 3.5](#) for more information). If you feel you have been unfairly scored, there is a complaints procedure in each deanery (see [section 5.5](#)).

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
- Representation from human resources

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 invitation to interview 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. At a later date, after the interview, the relevant deanery should be able to provide information on your score (see [section 3.5](#) for details).

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 competencies cited on your application form – your professional portfolio
- Evidence of educationally approved posts cited on your application form
- Evidence of nationality / immigration status.

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

If you are shortlisted, you will need to consider ways to provide evidence of having met Foundation and other required competencies. 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 link 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 run into problems due to 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. You should ask about this prior to attending an assessment centre. It should not be assumed that all costs would be reimbursed.

3.5 Requesting feedback

If you are unsuccessful at any stage in the recruitment process, you have the right to request feedback from the deanery.

Information about where to send your request will be available on the deanery's website. Your written request should state your full name, GMC number, specialty and level applied for.

If you feel that your application process has been conducted unfairly, there is a complaints procedure in each deanery (see [section 5.5](#)).

Shortlisting feedback

Applicants who contact deaneries for their shortlisting scores should receive a copy of the following information:

- Rank and/or score
- Total number of applicants
- Rank and/or score required to gain an interview

Applicants who write or phone for more specific feedback on their application form will be asked to meet with either their Educational Supervisor in the first instance or, if not readily available, someone who has previously and recently been involved in recruitment and selection for their specialty, who will be able to go through their form with them.

Any requests for further details other than those outlined above will be dealt with by deaneries under the Data Protection Act.

Interview feedback

After the interview, you can write or email requesting feedback from the relevant deanery. You should be sent a copy of the following information within 40 days of your request:

- Your rank and/or score
- Rank required to receive an offer
- Total number of applicants interviewed

You can also write or email to request copies of your interview score sheets, which will be anonymised.

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 would 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 recruitment is very competitive – it would be unwise to assume that you will receive more than one training offer.

Unsuccessful applicants will be contacted by email. If you are not being offered a place but are considered appointable, you will be told that an offer cannot be made to you at the present time, but if appropriate vacancies present themselves due to other applicants rejecting offers, you may be contacted in the near future.

4.1 Acceptances

Once you have been offered and have accepted a post, you must withdraw from any further applications, interviews or offers.

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 round. 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.

There are a few exceptions to this rule.

Exceptions

Academic Clinical Fellowships

If you have accepted a run through training post, you are eligible to apply for an Academic Clinical Fellowship post.

One-year training programmes

If you have accepted a final year core training post (CT2 or CT3 in emergency medicine and psychiatry) or a fixed-term specialty training appointment (FTSTA) in a run-through specialty, you may continue to compete for run-through training posts or for uncoupled training programmes that offer two years or more of core training. You may not apply for other FTSTAs or other posts that only offer one year of training.

The principle here is that applicants who secure a training post should be able to continue competing for posts that offer a better position for longer term training.

Examples:

If you have accepted a CT2 post (or CT3 in emergency medicine or psychiatry), you can continue to compete for run-through training posts.

If you have accepted an FTSTA2, you could still apply for CT2 in emergency medicine or psychiatry because these programmes would run for two years, CT2 and CT3. You could not apply for CT2 in general surgery, because this would only offer one year of training CT2 before the next competition to higher specialty training.

If you have accepted a CT1 post (or CT2 in emergency medicine or psychiatry), you may not continue to compete for other posts.

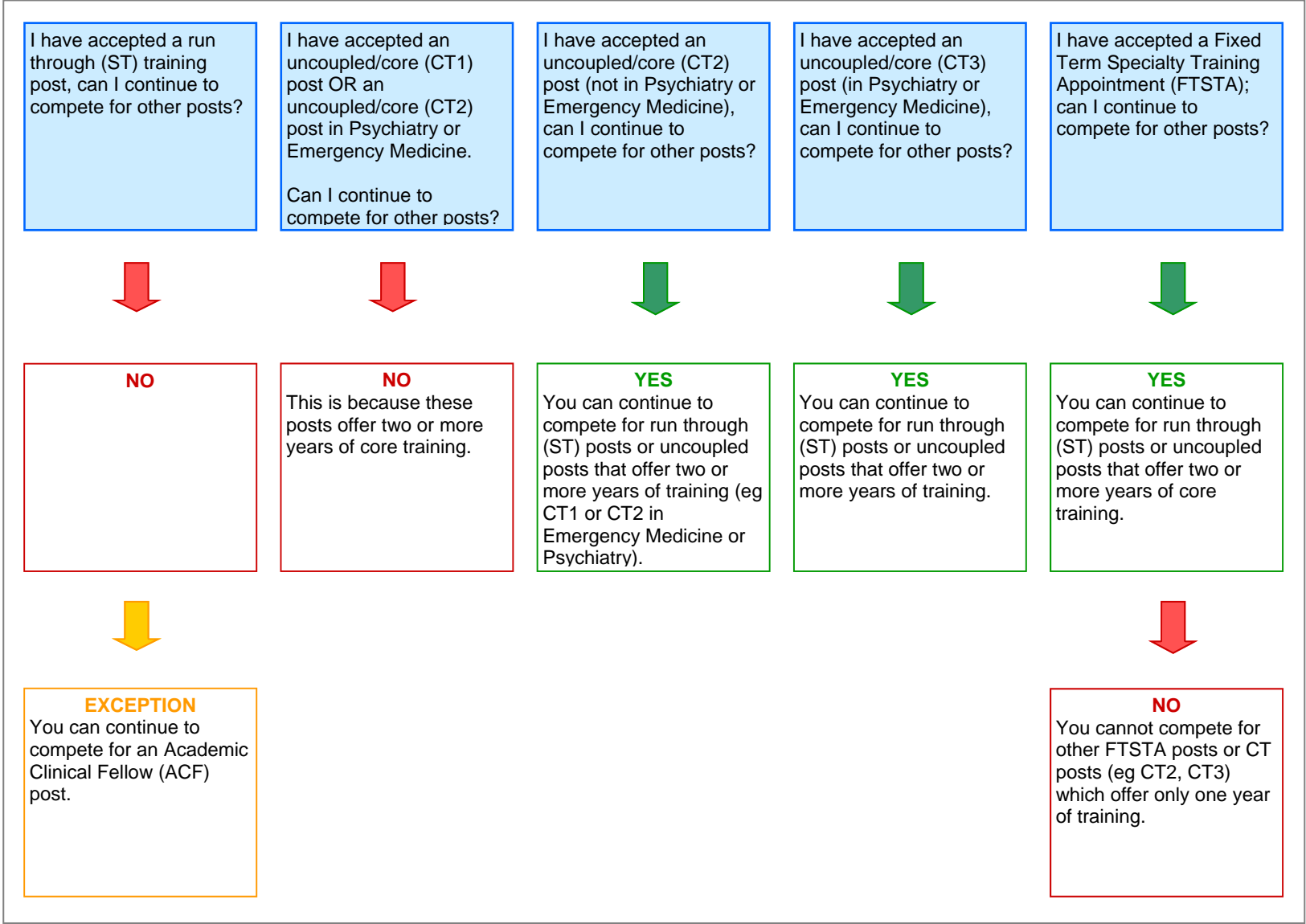
Please note: if you do want to change from having a one-year training programme, such as an FTSTA, to one that offers two or more years of training, you may still be required to work out your notice. This will be at the discretion of your employer. For example, if you accept a CT1 post in core medical training on 10th July 2009, you could reasonably be expected to start your FTSTA 1 on 5 August 2009 and work out your notice period from the date you resigned. The notice period starts from the date you notified the deanery or employer (not from the start date of the post).

There may also be variations in those specialties that are recruiting through a national process. Please note that these variations apply only to the nationally recruited specialty in question and cannot be applied to other specialties you may have applied to as well.

You should refer to those specialties for details; see links in [section 1.2](#).

See over the page for a diagram illustrating exceptions.

Diagram illustrating exceptions:



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.

Once this information has been confirmed, you will receive an offer of employment from your employer (subject to pre-employment checks). This will include the following information about your potential employment:

- The name of your employer
- The start date and length (or likely length) of the period of employment
- The name of the position needing to be filled and the work needing to be done
- The location of the work
- The hours needing to be worked
- Any potential health and safety risks
- The qualifications/experience required to do the job
- Any expenses payable (e.g. removal/relocation)
- The minimum rate of remuneration payable and any other benefits on offer
- The intervals at which you will be paid
- The notice period applicable

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 practice 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.

You should receive your contract within two months of starting in post, as per NHS Employers' guidance.

You are expected to take up any employment you have formally accepted and to work your contracted notice period in line with GMC's Good Medical Practice 2006, paragraph 49. Agreed terms, such as the notice period, will apply even if you have not yet received your contract.

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.
- Some candidates experience problems with the email accounts they use. Make sure that correspondence from deaneries isn't automatically filtered to your spam/junk email folder by adding deanery contacts to your safe senders list. Also, make sure that you check your emails regularly.

5. Support to applicants

5.1 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.

In summary, the best ways for you to receive support at the application or interview stage are as follows.

Current doctors in training:

- contact your Educational Supervisor
- contact your Trust Careers Lead
- contact the Trust Director of Medical Education
- contact the deanery careers advisor/support team

Doctors in service posts in the UK:

- contact your Clinical Supervisor
- contact the Trust Director of Medical Education
- contact the deanery careers support centre

Doctors from outside the UK or not in current medical employment who are considering applying for specialty training should contact the deanery they are applying to, and/or relevant Royal College for advice.

5.2 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 throughout the recruitment process.

Deanery websites will provide clear guidance to applicants including:

- Up to date information on all recruitment activity; details of posts on offer and application requirements; shortlisting and interview timeframes.
- Information about posts in the rotation (where possible)
- An updated Frequently Asked Questions section.
- Information about how to complete the application form
- Information about shortlisting criteria and weightings, and any scoring scheme used.

Email helpdesk services will be available in each deanery. The email address will be advertised on the deanery websites.

- Helpdesks will respond via email to applicants' queries within two working days. (Queries received within 48 hours of the relevant application deadline will be prioritised.)
- Applicants will receive an automated response to any emails sent to the deanery, so they know their email has been received.
- If resources allow there should also be a dedicated recruitment telephone helpline, details will be advertised on deanery websites.

Contact details and helpdesks for each English deanery are available from the MMC website www.mmc.nhs.uk.

Detailed information about what you should expect from the deanery at each specific stage of recruitment is provided in the relevant section of this guide.

5.3 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 B](#) for useful links to further information.

5.4 MMC Helpdesk

The MMC team provides a national support helpdesk for all England applicants during the 2009 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 five 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 2009 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

5.5 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.
- All applications should be made electronically.
- Excluding the advertisement period, 5 days should be allowed for applications before the closing date for receipt of applications.
- Application forms and the interview processes must map to the national person specifications.
- The nationally agreed application form should be used except where specific agreement has been given not to.
- 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 B](#) for links to further information)

Feedback

You have a right to ask for feedback from the deanery following the shortlisting and interview stages of recruitment (see [section 3.5](#) for more information).

Complaints procedure

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.

6. Supplementary guidance for recruitment between 23 May and 31 December 2009

This section supplements the guidance in sections 1 to 5 and Annexes A, B C and D, and should be read in conjunction with these sections.

6.1 Opportunities to apply between May and December 2009

The first and main recruitment round for specialty training programmes in 2009 ends on 22 May 2009. Deaneries will continue to advertise training vacancies at any time between 23 May and 31 December 2009.

During this period, posts arise from those that were not filled in the first recruitment round 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 5 of this guide and annexes A, B C and D, except for some differences as explained in [section 6.3](#) below.

6.2 Where to find vacancies between May and December 2009

All vacancies are advertised by deaneries on their websites. Even before the adverts appear, the deanery websites will provide information at least 2 weeks before about upcoming vacancies.

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 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 B](#).

6.3 Applications and offers

You can still apply for vacancies arising between now and December 2009, even if you have already accepted a post in the first recruitment round of 2009.

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).

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](#)).

6.4 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 by a local hospital. 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 specialty. 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 B](#).

Annex A: Standard national parts of the England application form

In order to save time and work for applicants, the first part of any application form is standard. The second part of the application form is specific to each deanery and specialty.

You can see sample forms for part 1 and part 2 on the MMC website at <http://www.mmc.nhs.uk/default.aspx?page=485>.

On this page you can download the following documents. Please note that these documents are samples only for your information. They are not the actual application forms.

- Sample application for employment: Part one
- Sample application for employment: Part two
- Sample Equality and diversity monitoring form

Annex B: Links to further information

Deaneries

Northern Deanery

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

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/>

Yorkshire and the Humber Deanery

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

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.nesc.nhs.uk/>

London Deanery

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

Kent, Surrey and Sussex Deanery

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

East Midlands Healthcare Workforce Deanery

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

Severn Deanery

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

Wessex Deanery

<http://www.wessex.org.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.collemergencymed.ac.uk/default.asp>

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.facocmed.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

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

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.nimda.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.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 C: 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 remain unchanged for 2009 (see below), but the processes of recruitment and training continue to change and develop each year, informed by feedback from doctors and representatives of the medical profession and NHS recruiting organisations.

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 '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.

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 MMC principles:

- MMC should have a fair, equitable and transparent recruitment basis
- specialty training should be programme based and designed to deliver nationally agreed standards
- where appropriate specialty training should begin with broadly based programmes
- educational progression for individuals should be assessed by an annual review of the documented acquisition of competencies and clinical and professional competency
- trainers and educational supervisors should be trained and supported to fulfil their wider role as educators, and assessors
- training programmes should be time limited, extensions associated with problems with educational progression should be restricted
- the satisfactory completion of training should be marked by entry to the specialist or general register
- completion of training demonstrates that a trainee has achieved the level of clinical and professional competency appropriate to allow appointment as a consultant or general practitioner principal or academic equivalent, and for independent clinical practice
- after entry to the specialist or generalist register, doctors will need access to continuing professional development to be able to respond to changes

- in clinical practice and allow for further professional development as well as revalidation, recertification and maintenance of professional regulation
- arrangements for postgraduate medical education and training should be flexible and facilitate movement into and out of training, and between specialty training programmes
- the provision of education and training will be underpinned by a commitment to provide less than full-time and other types training, where appropriate
- the availability of specialty training opportunities will be based on a formal analysis of the needs of the service
- trainees will be able to access career management support prior to and during specialty training.

Better training standards

MMC aims to provide consistent national standards for training through better-structured and managed programmes with 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. For trainees, the new programmes' structures meant an assured high quality of training, better formal supervision and continuous development of acquired competencies, 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.

The future of medical education and training

In addition to looking at the short term influences on your career choices, it is important to consider the longer term and the changing pattern of career opportunities as a result of the changing needs of patients.

Some trends are highlighted in the NHS Next Stage Review that was published in June 2008 by the Department of Health. For example:

- The shift will continue towards more care closer to home, making the most of technological and medical advances.
- There is a growing demand for primary care. There are 400 additional GP training posts in 2009, and the proportion of GP training posts is likely to reach 50% by 2010 (from the current proportion of around 38%)
- There will be continued centralisation in specialised care and further developments in sub-specialisation.
- There is a growing emphasis on improving health that will create more demand for public health expertise. This could see a move towards dual accreditation in public health medicine for diabetologists and cardiologists, for example.

- In general, the NHS is seeking to involve clinicians more in policy and planning, innovation and change. From medical school onwards, doctors will be supported to develop managerial as well as clinical skills.

In response to a recommendation from the Tooke review (the MMC Inquiry that reported in 2008), there will be a new advisory body that will operate at arm's length from Ministers. *NHS Medical Education England (MEE)* is to be established from 1 January 2009.

The new body will provide independent expert advice on training and education for doctors, dentists, health care scientists and pharmacists. The concept is supported by professionals and has been developed as a result of extensive consultation with stakeholders.

MEE will oversee the continued development of training programmes. Modular training and modular credentialing, for example, will open up the possibilities for flexibility. Modular credentialing – formal accreditation at defined points – will make it easier for people to move in and out of training, move between programmes and gain a wide range of experience.

Annex D: Guidance for overseas nationals

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

Evidence of immigration status should normally consist of a date stamped passport and/or identity card, together with an accompanying letter from the Home Office detailing which type of visa has been granted. These documents would need to be dated as at or prior to the job application closing date. Applicants should visit <http://www.ukba.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.

| Category | Status |
|---|---|
| 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 ⁵ or partner/civil partner or spouse of HSMP (no restriction placed on you to prevent you working as a 'doctor in training'). ⁶ | Can take up a training programme |
| Tier 1 clearance or partner/civil partner or spouse of Tier 1 (no restrictions placed on you to prevent you working as a 'doctor in training'). | Can take up a training programme |
| UK Ancestry or partner/civil partner or spouse | Can take up a training programme |
| Science and Engineering Graduates Scheme or dependent family members | Can take up a training programme |
| Postgraduate Doctor or Dentist or partner/civil partner or spouse | Can take up a training programme |
| Partner/civil partner or spouse of work permit holders | Can take up a training programme |
| Partner/civil partner or spouse of students with initial grant of more than 12 months | Can take up a training programme |
| Citizens of other EEA country | Can take up a training programme |
| Residents of other EEA countries (with only indefinite leave to remain in other EEA country) | Cannot take up a training programme |
| 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 partner/civil partner or spouse (restriction placed on you to prevent you taking specialty training posts – your endorsement will read 'no employment as a doctor in training'). ¹ | Cannot take up a training programme |
| Tier 1 clearance (restriction placed on you to | Cannot take up a training programme |

⁵ Person with leave under HSMP (Highly Skilled Migrant Programme)

⁶ 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'.

| | |
|--|-------------------------------------|
| prevent you taking specialty training posts – your endorsement will read ‘no employment as a doctor in training’). See above | |
| Clinical attachment visa | Cannot take up a training programme |
| Partner/civil partner or spouse 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 |