

A Reference Guide for Postgraduate Specialty Training in the UK

Applicable to trainees taking up appointments in specialty training which commence on or after 6 August 2008. Trainees taking up appointments in specialty training between 1 August 2007 and 5 August 2008 are covered by the First Edition of the Guide, issued June 2007

**The Gold Guide
Second Edition
June 2008**

A Reference Guide for Postgraduate Specialty Training in the UK

Preface

This edition of *A Reference Guide for Postgraduate Specialty Training in the UK* (the “*Gold Guide, 2nd Edition 2008*”) sets out the arrangements for specialty training in the UK.

A Reference Guide for Postgraduate Specialty Training in the UK (2nd edition, 2008) reflects decisions taken in each country applicable to trainees taking up appointments in specialty training which commence on or after 6 August 2008. Trainees taking up appointments in specialty training between 1 August 2007 and 5 August 2008 are covered by the First Edition of the Guide, issued June 2007.

In particular, this edition covers the introduction of core training programmes in specialties that “uncoupled” in England, Northern Ireland and Wales with effect from 6 August 2008 – specific arrangements for which are detailed in a *Core Training Supplement* to this Guide.

Throughout the Guide any reference to specialty training includes general practice. Where arrangements differ between specialty training and general practice these differences are noted.

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

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

The *Gold Guide (2nd edition)* is published in electronic format and will be available on the four UK MMC websites. This will enable up-dating of the *Guide* to ensure that it reflects developments in postgraduate specialty training.

Devolved nation supplements may be issued to clarify recruitment and selection procedures in due course.

The protocol for future amendments of the Guide is at Appendix 12. There is also scheduled to be a formal review by August 2010.

A Reference Guide for Postgraduate Specialty Training in the UK

A Reference Guide for Postgraduate Specialty Training in the UK:

“The Gold Guide”

Table of Contents

Preface

Section 1: Introduction and background

Section 2: Specialty training: policy and the statutory bodies

[The Statutory Bodies](#)

[The General Medical Council \(GMC\)](#)

[The Postgraduate Medical Education and Training Board \(PMETB\)](#)

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

[The Modernising Medical Careers \(MMC\) UK Co-ordinating Group](#)

[Royal Colleges and Faculties](#)

[Postgraduate Deaneries](#)

Section 3: Key characteristics of specialty training

[Standards](#)

[Structure](#)

Section 4: Setting standards

[Approval of training programmes: standards of training](#)

[Quality assurance and management of postgraduate medical education](#)

[Managing specialty training](#)

[Managing specialty training programmes](#)

[Training Programme Directors \(TPDs\)](#)

[Educational and clinical supervision](#)

Section 5: The structure of training

[Specialty training](#)

[Fixed Term Specialty Training Appointments \(FTSTAs\)](#)

[Sub-specialty certification during and post award of the CCT](#)

[Filling gaps in training programmes](#)

A Reference Guide for Postgraduate Specialty Training in the UK

[Locum appointments for training \(LAT\)](#)

[Locum appointment for service \(LAS\)](#)

[The Specialist and GP Registers](#)

[Applying for consultant posts](#)

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

[Registrar \(GPR\)](#)

Section 6: Becoming a Specialty Registrar

[Recruitment into specialty training](#)

[Offers of employment](#)

[Training Numbers](#)

[Entry to run-through training in Scotland](#)

[Entry to specialty training in England, Wales and Northern Ireland](#)

[Deferring the start of a specialty training programme](#)

[Registering with the Postgraduate Dean](#)

[Doctors in specialty training employed permanently outside the NHS](#)

[Arrangements for the Defence Medical Services](#)

[Less than full-time training](#)

[Academic training, research and higher degrees](#)

[Taking time out of programme \(OOP\)](#)

[Movement between Deaneries \(inter-deanery transfers\)](#)

Section 7: Progressing as a Specialty Registrar

[Competences, experience and performance](#)

[Annual Review of Competence Progression \(ARCP\): appraisal, assessment and annual planning](#)

[Educational appraisal](#)

[Workplace based appraisal](#)

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

[The Annual Review of Competence Progression Panel \(ARCP Panel\)](#)

[Outcomes from the ARCP](#)

[Additional or remedial training](#)

[The Annual Review of Competence Progression for trainees undertaking joint clinical and academic training programmes](#)

[The Annual Review of Competence Progression for trainees undertaking out of programme research \(OOPR\)](#)

A Reference Guide for Postgraduate Specialty Training in the UK

[The Annual Review of Competence Progression for trainees in less than full-time training](#)

[Annual planning](#)

[Appeals of the Annual Review of Competence Progression outcomes](#)

Section 8: Being a Specialty Registrar and an Employee

[Accountability issues for employers, Postgraduate Deans and trainees](#)

[Roles and responsibilities](#)

[Transfer of information](#)

[Managing concerns over performance during training](#)

Section 9: Appendices

Appendix 1: Registering for Postgraduate Training (Form R)

Appendix 2: Conditions of taking up a training post

Appendix 3: Out of programme Request and Annual Review Document

Appendix 4: Inter-deanery Transfer Document

Appendix 5: Example form - Educational Supervisor's Structured Report

Appendix 6: Annual Review of Competence Progression (ARCP) Outcomes

Appendix 7: Report on Academic Progress

Appendix 8: Glossary

Appendix 9: Protocol for making revisions to the *Guide*

Section 1: Introduction and background

- 1.1 This 2nd edition of the *Gold Guide* sets out the arrangements agreed by the four UK Health Departments for core and/or specialty training programmes. The *Guide* was commissioned by the UK Modernising Medical Careers Co-ordinating Group (UK MMC CG).
- 1.2 In September 2005 The General and Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2003 established the Postgraduate Medical Education and Training Board (PMETB) as the new competent authority for postgraduate medical training in the UK. PMETB sets the standards of training and the end-point to be achieved and demonstrated in order to enter the GMC's Specialist Register and General Practitioner Register.
- 1.3 *A Reference Guide for Postgraduate Specialty Training in the UK (2nd edition, 2008)* is applicable to trainees taking up appointments in core and/or specialty training programmes which commence on or after 6 August 2008. Trainees taking up appointments in specialty training between 1 August 2007 and 5 August 2008 are covered by the First Edition of the Guide, issued June 2007.
- 1.4 Throughout this document reference to specialty training includes general practice. Where arrangements differ between specialty training and general practice, these differences are noted in the *Guide*.
- 1.5 All doctors recruited into PMETB approved core and/or specialty training programmes are known as Specialty Registrars (StRs) in all years of their programme. Specialist Registrars (SpRs) and General Practice Registrars (GPRs) appointed before August 2007 will retain the title of SpR/GPR unless they switch to the new specialty curricula.
- 1.6 SpRs, GPRs and SpTs who were appointed prior to August 2007 may continue to train using the curriculum to which they were appointed or may choose to switch to the new curriculum (para 5.51) after obtaining advice from the Postgraduate Deanery. The "Orange and Green Books" will continue to be applicable to those who remain on the old curriculum, as will the rules/guidance set out by the Specialist Training Authority (STA) and the Joint Committee for Postgraduate Training in General Practice (JCPTGP) which were responsible for supervising specialist and general practice training respectively prior to September 2005, except where legal requirements prevent this (e.g. requirements for prospective approval of training). In addition, this *Guide* does not cover arrangements for dental training which are still set out within the *Guide to Specialist Training, 1998* ("Orange Book"). Nor does it address issues relating to terms and conditions (e.g. pay, extension of training [the "period of grace"]) of doctors in specialty or general practice training.
- 1.7 The policy underpinning this *Guide* is applicable UK wide, but there are some national variations in its implementation. These have been highlighted appropriately.

A Reference Guide for Postgraduate Specialty Training in the UK

- 1.8** Doctors who wish to enter specialty training (whether into core/specialty programmes or FTSTAs) must apply in open competition.

Section 2: Specialty training: policy and the statutory bodies

The Statutory Bodies

- 2.1** The statutory authorities are, for undergraduate medical education, the General Medical Council (GMC), and for postgraduate medical education, the Postgraduate Medical Education and Training Board (PMETB). They share responsibility for foundation training.
- 2.2** The GMC and PMETB have different responsibilities in relation to the regulation of specialty training. PMETB is responsible for setting and securing the maintenance of standards for postgraduate medical education and for confirming eligibility for inclusion on the Specialist and GP Registers. The GMC is responsible for maintaining the Specialist Register and the GP Register.

The General Medical Council (GMC)

Scope and responsibilities

- 2.3** The General Medical Council is the independent regulator for doctors in the UK. Its statutory purpose is 'to protect, promote, and maintain the health and safety of the public'. The GMC's powers and duties are set out in the Medical Act 1983. Its job is to ensure that patients can have confidence in doctors. It does this in the exercise of its four main functions:
- setting standards for entry to the medical register
 - keeping up to date registers of qualified doctors
 - determining the principles and values that underpin good medical practice
 - taking firm but fair action where those standards are not met by doctors.
- 2.4** The GMC sets and secures specific standards for UK undergraduate medical education and for the first year of the Foundation Programme leading to full registration. It also has a general function to promote high standards and co-ordinate all stages of medical education.
- 2.5** The GMC holds and maintains the Medical Registers. All doctors wishing to practise medicine in the UK must be on the List of Registered Medical Practitioners. Activities requiring registration include working as a doctor in the NHS, prescribing drugs and signing statutory certificates (e.g. death certificates). A list of relevant legislation is available on the GMC website at [GMC legislation](#).
- 2.6** Since 1st January 1997 it has been a legal requirement that, in order to take up a consultant post (other than a locum consultant appointment) in a medical or surgical specialty in the NHS, a doctor must be included in the specialist register. The only exceptions are doctors who held a consultant

A Reference Guide for Postgraduate Specialty Training in the UK

post (other than a locum consultant post) in oral and maxillo-facial surgery in the NHS immediately before 1 January 1997. It is not possible to hold specialist registration without also holding full registration. The routes to registration are available on the GMC website at [GMC registration](#)

Relationship with PMETB

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

The Postgraduate Medical Education and Training Board (PMETB)

Scope and responsibilities

- 2.8 PMETB's statutory functions are to: establish standards of postgraduate medical education and training; secure these standards and requirements; and develop and promote postgraduate medical education and training. It is required to: safeguard service users; ensure the needs of trainees are met; and ensure the needs of employers are met. PMETB does this by:
- establishing and overseeing standards and quality assurance in medical education and training by approving education and training programmes and courses, and quality assuring institutions and trainers through, for example, its visits programme;
 - certifying doctors for eligibility to the Specialist and GP Registers, including those applying for a Certificate of Completion of Training (CCT) and those whose skills, qualifications and experience are equivalent to a CCT;
 - leading on the content and outcomes for the future of postgraduate medical education and training.
 - promoting and developing UK postgraduate medical education, aiming to improve the skills of doctors and the quality of healthcare offered to patients.
- 2.9 PMETB does not have responsibility for delivering postgraduate medical education and training – this, along with workforce planning, is within the remit of the four UK Health Departments, through the Postgraduate Deans and Medical Royal Colleges and Faculties.

Entry to the Specialist and General Practitioner (GP) Registers

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

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

ii **Certificates of Eligibility**

PMETB has also implemented a system that assesses applications from doctors for eligibility for inclusion on the GP or Specialist Registers who have not followed a traditional training programme which has been prospectively approved in full by PMETB, but who may have gained the same level of skills and knowledge as CCT holders. Article 14 of the Order covers those wishing to join the Specialist Register who will apply through it for a Certificate confirming Eligibility to the Specialist Register (CESR), whilst Article 11 of the Order covers those wishing to join the GP Register by applying for a Certificate confirming Eligibility to the GP Register (CEGPR). [Entry to the Specialist Registers](#). The CCT, CESR and CEGPR all confer eligibility for entry to the Specialist and General Practice Registers.

The Modernising Medical Careers (MMC) UK Co-ordinating Group

- 2.11** The four United Kingdom Health Departments are responsible for implementing the Modernising Medical Careers policy. The Health Departments co-ordinate action through the Modernising Medical Careers (MMC) UK Co-ordinating Group. Each country also has a dedicated national implementation team.

Royal Colleges and Faculties

- 2.12** The Medical Royal Colleges and Faculties develop the specialty curricula in accordance with the principles of training and curriculum development established by PMETB. PMETB consider them for approval. Only approved curricula can be used for delivering specialty training programmes resulting in the award of a CCT.
- 2.13** Royal Colleges/Faculties and their delegated local representatives (e.g. college tutors, regional advisors) and national College/Faculty training or specialty advisory committees (SACs) also work closely with Postgraduate Deaneries to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training units.
- 2.14** All doctors in training should enrol/register with the relevant Royal College/Faculty so that:

A Reference Guide for Postgraduate Specialty Training in the UK

- progress in their training can be kept under review and supported where required
- eligible trainees can be recommended to PMETB for consideration of award of a CCT at the end of specialty training.

Postgraduate Deaneries

- 2.15** The Postgraduate Deaneries (or equivalents) in the UK are responsible for implementing specialty training in accordance with PMETB approved specialty curricula. Postgraduate Deans work with Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate medical training to PMETB standards. The standards that must be delivered are normally set out in educational contracts between the Postgraduate Deaneries and educational providers.
- 2.16** Through their training programme directors Postgraduate Deans (or their nominated deputies) are responsible for developing appropriate specialty training programmes within educational provider units that meet curriculum requirements. PMETB quality assures Deanery processes to ensure that the training programmes meet PMETB standards. [PMETB standards](#) (Note: throughout this document reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf.)
- 2.17** All trainees must accept and move through suitable placements or training posts which have been designated as parts of the specialty training programme prospectively approved by PMETB. In placing trainees, Postgraduate Deans or their representatives must take into account the needs of trainees with specific health needs or disabilities. Employers must make reasonable adjustments if disabled trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee. They should also take into account the assessments of progress and individual trainees' educational needs and personal preferences, including relevant domestic commitments wherever possible.

Section 3: Key characteristics of specialty training

Standards

- 3.1 Explicit standards have been set by PMETB relating to all aspects of specialty training, including curricula, delivery of training, assessment and entry into speciality training. All training programmes offering postgraduate medical education must conform to these standards (Box 1).
- 3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills and attitudes and/or time-served. There is a complex relationship between outcomes, performance and experience.

Structure

- 3.3 *Specialty Registrar* (StR) is the generic title that replaced Senior House Officer (SHO), Specialist Registrar (SpR) and General Practice Registrar (GPR) in 2007. Run through specialty training programmes normally include both the early years of broad based training in the specialty and the more advanced years in which specialty specific knowledge, skills, practice, confidence and experience are developed. For some specialties in England, Wales and Northern Ireland training is split between core and higher specialty training programmes - see the **Core Training Supplement**.
- 3.4 SpRs appointed before January 2007 will complete their contracted training in those programmes, subject to satisfactory progress and will retain their training number during this period. They have the option, in discussion with their Postgraduate Deanery, to switch to the new curricula in full or in part (where educational objectives are more limited) to complete their contracted period. This does not confer any rights to extend the duration of their fixed term contract. SpRs who choose to transfer to the new curriculum must elect to do so by 31 December 2008 (para 5.51). These arrangements are also applicable to trainees in general practice vocational training schemes.

A Reference Guide for Postgraduate Specialty Training in the UK

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

Standard 1: Rationale

- [a] The purpose of the curriculum must be stated, including its overall role in the relevant postgraduate training.
- [b] The curriculum must state how it was developed and consensus reached.
- How content and teaching/learning methods were chosen.
 - How the curriculum was agreed and by whom
 - The role of teachers and trainees in curriculum development.
- [c] The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.
- [d] Linkages of the curriculum to previous and subsequent stages of the trainee's training and education should be clarified.
- [e] The curriculum must be presented in relation to programmes and posts within those programmes.

Standard 2: Content of learning

- [a] The curriculum must set out the general professional and specialty specific content to be mastered.
- Knowledge, skills, attitudes and expertise must be addressed.
 - recommendations on the sequencing of learning and experience should be provided, if appropriate
 - The general professional content should include a statement about how *Good Medical Practice* is to be addressed.
- [b] Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate:
- what the trainee will know, understand, describe, recognise, be aware of and be able to do at the end of the course.
- [c] Content areas should be linked to guidance on recommended learning experiences

Standard 3: Model of learning

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

Standard 4: Learning experiences

- [a] Recommended learning experiences must be described which allow a diversity of methods covering, at a minimum:
- Learning from practice
 - Opportunities for concentrated practice in skills and procedures
 - Learning with peers
 - Learning in formal situations inside and outside the department
 - Personal study
 - Specific teacher inputs.
- [b] Educational strategies that are suited to workplace based experiential learning and appropriate off-the-job education should be described.

Standard 5: Supervision and feedback

- [a] Mechanisms for ensuring feedback on learning must be recommended and required.
- [b] Mechanisms for ensuring supervision of practice and safety of doctor and patient must be defined.

A Reference Guide for Postgraduate Specialty Training in the UK

Standard 6: Managing curriculum implementation

Indication should be given of how curriculum implementation will be managed and assured locally and within programmes. This should include:

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

Standard 7: Curriculum review and updating

[a] Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.

[b] The schedule for curriculum updating, with rationale, must be provided.

[c] Mechanisms for involving trainees and lay persons in [a] and [b] must be set out.

Standard 8: Equality and diversity

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

Section 4: Setting Standards

Approval of Training Programmes: standards of training

- 4.1** Approval of specialty training courses, programmes, posts and GP trainers rests with PMETB. It has determined that “a programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or sub-specialty. A programme may either deliver the totality of the curriculum through linked stages in an entirety to CCT, or the programme may deliver component elements of the approved curriculum. An example of the latter – where a PMETB approved curriculum distinguishes an early “core” element such as core medical training and then a later specialty specific element to complete the training to CCT, there will be two programmes to be approved.” PMETB approves programmes of training in all specialties, including general practice. These may be based on a particular geographical area which could be in one or more deaneries if a programme crosses boundaries. They are managed by a Training Programme Director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee. Further guidance is available at: [Guidance on specialty training approval](#)
- 4.2** Specialty training programmes/posts, including those in general practice, must conform to the training standards set by PMETB in order for specialty training approval to be granted. The domains under which these standards are described are shown in (Box 2). For a full description of all the standards under these domains go to [PMETB Standards of Training](#). Colleges and Faculties may further develop specialty specific standards based on PMETB generic standards in order to support the implementation of specialty curricula.
- 4.3** PMETB have published standards for all trainers in all specialties. INSERT LINK

A Reference Guide for Postgraduate Specialty Training in the UK

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

Domain 1. Patient safety

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

Domain 2. Quality Assurance, Review and Evaluation

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

Domain 3. Equality, Diversity and Opportunity

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

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

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

Mandatory requirements:

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

Domain 4. Recruitment, selection and appointment

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

Domain 5. Delivery of curriculum including assessment

The requirements set out in the curriculum must be delivered.

Domain 6. Support and development of trainees, trainers and local faculty

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

Domain 7. Management of Education and Training

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

Domain 8. Educational resources and capacity

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

Domain 9. Outcomes

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

Quality assurance and management of postgraduate medical education

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

Managing specialty training

- 4.7 The day to day management, including responsibility for the quality management of specialty training programmes, rests with the Postgraduate Deans who are accountable to the Strategic Health Authorities in England, the Welsh Ministers, NHS Education for Scotland, (which is accountable to the Scottish Government), and, in Northern Ireland, to the Department of Health, Social Services and Public Safety (DHSSPS).
- 4.8 The responsible agencies above require Postgraduate Deans to have in place an educational contract with all providers of postgraduate medical education which sets out the number of training posts within the provider unit, the standards to which postgraduate medical education must be delivered in accordance with PMETB requirements and the monitoring arrangements of the contract. This includes providers of postgraduate training both in and outside of the NHS.

A Reference Guide for Postgraduate Specialty Training in the UK

- 4.9** A range of issues will be covered in the educational contract including arrangements for study leave. For example, in PMETB's generic standards for training, Domain 6 (*Support and development of trainees, trainers and local faculty*) sets out that:
- trainees must be made aware of how to apply for study leave and be guided as to what courses would be appropriate and what funding is available
 - trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service
 - the process for applying for study leave must be fair and transparent, and information about a Deanery-level appeals process must be readily available.

Managing specialty training programmes

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

Training Programme Directors (TPDs)

- 4.12** PMETB requires that training programmes are led by TPDs (or their equivalent).
- 4.13** TPDs have responsibility for managing specialty training programmes including Fixed Term Specialty Training Appointments (FTSTAs). They should:
- participate in the local arrangements developed by the Postgraduate Dean to support the management of the specialty training programme(s) within the Deanery or across Deanery boundaries
 - work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience

A Reference Guide for Postgraduate Specialty Training in the UK

- take into account the collective needs of the trainees in the programme when planning individual programmes
- provide support for clinical and educational supervisors within the programme
- contribute to the annual assessment outcome process in the specialty
- help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required
- ensure, with the help of deanery administrative support, that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.

4.14 TPDs also have a career management role. They will need to:

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

Educational and clinical supervision

4.15 Healthcare organisations should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and educational contracts/agreements developed between Postgraduate Deans and educational providers should be based on these principles and should apply to all healthcare organisations that are commissioned to provide postgraduate medical education.

4.16 Postgraduate Deans, with the Royal Colleges/Faculties and the employing bodies, should develop locally based specialty trainers to deliver educational and clinical supervision and training in the specialty. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.

A Reference Guide for Postgraduate Specialty Training in the UK

- 4.17** Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by PMETB for the specialty.
- 4.18** Postgraduate Deans will need to be satisfied that those involved in managing postgraduate training have the required competences. This includes training programme directors, educational supervisors, clinical supervisors and any other agent who works on behalf of Deaneries or employers to deliver or manage training. All of these individuals must receive training in equality, diversity and human rights legislation which is kept up to date (refreshed at least every three years) and which meets Deanery requirements for such training. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements between PMETB and Deaneries (Box 2 – Standards of Training). Such training can be undertaken through a range of training modalities e.g. facilitated programmes, on-line learning programmes or self-directed learning programmes. Trainers involved in appraisal and assessment of trainees must also be trained in these areas.
- 4.19** All trainees must have a named clinical and educational supervisor for each placement in their specialty programme or each post. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities should be clearly defined. In GP programmes there will normally be one educational supervisor for the three years who will be based in general practice.
- 4.20** In line with PMETB's developing standards, educational supervisors should be specifically trained for their role. There should be explicit and sufficient time in job plans for both clinical and educational supervision of trainees.
- 4.21** It will be essential that trainers and trainees have an understanding of human rights and equality legislation. [A Guide to the Human Rights Act](#) They must embed in their practice behaviours which ensure that patients and carers have access to medical care that is:
- equitable
 - respects human rights
 - challenges discrimination
 - promotes equality
 - offers choices of service and treatments on an equitable basis
 - treats patients/carers with dignity and respect.

Educational supervision

- 4.22** Educational supervisors are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress. Where possible, it is desirable for trainees to have the same educational supervisor for the whole of their training programme or for stages of training (e.g. the early years or more advanced years of training). Educational supervisors should:
- be adequately prepared for the role and have an understanding of educational theory and practical educational techniques e.g. have undertaken formal facilitated training or an on-line training programme or participate in relevant training the trainers programmes
 - be trained to offer educational supervision and undertake appraisal and feedback
 - undertake training in competence assessment for specialty training
 - be trained in equality and diversity
 - provide regular appraisal opportunities which should take place at the beginning, middle and end of a placement
 - develop a learning agreement and educational objectives with the trainee which is mutually agreed and is the point of reference for future appraisal
 - be responsible for ensuring that trainees whom they supervise maintain and develop their specialty learning portfolio and participate in the specialty assessment process
 - provide regular feedback to the trainee on their progress
 - ensure that the structured report which is a detailed review and synopsis of the trainee's learning portfolio (Appendix 5) is returned within the necessary timescales
 - contact the employer (usually the medical director) and the Postgraduate Dean should the level of performance of a trainee gives rise for concern
 - be able to advise the trainee about access to career management
 - be responsible for their educational role to the training programme director and locally to the employer's lead for postgraduate medical education.
- 4.23** Educational supervisors also have responsibilities through their supervision of trainees to support the delivery of the educational contract which exists between employers which provide postgraduate training and Postgraduate Deaneries.
- 4.24** Educational supervisors are responsible both for the educational appraisal of trainees, and also for review of their performance based on *Good Medical Practice*. This links educational appraisal and performance review (workplace based NHS appraisal) of trainees. The mechanism for this is described in paras 7.24 – 7.27.

A Reference Guide for Postgraduate Specialty Training in the UK

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

- who is providing educational supervision
- the clear link between the appraisal, assessment and planning of a trainee's educational programme and their performance as a doctor
- the transparency of the process ensuring that the trainee is aware of the information being shared with the employer
- the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with the Postgraduate Deanery in line with wider regulatory requirements.

4.26 Employers of educational supervisors must have this role recognised within job planning arrangements, managed through deanery commissioning and quality assurance processes.

Clinical supervision

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

- understand their responsibilities for patient safety
- be fully trained in the specific area of clinical care
- offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee
- ensure that no trainee is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise
- ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care
- consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee.

A Reference Guide for Postgraduate Specialty Training in the UK

- be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty
- be trained in equality and diversity and human rights best practice.

A Reference Guide for Postgraduate Specialty Training in the UK

Section 5: The Structure of Training

- 5.1 Specialty training will be provided through PMETB approved specialty training programmes and posts. The programmes leading to GP and specialist registration are based on a managed system of a “run-through” structure of training and FTSTAs. However, from 6 August 2008 training in some specialties in England, Wales and Northern Ireland has been “uncoupled” – that means training is delivered in separate core and higher specialty training programmes – see the **Core Training Supplement**.
- 5.2 Once an applicant has taken up a place in a run-through specialty training programme, the whole of which has been prospectively approved by PMETB, they will train in that specialty or specialty group and, subject to satisfactory progress, achieve a Certificate of Completion of Training (CCT). Award of a CCT will entitle them to entry onto the Specialist or GP Registers. For the specialties in England, Wales and Northern Ireland where core and higher specialty programmes have been uncoupled - see the **Core Training Supplement**.
- 5.3 Alternatively, trainees who undertake training the whole of which has not been prospectively approved by PMETB can apply for a Certificate confirming Eligibility for Specialty Registration (CESR) for entry to the Specialist Register or for a Certificate confirming Eligibility for General Practice Registration (CEGPR) for entry to the GP Register. They must be able to demonstrate the competences, knowledge, skills and attitudes required by the relevant specialty curriculum.
- 5.4 Entry into specialty training can only be achieved through competitive entry.

Specialty Training

- 5.5 In order to meet PMETB's entry requirements into specialty training, applicants must demonstrate they have met the appropriate person specification, available through the following links:

[England](#) [Northern Ireland](#)
[Scotland](#) [Wales](#)

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- 5.6** Existing SpRs and GPRs will continue in their current programmes unless they choose to transfer to the new PMETB curriculum in the same specialty. They are under no obligation to switch to the new curriculum, but if they choose to do so it must be by 31 December 2008. This will need to be agreed locally through discussion with their Postgraduate Deanery (para 5.51). Deaneries must seek advice from the Royal Colleges/Faculties before advising trainees since issues relating to assessment and other curricula requirements will vary between specialties and may impact on switching to the new curricula.
- 5.7** The general principle of the legislation is that all training leading to the award of a CCT must take place in posts/programmes approved by the relevant competent authority. The award of the CCT will be made to StRs who provide evidence of satisfactory completion of PMETB prospectively approved programme(s) of specialty training covering the entire relevant curriculum. Where PMETB has not prospectively approved the entirety of the specialty training programme, then application for a CESR or a CEGPR should be made. Those that have completed previous SHO training in educationally approved posts and have then competed for a new specialty training programme will be eligible to progress towards a CCT (rather than CESR/CEGPR) as PMETB recognise posts that were approved by the previous competent authorities. The **Core Training Supplement** provides more detail for the specialties in England, Wales and Northern Ireland where training has been split between core and higher specialty training programmes.
- 5.8** All doctors in training should be enrolled/registered with the relevant Royal College/Faculty.
- 5.9** Specialty training can be delivered either through:
- i. run-through specialty training programmes, the outcome of which will be (subject to progress) either a CCT or CESR/CEGPR
 - ii. for some specialties in England, Wales and Northern Ireland, through core and higher specialty training programmes - see the **Core Training Supplement**
 - iii. stand-alone but educationally equivalent training posts which are not part of run-through training programmes (FTSTAs or LATs). As these are educationally approved posts, they may contribute to a CCT. FTSTAs or LATs, however, do not confer a right of entry into run-through, core or higher specialty training.

Fixed Term Specialty Training Appointments (FTSTAs)

- 5.10** FTSTAs offer formal, approved specialty training, usually but not exclusively in the early years of a specialty curriculum and can be used by doctors:
- in preparation for further specialty training
 - as a means of considering alternative specialty careers;

A Reference Guide for Postgraduate Specialty Training in the UK

- to prepare them to work in career grade posts or
 - as an employment opportunity with the potential to gain further experience and competences where it is appropriate and possible to do so.
- 5.11** FTSTAs are posts which have been approved for specialty training by PMETB. They are managed within specific specialty training programmes approved by PMETB, under the auspices of a specialty Training Programme Director (TPD).
- 5.12** FTSTAs are one year fixed-term appointments. Appointments to FTSTAs will usually be by the same recruitment processes managed by Postgraduate Deaneries.
- 5.13** Once an individual has achieved the maximum potential training benefit from undertaking FTSTAs in a particular specialty it would be wasteful in training terms to undertake another FTSTA in that specialty since no further formal training accreditation in the specialty is possible.
- 5.14** FTSTAs are not available to provide formal training in advanced elements of the specialty curriculum. The four UK Health Departments with the advice of their Postgraduate Deans will each determine the extent of the availability of, and access to, FTSTAs.
- 5.15** Although doctors with previous training in a specialty will be able to apply for FTSTAs, formal training through these posts will reflect training of the relevant curriculum.
- 5.16** Doctors will generally be discouraged from undertaking more than two years in FTSTAs in a given specialty although they cannot be prevented from doing so. There is normally no advantage in continuing to undertake FTSTAs in the same specialty as it does not contribute to further competence acquisition.
- 5.17** Doctors may acquire additional experience, skills and competences beyond those specified at that level of the FTSTA which should be recorded and documented in the doctor's learning portfolio. If the doctor subsequently competitively enters a relevant specialty training programme, this information/record may be taken into account when considering the overall competence level of the doctor within the training programme.
- 5.18** FTSTAs will deliver training that is quality managed by the postgraduate Deans and are included in PMETB's quality assurance programme. They are encompassed within PMETB approval process for specialty training.
- 5.19** Like trainees in run-through training, trainees undertaking FTSTAs should register with the appropriate College/Faculty in order to access the learning/professional portfolio and assessment documentation for the specialty.

A Reference Guide for Postgraduate Specialty Training in the UK

- 5.20** As in all other training posts, doctors undertaking FTSTAs must have an educational supervisor with whom educational objectives are set, with regular appraisal, and a programme of work-place based assessments relevant to the curriculum being followed, as well as full clinical supervision. Training and assessment must be provided on an equivalent basis to that provided in run-through specialty training programmes.
- 5.21** At the end of each FTSTA, the trainee should participate in the Annual Review of Competence Process (ARCP) (para 7.9) and receive the appropriate annual assessment outcome documentation. This should confirm achievement of specified competences based on satisfactory assessment of these through the assessment process.
- 5.22** Appointment to an FTSTA carries *no* entitlement to entry into any further specialty training programme, which must be by competitive entry.
- 5.23** Deaneries will also need to keep a record of competences which have been achieved by trainees undertaking FTSTAs through the annual assessment outcome process.
- 5.24** It will be the responsibility of each individual undertaking an FTSTA to retain copies of their Annual Review of Competence Progression (ARCP) outcomes as evidence of the competences they have obtained.
- 5.25** Trainees undertaking FTSTAs will need to return to the Postgraduate Dean a signed copy of the document *Conditions for taking up a fixed term specialty training appointment* (Appendix 2) prior to commencing their post.
- 5.26** Doctors appointed to FTSTAs will be known as Specialty Registrars (StRs).
- 5.27** Doctors who have undertaken FTSTAs have several subsequent career options open to them:
- a. apply for a run-through, core or higher specialty training programme
 - b. apply for an FTSTA in the same or a different specialty
 - c. seek appointment to a career post when eligible to do so.
- 5.28** Since FTSTAs are approved training posts they can be counted towards a CCT once a trainee has been competitively selected for a relevant training programme. FTSTAs can also be used by doctors in submitting their CESR application. Advanced training in a specialty should not normally be offered through FTSTAs. For the specialties in England, Wales and Northern Ireland where training has been split between core and higher specialty training programmes - see the **Core Training Supplement**.

Sub-specialty certification during and post award of the CCT

- 5.29** In certain specialties it is possible to be awarded a sub-specialty certificate and have this sub-specialty indicated on the Specialist Register against a doctor's name. This applies when a doctor has successfully completed a sub-specialty programme approved by PMETB and is dependent upon the applicant also completing training in the "parent" specialty (unless the sub-specialty training is to be undertaken post-CCT/CESR). This training may be undertaken at the same time as the parent CCT/CESR specialty training programme. However, it is possible to pursue sub-specialty training after the doctor is already entered on the Specialist Register (following the award of a CCT/CESR in the relevant specialty), usually after competitive entry to an approved sub-specialty training programme. Details of the sub-specialty training programmes currently approved by PMETB can be found on its website. [PMETB Sub-specialty Guidance](#)
- 5.30** Trainees applying for a sub-specialty certificate should do so on their CCT application form where this training is undertaken within the envelope of a full CCT specialty training programme. The CCT will not be issued until both the specialty and sub-specialty training programmes have been successfully completed. The College/Faculty CCT recommendations to PMETB should include details of any sub-specialty training programmes successfully completed by a trainee. Doctors appointed to a sub-specialty programme after entry to the Specialist Register, must contact PMETB and request an application form and related guidance which indicates the documentary evidence to submit in support of such an application.

Filling gaps in training programmes

- 5.31** It is inevitable that there will be gaps to fill in training programmes as a result of people taking time out of programme; leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur.
- 5.32** Vacancies or gaps in training programmes including FTSTAs can be filled by locums where there is a service/workforce requirement to do so. Doctors applying for locum positions may come from a variety of sources, e.g. doctors who wish to gain "top-up training" as part of a recommendation from PMETB to meet the requirements for a CESR or CEGPR; doctors registered with locum agencies.

A Reference Guide for Postgraduate Specialty Training in the UK

- 5.33** These will be specified as “Locum Appointments for Training” (LATs) or “Locum Appointments for Service” (LASs), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.
- 5.34** The employer and the deanery should consult on the filling of both types of locum posts in order to fill gaps or vacancies in training programmes/posts where these are required for service provision (including FTSTAs). Where posts are required for service, then employers should appoint but only after deaneries have identified how long a post is going to be left vacant.
- 5.35** Appointment to a LAT or a LAS carries no future entitlement to appointment into a specialty training programme leading to a CCT.

Locum Appointments for Training (LAT)

- 5.36** LATs must be competitively appointed using the national person specification. A deanery nominated representative from the specialty must sit on the appointment panel.
- 5.37** Doctors who are appointed to LATs must have, in addition to appropriate clinical supervision, a named educational supervisor. The educational supervisor should meet them early in their appointment to plan the training opportunities available in the placement which will allow them to gain competences in the specialty. Suitable assessments, comparable to those undertaken by trainees in specialty training programmes should be undertaken. They should obtain a structured report from their educational supervisor at the end of their LAT placement, summarising their assessments and achievements. Doctors appointed to LATs should register with the appropriate Royal College/Faculty.
- 5.38** If a doctor is subsequently appointed to a relevant specialty training programme through open competition, the documented competences achieved through a LAT or LATs may be taken into account by the Training Programme Director.
- 5.39** PMETB does not have limits on LATs except that they can only count towards a CCT if the doctor subsequently enters an approved specialty training programme. Deaneries should keep a careful record of these appointments on the trainee’s file. A doctor *cannot* obtain a CCT with only LAT appointments. They can, however, use LATs towards their CESR application.

Locum Appointments for Service (LAS)

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

The Specialist and GP Registers

- 5.43** Award of the CCT takes place through the following process:
- when a doctor is within six months of completion of their specialty programme the Postgraduate Dean will notify the relevant College or Faculty of the final annual assessment outcome and that the trainee has satisfactorily achieved the required competences
 - if the relevant Royal College or Faculty believes that all the requirements of the CCT curriculum will be met by the time the trainee is due to complete the training programme, the College/Faculty will provide the trainee with a CCT application form to complete for submission to PMETB
 - the College/Faculty will forward a recommendation to PMETB with the outcome documents from the annual assessment process as part of the minimum data set required by PMETB
 - if PMETB accepts the College's recommendation, it will issue the CCT within approximately three weeks and will inform the GMC that the applicant's name should be included on the Specialist or GP Register
 - the date entered on the CCT must be the date PMETB decides to award the certificate; this date cannot be backdated
 - PMETB recommends that doctors appointed to a training programme leading to the award of a CCT should enrol with the relevant College or Faculty to support the process for award of a CCT.

A Reference Guide for Postgraduate Specialty Training in the UK

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

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

Applying for consultant posts

5.45 A trainee may apply for and be interviewed within 6 months of the anticipated CCT/CESR date if progress has been satisfactory and it is anticipated that the outcome of the final ARCP will recommend that training will be completed by the time the recommended CCT date is reached.

5.46 Once a doctor has been entered on the specialist register they are eligible to take up a consultant post.

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

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

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

A Reference Guide for Postgraduate Specialty Training in the UK

- 5.49** SpRs and GPRs are entitled to continue training to the curriculum/syllabus to which they were appointed and which are time-based, until they reach the end of training and the CCT is awarded. The *Guide to Specialist Training* (the “Orange Book”) should be used as the guidance for SpRs, including arrangements for the review of in-training assessments (RITA), although workplace based assessments (WPBAs) may be used to provide evidence to support it. SpRs should continue to use RITA documentation for annual review purposes unless they switch to the new specialty curriculum and become StRs. Under these circumstances the new documentation for the Annual Review of Competence Progression (ARCP – para 7.9) should be used. *The GP Registrar Scheme Vocational Training for General Medical Practice, The UK Guide* (the “Green Book”) should be used for those admitted to general practice vocational training prior to August 2007.
- 5.50** An SpR/GPR or Public Health specialist trainee (SpT) is entitled, however, to switch to the new PMETB approved curriculum for the specialty if they choose to do so and in so doing will become a StR. As an StR the trainee will follow the new curriculum towards CCT, including the assessment processes. SpRs/SpTs/GPRs approaching the end of their training may be less likely to wish to move to the new competence-based curriculum than are those who still have several years of training to complete.
- 5.51** The process for switching to the new curriculum is as follows:
- the trainee should discuss the possibility of the switch with their educational supervisor and Training Programme Director. Deaneries must seek advice from the Royal Colleges/Faculties before educational supervisors/TPDs advise trainees since issues relating to assessment and other curricula requirements will vary between specialties and may impact on switching to the new curricula
 - there should be careful consideration as to the level of the new curriculum the trainee might enter since switching from a time-based curriculum to a competence based curriculum will require a clear understanding of the documentation, including assessments, required to demonstrate acquisition of the necessary competences. Royal College advice will also be required here
 - if it is agreed that the move to the new curriculum should be made, the trainee should write formally to the training programme director and to the Postgraduate Dean confirming their wish to change to the new curriculum
 - this is important because the trainee’s NTN will need to be modified to indicate that the trainee was an SpR/SpT/GPR who *switched* from the former specialty curriculum to the new one, thereby becoming an StR in the specialty
 - the Postgraduate Dean will need to write to the StR/GPR with their modified NTN, ensure that this is entered onto the Postgraduate Dean’s database and inform the relevant College or Faculty of the change to the NTN
 - all decisions for current SpRs/GPRs to switch to the new curriculum should be taken and agreed in writing by the dean and the trainee by 31st December 2008 at the latest.

A Reference Guide for Postgraduate Specialty Training in the UK

Section 6: Becoming a Specialty Registrar

Recruitment into specialty training

- 6.1** The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, sex, marital status, race, religion, sexual orientation, colour, disability or age. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.
- 6.2** PMETB's *Principles for Entry into Specialty Training* are set out in Box 3.
- 6.3** The recruitment process into specialty training is under review. Guidance on recruitment is available through the following links:

[England](#) [Northern Ireland](#)
[Scotland](#) [Wales](#)

Box 3: PMETB Principles for Entry to Specialty Training

- 1 PMETB is committed to maintaining the generic nature of UK Foundation Training
- 2 The selection process must be fair to all candidates who may apply, whether UK, European Economic Area or international medical graduates
- 3 The selection process will be competitive and must be designed to identify the candidates most likely to complete the programme successfully
- 4 A mandatory requirement for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of the Foundation programme either by successfully completing that programme or by demonstrating that they have gained those competences in another way
- 5 Other evidence that may be sought or presented as part of the selection process may include evidence of excellence in terms of attributes such as motivation, career commitment etc, but no requirement for the completion of a particular post
- 6 Entry to specialty training programmes may be at different stages. A candidate must demonstrate any competencies required for the level of entry as defined in the curriculum approved by PMETB for that specialty
- 7 Any trainee accepted onto a programme leading to the award of a CCT will be able to continue in specialty training to award of a CCT so long as the trainee passes all necessary assessments at each stage of progression and does not give other cause for concern, and the trainee wishes to continue in the training programme
- 8 The application of Principles for Entry to Specialty Training will be monitored by PMETB by the inclusion of entry standards in PMETB's Generic Standards for Training and as part of the associated statutory quality assurance process.

A Reference Guide for Postgraduate Specialty Training in the UK

Offers of employment

- 6.4** A doctor in training will have a training agreement with the postgraduate deanery that entitles them to continue in a training programme subject to satisfactory progress. They will also be offered an employment contract for the placement they will be working in. Some training programmes will involve more than one employer so doctors may have a series of contracts of employment through a training programme. Employers participate in selection processes for training but these are normally administered by deaneries.
- 6.5** An allocation offer for a training programme following the selection process is not an offer of employment. This can only be made by an employer who will need to ensure that the candidate who has been allocated meets the requirements of employability.
- 6.6** Once an allocation offer has been made by the Deanery or in Scotland by NHS Education for Scotland (NES) and the applicant has accepted it:
- the employing authority should be informed of the applicant's details by the Deanery/NES
 - the employing authority should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks such as criminal record bureau enhanced disclosures, occupational health clearance and GMC fitness to practise (www.nhsemployers.org/primary/primary-3524.cfm)
 - employers will also require two recent references from clinical supervisors
 - offers of employment will be subject to satisfactory pre-employment checks and references
 - contracts of employment remain the responsibility of the employing authority.
- 6.7** If an applicant is selected and offered a placement on a training programme by the Deanery or NES, the employing authority ultimately has the right to refuse employment but it must be able to offer robust reasons for this. Under such circumstances, the relevant Postgraduate Dean will take every measure to ensure that an appropriate placement is found, but ultimately, if an employing authority willing to offer employment – and training through it - cannot be identified, then the offer of a training programme to the applicant will be withdrawn.

A Reference Guide for Postgraduate Specialty Training in the UK

Training Numbers

- 6.8** National training numbers (NTNs) will only be awarded to doctors in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR.
- 6.9** It is essential that deaneries have robust alternative numbering systems for other trainees to track their progress and to ensure future recognition of successful completion of approved training posts. These numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.
- 6.10** The main purpose of a training number is to support educational planning and management by enabling Postgraduate Deans to keep track of the location and progress of trainees.
- 6.11** Additionally, the award of an NTN informs workforce data, by documenting within each country and within specialties, how many doctors are in each specialty training programme at any time and providing indicative evidence as to when their training is likely to be completed.
- 6.12** A CCT can only be awarded to a doctor who has been allocated a NTN by competitive appointment to a training programme designed to lead to the award of a CCT and who has successfully completed that programme.
- 6.13** SpRs who held an NTN prior to August 2007 will continue to hold these numbers under the same arrangements upon which they were awarded.
- 6.14** Following appointment to a specialty training programme, an NTN will be awarded by a Postgraduate Deanery.
- 6.15** The NTN is unique to the trainee for the period the trainee holds the number in that specialty training programme. The NTN may be changed for a given trainee if that trainee is subsequently appointed competitively to a different specialty or academic programme.
- 6.16** Where an NTN has been issued, it will be held so long as the trainee is in specialty training or is out of programme on statutory grounds or for out of programme activity which has been agreed with the Postgraduate Dean.

Entry to run-through training in Scotland

- 6.17** Entry to run-through training in Scotland is normally through direct entry to a programme leading to a specific CCT.
- 6.18** In medicine and psychiatry in Scotland there is a run-through programme with competitive allocation to specific CCT programmes at a later stage (ST3 in medicine and ST4 in psychiatry). An NTN in a run-through programme in

A Reference Guide for Postgraduate Specialty Training in the UK

medicine or psychiatry in Scotland normally leads to a CCT (subject to satisfactory progress) in that broad specialty, but is not a guarantee of training towards a specific CCT in any particular location.

Entry to specialty training in England, Wales and Northern Ireland

- 6.19** The Core Training Supplement gives details about competitive appointment to core and higher specialty training programmes for those specialties that have “uncoupled”.
- 6.20** Entry to run-through training programmes is by competitive appointment directly into the specific specialty.

Deferring the start of a specialty training programme

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

Registering with the Postgraduate Dean

- 6.22** All trainees must register with the Postgraduate Dean by obtaining and returning the Registration form R (see Appendix 1).
- 6.23** The Postgraduate Dean will issue a training number to each doctor registering using form R. This procedure should be completed within one month of start date. This will:
- ensure the doctor is registered on the Postgraduate Dean's database
 - initiate the Annual Review of Competence Progression process through which progress in training is monitored so long as the doctor remains in training
 - enable the Postgraduate Dean to confirm for the new employer the relevant details of the new trainee and their training number
 - record the date of entry into the programme or post
 - for those trainees with an NTN or those entering a core training programme, result in the Postgraduate Dean forwarding a copy of the registration form to the relevant Royal College or Faculty advising that a new trainee has been registered in the Deanery and giving his/her training number and PMETB programme approval number.

A Reference Guide for Postgraduate Specialty Training in the UK

- 6.24** A trainee should not hold more than one NTN at the same time, except in circumstances approved by the deanery.
- 6.25** Registration for specialty training and the NTN will be confirmed each year by the Postgraduate Dean. Subject to a satisfactory assessment of progress determined by the Annual Review of Competence Progression process and confirmation that the conditions for holding the NTN have been met, registration in the programme will be maintained. If a trainee is undertaking approved additional or remedial training, the NTN will continue to be retained.
- 6.26** Before an NTN is issued trainees will be required to indicate formally that they accept the *Conditions of taking up a training post* (Appendix 2) In addition, trainees awarded an NTN should:
- be engaged in activities approved by and agreed with the Postgraduate Dean, if not currently taking part in the training programme, which are compatible with their training programme, (e.g. research or agreed leave of absence for a career break). If time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dean/TPD is informed of their proposed plans/timescale to return to the training programme
 - ensure that their educational supervisor/TPD is aware of their absence from the training programme for e.g. maternity or prolonged sick leave. The Postgraduate Dean's office and employer must be made aware of plans for prolonged absence
 - agree to engage in the training and assessment process e.g. participate in setting educational objectives, appraisal, attend training sessions, ensure that documentation required for the assessment process is submitted to time and in the appropriate format
 - be committed to make steady progress in completing their training programme
 - not undertake locum activities which compromise their training or make them non-compliant with Working Time Regulations
 - be aware that if they are employed outside the NHS and cease to pursue, for any reason, the research or other activity which the Postgraduate Dean or their deputy (taking account of advice from research supervisors and Royal Colleges and their Faculties) has agreed is compatible with the retention of the NTN, they must inform the Deanery at once. The Postgraduate Dean (or deputy) will then decide whether it is appropriate for them to retain their NTN
 - be aware that if they hold a NTN, are employed outside the NHS and wish to begin or return to a CCT training programme in the NHS, they will need to discuss their return with the relevant training programme director. They cannot be guaranteed a particular placement, but their needs will be taken into account with the rest of the trainees in the programme.

A Reference Guide for Postgraduate Specialty Training in the UK

- 6.27** Failure to comply with these requirements may result in the removal of the NTN by the Postgraduate Dean. The arrangements for appealing against the loss of a NTN are described in paras 7.148 – 7.151.

Maintaining a National Training Number (NTN): continuing registration

- 6.28** Trainees in specialty training programmes (as defined at para 6.8) will retain their NTNs through satisfactory progress and performance.
- 6.29** Trainees can maintain their NTN and therefore continue registration with the Deanery even when they take time out for research and may no longer be employed by the NHS, or take an agreed leave of absence or career break, as long as they agree and adhere to the following protocol.
- 6.30** In advance of leaving a training programme for a period of time, the trainee must agree:
- the period of the time out agreed with the Postgraduate Deanery
 - completion of the appropriate out of programme document which sets down the agreed terms of leave from the programme. Time out of programme (OOP) will not normally be agreed until a trainee has been on a training programme for at least one year, unless at the time of appointment deferral of the start of the programme has been agreed, e.g. for undertaking a higher degree
 - where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the academic and educational supervisor
 - they intend to return to complete their training to CCT/CESR/CEGPR
 - to provide the Postgraduate Deanery with an up-to-date email address so that regular communication about the trainee's intentions and entitlements is maintained.
- 6.31** The Postgraduate Dean cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Postgraduate Dean and Training Programme Director (TPD) are advised well in advance of a trainee's wish to return to clinical training. Postgraduate Deaneries will attempt to identify a placement as soon as possible, but the trainee should indicate their intention and preferred time of return as soon as they are able to do so.
- 6.32** The return of the trainee into the programme should be taken account of by the TPD when planning placements. If a trainee, having indicated that they are returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified, although every effort will be made to do so. Under these circumstances, but following discussion with the relevant TPD and the Postgraduate Dean, the trainee may need to relinquish their NTN. Since trainees who take time out of programme remain employed by their last employer (albeit in an unpaid

A Reference Guide for Postgraduate Specialty Training in the UK

capacity) in order to protect their terms and conditions and continuity of service, employing authorities need to be party to any decisions by a trainee to relinquish their NTN so that the process is timely and fair.

- 6.33** Where trainees are competitively appointed to a training programme leading to dual certification (e.g. neurology and clinical neurophysiology), trainees are expected to complete the programmes in full and obtain the competences set out in both curricula. Application to PMETB for a CCT should only take place when both programmes are complete. The two CCTs should be applied for and awarded on the same date.
- 6.34** Where a trainee wishes to curtail the programme leading to dual certification and to apply to PMETB for a single CCT, the trainee must apply to the Postgraduate Dean for agreement to do so. If the Postgraduate Dean agrees, the dual certification programme will terminate and a single CCT will be pursued.
- 6.35** Where a trainee has competed during or near the end of a training programme for entry into a different specialty training programme (e.g. radiology and then nuclear medicine or anaesthesia and then intensive care medicine), CCTs may be awarded separately (radiology/nuclear medicine or at the time of the both CCTs being completed (anaesthesia/intensive care), providing the curriculum outcomes for each specialty have been met. The trainee will only hold one NTN in one of the two specialties at any given time, but may pursue both curricula and achieve a CCT in each specialty, subject to their satisfactory completion.
- 6.36** Trainees holding an NTN in one Deanery who are successful in their application for an inter-deanery transfer will be allocated an NTN by the receiving Deanery.

When is a training number given up?

- 6.37** The training number will be given up when a trainee:
- is no longer on the GMC register
 - has completed their training programme or post
 - is assessed as not being suitable for continuing training in the specialty in their current deanery
 - permanently relinquishes their place in a training programme
 - decides not to complete the training programme agreed with the Postgraduate Dean
 - does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean.
- 6.38** A trainee dismissed after due process by an employer will normally be deemed by the Postgraduate Dean to be unsuitable to continue within the specialty training programme and will have their training number removed and their place on the programme terminated.

A Reference Guide for Postgraduate Specialty Training in the UK

- 6.39** In all cases where an NTN is removed, the Postgraduate Dean will inform the trainee in writing of the reasons for this decision. The doctor will have the right of appeal (paras 7.148 -7.151). Relevant employing authorities need to be party to any decisions for removal of an NTN from a trainee in their employ since normally this will also mean that their employment contract will be terminated but the decision for the NTN to be removed rests with the Postgraduate Dean. This must be done fairly and must satisfy the requirements of employment law.
- 6.40** It is open to those who have had their training numbers removed, or have given them up voluntarily to re-apply for competitive entry to specialty training at a later date should circumstances change. Entry in such cases would be by competition with other applicants.

Doctors in specialty training employed permanently outside the NHS

- 6.41** In some specialties, for example Occupational Medicine and Pharmaceutical Medicine, it is anticipated that most specialty trainees will enter and complete their training with employers outside the NHS. In such circumstances trainees will not hold either substantive or honorary NHS contracts. They must however hold NTNs.
- 6.42** Where Postgraduate Deans are satisfied that these specialty trainees have entered specialty training into approved programmes, they may issue trainees with NTNs. The Postgraduate Dean or a representative should participate in the appointment of these trainees.
- 6.43** Receipt of an NTN issued in these circumstances confers no right to a placement in the NHS or to a place in any particular rotation with a non-NHS employer.

Arrangements for the Defence Medical Services

- 6.44** The Defence Medical Services (DMS) will continue to train medical officers in primary and secondary care specialties for practice in the Armed Forces. Consultants and GP Principals will be by qualification, experience and personal quality, equal to their NHS colleagues. Professional training will follow, as closely as possible, the pattern required for NHS trainees as well as meeting the needs of the DMS.
- 6.45** Candidates who wish to be considered for specialty training will be selected by the DMS from officers who satisfy the entry criteria for the grade and meet the person specification required for entry into specialty training in the relevant specialty. These candidates will be presented before the relevant specialty training selection panel in conjunction with the West Midlands Deanery, or other deaneries as appropriate for those specialties using national recruitment. All such selection panels will include representation

A Reference Guide for Postgraduate Specialty Training in the UK

from the Defence Postgraduate Medical Deanery (DPMD). DMS candidates will not be in competition with civilians for NHS-funded appointments, but will be in competition with regard to suitability for appointment and ranked accordingly along with their civilian colleagues. Separate arrangements exist for selection into training for Occupational Medicine and Sport & Exercise Medicine within the DMS.

- 6.46** Successful candidates for specialty training will be selected as required by the DMS. Those appointed as StR will be awarded a DPMD National Training Number (NTN) by the Defence Postgraduate Medical Dean (DPM Dean) and the prefix of the NTN remains TSD). They will hold this number until the completion of specialty training but those who, of their own choice, leave the Armed Forces through Premature Voluntary Retirement (PVR) will be required to relinquish their DPMD NTN. If they wish to continue their specialty training as a civilian, they will have to seek an appropriate vacancy within a civilian Deanery for which they will have to compete. For those who retire early not by choice but for reasons beyond their control (eg medical reasons or because training is no longer available through the DPMD in their particular specialty), but still wish to continue their specialty training as a civilian, DPMD will arrange an inter-Deanery transfer to a suitable NHS-funded specialty training programme. However, this will be subject to the availability of an appropriate NTN within a civilian Deanery and the DPMD NTN must still be relinquished. All DMS StRs will occupy posts within specialty training programmes approved by PMETB and their progress will be monitored as required by PMETB approved curriculum and assessment methods. This will include attendance annually (or more frequently if required) before an assessment panel convened either by the host Deanery or DPMD as appropriate, for Annual Review of Competence Progression (ARCP). Host Deanery ARCP panels will normally be attended by the DPM Dean or a nominated representative and, as for civilian ARCP panels, DPMD ARCP panels must include external representation.
- 6.47** Following the successful completion of a full programme of specialty training and receipt of a CCT and/or Specialist Registration, any Service medical officer seeking accreditation as a DMS consultant will be presented to an Armed Services Consultant Approval Board for confirmation of NHS equivalence and suitability for consultant status.

Less than full-time training

- 6.48** This guidance is based on *Principles underpinning the new arrangements for flexible training* (NHS Employers, 2005). Full guidance is available at [England and Northern Ireland](#) [Scotland](#) [Wales](#) Advice may also be obtained from the local Postgraduate Dean.
- 6.49** Less than full-time training shall meet the same requirements in specialty and general practice training as full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of

A Reference Guide for Postgraduate Specialty Training in the UK

hours worked per week. Less than full-time trainees must work for a period at least half of that provided for full-time trainees.

6.50 All trainees can apply for less than full-time training either at the point of application for entry into specialty training or at any time once they have been accepted into specialty training. As for all other applicants wishing to enter into specialty training, competitive appointment into specialty training is required but must not be affected or influenced by the applicant's wish to be considered for less than full-time training. The aims of less than full-time training are to:

- retain within the workforce doctors who are unable to continue their training on a full-time basis
- promote career development and work/life balance for doctors training within the NHS
- ensure continued training in programmes on a time equivalence (pro-rata) basis
- maintain a balance between less than full-time training arrangements, the educational requirements of both full and part-time trainees and service need.

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

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

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

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

6.54 PMETB has agreed that if a post is approved for training, then it is also approved for training on a less than full-time basis.

Eligibility

6.55 Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons (The General and Specialist Medical Practice Order 2003, Article

A Reference Guide for Postgraduate Specialty Training in the UK

6(2). The Conference of Postgraduate Deans (COPMeD) has agreed the following categories which serve as guidelines for prioritising requests for less than full-time training. The needs of trainees in Category 1 will take priority.

Category 1

Doctors in training with:

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

Category 2

Doctors in training with:

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

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

Applying for less than full-time training

6.57 Trainees will:

- be required to undertake at least 50 per cent of a normal working week, reflecting the same balance of work as their full-time colleagues
- normally move between posts within rotations on the same basis as a full-time trainee
- not normally be permitted to engage in any other paid employment whilst in less than full-time training
- if undertaking less than full-time training in general practice, must have specified periods of one week in full-time training.

A Reference Guide for Postgraduate Specialty Training in the UK

6.58 Further details on the application process and on the appeals process can be found at the links cited in para 6.48.

Academic training, research and higher degrees

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

[Academic Medicine](#) [NCCRC](#)

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

- **option 1:** compete for opportunities to enter PMETB approved *integrated combined academic and clinical programmes*. Trainees who are appointed to such posts will need to meet the clinical requirements for appointment if they are not already in specialty training, as well as the academic requirements
- **option 2:** take time out of their Deanery specialty training programme once admitted into specialty training to undertake research or an appropriate higher degree (Out of Programme for Research OOPR paras 6.81 – 6.86), with the agreement of the Postgraduate Dean. Trainees will continue to hold their NTN during this time out of their clinical programme.

Option 1: Integrated combined academic and clinical programmes

6.61 Each of the four countries has developed, or is in the process of developing, their own arrangements for these integrated academic and clinical posts.
[England](#) [Scotland](#) [Wales](#)

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

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

6.64 Trainees in integrated, combined programmes will be assessed through a joint academic and clinical annual assessment process as described in paras 7.99 – 7.105.

6.65 If it is recommended at any point, either through the annual assessment process or by the academic supervisor that such trainees should leave the academic programme, but should still continue with their clinical

A Reference Guide for Postgraduate Specialty Training in the UK

training, then trainees will be facilitated back into the clinical training programme by the Postgraduate Dean, given due notice. The NTN (A) will revert to an NTN in the appropriate specialty.

Option 2: Taking time out of programme to undertake research

- 6.66** The trainee will need to seek the prospective agreement of the Postgraduate Dean to take time out of programme to undertake research or an appropriate higher degree. NTN (A)s are not allocated to trainees who take time out of programme for research. Trainees taking time out of programme for research purposes will retain their NTN as long as they have the agreement of the Postgraduate Dean to do so. The process for this is described in paras 6.81 – 6.86. (OOPR).
- 6.67** A trainee may request deferral for up to three years before starting a run-through specialty training programme if they have been accepted to a higher degree programme (e.g. PhD, MD, MSc) at the time of being offered their clinical placement or if they are already undertaking research for a registered degree when their clinical placement is due to start. Because of the short duration of training in general practice, deferral in this specialty is unlikely to be agreed.
- 6.68** Subject to the training programme being able to manage within its resources, in England the Postgraduate Dean can apply to the Workforce Review Team (who will liaise with the lead dean), for an additional NTN to fill the gap created in the training programme by the deferment. Unless decided otherwise because of specific workforce reasons, the additional number will be returned at the completion of the trainee's programme so that there is not a permanent increase in the numbers training in the specialty. Alternative arrangements apply to the management of deferments in Northern Ireland, Scotland and Wales.

Taking time out of programme (OOP)

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

6.70 If out of programme time is agreed the relevant section of the out of programme (OOP) document (Appendix 3) must be signed by the Postgraduate Dean. The trainee should give their Postgraduate Dean and their employer (current and/or next) as much notice as possible. Three months is the *minimum* period of notice required so that employers can ensure that the needs of patients are appropriately addressed.

6.71 Trainees will also need to submit the out of programme (OOP) document annually, ensuring that they keep in touch with the Deanery and renew their commitment and registration to the training programme. This process also requests permission for the trainee to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. For trainee's undertaking approved training out of programme, it should be part of the return for the annual assessment process. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.

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

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

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

6.74 Trainees will also be able to take time out of programme and credit time towards training as an "acting up" consultant if this has been prospectively approved by PMETB. Trainees acting up as consultants will need to have appropriate supervision in place and approval will only be considered if the

A Reference Guide for Postgraduate Specialty Training in the UK

acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum.

- 6.75** The Postgraduate Dean will advise trainees about obtaining prospective approval in these circumstances. [PMETB post approval](#). Clinical training which has not been prospectively approved cannot contribute towards the award of a CCT and will not be out of programme training (OOPT) but may be appropriate as out of programme experience (OOPE).
- 6.76** Trainees may retain their NTN whilst undertaking a clinical approved training opportunity, as long as the OOPT has been agreed in advance by the Postgraduate Dean and trainees continue to satisfy the requirement for annual review. OOPT will normally be for a period of one year in total but exceptionally, can be up to two years.
- 6.77** Trainees who undertake OOPT must submit the assessments required by the specialty curriculum to the home Deanery's annual outcome panel, along with an annual OOPT document. This will ensure that they keep in touch with the Deanery and relevant Royal College/Faculty and renew their commitment and registration to the training programme. This process also requests permission to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the trainee's responsibility to make this annual return.

Taking time out of programme for clinical experience (OOPE)

- 6.78** Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by PMETB and which will not contribute to award of a CCT. The purpose of this could be to:
- enhance clinical experience for the individual so that they may experience different working practices or gain specific experience in an area of practice and/or
 - support the recommendations in *Global health partnerships: the UK contribution to health in developing countries (2007)* which recommends that:

"An NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training... PMETB should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience"

[Crisp Report](#)
 - take time out of programme to gain experience as a locum consultant which cannot be credited towards training.

A Reference Guide for Postgraduate Specialty Training in the UK

- 6.79** The request to take time out for such experience must be agreed by the Postgraduate Dean. The OOP document should be used to make the request and should be returned on an annual basis to the Deanery whilst the trainee is out of programme. OOPEs will normally be for one year in total, but can be extended for up to two years with the agreement of the Postgraduate Dean.
- 6.80** Trainees may also take time out of programme to gain experience as a locum consultant (OOPE) which cannot be credited towards training. Such experience can however be used to support an application for entry to the specialist register through the CESR route.

Time out of programme for research (OOPR)

- 6.81** Trainees should be encouraged and facilitated to undertake research where they have an interest in doing so. PMETB has made clear that:
- time spent out of a specialty training programme for research purposes *will* be recognised towards the award of a CCT when the relevant curriculum includes such research as an optional element. Under such circumstances, PMETB is not approving research per se, but is approving any training, including research, that is deemed to be appropriate and relevant to the CCT curriculum in question. *Both* the College/Faculty and Deanery must support the application for prospective approval
 - once prospective approval of the posts and programmes has been obtained it is still for Colleges and Faculties to confirm whether the training (including relevant research) has been completed satisfactorily and satisfies the requirements of the curriculum when the College or Faculty makes recommendations to PMETB for the award of a CCT.
- 6.82** When OOPR does not count towards CCT requirements, PMETB approval is not required. [PMETB post and programme approval](#) [PMETB approval of out of programme experience](#)
- 6.83** Time taken out for research purposes is normally for a registerable higher degree, e.g. a PhD, MD or Master's degree and will not normally exceed three years. Trainees in their final year of training will not normally be granted OOPR.
- 6.84** Trainees who undertake OOPR must submit the relevant section of the OOP document to the annual outcome panel. This will ensure that the trainee keeps in touch with the Deanery and registers each year to renew their commitment to the training programme. It requests permission to retain their NTN and provides information about the trainee's likely date of return to the

A Reference Guide for Postgraduate Specialty Training in the UK

programme, as well as the estimated date for completion of training. It is the responsibility of the trainee to make this return annually.

- 6.85** Many individuals undertaking such research retain a clinical element, which will allow them to maintain their existing competences whilst out of programme. The extent of this clinical element will guide PMETB, the deanery and the relevant Royal College in decisions concerning whether some of the time spent on clinical and research competences during OOPR can be used to contribute towards the award of a CCT. The trainee should seek advice from their TPD to ensure that the proposed clinical element is appropriate.
- 6.86** If there is prospective approval for the OOPR to contribute to the CCT, then formal assessment documentation must be submitted annually to the review panel.

Time out of programme for career breaks (OOPC)

- 6.87** Specialty training can require trainees to commit up to eight years of training in some specialties. For trainees with outside interests, this may influence their choice of specialty or career. The opportunity to take time out of a training programme with the guarantee of being able to return at an agreed time and resume training may make some specialties, and indeed a medical career in general, more attractive. Requests for career breaks should therefore be sympathetically considered.
- 6.88** A planned OOPC will permit a trainee to:
- step out of the training programme for a designated and agreed period of time to pursue other interests, e.g. domestic responsibilities, work in industry, developing talents in other areas
 - take a career break to deal with a period of ill health, secure in the knowledge that they can re-join the training scheme when they are well enough to continue.
- 6.89** The chance to take a career break for any of these reasons may make the difference between a doctor staying in medicine or leaving permanently, thereby wasting the public and their personal investment in medical training to date.

Who is eligible to apply for an OOPC?

- 6.90** OOPC can be taken with the agreement of the Postgraduate Dean, who will consult as necessary with those involved in managing the training programme. Limiting factors will include:
- the ability of the programme to fill the resulting gap in the interests of patient care

A Reference Guide for Postgraduate Specialty Training in the UK

- the capacity of the programme to accommodate the trainee's return at the end of the planned break
- evidence of the trainee's on-going commitment to and suitability for training in the specialty.

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

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

Planning and managing an OOPC

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

- OOPC may be taken after a specialty training programme has been started, but not normally until at least one year of the programme has been successfully completed
- OOPC are not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training
- career breaks are breaks without pay and time out of medicine will not be recognised in increments to salary. Trainees should take expert advice from the Deanery or from their professional associations on their statutory rights in relation to career breaks
- the needs of the service must be considered in agreeing a start date
- the duration of the OOPC will normally be limited to two years since there are good educational and training reasons for this but may be longer in exceptional circumstances which must be agreed with the Postgraduate Dean
- trainees wishing to take longer OOPC will normally need to relinquish their NTN and re-apply in open competition for re-entry to the same specialty or to a new specialty
- a replacement NTN to fill the gap in a programme left by a trainee undertaking a OOPC may be made available but the Postgraduate Dean will need to ensure that the programme can accommodate any newly appointed trainees, as well as the subsequent return of the trainee who has undertaken the OOPC
- the trainee should give at least six months notice of their planned return to work. Although the returning trainee will be accommodated

A Reference Guide for Postgraduate Specialty Training in the UK

- in the next available suitable vacancy in their specialty, it may take time for a suitable placement to arise
- there is no guarantee that the return date will be within six months of a trainee indicating their wish to return to training. If there are likely to be problems accommodating the trainee back into the programme, the trainee should be advised at the outset of the OOPC
 - a period of refreshment of skills and updating may be necessary before the trainee returns formally to the programme. This will be at the discretion of the Postgraduate Dean, following consultation with the training programme director. Arrangements for how this will be achieved will be subject to local agreement
 - although trainees on career breaks will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement. Since this is not prospectively approved training, it cannot be attributed to award of a CCT, but may (like any other experience) be used as part of an application for CESR
 - trainees must complete Form R and the relevant section of the OOP on an annual basis and submit this to the annual assessment outcome panel in order to continue to register their interest in staying in the programme. This should include an update of the date of their intention to return to the programme to facilitate the planning process
 - In the future trainees will also have to consider the effect of a career break on their ability to maintain their licence to practise with the GMC.

Movement between Deaneries (inter-deanery transfers)

- 6.93** Whilst It is possible for trainees to move between Deaneries (inter-deanery transfers) there is no automatic entitlement or right for this to take place. An offer can only be made by the Postgraduate Deans. The arrangements for this apply to both full-time trainees and trainees working less than full-time. Where there are differences in programmes offered with respect to run-through or core training programmes between deaneries a transfer will not confer any advantage - ie a trainee undertaking core training in England, Northern Ireland or Wales cannot transfer into run-through training in Scotland. Conversely, a trainee on a run-through programme from Scotland transferring to a deanery only offering core training at their level in that specialty will be offered a core training post only and lose their NTN.
- 6.94** Postgraduate Deans will do their best to deal sympathetically with trainees where they judge that there are well-founded personal reasons which justify such a move. Trainees who have direct caring responsibilities or those who need a move for reasons of ill health will have priority.
- 6.95** It important that trainees give as much warning as possible to their current Postgraduate Dean that they are seeking a transfer. Training vacancies in

A Reference Guide for Postgraduate Specialty Training in the UK

other Deaneries may not be readily available and the arrangements may take time to set up.

- 6.96** The transfer must have the support of the current Deanery, taking into account the notice given, the needs of the service and the progress of the trainee to date, and that of the receiving Deanery, recognising constraints on their training capacity.
- 6.97** Requests for an inter-deanery transfer for well-founded personal reasons:
- will give priority to disabled trainees, those with direct caring responsibilities, e.g. young children or family members/partners or for those who require a transfer on grounds of ill health
 - will only be considered where there has been a significant change in a trainee's situation since their original appointment
 - with the exception of general practice, will normally only be considered after the trainee has been in programme for one year
 - for general practice programmes a request for transfer can be submitted before the first year is complete although the transfer will not take place until the year has been completed, i.e. the application will only be processed when the trainee has been in post for one year
 - must be made directly between Postgraduate Deans (or their designated deputy); trainees should *not* make direct approaches to a potential receiving Deanery but should ensure that the request comes from the home Postgraduate Dean to the Deanery of transfer
 - may require the trainee to attend a Deanery specialty interview. This will be the case particularly for competitive specialties within a Deanery since there must be equity of access to training programmes. The trainee may be required to wait until the next appointment process for the interview to take place. The appointment panel will need to consider whether it accepts the trainee requesting transfer or a new appointee to the programme. This will be dependent not only on the outcome of the interview, but on the capacity of the programme to support the potential for a trainee to enter the programme at a higher level rather than at the start of the programme
 - will require the trainee to accept a reasonable offer of a placement which can facilitate the transfer. Failure to do so may result in termination of the inter-deanery transfer request.
- 6.98** When a request for an inter-deanery transfer (Appendix 4) is agreed the trainee will be allocated a training number from the receiving Deanery, which should normally come from their existing stock of training numbers. Where a number is not available, e.g. because a temporary gap in the programme is being used to support the transfer, then the receiving Deanery should request a temporary NTN from the appropriate authority in order to support the transfer.
- 6.99** Inter-deanery transfers are *not* appropriate for:

A Reference Guide for Postgraduate Specialty Training in the UK

- **educational or training reasons:** Deaneries should provide a full range of programmes and placements for the specialties in which they offer training, or have formal arrangements for doing so which are not dependent on ad-hoc transfer arrangements
- **secondment to a different Deanery:** such moves would be planned to fit in with the agreed training programme and training availability. Trainees would keep their original training number
- **rotation between Deaneries as part of a planned training programme:** this arrangement applies in some specialties and across some Deaneries because of local arrangements
- **undertaking research in a different Deanery:** trainees given permission by their Postgraduate Dean to take time out of a programme to undertake research will retain their training number, even if research takes place in a different Deanery. Trainees will have no entitlement to transfer subsequently to the Deanery in which they have been doing their research but will need to go through either the inter-deanery request process (and meet the requirements of eligibility) or through a competitive process.

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

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

Section 7: Progressing as a Specialty Registrar

Competences, experience and performance

- 7.1** The curricula approved by PMETB for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the CCT.
- 7.2** Competences, knowledge, skills and attitudes take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence based programme of training must be an understanding of both the minimum level of frequency and experience and the time required to acquire competence and to confirm performance in the specialty.
- 7.3** Most but not all specialties have minimum durations of training time required by *The General and Specialist Medical Practice Order, 2003*. Furthermore, all specialty curricula developed in the UK and approved by PMETB also quote either absolute minimum training durations (which must be at least as long as the European requirement), or an indicative “range” of time that the training programme is expected to take, the bottom end of the range reflecting the minimum European requirement.
- 7.4** This is important for two reasons:
- to define a “full” programme of prospectively approved training which entitles an individual who successfully completes it, award of the CCT (para 2.10)
 - to make sense of a competence defined programme of educational progression within a framework of “time required” to enable breadth of experience and practice to ensure that the competences gained are sustainable and part of everyday practice.
- 7.5** Assessment strategies for specialty training must not deliver just “snapshots” of skills and competences, but must deliver a programme of assessment which looks at the sustainability of competences and the clinical and professional performance of trainees in everyday practice.
- 7.6** The new emphasis on work place assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments and that employers must ensure that appropriate opportunities are provided to enable this to happen effectively.
- 7.7** Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations which enable them to develop the required competences. The expected rate of progress in

A Reference Guide for Postgraduate Specialty Training in the UK

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

Annual Review of Competence Progression (ARCP): appraisal, assessment and annual planning

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

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.14** The educational supervisor is the crucial link between the educational and workplace based appraisal process since the trainer's report provides the summary of the assessment evidence for the annual review process. The outcome from the annual review underpins and provides evidence for the workplace based appraisal process which is designed to reassure employers that the performance of doctors in postgraduate training is satisfactory.
- 7.15** During their appraisal discussion trainees must be able to discuss their worries/mistakes without fear that they will be penalised. Patient safety issues should usually be identified by clinical incident reporting, unless it is repetitive poor practice. However, where it is in the interests of patient safety or of the trainee, then the trainee must be informed that the relevant element of the appraisal discussion will be raised with the director/lead of medical education in the health and the Postgraduate Dean.

Educational appraisal

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

Workplace based appraisal

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

A Reference Guide for Postgraduate Specialty Training in the UK

behalf of the employers who provide postgraduate medical education through employment opportunities. Participation in workplace appraisal is a requirement for all doctors working within the NHS.

- 7.25** Educational supervisors should complete work-base appraisal documentation for postgraduate trainees as part of an integrated appraisal discussion, after receiving the outcome documentation from the annual review (ARCP) process. This will enable both the outcome and educational and workplace based appraisal to inform the planning for the next stage of training for the trainee. There should be no disjunction in the process of educational and workplace based appraisal and in the completion of the relevant documentation. Both fulfil the purpose of appraisal which is to document progress and performance against agreed objectives. The workplace based appraisal documentation ensures that employers are aware of the performance of doctors who are employed within their organisations.
- 7.26** The workplace based appraisal documentation should form a permanent part of the trainee's learning portfolio. Where specialties are using electronic portfolios, this documentation should be copied into it as an additional section or be maintained separately as hard copy by the doctor. Educational supervisors should keep copies of the summary document (Form 4) since these will be required by clinical directors or equivalent employer leads to document the performance of postgraduate doctors in their organisations.
- 7.27** Where a trainee is under investigation by the GMC, this must be made clear and explicit in the appraisal documentation. The employer must be informed if such investigation has been invoked through training channels and should be made aware of it through the workplace based appraisal process. Equally, the Postgraduate Dean must be informed if a doctor in postgraduate training is referred to the GMC by an employer with concerns over the doctor's performance or a breach of professional standards. The Postgraduate Dean will need to take special care that the PMETB is informed if this is the case, especially where the doctor is being considered for award of a CCT or a CESR/CEPGR.

Assessment and the Annual Review of Competence Progression (ARCP)

- 7.28** In accordance with PMETB requirements, College and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by PMETB and the requirements of the GMC'S *Good Medical Practice*.
- 7.29** This section deals with the elements of the annual review of competence which are designed to provide evidence and a judgement about progress. It does not address the important processes of educational/workplace based appraisal and programme planning which should respectively precede and follow from the formal assessment process.
- 7.30** The Record of In-Training Assessment (RITA) process which has, to date, been the process of overall assessment for specialist training requires

A Reference Guide for Postgraduate Specialty Training in the UK

improved definition to take into account the more explicit evidential base required by these assessment standards. It requires better linkages to the service and the public as set out in the Principles of Assessment developed by PMETB (Box 6). The same also applies for the VTR forms issued for general practice vocational training.

- 7.31** RITA and VTR forms will therefore be replaced by an assessment process for specialty training which will be called the **Annual Review of Competence Progression (ARCP)** and which will be based on the more explicit use of evidence to inform the annual assessment outcome of progress.

Box 6. Principles of Assessment

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

Principles

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

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

- 7.33** Assessment strategies will normally also include well-constructed and "fit-for-purpose" professional examinations which map back to the curriculum, in-work and real-time assessments such as directly observed procedures (DOPS); case note review or case-based discussion (CBD); multi-source feedback reports; observed video assessments or assessments in clinical skills facilities and other documented evidence of progress of the individual

A Reference Guide for Postgraduate Specialty Training in the UK

against the standards set out in the curriculum for the specialty. The educational supervisor's structured report (Appendix 5) or an equivalent summary should be used to provide a summary of the outcome of these for the annual assessment outcome panel. This report must:

- reflect the learning agreement and objectives developed between the trainee and his/her educational supervisor
- be supported by evidence from the workplace based assessments (WPBAs) planned in the learning agreement
- take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.

7.34 Log-books, audit reports, research activity and publications document other sorts of experience and attainment of skills which trainees may need to demonstrate. They are not, in and of themselves, assessment tools, but are a valid record of progress. Information about these areas should be retained in a specific specialty professional **learning portfolio** (which is increasingly likely to be an electronic portfolio) which all trainees must keep in order to record their evidence and progress in their training. The portfolio will also form the basis of the educational and workplace based appraisal process (paras 7.16 – 7.27) and the annual planning process (paras 7.28 – 7.27). Increasingly, portfolios are being developed by specialties through the colleges and faculties to be maintained electronically, forming part of an electronic learning platform.

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

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

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

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.37** The trainee's educational supervisor must ensure that the trainee:
- is aware of his/her responsibility to initiate workplace based assessments
 - maintains an up-to-date log-book where this is required
 - ensures that the trainee's professional learning portfolio is adequately developed including undertaking and succeeding in all assessments of knowledge (usually examinations) in a timely fashion based on the recommended timescale set out in the specialty curriculum.
- 7.38** If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the annual assessment outcome panel. The educational supervisor should raise these difficulties with the programme director and between them, must facilitate appropriate assessment arrangements within the timescales required by the assessment process.
- 7.39** The educational supervisor will be responsible for completing a structured report (an example of which is shown at Appendix 5) which must be discussed with the trainee prior to submission. This report is a synthesis of the evidence in the trainee's learning portfolio which summarises the trainee's workplace assessments, experience and additional activities which contribute to the training process. The report and the discussion which should ensue following its compilation must be evidence based, timely, open and honest.
- 7.40** If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

A Reference Guide for Postgraduate Specialty Training in the UK

The Annual Review of Competence Progression (ARCP)

Collecting the evidence

- 7.41** Each specialty is required by PMETB to map its assessment processes against the approved curriculum and the GMC's *Good Medical Practice*. A structured report should be prepared by the trainee's educational supervisor and should reflect the evidence which the trainee and supervisor agreed should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to collate the results of the required in-work assessments, examinations and further experiential activities required by the specialty curriculum (e.g. logbooks, publications, audits). It is strongly recommended that all trainees and educational supervisors familiarise themselves with PMETB's document on *Workplace Based Assessment* (January 2005) which can be found at [PMETB Workplace based assessment](#) as well as the relevant Royal College curriculum and assessment programme.
- 7.42** The trainee's educational supervisor may also be his/her clinical supervisor (particularly in small specialties and small training units), although wherever possible this should be avoided. Under such circumstances, the educational supervisor could be responsible for some of the in-work assessments, for producing the structured report, as well as for providing educational and workplace based appraisal for the trainee.
- 7.43** Great care will need to be taken to ensure that these roles are not confused and indeed, under such circumstances, the trainee's educational supervisor should discuss with the Training Programme Director and, if necessary, the Postgraduate Dean, a strategy for ensuring that there is no conflict of interest in undertaking educational appraisal and assessment for an individual trainee.
- 7.44** Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them and their trainers at least six weeks notice of the date by which it is required so that trainees can obtain structured reports from their educational supervisors summarising their portfolio from their educational supervisors. Trainees will not be "chased" to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their progress. As a consequence, the trainee will not be able to document attained competences or progress in the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in para 7.47. In time it is anticipated that annual assessment panels will receive the evidence, which is largely but not exclusively the structured report, electronically. This is dependent on the development of e-portfolios for each specialty to support training.

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.45** Trainees must submit, as part of their documentary evidence for each annual review, an updated Registration Form R, giving accurate demographic details for use on the Deanery database.
- 7.46** It is up to the trainee to ensure that the documentary evidence which is submitted is complete. This should include evidence which the trainee may view as negative. Unsuccessful workplace based assessment outcomes (WPBAs) need not be included in the evidence submitted to the ARCP. Unsuccessful workplace based assessments should however be retained in the trainee's portfolio so that they are available for discussion with educational supervisors during educational appraisal discussions.
- 7.47** Where the documentary evidence submitted is incomplete or otherwise inadequate so that a panel cannot reach a judgement, **no** decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an *Incomplete* outcome (Outcome 5) and will require the trainee to explain to the panel and Deanery in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.
- 7.48** It may be necessary for the Training Programme Director (TPD) to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. It is not intended that the trainee should agree the report's content but is intended to ensure that the trainee is aware of what had been said. Where the report indicates that there may be a risk to patients arising from the trainee's practice, this risk needs to be shared with the Postgraduate Dean and the current employer (see the workplace based appraisal process – para 7.24 – 7.27). The trainee needs to be made aware that this is the case.
- 7.49** The trainee may submit, as part of their evidence to the ARCP, a response to the trainers' report or to any other element of the assessment documentation for the panel to take into account in their deliberations. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the trainee must expect that it will be followed up appropriately. Where, for example, a trainee raises allegations of bullying, harassment or other inappropriate conduct on the part of a trainer or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of the Deanery in writing immediately following the panel for further consideration and possible investigation by the employing authority. All Deaneries and employers of specialty trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees are encouraged to follow these policies and training providers must

A Reference Guide for Postgraduate Specialty Training in the UK

make their policies on bullying and harassment known to trainees as part of their induction.

What is the purpose of the annual review?

7.50 The annual review panel provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The panel may be convened more frequently if it needs to deal with progression issues outside of its annual meeting. It is not in itself a means or tool of assessment but has been designed to fulfil the following functions:

- provide an effective mechanism for recording the evidence of the trainee's progress within the training programme or in a recognised training post (fixed term specialty training appointment)
- provide a means whereby the evidence of the outcome of formal assessment, through a variety of PMETB agreed in-work assessment tools and other assessment strategies, including examinations which are part of the assessment programme, are coordinated and recorded to provide a coherent record of a trainee's progress
- provide a mechanism for the assessment of out of programme clinically approved training and its contribution to achievement of the required competences
- provided adequate documentation has been presented, to make judgements about the competences acquired by a specialty trainee and their suitability to progress to the next stage of training if they are in a training programme
- provided adequate documentation has been presented, to make a judgement about the competences acquired by a trainee in a fixed term specialty training appointment and to document these accordingly;
- provide a final statement of the trainee's successful attainment of the competences for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dean to present evidence to the relevant College or Faculty so that it can recommend the trainee to PMETB for award of the CCT or to enable the trainee to submit an application for the Certificate confirming Eligibility for Specialist or GP Registration (CESR or GEGPR).

7.51 The Annual Review of Competence Process is applicable to:

- all specialty trainees (including general practice trainees, those in core training, less than full-time training and trainees in academic programmes) whose performance through a specialty training programme must be assessed to demonstrate progression

A Reference Guide for Postgraduate Specialty Training in the UK

- trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Academic Lectureships, Clinician Scientist appointments
- trainees who are out of programme with the agreement of the Postgraduate Dean
- trainees in Fixed Term Specialty Training Appointments (FTSTAs)
- trainees in Locum Appointments for Training (LATs).

7.52 Trainees who continue in SpR programmes will be subject to the Record of in-training assessment (RITA) process which supports the relevant curricula unless they switch to the new curriculum for the specialty (see para 5.51). Workplace-based assessments should be used to provide evidence to support the RITA process.

7.53 Doctors who are successful in competing for a training opportunity (e.g. a LAT appointment) or who gain access to top-up training through appropriate arrangements in order to meet the requirements of PMETB to apply for a Certificate of Eligibility for Specialist or GP Registration (CESR/CEGPR) through Articles 11 or 14, will also have their progress assessed through the annual assessment process. There is a specific assessment outcome in relation to doctors undertaking top-up training (Outcome 9).

The Annual Review of Competence Progression Panel (ARCP Panel)

7.54 The panel has two objectives:

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

Composition of the ARCP Panel

7.55 The panel has an important role which its composition should reflect. It should consist of at least **three** panel members appointed by the training committee or an equivalent group of which one must be either the Postgraduate Dean (or their deputy) or a Training Programme Director (TPD). The Chair of the Specialty Training Committee, Training Programme Directors, College/Faculty representatives (e.g. from the specialty SAC), educational supervisors and associate directors/deans are all appropriate panel members. Where an annual academic assessment outcome is also

A Reference Guide for Postgraduate Specialty Training in the UK

involved, there should additionally be two academic representatives on the outcome panel neither of whom were involved in the trainee's academic programme. The panel could also have a representative from an employing authority in order to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their specialty.

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

How the panel works

- 7.61** The full panel will be convened by the Deanery. The panel will normally be chaired by the chair of the specialty training committee or one of the training programme directors or associate deans/directors. The external member of the panel need only attend as required to fulfil his/her responsibilities as outlined above and so may only be required towards the end of the process, especially in large specialties.
- 7.62** The process is not an assessment of the trainee in and of itself but it is *an assessment of the documented and submitted evidence* that is presented by the trainee. It has been compared to consideration of University examination results by an external panel and as such *the trainee should not normally attend the panel.*

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.63** For practical and administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. the trainee's views on their training, planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must *not* be present at the panel considering the outcomes except for the circumstances described in the next paragraph.
- 7.64** The exception to this is where the Training Programme Director, educational supervisor or academic educational supervisor has indicated that there *may* be an unsatisfactory outcome through the annual review process [Outcomes 2, 3 or 4 (see box)]. Under such circumstances the trainee will have been informed prior to the panel of the possible outcome and **must** meet with the panel but only *after* the panel has considered the evidence and made its judgement, based upon it.
- 7.65** The purpose of the trainee meeting with the panel *after* it has reached its decision is to discuss the recommendations for focussed or additional remedial training if these are required. If the panel recommends focussed training on the acquisition of specific competences (outcome 2) then the timescale for this should be agreed with the trainee.
- 7.66** If additional remedial training is required (outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of *how* a remedial programme will be delivered will be determined by the TPD and the Postgraduate Dean. The remedial programme will be planned taking into account the needs of other trainees in the specialty and must be within the limits of patient safety.
- 7.67** This additional training must be agreed with the trainee, and with the training site/employer and new trainers who will be providing it. Full information about the circumstances leading to the additional training requirement must be transmitted by the Deanery to the training site/employer, including any areas of weakness and any negative reports. The information transmission will be shared with the trainee but agreement to it being shared with the new employer and trainers is a requisite of joining the training programme.
- 7.68** The panel should systematically consider the evidence as presented for each trainee against the specialty curriculum assessment framework and make a judgement based upon it so that one of the outcomes is agreed.
- 7.69** Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 6), including where trainees continue to hold a training number but are out of the programme training, with the agreement of the Postgraduate Dean.
- 7.70** At the annual review the provisional expected date for successful completion of specialty training which is set by the Postgraduate Dean's specialty training committee, should be reviewed, taking into account such factors as a change to or from flexible training; leave of absence from the programme to

A Reference Guide for Postgraduate Specialty Training in the UK

pursue research; career breaks in training, or delays in achieving the competences as set out in the specialty curriculum, for whatever reason. The expected date for the successful completion of training is important information, since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty.

Outcomes from the ARCP

7.71 The outcome recommended by the panel (Appendix 6) for *all* trainees will be made available by the Postgraduate Dean to the:

- **Relevant College or Faculty.** These outcome documents are part of the minimum data set which will need to be sent to PMETB from the College or Faculty with the recommendation for award of the CCT. Trainees appointed to a programme intended to lead to the award of a CESR or CEGPR will also need to submit these documents as part of their training portfolio, with their application to PMETB
- **Training Programme Director (TPD).** The TPD will receive 3 copies of the outcome form.
 - one copy should be sent to the trainee's educational supervisor. This should be used to form the basis of the further educational appraisal and workplace based appraisal that the educational supervisor undertakes on behalf of the employing authority. It is the educational supervisor's responsibility to raise any areas of concerns about the trainee's performance as documented by the annual review with the medical director as part of the workplace based appraisal process. If the review has been undertaken shortly before rotation to a new placement has occurred the documentation should be forwarded by the TPD to the medical director where the trainee is due to start
 - the second copy should be given to the trainee who must sign it and return it to the Deanery within **ten** working days. The trainee should retain a copy of the signed form in their portfolio. The Deanery will retain the signed copy in the trainee's file. Where electronic systems for assessment/annual reviews are used, digital signatures will be acceptable
 - the third copy will be retained by the TPD. The TPD (with or without the trainee's educational supervisor) should arrange to meet with the trainee to **discuss the outcome** and to **plan** the next part of their training where this is required (paras 7.113 – 7.116) and document the plan fully.

7.72 Each trainee will need to complete Form R, Registering for Postgraduate Training, annually. This holds the up-to-date demographic data on the trainee. The return of Form R annually to the Deanery plus the signed

A Reference Guide for Postgraduate Specialty Training in the UK

annual outcome will enable the trainee to renew their registration as a run-through trainee on an annual basis with the Deanery and the relevant College.

- 7.73** Any concerns which emerge about a trainee's Fitness to Practise must be reported to the Postgraduate Dean for further advice and guidance.
- 7.74** The panel will recommend one of the following outcomes for each trainee, including those on integrated clinical/academic programmes:

A Reference Guide for Postgraduate Specialty Training in the UK

Annual Review of Competence Progress (ARCP) Outcomes

Satisfactory Progress

1. Achieving progress and the development of competences at the expected rate

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

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

2. Development of specific competences required – additional training time not required

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

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

3. Inadequate progress by the trainee – additional training time required

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

A Reference Guide for Postgraduate Specialty Training in the UK

4. Released from training programme with or without specified competences

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

5. Incomplete evidence presented – additional training time may be required

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

Recommendation for completion of training

6. Gained all required competences; will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR

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

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

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

Trainees undertaking FTSTAs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and should result in an FTSTA outcome which should document the competences achieved. The outcome should be sent to the trainee’s educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The Deanery will also keep a copy on record.

A Reference Guide for Postgraduate Specialty Training in the UK

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

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

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

Some doctors who have been recommended for top-up training by PMETB after submitting applications for consideration for entry to the Specialist Register through Articles 11 and 14 may do so by being appointed competitively to approved specialty training programmes for a limited period of time, where there is the opportunity for such competitions to take place (e.g. where a gap appears in a programme). Where this is the case, the doctor should submit the appropriate in-work-assessments and documentation to the annual assessment outcome so that the panel can make a recommendation, based on the evidence, as to whether the objectives set by PMETB have been achieved.

Additional or remedial training

- 7.75** Whilst the review panel must recommend the outcome for an individual trainee on the basis of the submitted evidence it must also take into account any mitigating factors on the trainee's part such as ill health or domestic circumstances [e.g. maternity leave] during which time the training time with respect to progress is suspended. It should also consider aspects within the training environment such as changing circumstances or the supervision available in determining its specific recommendations with respect to the additional time which may be required. Whilst these factors should be taken into account in planning future training for the individual trainee, they in and of themselves should not change the outcome arrived at based on the available evidence received by the panel.
- 7.76** The panel may identify the need for additional training time (Outcome 3 or Outcome 5) which extends the indicative date for completion of the training programme for a trainee, or remedial training may be required as a result of a recommendation from the GMC or other body, e.g. NCAS. Such remedial training must take place within recognised training posts. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other trainees at the same level of training. The opportunity costs for other trainees in the programme and critically, for those who want to gain entry into the specialty are considerable.

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.77** However, because it is recognised that trainees may gain competences at different rates for a number of reasons, trainees will be able to have additional aggregated training time of normally of up to **one year** within the total duration of the training programme in the hospital specialties and normally up to **six months** in general practice because of the short duration of the training programme, unless exceptionally, this is extended at the discretion of the Postgraduate Dean, but with an absolute maximum of two year additional training during the total duration of the training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into run-through training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed.
- 7.78** When remedial training is required, the Postgraduate Dean will establish a specific educational agreement with the receiving healthcare organisation, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the trainee receives the training that has been identified, as well as assuming patient safety during the process.
- 7.79** To enable the effective delivery of such additional training, information will need to be made available to the receiving Deanery. Where the trainee refuses to allow this information to be shared in the interests of patient safety the offer of remedial training will be withdrawn. Trainees will be provided with a copy of any such information and retain the right to challenge its accuracy.
- 7.80** In most cases remedial or additional training will resolve the issue and the trainee in question will return to the specialty training programme. In certain circumstances following additional training, it is possible that the trainee still does not meet the standards required, either of the specialty or of medicine in general. Such an outcome must be based on substantial documented evidence.
- 7.81** The outcome of any additional or remedial training will be reviewed by the annual review panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. It will decide if the outcome of the additional training allows the trainee to return to their specialty training programme, requires further additional training, or if they have not or even cannot meet the standards required. The latter case will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dean will advise the trainee that their NTN has been withdrawn. The Postgraduate Dean will also notify the employer that the individual is no

A Reference Guide for Postgraduate Specialty Training in the UK

longer in specialty training and that following statutory guidance, their contract of employment be withdrawn.

Quality Assurance of ARCPs

7.82 Since decisions from the panel have important implications for both the public and for individual trainees there should also be external scrutiny of its decisions from two sources:

- a lay member to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress. Lay members will be appointed from a list compiled by the Postgraduate Dean usually with the help of employing authorities. A lay member may be specifically appointed by the Deanery or may be an executive or non-executive member of an employing authority board or other senior non-medical member of management. Lay participants will need to receive appropriate training to undertake this work
- an external trainer from within the specialty but from outside the specialty training programme or school, who should review at least 10% of the outcomes and any recommendations from the panel about concerns over progress. Deaneries may set up reciprocal arrangements to facilitate this where there is only one training programme in a specialty within a Deanery. Deaneries should work with the relevant Royal College to help identify senior members of the profession to support this work.

The role of the Postgraduate Dean in the ARCP

7.83 The Postgraduate Dean has responsibility for a range of managerial and operational issues with respect to postgraduate medical training. Amongst these is the management of the annual review process, including the provisions for further review and appeals (see below). The process is carried out by a panel under the aegis of the Deanery Specialty Training Committee (STC) or specialty school. Good practice is for the panel to take advice from the local College or Faculty specialty adviser where appropriate. With the collective agreement of the Conference of Postgraduate Medical Deans (COPMeD) for smaller specialties the annual review process may be coordinated nationally although it must remain the overall responsibility of a designated dean (usually the Lead Dean for the specialty).

7.84 The Postgraduate Dean should maintain a *training record folder* for each trainee in which completed review outcome forms are stored. For security purposes a photograph of the trainee should be attached to this folder. The folder, previous outcome forms and supporting documentation must be available to the panel whenever the trainee is reviewed. The Postgraduate Dean's staff will provide administrative support for the panel. In time, this information may be stored electronically by the Deanery.

A Reference Guide for Postgraduate Specialty Training in the UK

7.85 On entry to the training programme the Postgraduate Dean will:

- send a copy of Form R to the trainee along with the appropriate letter outlining the *Conditions of taking up a training Post* (Appendix 2), reminding them of their professional obligations, including active participation in the assessment and review process. The return of the completed Form R and letter registers the trainee with the Postgraduate Dean
- forward a copy of the trainee's Form R to the relevant Royal College/Faculty which serves to inform the College/Faculty that the trainee has been registered for postgraduate training
- place a further copy in the trainee's Deanery folder to enable the dean's database to be updated. In the future PMETB may require an annual summary of this data.

7.86 .At the end of each annual review process the Postgraduate Dean will:

- forward **three** copies of the outcome document to the trainee's Training Programme Director (TPD)/GP trainer (see para 7.91)
- forward a copy of the completed outcome document to the relevant Royal College/Faculty. This will form part of the minimum data set to be submitted to PMETB for those trainees training in a programme leading to a CCT
- place a copy in the trainee's Deanery folder.

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

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

7.88 The TPD is responsible for ensuring that the trainee and his/her current educational supervisor receive a copy of the annual outcome document within ten working days after they are received by the TPD.

7.89 If the outcome is **satisfactory** and is as anticipated then the TPD and/or educational supervisor should meet with the trainee to plan and document the next stage of training, unless this has already been agreed. If the trainee is due to rotate and change training units, this meeting could take place with the trainee's new educational supervisor.

7.90 If the outcome is **not satisfactory** then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already

A Reference Guide for Postgraduate Specialty Training in the UK

been agreed prior to the annual panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.

- 7.91** The purpose of this meeting is to discuss the further action which is required as a result of the panel's recommendations. The TPD should arrange to have Deanery support staff present to document the agreed arrangements. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee's file at the Deanery. It is important to note that this meeting is not about the decision taken by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

What is required of the trainee?

- 7.92** On appointment to a specialty training programme or to an FTSTA trainees must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations of the programme and to the importance of the administrative arrangements underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to training and thereby remains registered for their training programme.
- 7.93** Trainees will also need to send to the Postgraduate Dean a signed copy of the *Conditions of taking up a training post* (Appendix 2) which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. These obligations relate to professional and training requirements and do not form any part of the contract of employment.
- 7.94** Return of Form R signals that the doctor has registered with the Deanery for specialty training. It initiates the annual assessment outcome process; and triggers the allocation of a training number. All trainees will be required either to confirm the content of Form R or update it prior to their attendance at the annual outcome panel. In the interim, it is the responsibility of the trainee to inform the Postgraduate Dean of any changes to the information recorded. Trainees **must** ensure that the Deanery has an up-to-date email address at all times and is one which the trainee regularly checks. Accurate information is needed not only for the Deanery but also to support the requirements of the Royal Colleges/Faculties and the PMETB.

The Annual Review of Competence Progression for trainees undertaking joint clinical and academic training programmes

- 7.95** Some doctors will undertake joint clinical and academic training programmes. Appointment to such programmes will involve allocation of a National

A Reference Guide for Postgraduate Specialty Training in the UK

Training Number [NTN (A)]. Trainees in such programmes will have to complete both the full training programme leading to a CCT or CESR/CEGPR and meet the requirements of the academic programme.

- 7.96** Individuals undertaking academic training must have an academic educational supervisor who will normally be different from the trainee's clinical educational supervisor.
- 7.97** The academic supervisor is responsible for drawing up an academic training programme with the trainee, and a realistic/achievable timetable with clear milestones for delivery. Training goals relating to generic academic competencies and specific academic goals appropriate to the trainee should be explicitly identified. These targets will be summarised within the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.
- 7.98** On entry to the training grade, the academic supervisor should agree explicitly with the trainee the criteria for assessing their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. The educational supervisor and academic supervisor should be certain that clinical objectives are complementary to the academic objectives. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

Recording academic and clinical progress – academic assessment

- 7.99** At the start of the academic placement, and annually thereafter, the academic trainee must meet with both their clinical and academic supervisors to agree objectives for the coming year. Regular meetings with the academic supervisor should take place through the year to review progress, and decisions taken should be agreed and documented for later presentation to the academic assessment panel.
- 7.100** An annual assessment of academic progress must be undertaken, and ideally should take place at least one month before the joint academic/clinical annual review panel convenes. Those present at this assessment should include the trainee and educational supervisor together with the director of the academic programme, and other members of the academic unit as appropriate.
- 7.101** The academic supervisor is required to complete the *Report on Academic Progress* form (Appendix 7), which needs to be agreed and signed by the trainee for submission to the annual panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.102** The report and any supporting documentation should be submitted to the annual panel as part of the evidence received by it. The annual review panel for academic trainees, in addition to the membership described above (para 7.55) should also include two academic representatives who have not been involved in the trainee's academic programme.
- 7.103** The trainee should *not* attend the panel unless there are concerns about either or both clinical or academic progress. Plans for academic trainees to meet with the panel should only be made if the Training Programme Director *or* the academic educational supervisor indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel.
- 7.104** Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement.
- 7.105** The outcome of this joint process should be recorded using the outcome documentation as described above, which allows for both clinical and academic outcomes to be recorded. The academic report should be attached to the outcome document.

The Annual Review of Competence Progression for trainees undertaking out of programme research (OOPR)

- 7.106** Trainees who are undertaking full-time research as out of programme research must have their research programme agreed with their academic educational supervisor. This should form part of the documentation sent to the postgraduate dean requesting an OOPR.
- 7.107** The trainee must submit an OOPR return to the panel, along with a report from their research supervisor. All academic trainees who are on OOPR should have a formal assessment of academic progress as described above for joint clinical and academic programmes, with similar documentation presented as part of the process. The report must indicate whether appropriate progress in the research has taken place during the previous year and must also indicate that the planned date of completion of the research has not changed.
- 7.108** Both the trainee and the supervisor must remain aware that normally up to three years are agreed as time out of programme for research. If a request to exceed this is to be made, such a request must be made to the Postgraduate Dean at least one year prior to the extension commencing so that it can be considered by the joint clinical and academic review panel; the request must come from the research supervisor who must offer clear reasons for the extension request.
- 7.109** The panel should seek appropriate advice from academic colleagues if they are in doubt about whether a recommendation to extend the normal three years out of programme should be made.

A Reference Guide for Postgraduate Specialty Training in the UK

- 7.110** The panel should issue an out of programme outcome, recommending continuation of the OOPR or its termination and the date for this.
- 7.111** The time in out of programme research is attributable to a CCT programme only if it has been prospectively approved as part of a PMETB prospectively approved programme of training. The purpose of documenting progress in research during OOPR is therefore both to assess progress towards meeting the approved training requirements and/or to ensure regular progress so that return to the clinical training programme is within the agreed timescale.

The Annual Review of Competence Progression for trainees in less than full-time training

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

Annual planning

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

Appeals of the Annual Review of Competence Progression outcomes

- 7.117** It should never come as a surprise to trainees that action through the annual review process is under consideration since any shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress.
- 7.118** The review panel will meet with all trainees who are judged on the evidence submitted to:

A Reference Guide for Postgraduate Specialty Training in the UK

- require further progress on identified, specific competences (Outcome 2);
- require additional training because of inadequate progress (Outcome 3); and
- be required to leave the training programme before its completion (Outcome 4), with identified competences or an identified and specified level of training.

7.119 The purpose of this meeting is to plan the further action which is required to address issues of progress in relation to Outcomes 2 and 3 and to make clear to the trainee the competences with which a trainee who has an Outcome 4 will leave the programme.

7.120 However, a trainee has the right to request a review and in some circumstances, an appeal if one of these outcomes is recommended by the annual review panel.

Reviews and appeals

7.121 A review is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. They must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.

7.122 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or body. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant. Those involved in an appeal must not have played a part in the original decision or the review.

Review of Outcome 2

7.123 Outcome 2 usually involves closer than normal monitoring, supervision and feedback on progress to ensure that the specific competences which have been identified for further development are obtained, but does not require that the indicative date for completion of the training programme will change. The annual review panel will have explained to the trainee the evidential basis on which the decision was made and it will have been documented on the outcome form.

7.124 The trainee will have the opportunity to discuss this with the panel and to see all the documents on which the decision about the outcome was based. If the trainee disagrees with the decision they have a right to ask for it to be reconsidered. Requests for such reconsideration (review) must be made in writing to the chair of the annual review panel within ten working days of being notified of the panel's decision. The chair will then arrange a further

A Reference Guide for Postgraduate Specialty Training in the UK

interview for the trainee (as far as practicable with all the parties of the annual review panel) which should take place within fifteen working days of receipt of such a request from a trainee. Trainees may provide additional evidence at this stage.

- 7.125** The panel which is reviewing the Outcome 2 recommendation should have administrative support from the Deanery so that its proceedings can be documented. An account of the proceedings should be given to the trainee and also retained by the Deanery. A decision of the panel following such a review is final and there is normally no further appeal process.

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

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

Step 1: Discussion

- 7.129** Step 1 provides the opportunity for discussion between trainees, regional advisers within the relevant College or Faculty and programme directors to resolve matters. The purpose of this stage is to reach a common understanding of a trainee's problems and to decide on the best course of action.
- 7.130** Where, following the Step 1 process, trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set.

A Reference Guide for Postgraduate Specialty Training in the UK

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

Step.2: Formal appeal hearing

- 7.131** If a trainee does not accept the outcome of Step 1, they should inform the Postgraduate Dean within ten working days of it. Postgraduate Deans will then arrange a formal, appeal hearing (Step 2) which should normally take place within fifteen working days of receipt of a request for an appeal where practicable. Members of the original annual review panel must *not* take part in the appeal process. Trainees may support their appeals with further written evidence. All documentation which will be considered by the appeal panel must be made available to the trainee.
- 7.132** If the annual review panel has recommended that the trainee should be withdrawn from the training programme, Postgraduate Deans should always assume that a Step 2 hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the trainee formally withdraws, in writing, from the programme at this stage. The Postgraduate Dean should always confirm the position in writing with the trainee where the trainee declines an appeal hearing.
- 7.133** The Postgraduate Dean will convene an appeal panel to consider the evidence and to form a judgement. The hearing should be arranged as near to local level as possible. It should consider representations and evidence from both the trainee and from those who are closely involved with their training, such as the educational supervisor or Training Programme Director. The appeal panel should include the postgraduate dean or a nominated representative as chair, a College/Faculty representative from an adjacent region, two consultants from the same Deanery area as the trainee - at least one of whom should be from a different specialty - and a senior trainee from a different specialty. The membership of the panel should not include any of those involved in the discussions under Step 1 nor should it include any members of the original annual review panel. A representative from the personnel directorate of the employer or the Deanery must be present to advise the chair, for example, on equal opportunities matters and to record the proceedings of the appeal.
- 7.134** Trainees also have a right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or family member. However, if a trainee wishes to be represented by a lawyer, the appeal panel chairmen should normally agree to their request. Legal representatives

A Reference Guide for Postgraduate Specialty Training in the UK

should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representatives.

- 7.135** Where following the appeal process trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set. This should not normally be greater than an aggregated period of one year (normally 6 months in general practice) from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Postgraduate Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a *total of one year across the whole of the training programme* (6 months in general practice) is normally the extent to which a trainee's completion date can be extended.
- 7.136** Trainees should be notified in writing of the outcome of the appeal hearing. The appeal process described above is the final internal avenue of appeal.
- 7.137** Outcome documentation from the original annual review panel should not be signed off by Postgraduate Deans and forwarded to the parties indicated in para 7.86 until all review or appeal procedures have been completed.
- 7.138** The review or appeal panels may decide at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by Postgraduate Deans but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in para 7.86.
- It may be that the outcome of appeals under Step 1 and 2 is to alter an earlier recommendation while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel
 - Where lack of progress may result in the extension or termination of a contract of employment, the employer should be kept informed of each step in the appeal process.

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

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

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

Appeal against removal of a Training Number

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

Termination of a training contract

- 7.152** To ensure the co-terminosity of training and employment contracts, when a training contract is terminated the Postgraduate Dean must ensure:
- the trainee's NTN is removed
 - current and future employers within the trainee's programme are notified.

Section 8: Being a Specialty Registrar and an Employee

Accountability issues for employers, Postgraduate Deans and trainees

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

Roles and responsibilities

- 8.5 The Postgraduate Dean is responsible for the trainee's training and education while in recognised training posts and programmes. The Postgraduate Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dean has a legitimate interest in matters arising which relate to the education and training of postgraduate trainees within the employing environment.
- 8.6 Deaneries are responsible for:
 - organising training programmes/posts for postgraduate trainees
 - recruiting trainees through nationally defined processes (in Scotland this responsibility rests with NHS Education for Scotland [NES])
 - the Annual Review of Competence Process (ARCP).
- 8.7 Equally, employers have a legitimate interest in being clear about the performance of trainees as their employees. Excellent two-way communication between Postgraduate Deans and employers about the performance of trainees is therefore essential (see para 7.152).

A Reference Guide for Postgraduate Specialty Training in the UK

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

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

Transfer of information

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

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

A Reference Guide for Postgraduate Specialty Training in the UK

from placement to placement within the training programme is fundamental to the training process and is applicable to every trainee.

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

A Reference Guide for Postgraduate Specialty Training in the UK

Managing concerns over performance during training

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

A Reference Guide for Postgraduate Specialty Training in the UK

the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outline in paras 7.148 – 7.151.

- 8.27** Misconduct should be taken forward in accordance with the employer's agreed disciplinary procedures in line with local policies. Processes must be in accordance with those set out in the relevant national guidance on maintaining high professional standards. The Postgraduate Dean must be involved from the outset.
- 8.28** The Postgraduate Dean will seek assurance from the employer through the educational contract that trainees will be managed in accordance with best employment practice.
- 8.29** The Postgraduate Dean (or other Deanery staff) must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee, but may provide evidence to the panel and advise on training and education matters if required.
- 8.30** Termination of a trainee's employment contract after due process will normally mean that specialty training is discontinued and the training number is relinquished.

Poor performance and competence

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

Critical Incidents

- 8.32** On occasion a trainee might make or be involved in a critical or serious, isolated medical error. Such situations may lead to a formal inquiry and are stressful for all staff involved. The Postgraduate Dean should be kept informed in writing at each stage of any such inquiry and should ensure that pastoral support is offered to the trainee throughout the process.

A Reference Guide for Postgraduate Specialty Training in the UK

- 8.33** Where a trainee is expected to move to another training placement before the inquiry has been completed, the Postgraduate Dean will ensure the continuing involvement of the trainee in the inquiry process.

Poor performance and the GMC

- 8.34** Trainees remain subject to regulatory action where necessary. On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Guidance on managing such situations is available for the GMC. [Advice on when to refer to the GMC](#)

Ill health

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

A Reference Guide for Postgraduate Specialty Training in the UK

Section 9 - Appendices

LIST OF APPENDICES

- Appendix 1 Registering for Postgraduate Training (Form R)
- Appendix 2 – Conditions of taking up a training post
- Appendix 3 - Out of Programme Request and Annual review Document
- Appendix 4 Inter-Deanery Transfer Document
- Appendix 5 Example form – Educational Supervisor’s Structured Report
- Appendix 6 Annual review of Competence Progression (ARCP) Outcomes
- Appendix 7 Report on Academic Progress
- Appendix 8 Glossary
- Appendix 9 Protocol for making revisions to the Guide

Appendix 1

Form R: Registering for Postgraduate Specialty Training

(to be confirmed on appointment to specialty training or higher specialty training and before a National Training Number (NTN) is issued, where this is appropriate. Must be updated and submitted annually with the Postgraduate Dean in order to renew registration for specialty training. **Appointees to core and fixed-term training should only complete sections 1-8, 14 and 18).**

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

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

Specialty Trainee (signature)

Date

Postgraduate Dean

Date

**Conditions of taking up a training post
(Note: this is NOT an offer of employment)**

Dear Postgraduate Dean

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

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

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

Yours sincerely

Trainee's signature

Trainee's name (printed)

Date

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

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

Trainee's name: _____ Training number: _____ GMC no: _____
 E-mail address: _____ **PMETB** Post/Programme approval number: _____
 Contact address/e-mail address for duration of OOP if granted: _____

Specialty: _____ Training Programme Director (TPD): _____

Current indicative year of clinical programme: _____ Current provisional CCT date: _____

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

Yes No

Please indicate if you are requesting time out for:

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

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

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

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

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

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

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

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

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

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

Date you plan to return to the clinical programme:

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

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

Signed _____
(trainee's name)

Date: _____

Print name _____

Signed _____
(educational supervisor)

Date: _____

Print name _____

Signed _____
(training programme director - TPD)

Date: _____

Print name _____

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

Signed _____
(Postgraduate Dean (or deputy))

Date: _____

APPLICATION FOR AN INTER-DEANERY TRANSFER ON WELL-FOUNDED PERSONAL GROUNDS (trainee to complete and return to current Postgraduate Dean)			
Surname:	First Name:	NTN:	GMC no:
PMETB programme approval number :			
Contact Address.....			
Contact Tel..... Fax/Email.....			
Indicative year of programme: 1/2/3/4/5/6/7/8 other.....Date of Appointment.....			
Expected date of completion of training...../...../..... <i>Date of most recent annual assessment.....</i> <i>(attach all outcome forms to date)</i>			
Specialty:			
If applicable specify sub-specialty.....Dual Specialty			
My reasons for requesting an Inter-Deanery Transfer from my current programme to that in Deanery are briefly:			
When did these circumstances change?			
You should attach a more detailed explanation of your reasons for requesting the transfer (one side of A4). You <u>must</u> also enclose all copies of your annual review outcomes to date. Please confirm enclosure of: further explanation. Yes? Annual Review Outcomes?			
I hereby formally apply to transfer to Deanery and confirm all the above information is correct. <ul style="list-style-type: none"> • I understand that I should not approach the Postgraduate Dean in the Deanery to which I am seeking transfer directly but that my current Postgraduate Dean will do this on my behalf if he/she confirms that I have sufficient well-founded reasons for the transfer. • I understand that I may be required to have an interview by the Deanery to which I wish to transfer. 			
Signed		Date Signed:	
<i>Trainee</i>			
<i>To be completed by current Postgraduate Dean:</i> I hereby approve the above trainee's application to transfer from my region and confirm the current NTN is/...../.....			
Signed		Date Signed:	
<i>Postgraduate Dean(current)</i>			

Example form - Educational Supervisor's Structured Report: submission to the Annual Review of Competence Progression panel by the trainee's current educational supervisor, summarising the trainee's learning Portfolio since the previous assessment
(indicative template –may vary by specialty/ Deanery)

Name of person submitting report: Training unit

Position

Trainee's name GMC number

PMETB Programme/Post approval number

Training number (if applicable)

Previous annual assessments and

Dates	Outcome
1.	
2.	
3.	
4.	
5.	

Previous placements in programme

Training Unit	Clinical supervisor	Dates (to-from)
1.		
2.		
3.		
4.		
5.		

Current placement

Clinical supervisor

Dates of placement

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

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

Experiential outcomes

Activity	Date/s	Outcomes	Comment
1. log-book			
2. audits			
3. research projects			
4. publications			
5. teaching			
6. management development			
7. presentations			
8. courses attended			

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

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

Signed by _____ Date _____
(educational supervisor)

Signed by _____ Date _____
(trainee)

Annual Review of Competence Progression (ARCP) Outcomes

Deanery: _____ PMETB Training Programme Approval No. _____

Trainee: _____ Specialty : _____ NTN: _____ GMC no: _____

Members of the panel: 1 _____ 2 _____
 3 _____ 4 _____
 5 _____ 6 _____

Date of Assessment _____

Period covered: **From** _____ **to** _____Year / phase of training programme assessed (*circle*): 1, 2, 3, 4, 5, 6, 7, 8 or other (*state*) _____**Approved clinical training gained during the period:**

- 1.
- 2.
- 3.

Documentation taken into account and known to the trainee:

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

Recommended Outcomes from Review Panel***Satisfactory Progress***

- | | |
|---|--------------------------|
| 1. Achieving progress and competences at the expected rate (clinical) | <input type="checkbox"/> |
| Achieving progress and competences at the expected rate (academic) | <input type="checkbox"/> |

Unsatisfactory or insufficient evidence (trainee must meet with panel)

- | | |
|---|--------------------------|
| 2. Development of specific competences required – additional training time not required | <input type="checkbox"/> |
| 3. Inadequate progress by the trainee – additional training time required | <input type="checkbox"/> |
| 4. Released from training programme with or without specified competences | <input type="checkbox"/> |
| Released from academic programme | <input type="checkbox"/> |
| 5. Incomplete evidence presented – additional training time may be required | <input type="checkbox"/> |

Recommendation for completion of training

- | | |
|---|--------------------------|
| 6. Gained all required competences (clinical) | <input type="checkbox"/> |
| Gained all required competences (academic) | <input type="checkbox"/> |

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

- | | |
|---|--------------------------|
| 7. Fixed-term specialty outcome – competences achieved identified above | <input type="checkbox"/> |
| 8. Out of programme experience for approved clinical experience, research or career break | <input type="checkbox"/> |
| 9. Top-up training (outcome should be indicated in one of the areas above) | <input type="checkbox"/> |

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

Date _____ Date of next review _____

Supplementary Documentation for trainees with Unsatisfactory Outcome

(trainee must be in attendance)

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

Detailed reasons for recommended outcome

- 1
- 2.
- 3.

Discussion with trainee

Mitigating circumstances

Competences which need to be developed

Recommended actions

Recommended additional training time (if required)

Date for next review

Signed by: Chair of Panel _____ Trainee _____

Date: _____

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

Glossary

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

CCT Certificate of Completion of Training. Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by PMETB

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

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

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

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

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

COPMeD Conference of Postgraduate Medical Deans in the UK.

Core Training From 6 August 2008, in England, Northern Ireland and Wales, certain specialties have "uncoupled". Core training is the first stage of uncoupled training,

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

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

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

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

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

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

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

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

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

Equality or Equal Opportunities is the term used to describe 'policies and practices that tackle inequalities, aiming to ensure that all staff are treated fairly, and that service users do not experience discrimination'. (Equality and Diversity: Learning from Audit, Inspection and Research, Audit Commission, 2002, para. 16)

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

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

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

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

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

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

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

NTN National Training Number. Number allocated by the postgraduate deanery to trainees in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR.

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

OOPC Out of programme for a career break

OOPE Out of programme for experience which has not been prospectively approved by PMETB and which cannot be counted towards training for a CCT but may be suitable for a CESR or CEGPR

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

OOPT Out of programme for clinical training which has been prospectively approved by PMETB and can be counted towards a CCT.

PMETB Postgraduate Medical and Education Training Board. The competent authority for both hospital specialties and general practice from September 2005. It is an independent body with responsibility in law for setting standards and quality assuring postgraduate medical education in the UK.

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

Professionalism Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients’ best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions.

These standards will include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs. (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

Programme A managed educational experience. As defined by PMETB, “a programme consists of a series of placements in a range of training environments, offered by a range of training providers and to be used by a number of trainees. PMETB approves programmes of training in all specialties, including general practice, which are based on a particular geographical area – which could be in one or more Deaneries if a programme crosses boundaries. They are managed by a training programme director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee.” [Guidance on specialty training approval](#)

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

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

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

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

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

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

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

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

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

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

WPBA Workplace based assessments are the assessment of working practices on what trainees may actually do in the workplace and predominantly carried in the workplace itself. *(from the Workplace Based Assessment Subcommittee of PMETB, 2005).*

Protocol for making revisions to the *Guide*

1. The Gold Guide will be updated on annual basis to ensure correction and clarification of paragraphs if necessary and to reflect policy decisions taken since the previous publication.
2. There will be a formal and comprehensive review of the Gold Guide ahead of the version to be published for August 2009.
3. Membership of the review group is confined to officials from the four UK Health Departments.
4. Individual country Programme Boards/Steering Groups are invited to submit requests for changes/amendments to the review group, with reasons.
5. Comments regarding changes and/or amendments must be received by the review group in April/May each year.
6. The Review group will meet, consider requests and write the relevant changes, subject to testing of impact of any additions.
7. All changes/amendments will be published as supplements to the Guide (with relevant date of implementation) in June of each year.
8. The Review group could be requested to consider urgent amendments on an ad hoc basis.
9. Separate recruitment guidance will be issued each year.