

A Reference Guide for Postgraduate Specialty Training in the UK

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

The Gold Guide

Fifth Edition

Version: GG5.MAY2014

Preface

This edition of "A Reference Guide for Postgraduate Specialty Training in the UK" (The Gold Guide 2013) provides guidance to Postgraduate Deans on the arrangements for specialty training in the UK.

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

Throughout the Guide any reference to specialty training includes general practice and core training. Where arrangements differ between specialty and general practice training and core training these differences are noted. Where there is reference to Certificate of Eligibility for Specialist Registration (CESR) this also refers to Certificate of Eligibility for GP Registration (CEGPR), and CESR Combined Programme CESR(CP) also refers to CEGPR(CP). Where arrangements differ between CESR, CEGPR, CESR(CP) & CEGPR(CP) these will be noted in the Guide.

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

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

The Gold Guide is published in electronic format and will be available on the four UK Specialty Training websites. This will enable up-dating of the Guide to ensure that it reflects developments in postgraduate specialty training. It will be reviewed annually. Version-control is the responsibility of COPMeD and in-year changes to this 5th edition will be effected and communicated with the GG5.[month]2014 annotation.

A Reference Guide for Postgraduate Specialty Training in the UK:

“The Gold Guide”

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Section 1: Introduction and background

- 1.1. This fifth edition of the *Gold Guide* sets out the arrangements agreed by the four UK Health Departments for specialty training programmes. It is maintained by the four UK Health Departments. (Note: throughout this document reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf.)
- 1.2 *A Reference Guide for Postgraduate Specialty Training in the UK (fifth edition, 2013)* is applicable to all trainees taking up appointments in specialty training which commence on or after August 2007. This edition is a consolidation of earlier versions of the Gold Guide and replaces all previous editions of the Gold Guide with immediate effect.
- 1.3 Throughout the Guide any reference to specialty training includes general practice and core training. Where arrangements differ between specialty and general practice training, and core training these differences are noted. Where there is reference to CESR this also refers to CEGPR, and CESR(CP) also refers to CEGPR(CP). Where arrangements differ between CESR, CEGPR, CESR(CP) & CEGPR(CP) these will be noted in the Guide.
- 1.4 All doctors recruited into GMC approved core and/or specialty training programmes are known as Specialty Registrars (StRs) in all years of their programme. (Specialist Registrars (SpRs) and General Practice Registrars (GPRs) appointed before August 2007 will retain the title of SpR/GPR).
- 1.5 The GMC require that all trainees move to the current curriculum and assessment system for their specialty no later than 31 December 2015.¹ Each specialty through its parent college or faculty will produce plans for this transition.
- 1.6 The “Orange and Green Books” will continue to be applicable whilst trainees remain on the old curriculum. In addition, this Guide does not cover arrangements for dental training which are set out in the Guide to the Management and Quality Assurance of Postgraduate Medical and Dental Education 2000 (“Green Guide”). Nor does it address issues relating to terms and conditions of employment (e.g. pay, 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 to reflect organisational structures. These have been highlighted appropriately.
- 1.8 Doctors who wish to enter specialty training (whether into core/specialty programmes or Fixed Term Specialty Training Appointment (FTSTAs) must apply in open competition.

¹ The GMC have agreed temporary changes to this position for a small number of specialties.

Section 2: Specialty training: policy and organisation

UK Health Departments

2.1 Coordination of UK policy on medical education is through the UK Scrutiny Group led by the CMOs in Northern Ireland, Scotland and Wales and a DH Director General. Detailed policy issues are remitted to officials to take forward and UK Health Department officials meet regularly to ensure this work is properly coordinated. UK Health Departments are responsible for the Gold Guide.

Health Education England

2.2 HEE supports the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that our workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. HEE took on its full operational responsibilities from 1 April 2013. It has five national functions:

- providing national leadership on planning and developing the healthcare and public health workforce;
- promoting high quality education and training that is responsive to the changing needs of patients and local communities, including responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment;
- ensuring security of supply of the health and public health workforce;
- appointing and supporting the development of Local Education and Training Boards (LETBs); and
- allocating and accounting for NHS education and training resources and the outcomes achieved.

HEE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards (LETBs), which are statutory committees of HEE. While HEE is accountable for English issues only it works with stakeholders as appropriate in areas where there may be implications for the rest of the UK. NHS Education Scotland (NES) in Scotland, and postgraduate deaneries in Northern Ireland and Wales have similar lead roles in the Devolved Authorities.

NHS Education for Scotland

2.3 NHS Education Scotland (NES) is a Special Health Board, established in 2002, and responsible to Scottish Government for the development and delivery of education and training for all those who work in NHS Scotland. Through this, NES support the work of NHS Scotland in delivering services to patients that are person-centred, safe, effective and evidence-based. The NES vision is to provide quality education for a healthier Scotland. The NES mission is to provide educational solutions that support excellence in healthcare for the people of Scotland.

Work is organised around 6 strategic themes:

- Education to create an excellent workforce
- Improving quality
- Reshaping the NHS Workforce
- Responding to new patient pathways
- Developing innovative educational infrastructure
- Delivering our aims through a connected organisation

The Medical Directorate of NES manages postgraduate medical education and training at all levels, and works closely with NHS Scotland Boards at an individual and regional level to achieve a common understanding of what NES needs to do to support them. NES carries out its role in partnership with a wide range of organisations in Scotland and across the UK.

The Northern Ireland Medical and Dental Training Agency (NIMDTA)

NIMDTA is an Arm's Length Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) to train medical and dental professionals for Northern Ireland. It achieves this through;

- the commissioning, promotion and oversight of postgraduate medical and dental education and training throughout Northern Ireland;
- the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes;
- assessment of the performance of trainees through annual review and appraisal; and
- close partnership with local education providers (principally Health and Social Care Trusts and General Practices) to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA is accountable to the Northern Ireland Assembly through the Minister for the Department of Health, Social Services and Public Safety (DHSSPS) for the performance of its functions and to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved.

There is a [Management Statement and Financial Memorandum](#) between the DHSSPS and NIMDTA setting out the relationship in detail.

The General Medical Council (GMC)

2.4 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 by making sure that doctors follow proper standards of medical practice. It does this in the exercise of its four main functions:

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

The GMC's powers and duties are set out in the Medical Act 1983.

2.5 The GMC is also responsible for the standards of postgraduate medical education and training. The GMC does this by:

- establishing and overseeing standards and quality assurance in medical education and training through four core elements
- approvals against standards
- shared evidence
- visits and checks
- responses to concerns
- certifying doctors who have successfully completed a full GMC approved training programme by awarding them a Certificate of Completion of Training (CCT) and for those whose skills, qualifications and experience are considered equivalent to a CCT awarding them a Certificate of Eligibility for Specialist or GP registration (CESR/CEGPR);
- leading on the content and outcomes for the future of postgraduate medical education and training.
- promoting and developing UK postgraduate medical education, aiming to improve the skills of doctors and the quality of healthcare offered to patients.

2.6 The GMC holds and maintains the Specialist and GP Registers. All doctors wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practice (See [GMC](#)). 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 [GMC - Legislation](#)

2.7 In order to be able to take up a substantive or fixed term or honorary consultant post in one of the four UK Health Administrations a doctor is required to hold a licence to practice and to be listed on the GMC's specialist register. Further information is available on the GMC website. **GMC - Before You Apply**. There are different arrangements for Foundation Trusts which can be found at **GMC - Information on the Specialist Register**. In order to be eligible to take up a post as a General Practitioner a doctor is required to be on the GP register and to be on a national or local performers list – see **GMC - GP Register**

Entry to the Specialist and General Practitioner (GP) Registers

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

Certificate of Completion of Training (CCT)

A CCT confirms the satisfactory completion of a full GMC approved programme of training. Holding a CCT makes a doctor eligible to apply for inclusion on the GMC's Specialist or GP Registers.

Certificates of Eligibility (CESR/CEGPR)

The GMC has also implemented a system that assesses applications from doctors for eligibility for inclusion on the GP or Specialist Registers who have not followed a traditional training programme which has been prospectively approved in full by the GMC, but who have gained the same level of skills and knowledge as CCT holders.

Combined Programme CESR/CEGPR

For trainees who enter a GMC approved training programme (above the first year of the training programme) having undertaken training in non-approved posts prior to entry and then subsequently complete the remaining part of their training in a GMC approved training programme. These trainees follow the same processes for award of their CESR/CEGPR as a CCT trainee.

Full CESR/CEGPR

This route is for those doctors who leave GMC approved training without completing the full programme (including the required assessments/examinations) or those who have never been in a GMC approved training programme. These doctors apply direct to the GMC for an assessment of their training, skills, knowledge and experience against the CCT curriculum.

The CCT, CESR and CEGPR all confer eligibility for entry to the Specialist and GP Registers.

For further information on entry to the Specialist and GP registers please refer to the GMC website

[GMC | Specialist and GP certification](#)

Royal Colleges and Faculties

2.9 The Medical Royal Colleges and Faculties develop the specialty curricula and assessments systems in accordance with the principles of training and curriculum development approved by the GMC. The GMC then consider the curricula and assessments systems for approval. Only approved curricula and assessment systems can be used for delivering specialty training programmes resulting in the award of a CCT.

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2.10 Royal Colleges/Faculties and their delegated local representatives also work closely with Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training providers. They also have a role in the quality assurance of the Annual Review of Competence Progression (ARCP) process.

2.11 All doctors in specialty training should enrol/register with the relevant Royal College/Faculty so that:

- progress in their training can be kept under review and supported where required,
- they can access the learning/professional portfolio/log books and assessment documentation for the specialty,
- eligible trainees can be recommended to the GMC for consideration of award of a CCT, CESR or CEGPR at the end of their specialty training.

Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales

2.12 Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales are responsible for implementing specialty training in accordance with GMC approved specialty curricula. Postgraduate Deans work with Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate medical training to GMC standards. The standards that must be delivered are normally set out in educational contracts or Service Level Agreements between the Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales, and Local Educational Providers (LEPs).

2.13 Through their Training Programme Directors, Postgraduate Deans (or their nominated deputies) are responsible for developing appropriate specialty training programmes across educational provider units that meet curriculum requirements. The GMC quality assures this process to ensure that the training programmes meet GMC standards. [GMC | Quality Assurance Visits](#)

GMC Standards for Deaneries

The Trainee Doctor - Standards for Deaneries

(Although these standards refer to deaneries they apply equally to HEE and NES Regions)

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

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

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

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

Standard 5: The postgraduate deanery must work effectively with others

2.14 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 the GMC. 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.

2.15 Deans should 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 the GMC. These standards are published in *The Trainee Doctor*. *The Trainee Doctor* integrates the mandatory requirements, criteria, responsibility, evidence and guidance for foundation and specialty, including GP training previously published in the *Generic standards for specialty including GP training* (revised April 2010); the *Standards for deaneries* (revised April 2010); and *The New Doctor* (published 2009). All training programmes offering postgraduate medical education must conform to these standards.

[GMC | Postgraduate standards and guidance](#)

3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills, attitudes and time-served.

Structure

3.3 *Specialty Registrar* (StR) is the generic title that replaced Senior House Officer (SHO), Specialist Registrar (SpR) and General Practice Registrar (GPR) for those trainees appointed from August 2007 onwards.

3.4 There are two types of training programmes in specialty training:

3.4.1 "Run-through" training, where progression to the next level of training is automatic (so long as the trainee satisfies all the competency requirements); and

3.4.2 "Uncoupled" training programmes, where there are two or three years of core training, followed by another open competition for higher specialty training posts and progression to completion of training (provided the trainee satisfies all the competency requirements).

3.5 The type of training programme available depends on specialty. Some specialties offer "run-through" programmes, other specialties offer "uncoupled" programmes.

3.6 All specialty training programmes lead eventually to a Certificate of Completion of Training (CCT), a Certificate of Eligibility for Specialist Registration via the Combined

Programme (CESR (CP)), or a Certificate of Eligibility for GP Registration via the Combined Route (CEGPR(CP)) the award of which qualifies the trainee to be eligible to apply for entry to the Specialist or GP Register held by the General Medical Council (GMC).

3.7 There are other job opportunities and points of entry such as one-year training posts, known as Fixed Term Specialty Training Appointments (FTSTAs), and Locum Appointments for Training (LATs), at different stages of training. FTSTAs are only available in run-through specialties. Competences gained in such posts will usually contribute to the attainment of required CCT competences. These posts offer an opportunity to gain more experience before applying for a longer-term position.

GMC Standards for curricula and assessment systems

(GMC Standards for curricula and assessment systems, 2010)

for further details go to: [GMC | Standards for curricula and assessment systems](#)

Planning

Standard 1: The purpose of the curriculum must be stated, including linkages to previous and subsequent stages of the trainees' training and education.

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

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

Content

Standard 3: The curriculum must set out the general, professional, and specialty specific content to be mastered, including:

- (a) the acquisition of knowledge, skills, and attitudes demonstrated through behaviours, and expertise
- (b) the recommendations on the sequencing of learning and experience should be provided, if appropriate
- (c) the general professional content should include a statement about how 'Good Medical Practice' is to be addressed.

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

Delivery

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

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

Standard 7: Recommended learning experiences must be described which allow a diversity of methods covering at a minimum:

- (a) learning from practice
- (b) opportunities for concentrated practice in skills and procedures
- (c) learning with peers
- (d) learning in formal situations inside and outside the department
- (e) personal study
- (f) specific trainer/supervisor inputs.

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

Outcomes

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

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

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

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

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

Review

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

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

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

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

Section 4: Setting Standards

Approval of Training Programmes: standards of training

4.1 Approval of specialty training programmes and posts rests with the GMC. 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 subspecialty." 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. For uncoupled training (see 3.4.2) the two elements of core training and higher specialty training are regarded as separate programmes and both require approval. The GMC approves programmes of training in all specialties, including general practice. They are managed by a Training Programme Director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee. Further guidance is available at:

[GMC | Programme and post approval](#)

4.2 Specialty training programmes/posts, including those in general practice, must conform to the training standards set by the GMC in order for specialty training approval to be granted. GMC's standards are available on their website.

[GMC | Postgraduate standards and guidance](#)

4.3 Colleges and Faculties may further develop specialty specific guidance based on the GMC's Standards for Postgraduate Training in order to support the implementation of specialty curricula.

GMC Standards for Postgraduate Training

Domain 1: Patient safety

The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Domain 2: Quality Management, review and evaluation

Training must be quality managed, monitored, reviewed evaluated and improved.

Domain 3: Equality, diversity and opportunity

Training must be fair and based on principles of equality.

Domain 4: Recruitment, selection and appointment

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

Domain 5: Delivery of approved curriculum including assessment

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

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 and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn.

For standards for trainers see [GMC | Recognition and approval of trainers](#)

Domain 7: Management of education and training

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

Domain 8: which 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 made to improving the quality of training and the outcomes of the training programmes.

4.4 In order for a specialty training programme to gain GMC approval, the GMC relies on the Postgraduate Deans to submit their proposed training programmes and posts with supporting evidence including input and endorsement from the relevant Royal College/Faculty. [GMC | Programme and 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 the Dean's sponsorship of training programmes is a key element in the GMC Quality Improvement Framework.

[GMC | Assuring quality in medical education](#)

4.6 The GMC quality assures medical education and training. There are four core elements to this:

- Approval against standards of training programmes, curricula and new institutions,
- Gathering evidence – the GMC has created an evidence base which is used to identify areas of greatest regulatory risk. Evidence is drawn from the reports submitted by medical schools, LETBs/deaneries and Medical Royal Colleges, and from the GMC's annual national trainee surveys, visits and checks, and enhanced monitoring system.
- Visits and checks. The GMC conduct visits to review education and training against the GMC standards. The visits take a number of different forms; regional reviews, small specialty reviews, new schools and programmes, and checks - short, targeted visits to investigate a specific issue or a gap in the evidence base, or to test the accuracy of evidence held. Details are available on the GMC website.
- Enhanced monitoring: The GMC receives notification from a number of sources that there is an issue about an aspect of medical education and training not meeting the GMC standards. The issues are investigated and where appropriate a visit is undertaken.

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 Health Education England regions, the Welsh Ministers, NHS Education for Scotland, (which is accountable to the Scottish Government), and, in Northern Ireland, to the Department of Health, Social Services and Public Safety (DHSSPS).

4.8 The responsible agencies above require Postgraduate Deans to have in place an educational contract or agreement with all providers of postgraduate medical education which sets out the number of potential training posts within the provider unit, the standards to which postgraduate medical education must be delivered in accordance with GMC requirements and the monitoring arrangements. This includes providers of postgraduate training both in and outside of the NHS.

4.9 A range of issues will be covered in the educational contract including arrangements for study leave. For example, the GMC's *The Trainee Doctor Domain 6 (Support and development of trainees, trainers and local faculty)* sets out that:

- trainees must be made aware of how to apply for study leave and be guided as to appropriate courses and funding.
- where eligible 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 joint working with Royal Colleges/ Faculties (usually through their Specialist Advisory Committees – SACs) to support this, for example specialty training committees, specialty schools, specialty training boards.

4.11 Whichever model is used, these structures will seek advice and input from the relevant Medical Royal College/Faculty and their delegated representatives on specialty training issues, including such areas as the local content of programmes, assessments of trainees, remedial training requirements and the recognition and training of trainers.

Training Programme Directors (TPDs)

4.12 The GMC require that training programmes are led by TPDs (or their equivalent).

4.13 TPDs have responsibility for managing all specialty training programmes. They should:

- participate in the local arrangements developed by the Postgraduate Dean to support the management of the specialty training programme(s) work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience

- take into account the collective needs of the trainees in the programme when planning individual programmes
- provide support for clinical and educational supervisors within the programme
- contribute to the annual assessment outcome process in the specialty
- help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required
- ensure, with the help of 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.

4.17 Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by the GMC for the specialty. Named educational and clinical supervisors are required to be recognised and/or approved in line with the GMC Role of the Trainer position statement and implementation plan.

[Role of the Trainer](#) [Approving Trainers Implementation Plan](#)

4.18 Postgraduate Deans will need to be satisfied that those involved in managing and postgraduate training have the required competences. This includes Training Programme Directors, educational supervisors, clinical supervisors and any other agent who works on behalf of Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales, 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 Health Education England or NHS Education Scotland region or Deanery in Northern Ireland and Wales requirements for such training. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements between the GMC and Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales ([GMC Standards for Deaneries](#)).

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 duration of the time a trainee will be based in general practice.

4.20 In line with the GMC's standards, educational supervisors should be specifically trained for their role. There should be explicit and sufficient time in job plans for both clinical and educational supervision of trainees.

4.21 It will be essential that trainers and trainees have an understanding of human rights and equality legislation. They must embed in their practice behaviours which ensure that patients and carers have access to medical care that is:

- equitable
- respects human rights
- challenges unlawful discrimination
- promotes equality
- offers choices of service and treatments on an equitable basis
- treats patients/carers with dignity and respect.

[Human Rights](#)

Educational supervisor

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

Clinical supervisor

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

Section 5 The Structure of Training

5.1 Specialty training will be provided through GMC approved specialty training programmes and posts. The programmes leading to GP and specialist registration in some specialties are based on a managed system of a “run-through” structure of training and FTSTAs. Training in the other specialties is “uncoupled” – that means training is delivered in separate core and higher specialty training programmes.

5.2 Once a trainee has satisfactorily completed a specialty training programme comprising either run through or core and higher, the whole of which has been prospectively approved by the GMC, they will achieve a Certificate of Completion of Training (CCT). Award of a CCT will entitle them to apply for entry onto the Specialist or GP Registers.

5.3 Alternatively, trainees who have satisfactorily completed a specialty training programme comprising either run through or core and higher but the whole of that training has not been prospectively approved by the GMC, will be awarded a Certificate of Eligibility for Specialty Registration or Certificate of Eligibility for General Practice Registration via the Combined Programme (CESR(CP)/CEGPR(CP)). Award of the CESR(CP)/CEGPR(CP) will entitle them to apply for entry onto the Specialist or GP Registers.

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

Specialty Training

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

England	Specialty Training
Wales	Wales Deanery - School of Postgraduate Medical and Dental Education
Northern Ireland	NIMDTA -Northern Ireland Medical and Dental Training Agency Recruitment
Scotland	Scottish Medical Training

5.6 The general principle of the legislation is that all training leading to the award of a CCT must take place in posts/programmes prospectively approved by the GMC. The

award of the CCT will be made to StRs who provide evidence of satisfactory completion of GMC prospectively approved programme(s) of specialty training covering the entire relevant curriculum. Where the GMC has not prospectively approved the entirety of the specialty training programme, then application for a CESR(CP) or a CEGPR(CP) should be made.

5.7 Those that have completed previous Senior House Officer (SHO) training in educationally approved posts and have then competed for a new specialty training programme will be eligible to progress towards a CCT (rather than CESR/CEGPR(CP)) as the GMC recognise posts that were approved by the previous competent authorities.

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:

- run-through specialty training programmes
- core and then higher specialty training programmes
- 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 are usually one year fixed-term appointments. Appointments to FTSTAs will usually be by the same recruitment processes as specialty training, adhering to the same person specification.

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

5.12 FTSTAs offer formal, approved specialty training, usually but not exclusively in the early years of a specialty curriculum and can be used by doctors:

- in preparation for further specialty training,
- as a means of considering alternative specialty careers,
- to prepare them to work in career grade posts, or
- as an employment opportunity with the potential to gain further experience and competences where it is appropriate and possible to do so.

5.13 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.

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

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

5.16 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.

5.17 At the end of each FTSTA, the trainee should participate in the Annual Review of Competence Process (ARCP) (see section 7) 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.

5.18 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.

5.19 Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales will also need to keep a record of competences which have been achieved by trainees undertaking FTSTAs through the annual assessment outcome process.

5.20 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.

5.21 Trainees undertaking FTSTAs will need to return to the Postgraduate Dean a signed copy of the document *Conditions for taking up a specialty training appointment* (Appendix 2) prior to commencing their post.

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

5.23 Appointment to a FTSTA carries no entitlement to entry into any further specialty training programme, which must be by competitive entry.

5.24 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.

5.25 Since FTSTAs are approved training posts they can contribute 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.

5.26 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. 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.

5.27. No FTSTAs will be recruited in England from 2014.

Sub-specialty certification during training and post specialist registration

5.28 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.

5.29 This applies when a doctor has successfully completed a sub-specialty programme approved by the GMC and is dependent upon the applicant also completing training in the "parent" specialty and gaining entry to the specialist register. This training may be undertaken at the same time as the parent specialty training programme.

5.30 It is possible to pursue sub-specialty training after the doctor is already entered on the Specialist Register, usually after competitive entry to an approved sub-specialty training programme. Details of the sub-specialty training programmes currently approved by the GMC can be found on its website.

5.31 Where sub-specialty training is undertaken within the envelope of a specialty training programme, trainees should apply for a sub-specialty certificate at the same time as they apply for their CCT (or CESR (CP)). The College/Faculty CCT (or CESR(CP)) recommendations to the GMC should include details of any sub-specialty training programmes successfully completed by a trainee. Doctors appointed to a GMC approved sub-specialty programme after entry to the Specialist Register, can apply to the GMC for a subspecialty certificate on successful completion. Guidance and an application form can be obtained from the GMC's website at: [GMC | Applying for a sub-specialty certificate](#)

Filling gaps in training programmes

5.32 It is inevitable that there will be gaps to fill in training programmes as a result of incomplete fill at recruitment; trainees taking time out of programme; trainees leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur. Guidance on managing medical vacancies is available on the NHSE website: [Managing medical vacancies](#)

5.33 Vacancies or gaps in training programmes can be filled by locums where there is a service/workforce requirement to do so.

5.34 These will be specified as “Locum Appointments for Training” (LATs) or “Locum Appointments for Service” (LASs), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.

5.35 The employer and the Health Education England and NHS Education Scotland Region and Deanery in Northern Ireland and Wales should consult on the filling of both types of locum posts in order to fill gaps or vacancies in training programmes/posts where these are required for service provision (including FTSTAs). Where posts are required for service, then employers should appoint but only after deaneries have identified how long a post is going to be left vacant.

5.36 Appointment to a LAT or a LAS carries no future entitlement to appointment into a specialty training programme leading to a CCT or CESR/CEGPR(CP).

Locum Appointments for Training (LAT)

5.37 LATs must be competitively appointed using the national person specification. A representative from the specialty nominated by the Health Education England and NHS Education Scotland Region and Deanery in Northern Ireland and Wales must sit on the appointment panel.

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

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

5.40 The GMC does not have limits on LATs except that they can only count towards a CCT or CESR/CEGPR(CP) if the doctor subsequently enters an approved specialty training programme via open competition. Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales should keep a careful record of these appointments on the trainee’s file. A doctor *cannot* obtain a CCT or CESR/CEGPR(CP) with only LAT appointments. They can, however, use LATs towards their CESR application.

5.41. LATs will be phased out in England from 2015.

LAT Credit Policy

5.42 Specialty Training Registrars (StRs) may have training undertaken in a Locum Appointment for Training (LAT) post credited towards their total training in a given specialty and the related CCT or CESR CP.

5.43 The LAT post must be an approved specialty training post, with the appointment made according to the specialty Person Specification in open and fair competition. In all respects the LAT post should be equivalent to a training post within a full specialty programme, with the exception of limited tenure.

5.44 A StR in a LAT should enrol with the appropriate specialty College/Faculty prior to the finish date of the LAT post in order for the post to count towards specialty training. This is to enable access to the appropriate assessment tools to demonstrate attainment of required competencies.

5.45 Retrospective credit for LAT posts previously undertaken will not be granted.

5.46 Enrolled LAT posts of 3 months or more will automatically count towards training where satisfactory progress is confirmed or unless otherwise notified by the host LETB/deanery.

5.47 By definition, a LAT post must be a minimum of 3 months. On occasions, a trainee working in a LAT post may not complete this time before acquiring a numbered post or further LAT appointment. Under these circumstances, a period of less than 3 months worked in a LAT post will not count towards training unless it is seamlessly (ie no delay between exiting LAT and commencing new post) linked to an appointment to an ST3 post with a NTN, or another LAT post in the same deanery and programme.

5.48 For any LAT post of 12 months duration, an ARCP outcome 7.1 from the host LETB/deanery must be submitted in order to demonstrate progression against the curriculum. For any LAT post of less than 12 months duration which has not coincided with an ARCP in the host LETB/deanery, an educational supervisor report confirming satisfactory progress must accompany the request for credit of the LAT post.

5.49 More than 12 months of LAT can be counted towards training as long as appropriate progression against the curriculum is confirmed with an ARCP for each 12 months of training undertaken. The specialty College/Faculty will endorse more than 12 months, but only if progression is demonstrated and it is supported in its entirety by the relevant postgraduate dean(s) and with a recommendation from the programme director.

5.50 A training pattern made up entirely of LAT posts will not result in the award of a CCT.

Locum Appointments for Service (LAS)

5.51 Locum appointments for service (LASs) may be appointed by employers in consultation with the Health Education England and NHS Education Scotland Region and Deanery in Northern Ireland and Wales and are usually short-term service appointments.

5.52 Discussion with the Health Education England and NHS Education Scotland Region and Deanery in Northern Ireland and Wales is required in order to ensure that the responsibility for filling the short-term gap is clear between the employer and the Health Education England and NHS Education Scotland Region and Deanery in Northern Ireland and Wales. Since these appointments are for service delivery and will not enable appointees to be assessed for competences required in a specialty CCT curriculum, employers may use local person specifications. Doctors in these posts will not be able to demonstrate educational progression.

5.53 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 or CESR/CEGPR(CP) awards but may be used as part of the evidence for a CESR application.

The Specialist and GP Registers

5.54 Award of the CCT² takes place through the following process:

- the Royal College or Faculty will notify the GMC of a trainee's completion of training date during their final year of training
- when a doctor is within four 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
- the GMC will invite those trainees they have been notified of to make an application around four months before their completion of training date.
- when the Royal college or Faculty is satisfied that the trainee has completed their training they will send a recommendation to the GMC
- if the GMC accept the College's recommendation, it will issue the CCT and will enter the applicant's name on the Specialist Register or GP Register
- the GMC cannot award a CCT until 10 days before your completion of training date and both the application and recommendation have been received
- the date entered on the CCT must be the date the GMC awards the certificate; this date cannot be backdated

² The GMC is piloting introducing a similar process for award of a CESR(CP)/CEGPR(CP)

- trainees are required to apply for their CCT within 12 months of their expected CCT date or they will not be eligible to apply for a CCT and will be required to apply for a CESR/CEGPR

5.55. Detailed guidance about the CESR(CP)/CEGPR(CP) process, and what documentation is required, can be found on the GMC website at:

[GMC | Entry onto the Specialist or GP Register through the combined programme](#)

Applying for consultant posts

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

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

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

Section 6: Becoming a Specialty Registrar

Recruitment into specialty training

6.1 The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, religion and belief, disability, gender, race and sexual orientation. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.

6.2 Domain 4 of the GMC's The Trainee Doctor covers recruitment, selection and appointment. The standard is 'Processes for recruitment, selection and appointment must be open, fair and effective'.

6.3 Guidance on recruitment is available through the following links:

England [Specialty Training](#)

Wales	Wales Deanery - School of Postgraduate Medical and Dental Education
Northern Ireland	NIMDTA -Northern Ireland Medical and Dental Training Agency Recruitment
Scotland	Scottish Medical Training

Offers of employment

6.4 A doctor in training will have a training agreement with the Health Education England or NHS Education Scotland Region or Deanery in Northern Ireland and Wales 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 Health Education England and NHS Education Scotland Regions and Deaneries in Northern Ireland and Wales.

6.5 Once an allocation offer has been made by the Health Education England region or by NHS Education for Scotland or the Deanery in Northern Ireland, and Wales and the applicant has accepted it:

- the employing organisation should be informed of the applicant's details by the Health Education England region/Deanery/NHS Education for Scotland offers of employment will be subject to satisfactory pre-employment checks and references [Employment checks](#)
- the employing organisation should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks such as criminal record and barring checks, occupational health clearance and GMC registration and licence to practise and fitness to practise standards [NHS Employment Check Standards](#)
- employers will also require recent references from clinical supervisors
- contracts of employment remain the responsibility of the employing organisation.

6.6 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.

6.7 If an applicant is selected and offered a placement on a training programme by the Health Education England or NHS Education Scotland region, or Deanery in Northern Ireland and Wales, the employing organisation ultimately has the right to refuse employment but it must have valid reasons such as no GMC registration, failed CRB check, occupational health checks, unacceptable references etc. Offers for places on

training programmes are subject to satisfactory pre-employment checks. If the employing organisation is unwilling to offer employment then the offer of a training programme to the applicant will be withdrawn.

Training Numbers

6.8 Following appointment to a specialty training programme, a NTN will be awarded. This includes doctors in NHS and non NHS employment.

6.9 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.

6.10 Where a NTN has been issued, it will be held so long as the trainee is in specialty training or is out of programme on statutory grounds or for out of programme activity which has been agreed with the Postgraduate Dean.

6.11 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/CEGPR(CP).

6.12 Core trainees will not be awarded national training numbers. Health Education England and NHS Education Scotland regions and deaneries in Northern Ireland and Wales have alternative numbering systems for core trainees to track their progress and to ensure future recognition of successful completion of approved training posts. These training numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

6.13 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.

6.14 Additionally training numbers inform workforce data, by documenting within each country and within specialties, how many doctors are in each specialty training programme at any time and providing indicative evidence as to when their training is likely to be completed.

6.15 A CCT/ CESR(CP)/CEGPR(CP) can only be awarded to a doctor who has been allocated a NTN by competitive appointment to a GMC approved training programme and who has **successfully completed that programme**³.

6.16 SpRs who held a NTN prior to August 2007 will continue to hold these numbers under the same arrangements upon which they were awarded unless they chose before 31 December 2008 to be transferred to the new curriculum and Gold Guide arrangements (this transfer route is now not possible). The GMC require that all trainees

³ There is an exception to this in England only for international doctors who are undertaking the International Postgraduate Medical Training Scheme (IPGMTS) who have been appropriately appointed and who undertake and successfully complete an approved specialty training programme, but do not hold an NTN as the posts they will train in are additional to UK future workforce needs.

move to the current curriculum and assessment system for their specialty by 31 December 2015. Each Specialty through their parent college/Faculty will produce transition plans for the transfer which may require an earlier transition date.

Entry to specialty training

6.17 Arrangements for core and higher specialty training programmes may differ slightly across the UK.

6.18 Details about the process for competitive appointment to core and higher specialty training programmes may differ and details can be found on Deanery and Royal College websites.

6.19 Entry to run-through training programmes is by competitive appointment directly into the specific specialty.

Deferring the start of a specialty training programme

6.20 The start of training into both specialty and core training may only be deferred on statutory grounds (e.g. maternity/ adoption leave, ill health). For the Defence Medical Services (DMS) only, training may also be deferred to meet DMS operational requirements.

Registering with the Postgraduate Dean

6.21 All trainees must register with the appropriate Postgraduate Dean by obtaining and returning the Registration Form R (see Appendix 1)

6.22 The Postgraduate Dean will issue a training number to each doctor appointed to a training programme on registering with a completed Form R. This will be a NTN to each doctor appointed to a run through programme and a dean's reference number to each doctor appointed to a core programme, FTSTA post or LAT post. 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 Dean to put in place revalidation arrangements
- enable the Postgraduate Dean to confirm for the new employer the relevant details of the new trainee and their training number
- record the date of entry into the programme or post
- for those trainees with a NTN or those entering a core training programme, this will result in the Postgraduate Dean forwarding a copy of the registration form to the relevant Royal College or Faculty (where required) advising that a new trainee has been registered in the Health Education England or NHS

Education Scotland region and Deanery in Northern Ireland and Wales and giving his/her training number and GMC programme approval number.

6.23 A trainee should not hold more than one training number (NTN or dean's reference number) at the same time, except in circumstances approved by the Postgraduate Dean.

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

6.25 Before a training number is issued trainees will be required to indicate formally that they accept the *Conditions of taking up a training post* (Appendix 2). In addition, trainees awarded a training number should:

- be engaged in activities approved by and agreed with the Postgraduate Dean, if not currently taking part in the training programme, which are compatible with their training programme, (e.g. research or agreed leave of absence for a career break). If time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dean/TPD is informed of their proposed plans/timescale to return to the training programme
- ensure that both employer and dean's process are followed in relation to the reporting of absences
- 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, revalidation and maintenance of the GMC licence to practise is submitted on time and in the appropriate format
- not undertake locum activities which compromise their training or make them non-compliant with Working Time Regulations. (Any locum activities must be documented and reported within the revalidation 'scope of practice' declaration.)⁴
- be aware that if they are employed outside the NHS and cease to pursue, for any reason, the research or other activity which the Postgraduate Dean or their deputy (taking account of advice from research supervisors and Royal Colleges and their Faculties) has agreed is compatible with the retention of the training number, they must inform the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales at once. The Postgraduate Dean (or deputy) will then decide whether it is appropriate for them to retain their training number.

⁴ The GMC will be publishing a position statement in 2014 outlining the restrictions on locum work and eligibility for award of a CCT.

- be aware that if they hold a training number, are employed outside the NHS in a post that is not part of a training programme and wish to begin or return to a CCT training programme in the NHS, they will need to discuss their return with the relevant Training Programme Director. They cannot be guaranteed a particular placement, but their needs will be taken into account with the rest of the trainees in the programme.

6.26 Failure to comply with these requirements may result in the withdrawal of the training number by the Postgraduate Dean. The arrangements for appealing against the withdrawal of a training number are described in 7.131 – 7.137.

Maintaining a National Training Number (NTN): continuing registration

6.27 Trainees in specialty training programmes (as defined in 6.11) will retain their NTN through satisfactory progress and performance. They should also continue to comply with the *Conditions of taking up a training post* (Appendix 2).

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

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

- the period of the time out with the Postgraduate Dean
- to complete of the appropriate out of programme document which sets down the agreed terms of leave from the programme. Time out of programme (OOP) will not normally be agreed until a trainee has been on a training programme for at least one year, unless at the time of appointment deferral of the start of the programme has been agreed
- where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the academic and educational supervisor
- they intend to return to complete their training to CCT or CESR(CP)/CEGPR(CP)
- to provide the Postgraduate Deanery with an up-to-date email address so that regular communication about the trainee's intentions and entitlements is maintained.

6.30 The Postgraduate Dean cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Postgraduate Dean and Training Programme Director (TPD) are advised well in advance of a trainee's wish to return to clinical training. Postgraduate Deans will attempt to identify a placement as soon as possible, but the trainee should indicate their intention and preferred time of return as soon as they are able to do so.

6.31 The return of the trainee into the programme should be taken account of by the TPD when planning placements. If a trainee, having indicated that they are returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified, although every effort will be made to do so. Under these circumstances, but following discussion with the relevant TPD and the Postgraduate Dean, the trainee may need to relinquish their NTN. Employing organisations need to be party to any decisions by a trainee to relinquish their NTN so that the process is timely and fair.

6.32 Where trainees are competitively appointed to a training programme leading to dual certification (e.g. neurology and clinical neurophysiology), trainees are expected to complete the programmes in full and obtain the competences set out in both curricula. Application to the GMC for a CCT/CESR/CEGPR(CP) should only take place when both programmes are complete. The two CCTs should be applied for and awarded on the same date and the expected end of training date for both CCTs therefore becomes the same date.

6.33 Where a trainee wishes to curtail the programme leading to dual certification and to apply to the GMC for a single CCT, the trainee must apply to the Postgraduate Dean for agreement to do so. If the Postgraduate Dean agrees, the dual certification programme will terminate and a single CCT will be pursued.

6.34 Where a trainee has competed during or near the end of a training programme for entry into a different specialty training programme (e.g. radiology and then nuclear medicine or anaesthetics and then intensive care medicine), CCTs/CESR/CEGPR(CP) may be awarded separately (radiology/nuclear medicine) or at the time of both CCTs being completed (anaesthetics/intensive care), providing the curriculum outcomes for each specialty have been met and that the GMC rules around applying for a CCT within 12 months of an expected end of training date are followed. 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/CESR/CEGPR(CP) in each specialty, subject to their satisfactory completion.

6.35 Dual training cannot be followed for those training in General Practice however, trainees can follow a second specialty on completion of the General Practice training programme.

6.36 Trainees holding a NTN in one Health Education England or NHS Education Scotland region or Deanery in Northern Ireland and Wales who are successful in their application for an inter-deanery transfer will be allocated a replacement NTN by the receiving Health Education England or NHS Education Scotland region or Deanery in Northern Ireland and Wales.

When is a training number withdrawn?

6.37 The training number will be withdrawn when a trainee:

- a.** has completed their training programme (including period of grace where relevant)

- b.** is assessed as not being suitable for continuing training in the specialty in their current Health Education England or NHS Education Scotland region or Deanery in Northern Ireland and Wales
- c.** does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean
- d.** does not hold GMC registration with a licence to practice
- e.** is erased or suspended from the Medical Register or where restrictions are applied to their licence to practice (including loss of licence) where such measures are incompatible with continuing in a medical training programme
- f.** is dismissed by an employer
- g.** resigns their place in a training programme.

6.38 In all cases where a training number is withdrawn the Postgraduate Dean will inform the trainee in writing of the reasons for this decision.

6.39 In relation to 6.37 b and c the doctor will have the right of appeal (paras 7.131 to 7.137 and 7.147 to 7.150). The relevant employing organisations need to be party to any decision for withdrawal of a training number from a trainee in these circumstances as normally this will also mean that their employment contract will be terminated but the decision for the training number to be withdrawn on educational grounds rests with the Postgraduate Dean.

6.40 The provision of 6.37e relates to decisions of the GMC after their full and formal processes. It does not relate to decisions of GMC Interim Orders Panels which are temporary arrangements pending the decision of a full GMC Panel.

6.41 Provided there are no outstanding fitness to practise issues, it is open to those who have had their training number withdrawn or have given them up voluntarily to reapply to specialty training at a later date. They will only be eligible to reapply if specifically supported by the Postgraduate Dean of the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales that removed them from training who must be satisfied that the circumstances requiring removal are not relevant to the new application. Re-entry in such cases will be by competitive process with other applicants.

Doctors in specialty training employed permanently outside the NHS

6.42 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 NTN(I)s. The programme should still comply with the GMC Standards for Postgraduate Training (see page 15)

6.43 Where Postgraduate Deans are satisfied that these specialty trainees have entered specialty training into approved programmes, they may issue trainees with

NTN(I)s. The Postgraduate Dean or a representative should participate in the appointment of these trainees.

6.44 Receipt of a NTN issued in these circumstances confers no right to a placement in the NHS or to a place in any particular rotation with a non-NHS employer.

Arrangements for the Defence Medical Services

6.45 The Armed Forces employ doctors in the period immediately following completion of Foundation Year 2 to undertake basic medical duties in a variety of home and deployed environments. Doctors undertaking these general duties are not trainees but are fully supervised and will generate a portfolio of their experiences and learning development as a doctor. Experience will be gained in the areas of primary care, trauma management, public health, occupational medicine and, importantly, leadership and management. Annual appraisal will be conducted and evidence of experience will be mapped to GMC domains and the GDMO curriculum and should be available for scrutiny at any selection interview

6.46 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 in the DMS 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 and the GMC requirements for the relevant curriculum.

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

6.48 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 training programme for which they will have to compete.

6.49 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 (where possible in relation to any medical restrictions), 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 training programme and the DPMD NTN must still be relinquished.

6.50 All DMS StRs will occupy posts within specialty training programmes approved by the GMC and their progress will be monitored as required by GMC approved curriculum and assessment methods. This will could include attendance annually (or more frequently if required) before an assessment panel convened either by the host or DPMD as appropriate, for Annual Review of Competence Progression (ARCP). The 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.

6.51 Following the successful completion of a full programme of specialty training and receipt of a CCT/ CESR/CEGPR(CP), 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

6.52 Less than full-time training shall meet the same requirements in specialty and general practice training as full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week.

6.53 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.

6.54 In conjunction with Royal Colleges / Faculties, Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales have responsibility for ensuring that all LTFT training of any kind is undertaken in GMC prospectively approved posts and programmes which meet the statutory requirements of [General and Specialist Medical Practice Education Training and Qualifications Order 2010](#).

6.55 The Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales will therefore approve LTFT training, unless the introduction of LTFT / supernumerary training dilutes the training available to existing trainees to an unacceptable level. Trainees should also be aware that they may require approval from

their Royal College/Faculty, and should discuss this with their Programme Director or Head of School.

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

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

- 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
- developing permanent less than full-time training posts in appropriate specialties

6.58 Where such arrangements cannot be made, the Postgraduate Dean may consider the establishment of personal, individualised posts which are additional to those funded through routine contract arrangements, subject to training capacity, GMC approval and resources.

6.59 Decisions by the Health Education England and NHS Education Scotland region and Deaneries in Northern Ireland and Wales only relate to educational support for the application. Employers must make a separate decision about the employment aspects of any request.

6.60 Full guidance may be found at:

[A new approach to flexible medical training \(NHS Employers\)](#)

[Less than Full-Time Training | Wales Deanery](#)

[Flexible Training - NHS Education for Scotland](#)

[NIMDTA less than full time training](#)

Eligibility for less than full time training

6.61 Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons. The Conference of Postgraduate Medical Deans (COPMeD) together with the GMC 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 personal/professional development, e.g. training for national/international sporting events
- religious commitment – involving training for a particular role which requires a specific time commitment
- non-medical professional development such as management courses, law courses, fine arts courses, etc.

6.62 Other well-founded reasons may be considered by the Postgraduate Dean in consultation with the GMC, but support will be dependent on the capacity of the programme and available resources and compliance with European legislation relating to CCT requirements.⁵

Applying for less than full-time training

6.63 Trainees will:

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

6.64 Further details of the application and appeals process can be found on individual websites of Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales.

Academic training, research and higher degrees

6.65 All of the specialty training curricula require trainees to understand the important value and purpose of medical research and to develop the skills and attributes 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.

- National Institute for Health Research <http://www.nihrtcc.nhs.uk/intetacatrain/>
- Wales Clinical Academic Track [WCAT | Wales Deanery](#)
- NI NIMDTA [Academic Training Northern Ireland Medical & Dental Training Agency](#)
- [Scottish Academic Training \(SCREDS\) - Careers and Recruitment](#)
- Academy of Medical Sciences The Academy of Medical Sciences

⁵ The GMC will be providing further guidance on this area in 2014

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

- **option 1:** compete for opportunities to enter GMC approved integrated combined academic and clinical programmes. Trainees who are appointed to such posts will need to meet the clinical requirements for appointment if they are not already in specialty training, as well as the academic requirements
- **option 2:** take time out of their Deanery specialty training programme once admitted into specialty training to undertake research, which will often include work for an appropriate higher degree (Out of Programme for Research OOPR para 6.88 onwards), with the agreement of the Postgraduate Dean. Trainees will continue to hold their training number during this time out of their clinical programme.

Option 1: Integrated combined academic and clinical programmes

6.67 Each of the four countries has developed its own arrangements for these integrated academic and clinical posts. Further details are available from the relevant websites. It is vital for those considering entry to an academic pathway to be aware of the specific training issues in each of the four countries.

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

6.69 Trainees in England appointed to integrated programmes in run-through specialties or into higher specialty posts for other specialties who require a NTN will be allocated a NTN (A) from the outset.

6.70 Trainees in integrated, combined programmes will be assessed through a joint academic and clinical annual assessment process as described in paragraph 7.98 onwards.

6.71 If it is recommended at any point through the ARCP process that an integrated academic programme trainee should leave the academic programme, but should still continue with their clinical training, then the trainee will be facilitated back into the clinical training programme by the Postgraduate Dean, given due notice. The NTN (A) will revert to a NTN in the appropriate specialty. A trainee in an uncoupled specialty who leaves the academic programme during core training will forfeit their access to automatic run-through training.

6.72 Where a trainee is in an academic programme at the core training level this academic programme is linked to a CCT awarding specialty. If the trainee wishes to change CCT specialty when moving from core to higher specialty training they will need to make an application to the Postgraduate Dean to do so. Availability of a training number in the specialty will be required together with well-founded reasons for the request.

Option 2: Taking time out of programme to undertake research

6.73 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 6.88 onwards. (OOPR).

6.74 Trainees undertaking research with no clinical care component should also note 7.115 regarding maintaining clinical skills.

Taking time out of programme (OOP)

6.75 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 in advance, 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 of training, unless at the time of appointment deferral of the start of the programme has been agreed for statutory reasons. Occasions where OOP is granted for core trainees are likely to be exceptional given the short period and the nature of their training. 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/CESR/CEGPR(CP) then prospective GMC approval of the posts or programme is not required. [GMC | Approval of out of programme posts](#)

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

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

6.76 If out of programme time is agreed, the relevant section of the out of programme (OOP) document (Appendix 4) must be signed by the Postgraduate Dean. The trainee should give their Postgraduate Dean and their employer (current and/or next) as much

notice as possible. Three months is the *minimum* period of notice required so that employers can ensure that the needs of patients are appropriately addressed. The Postgraduate Dean is required to submit an application for prospective approval for any OOP that is to count towards a CCT/CESR/CEGPR(CP) on behalf of the trainee, this application is required to include support from the relevant college/faculty. If prospective approval for OOP is not sought from the GMC then it cannot count towards a CCT /CESR/CEGPR(CP).

6.77 Trainees will also need to submit the out of programme (OOP) document annually, ensuring that they keep in touch with the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales and renew their commitment and registration to the training programme. This process also requests permission for the trainee to retain their training number and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training and revalidation documentation. For trainees 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.

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

Time out of programme for approved clinical training (OOPT)

6.79 The GMC must prospectively approve clinical training out of programme if it is to be used towards a CCT or CESR(CP)/CEGPR(CP) award. This could include overseas posts or posts within the UK which are not part of the approved programme that the trainees is in.

6.80 Trainees may be able to take time out of programme and credit time towards a CCT or CESR(CP) as an 'acting up consultant'. If this kind of post is formally included in the approved specialty curriculum, additional prospective approval is not needed from the GMC. Trainees acting up as consultants (in accordance with the locally defined process) will need to have appropriate supervision in place and approval will only be considered if the acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum. The Postgraduate Dean will advise trainees about obtaining prospective approval in these circumstances.

[GMC | Programme and post approval](#)

6.81 Clinical training which has not been prospectively approved cannot contribute towards the award of a CCT or CESR/CEGPR (CP) and will not be out of programme training (OOPT) but may be appropriate as out of programme experience (OOPE).

6.82 Trainees may retain their training number whilst undertaking an approved clinical 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,

including revalidation. OOPT will normally be for a period of one year in total but, exceptionally, can be up to two years.

6.83 Trainees who undertake OOPT must submit the appropriate evidence of acquisition of competencies required by the specialty curriculum to the annual review panel of the home Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales, along with an annual OOPT document. This will ensure that they keep in touch with the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales and relevant Royal College/Faculty and renew their commitment and registration to the training programme. This process also requests permission to retain their national training number and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the trainee's responsibility to make this annual return.

Time out of programme for clinical experience (OOPE)

6.84 Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by GMC and which will not contribute to award of a CCT or CESR/CEGPR (CP). The purpose of this could be to:

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

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

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

6.85 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 Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales whilst the trainee is out of programme. OOPEs will normally be for one year in total, but can be extended to a maximum of two years in total with the agreement of the Postgraduate Dean.

Time out of programme for research (OOPR)

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

- time spent out of a specialty training programme for research purposes will be recognised towards the award of a CCT, CESR/CEGPR(CP) when the relevant curriculum includes such research as an optional element. Under such circumstances, the GMC is not approving the research, 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 Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales must support the application for prospective approval.
- once prospective approval of the posts and programmes has been obtained it is still for Colleges and Faculties to confirm whether the training (including relevant research) has been completed satisfactorily and satisfies the requirements of the curriculum when the College or Faculty makes recommendations to GMC for the award of a CCT or CESR/CEGPR(CP).

6.87 When OOPR does not count towards CCT requirements, GMC approval is not required.

[GMC | Programme and post approval](#)

6.88 Trainees who undertake OOPR must submit the relevant section of the OOP document to the annual review panel (see para 7.109). This will ensure that the trainee keeps in touch with the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales and registers each year to renew their commitment to the training programme. It requests permission to retain their training number and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training and revalidation documentation. It is the responsibility of the trainee to make this return annually.

6.89 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 the LETB/Deanery and the relevant Royal College/Faculty in making a recommendation to the GMC on whether some of the time spent on clinical and research competences during OOPR should be used to contribute towards the award of a CCT, CESR(CP)/CEGPR(CP). The trainee should seek advice from their Training Programme Director to ensure that the proposed clinical element is appropriate.

6.90 If there is prospective approval from the GMC for the OOPR to contribute to the CCT, CESR(CP)/CEGPR(CP), then formal assessment documentation must be submitted annually to the review panel

6.91 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. OOPRs exceeding 3 years will need the specific approval of the Postgraduate Dean.

6.92 Trainees in their final year of training will not normally be granted OOPR.

Time out of programme for career breaks (OOPC)

6.93 A planned OOPC will permit a trainee to:

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

Who is eligible to apply for an OOPC?

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

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

6.95 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

6.96 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 is not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training.
- The needs of the service must be considered in agreeing a start date.
- The duration of the OOPC will normally be limited to two years since there are good educational and training reasons for this but may be longer in exceptional circumstances which must be agreed with the Postgraduate Dean.
- Trainees wishing to take longer OOPC will normally need to relinquish their NTN and re-apply in open competition for re-entry to the same specialty or to a new specialty.
- A replacement NTN to fill the gap in a programme left by a trainee undertaking an OOPC may be made available but the Postgraduate Dean will need to ensure that the programme can accommodate any newly appointed trainees, as well as the subsequent return of the trainee who has undertaken the OOPC.
- The trainee should give at least six months notice of their planned return to work. Although the returning trainee will be accommodated in the next available suitable vacancy in their specialty, it may take time for a suitable placement to arise.
- There is no guarantee that the return date will be within six months of a trainee indicating their wish to return to training. If there are likely to be problems accommodating the trainee back into the programme, the trainee should be advised at the outset of the OOPC.
- Trainees will need to participate in a Return to Work package at the end of the OOPC. This should include consideration of returning to clinical learning as well as to clinical practice, and may include 'Keep in Touch' arrangements. For further guidance see:

http://aomrc.org.uk/publications/statements/doc_download/9486-return-to-practice-guidance.html.

- 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, CESR/CEGPR(CP), but may (like any other experience) be used as part of an application for full CESR/CEGPR.
- Trainees must complete Form R and the relevant section of the OOP on an annual basis and submit this to the ARCP panel in order to continue to register

their interest in staying in the programme. The information provided should include their intended date of return to the programme to facilitate the planning process. (See 6.78)

- Trainees may need to consider the effect of a career break on their ability to revalidate and maintain their licence to practise with the GMC.

Absences from training and impact on the CCT date

6.97. Absences from training, other than for study leave or annual leave, may have an impact on a doctor's ability to demonstrate competence and progression through the curriculum. The General Medical Council has determined therefore that within each 12 month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), a review of whether the trainee needs to have their CCT/CESR(CP)/CEGPR(CP) date extended will be triggered.

6.98 Under good medical practice, it is the responsibility of each individual trainee to be honest and open and act with integrity, and as such, to ensure that the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales are aware of their absences through the relevant reporting processes. This information will be shared with the relevant College/Faculty and the GMC.

[Time out of Training - GMC position statement](#)

Movement between Health Education England regions, NHS Education Scotland regions, and Deaneries in Northern Ireland and Wales (inter-deanery transfers)

6.99 Requests for an inter-deanery transfer will only be considered where there has been a significant change to a trainee's personal circumstances which could not have been foreseen at the time of appointment to their current post.

6.100 Whilst it is possible for trainees to move between Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales (inter-deanery transfers) there is no automatic entitlement or right for this to take place. Trainees will be expected to evidence they have well-founded reasons for needing to move and that it is not tenable for them to remain within their current training programme.

6.101 Details of the current process together with a detailed timetable will appear on the lead organisation's website. The arrangements for transfer apply to both full-time trainees and trainees working less than full-time.

6.102 Transfers will only be considered during two time period "windows" each year which will be advertised in advance. The timing of these windows allows trainees, who may be required to give three months notice sufficient time to do so if transferring to posts commencing in August and February.

6.103 Start dates for posts will be agreed between transferring/receiving deaneries and the trainee. Requests to transfer will not be considered outside of these windows, except in very exceptional circumstances.

6.104 Transfers are contingent on the availability of a funded training post and a National Training Number in the receiving Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales. Post funding and the National Training Number do not follow the trainee.

6.105 Trainees are required to meet the requirements of the national eligibility criteria in order to transfer. The eligibility criteria can be found in full within the process document.

6.106 Inter-deanery transfers are *not* appropriate for:

- **educational or training reasons:** Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales 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 Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales** : 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 Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales as part of a planned training programme:** this arrangement applies in some specialties and across some Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales because of local arrangements
- **undertaking research in a different Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales:** 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 Health Education England and NHS Education Scotland region or Deanery in Northern Ireland and Wales. Trainees will have no entitlement to transfer subsequently to the Health Education England and NHS Education Scotland region or Deanery in Northern Ireland and Wales 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.

6.107 Where trainees wish to move to another Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales for any other reason, or if their request to transfer is not supported and they still wish to move to the other deanery, they will have to compete for a place in a specialty training programme in the receiving Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales through the normal application process.

6.108 Where trainees wish to pursue a CCT, CESR/CEGPR(CP) in a different specialty, that is, to transfer to a different training programme -whether in the same or a different Health Education England and NHS Education Scotland region or Deanery in Northern Ireland and Wales – they will have to compete for a place in the different specialty training programme through the normal competitive application process.

Section 7: Progressing as a Specialty Registrar

Competences, experience and performance

7.1 The curricula approved by the GMC for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the CCT, CESR/CEGPR(CP). The curricula are mapped against the GMC Good Medical Practice standards which form the basis of all medical practice.

7.2 Competences, knowledge, skills and behaviours 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 frequency of performance, level of experience and the time required to acquire competence and to confirm performance in the specialty.

7.3 All specialty curricula developed in the UK and approved by the GMC also quote either absolute minimum training durations (which must be at least as long as the European requirement), or an indicative “range” of time that the training programme is expected to take, the bottom end of the range reflecting the minimum European requirement. See <http://www.legislation.gov.uk/ukxi/2012/344/made>

7.4 This is important for two reasons:

- to define a “full” programme of prospectively approved training which entitles an individual who successfully completes it, the award of the CCT (Appendix 7)
- to make sense of a competence defined programme of educational progression within a framework of “time required” to enable breadth of experience and practice to ensure that the competences gained are sustainable and part of everyday practice.

7.5 The assessment frameworks for specialty training complement the approved curricula and should deliver a coherent approach that supports the trainee in developing competences in a sustainable way, through a combination of work place based assessments – formative, such as supervised learning events (SLEs), and summative such as assessments of performance (AoPs) – and examinations. This approach is designed programmatically so that the clinical and professional performance of trainees in everyday practice is assessed.

7.6 The 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 acquisition of the required competences is defined in each specialty curriculum. This is important so that Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales, trainers, trainees and employers are clear as to what is acceptable progress within specialty training. This will enable reasonable time limits and resources for remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered. There are occasions where progress in training cannot be achieved because of events external to training, such as ill-health. This will lead to training time being suspended (the training clock stops), and the prospective CCT/CESR(CP)/CEGPR(CP) date will be reviewed at the ARCP (see 7.70).

[Time out of Training -GMC position statement](#)

7.8 Curricula and assessment systems evolve and develop over time. To ensure that a trainee receives the most relevant and up to date training and that they are assessed using the most appropriate tools, trainees will be required to move to the most recent curriculum in their specialty and use the most recent assessment tools. As part of any developments, implementation plans for the transition of trainees to the new curricula and assessment system will be published.

Annual Review of Competence Progression (ARCP)

7.9 Structured postgraduate medical training is dependent on having curricula which are mapped to Good Medical Practice (GMP) and clearly set out the competences of practice, an assessment framework to know whether those competences have been achieved and an infrastructure which supports a training environment within the context of service delivery.

7.10 The three key elements which support trainees in this process are formative assessments and interactions (eg. supervised learning events and other supervisor discussions); summative assessments (eg. assessments of performance and examinations); and triangulated judgement made by a named Educational Supervisor. These three elements are individual but integrated components of the training process. Whilst the formative elements are for use between trainee and Educational Supervisor they will aid the supervisor in making their informed judgement so that together with the other elements they contribute to the **Annual Review of Competence Progression (ARCP)**.

7.11 Assessment is a formally defined and approved process that supports the curriculum. A trainee's progress in their training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress. A review (ARCP) results in an *Outcome* following evaluation of the written evidence of progress and determines the next steps for the trainee. A satisfactory Outcome confirms that the required competences, together with ongoing conformance to GMP, have been achieved.

7.12 Educational review (sometimes known also as formative assessment) 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. Supervised Learning Events (SLEs) may contribute to educational review but will not usually be part of the written evidence of progress (see paragraph 7.23).

7.13 All trainees must have a named educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

7.14 Through triangulation of evidence of progression in training and professional judgement, the named educational supervisor will contribute a structured report (Educational Supervisor's Report) to the ARCP.

7.15 The educational supervisor is the crucial link between the educational and workplace based assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process. The outcome from the review underpins and provides evidence to employers about the performance of doctors in postgraduate training, and informs the ARCP and Revalidation processes. This is supported by self-declaration evidence from the trainee as an employee about any relevant conduct or performance information.

7.16 During their educational review discussion with their educational supervisor, trainees must be able to raise concerns without fear that they will be penalised. Patient safety issues must be identified by clinical incident reporting, and reflective notes maintained within a portfolio, in addition to being reported through organisational procedures when they occur. 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 educational review discussion will be raised through appropriate clinical governance/risk management reporting systems. This will usually be with the director/lead of medical education in the local education provider (LEP) and the Postgraduate Dean/RO (and employer where this is not the LEP). Trainees also need to be aware that any such discussions should be reported as part of the required self-declaration for revalidation.

Educational review

7.17 The purpose of educational review is to:

- help identify educational needs at an early stage by agreeing educational objectives which are SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imebound)
- provide a mechanism to receive the report of the review panel and to discuss these with the trainee
- provide a mechanism for reviewing progress and a time when remedial action can be arranged and monitored
- 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
- make training more efficient and effective for a trainee and
- consider matters around Fitness to Practice and Revalidation.

7.18 Educational review is mainly a developmental, formative process which is trainee focussed. 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 the GMC.

7.19 Appraisal is a continuous process. As a minimum the educational section of appraisal should take place at the beginning, middle and end of each phase of training and should be documented within the educational portfolio. These sections of training are normally marked by the ARCP process. However educational review can be undertaken more frequently and this should be the case where a previous assessment outcome has identified inadequate progress or there are specific educational objectives which require enhanced supervision.

7.20 Each trainee should normally have a learning agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their most recent ARCP outcome. This should be the basis of all educational review discussions throughout all stages of training. The learning agreement will need regular review and updating.

7.21 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.

7.22 Regular feedback should be provided by the educational supervisor regarding progress in training as part of educational review meetings. 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 and identify factors which may be inhibiting their progress.

7.23 Records should be made of these regular educational review meetings and must be shared between trainee and educational supervisor. There is normally no need for these records to be seen by anyone else but they do form a contemporaneous record of progress that can be used to inform other reports and systems such as reports to the ARCP panel. The notes or a summary of them should be stored within the trainee's educational portfolio. Such records can include structured learning events.

7.24 The educational review process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. Examples of some early warning signs which should alert the educational supervisor that intervention may be required are:-

- failure to engage in undertaking workplace based assessments or other aspects of training;
- issues raised in multi-source feedback;
- complaints/concerns from either staff or patients;
- significant, unexplained or multiple absences;
- serious Untoward Incidents (SUIs)

- critical and significant incidents involving patients and their care

7.25 These concerns should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors which might affect performance (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, and this should not be left to the ARCP process. Direct contact should be initiated with the Training Programme Director, the lead for doctors in training with difficulties, trainee support groups (if appropriate), employer and Clinical Tutor/Director of Medical Education for the LEP, alerting them to these concerns.

Assessment and the Annual Review of Competence Progression (ARCP)

7.26 In accordance with GMC requirements, Colleges and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by the GMC and the requirements of the GMC's *Good Medical Practice*. Further information about these requirements is available on the GMC website. [GMC | Curricula and assessment systems approval](#)

7.27 This section deals with the elements of the ARCP which are designed to review evidence and arrive at a judgement, known as an outcome, of progress. This section does not address the important processes of educational/workplace based educational review and programme planning which should respectively precede and follow from the ARCP process.

7.28 Assessment strategies will vary between curricula but will contain a variety of elements. These include items from the following non-exhaustive list.

- Well constructed and fit for purpose professional examinations which explicitly map back to the curriculum
- Directly Observed Procedures (DOPs)
- Case Note Reviews
- Case Based Discussion (CBD)
- Multi-source Feedback Reports (MSF)
- Observed video assessments
- Assessments in clinical skills facilities
- Assessments of clinical examinations (Mini CEX)
- Direct Observation of Non-clinical Situations (DONCS)

Workplace assessments are increasingly being grouped into formative structured learning events – SLEs - (assessments **for** learning) and assessments of practice – AoPs - (assessments **of** learning).

7.29 A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. This will be provided as part of the educational supervisor's report to the ARCP Panel. (See 7.35)

7.30 Log books, audit or quality improvement reports/projects, 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 to demonstrate progress. Information about these areas should be retained in a specialty specific learning portfolio which all trainees must maintain in order to record their evidence about training and performance in training. The portfolio will also form the basis of the educational and workplace based assessment process and of the annual planning process (paragraph 7.117 onwards). These documents also provide important evidence in support of Revalidation.

7.31 Trainees should familiarise themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, it is the responsibility of the College or Faculty to notify Health Education England or NHS Education Scotland regions and Deaneries in Northern Ireland and Wales, trainees and trainers of the new requirements so that the changes can be implemented.

7.32 Trainees must also familiarise themselves with the requirements of the GMC's *Good Medical Practice* (2013). Trainees need to undertake ARCP as it is the vehicle for revalidation as well as educational progression.

Trainees must:

- maintain a portfolio 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 and/or quality improvement,
- respond constructively to the outcome of audit, appraisals and the ARCP process,
- undertake further training where required by the Dean,
- engage with systems of quality management 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 Training Survey, see [GMC | National Training Survey](#))
- inform the GMC of their Responsible Officer for revalidation,
- participate with discussion and any investigation around serious untoward incidents in the workplace and record reflection of those in their portfolio,
- inform their Dean/Responsible Officer if they self-report to the GMC and if they receive a criminal or civil conviction or police caution.

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

- is aware of the trainee's responsibility to initiate workplace based assessments,
- is supported in preparing for those assessments,
- is aware of the requirement to maintain an up to date educational portfolio,
- considers the need to address areas identified in the trainee's educational portfolio including undertaking and succeeding in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum,
- is aware of the need to engage in processes to support revalidation.

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

7.35 The educational supervisor is responsible for completing a structured report for the ARCP Panel. This report must:

- reflect the learning agreement and objectives developed between the trainee and their educational supervisor,
- be supported by evidence from the workplace based assessments planned in the learning agreements,
- take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason,
- provide a summary comment regarding overall progress during the period of training under review, including where possible an indication of the recommended outcome supported by the views of the training faculty.

The report should be discussed with the trainee prior to submission to the Panel. The report and any discussion which takes place following its compilation must be evidence based, timely, open and honest. If such a discussion cannot take place it is the duty of the educational supervisor to report the reasons to the ARCP panel in advance of the panel meeting.

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

The Annual Review of Competence Progression (ARCP)

Collecting the evidence

7.37 Each specialty is required by the GMC to map its assessment processes against the approved curriculum and the GMC's *Good Medical Practice*. A structured report should be prepared by the trainee's educational supervisor which should reflect the evidence that 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 provide a summary of progress including collation of the results of the required workplace based assessments, examinations and other experiential activities required by the specialty curriculum (eg log books, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors should familiarise themselves with the GMC's guidance as well as the relevant curriculum and assessment framework. Trainees should familiarise themselves with the relevant curriculum and assessment framework and it is strongly recommended that they also take note of the GMC's guidance. The GMC guidance is available at

[GMC | Curricula and assessment systems approval](#)

7.38 The trainee's educational supervisor may also be his/her clinical supervisor (particularly in small specialties and small training units). Under such circumstances, the educational supervisor could be responsible for some of the workplace assessments, for producing the structured report, as well as for providing the educational review for the trainee.

7.39 Great care needs 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 review and assessment for an individual trainee.

7.40 Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales will make local arrangements to receive the educational portfolio 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 all required components. The educational portfolio must be made available to the Health Education England or NHS Education Scotland region and Deaneries in Northern Ireland and Wales at least two weeks before the date of the ARCP panel. Trainees will not be "chased" to provide access to their educational portfolio by the required date but should be aware that failure to do so could result in the panel awarding an outcome 5. 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 paragraph 7.44.

7.41 Trainees must submit, as part of their documentary evidence for each ARCP, an updated documentation form giving accurate demographic details for use within the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales database – the enhanced Form R. Where relevant this will also include a self-declaration statement and a description of their scope of practice for revalidation purposes.

7.42 It is up to the trainee to ensure that the documentary evidence which is submitted (including their educational portfolio) is complete. This must include all required evidence, even that which the trainee may view as negative. All assessments of performance (AOP) should be included in the evidence available to the ARCP panel and be retained in the trainee's educational portfolio so that they are available for discussion with educational supervisors during educational review sessions.

7.43 It is important to ensure that all relevant evidence around Revalidation is provided to the ARCP Panel (in England & Northern Ireland) or in the relevant reports in Scotland and Wales. This includes details of all areas in which the trainee has worked as a doctor (including voluntary), and details of any investigations that have yet to be completed. (Reflective notes around completed investigations should already be included within the portfolio.) This evidence assists the Postgraduate Dean /RO in making a recommendation to the GMC about Revalidation, when required.

7.44 Where the documentary evidence submitted is incomplete or otherwise inadequate so that the 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 Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales in writing the reasons for the deficiencies in the documentation. The trainee will also be required to provide the relevant evidence within a specified time once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.

7.45 Following an Outcome 5 if the relevant evidence is not provided within the agreed timescale then an Outcome 3 will also be issued for the period under review. The Postgraduate Dean should also then consider if this requires further action, by reviewing the trainees progression overall: Outcome 4 may be more appropriate.

7.46 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. This is to ensure that the trainee is aware of what had been reported, and it is not intended that the trainee should necessarily agree the report's content. 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, the current employer and Local Education Provider (LEP). The trainee needs to be made aware that this will happen.

7.47 The trainee may submit as part of their evidence to the ARCP Panel a response to the trainer's report or to any other element of the assessment documentation for the Panel to take into account in their deliberations. Whilst it is understood that for timing

reasons such a document will only be seen by the ARCP Panel in the first instance it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the training programme, the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales or the employer.

7.48 The ARCP Panel is constructed in order to look at matters of educational performance, assess progression in training, and provide an opinion to the Responsible Officer (RO) in relation to Revalidation (see 7.54). However the evidence provided to the Panel may relate to other issues and concerns such as clinical safety or perceived undermining within the LEP. Whilst the Panel is not in a position to investigate or deal with allegations of this nature it will bring such matters to the attention of the Dean in writing immediately following the Panel for further consideration and investigation as necessary. Panels must take such allegations very seriously. All Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales and employers of specialty trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements and follow these policies, including reporting their concerns. LEPs must make such policies known to trainees as part of their induction.

What is the purpose of the ARCP?

7.49 The ARCP provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with performance and progression issues outside the annual review. It is not in itself a means or tool of assessment.

7.50 The ARCP fulfils the following functions:

- provide an effective mechanism for reviewing and recording the evidence related to a trainee's performance within the training programme or in a recognised training post (fixed term specialty training appointment FTSTA and locum appointment for training LAT),
- provide a means whereby the evidence of the outcome of formal assessments, through a variety of GMC approved workplace assessment tools and other assessment strategies, including examinations which are part of the assessment system are coordinated and recorded to provide a coherent record of a trainee's progress,
- provide a mechanism for the overview of out of programme experience and record its contribution, where approved, to progress,
- 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 or LAT and to document these accordingly,
- provide advice to the RO about Revalidation of the trainee to enable the RO to make a recommendation to the GMC when required,
- provide a final statement of the trainee's successful attainment of the curricular competences including fulfilment of GMP for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dean to present evidence to the relevant College or Faculty so that it can recommend the trainee to the GMC for award of the CCT or CESR/CEGPR(CP).

7.51 The ARCP 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 evaluate progression
- trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Clinical Lectureships, Clinician Scientist appointments
- trainees who are out of programme with the agreement of the Postgraduate Dean
- trainees in Fixed Term Specialty Training Appointments (FTSTAs)
- trainees in Locum Appointments for Training (LATs).
- Note that from 2013 the ARCP process was also introduced for Foundation trainees, but this is documented elsewhere by the UKFPO [Foundation ARCP Guide](#)

7.52 Trainees who continue in Specialist Registrar (SpR) programmes will be subject to the Record of in-training assessment (RITA) process which supports the relevant curricula. Workplace-based assessments should be used to provide evidence to support the RITA process. Trainees should note that with the GMC's position statement on moving to the current curriculum this will change by December 2014 (or earlier dependent on transition plans being prepared by Royal Colleges/Faculties) when all trainees are required to move to the current curriculum and therefore the ARCP system.

See GMC statement http://www.gmc-uk.org/20121130_Moving_to_current_curriculum_GMC_position_statement_Nov_2012.pdf

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 the GMC for a full CESR (or CEGPR) will also have their progress assessed through the ARCP process.

The Annual Review of Competence Progression Panel (ARCP Panel)

7.54 The panel has the following 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 educational portfolio including a structured report from the educational supervisor(s), documented 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;
- to consider the time out of training during the assessment period and from entry to the programme (see GMCs position statement on time out of training) and determine whether training duration needs to be extended or not;
- provided that adequate documentation has been presented, to make a judgement about whether the trainee's progress has been satisfactory and whether they can progress to the next level of training. Trainees who are full time and receive an outcome 1 will progress to the next level. Trainees who are less than full time may have satisfactory progress but progress to the next level will depend on the competencies gained in the time available to them.
- To consider suitability to progress to the next stage of training or confirm training has been satisfactorily completed
- to provide advice to the RO regarding Revalidation of the trainee.

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 more than one specialty is being assessed in the same panel (for example dual training or sub specialty training in parallel with main specialty training) or where the trainee is on an integrated academic programme, the panel will include relevant specialist/sub-specialist input. The panel should have input from a lay member and an external adviser who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over performance (paragraph 7.82). The panel could also have a representative from an employing organisation in order to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

7.56 Where it is likely or even possible that a trainee could have an outcome indicating unsatisfactory performance 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 Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales in order to ensure that the Postgraduate Dean or designated deputy make arrangements for a senior representative of the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales to attend the panel.

7.57 If either the lay member or the external adviser 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 ARCP panel is being held for an individual undertaking an Academic Clinical Fellowship or Lectureship or as a Clinical Scientist, the panel should also include at least one academic representative. Academic panel member(s) should specifically take a view about the evidence of academic performance which is submitted. (See also paragraph 102).

7.59 All members of the panel (including the lay member and those acting as external adviser) must be trained for their role. This includes about fitness to practice, equality and diversity issues. This training should be kept up to date and should be refreshed every three years.

7.60 Consultant/GP educational and clinical supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member. Where there are any concerns about satisfactory educational progress they should withdraw temporarily from the process whilst their trainee is being considered and the panel should be constituted such that it remains quorate in that situation.

How the panel works

7.61 The panel will be convened by the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland or Wales. 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 adviser to 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 a review of the documented and submitted evidence that is presented by the trainee and as such the trainee should not attend the panel. However, Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales may wish to have trainees present on the day to meet with the panel after their discussion of the evidence and agreement as to the outcome or outcomes (for dual or main and sub specialty the GMC require a separate outcome per specialty). This is to discuss next steps and their future training requirements.

7.63 For practical and administrative reasons, some Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales 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 review 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.

7.64 Where the Training Programme Director, educational supervisor or academic educational supervisor has indicated that there may be an unsatisfactory outcome(s) through the ARCP process [Outcomes 2, 3 or 4 (see page 63)] the trainee will be

informed prior to the panel of the possible outcome and must meet with panel members but only after the panel has considered the evidence and made its judgement.

7.65 The purpose of the trainee meeting with the panel after it has reached its decision(s) is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training towards 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 objectives 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 in related programmes and must be arranged with the full knowledge of the employer to ensure clinical governance aspects are addressed.

7.67 This additional training must be agreed with the trainee, trainers and the employer. Full information about the circumstances leading to the additional training requirement must be transmitted by the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales to the employer and LEP(s) for that period of training, including the reason for the remediation. The information transmission will be shared with the trainee but agreement to it being shared with the new employer/LEP and trainers is a requisite of joining and continuing in the training programme.

7.68 The panel should systematically consider the evidence as presented for each trainee against the specialty or sub-specialty curriculum, assessment framework and GMP and make a judgement based upon it so that one of the outcomes is agreed (for each specialty).

7.69 Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 4) including where trainees continue to hold a training number but are out of the programme, with the agreement of the Postgraduate Dean.

7.70 At the ARCP the provisional CCT, CESR/CEGPR(CP) date which is set by the Postgraduate Dean's specialty training committee, should be reviewed, and adjusted if necessary, taking into account such factors as:

- statutory leave, sickness or other absence of more than 14 (normal working) days in any year,
- where prior agreement has been made with the deanery for training time to be suspended (the 'clock to stop'),
- a change to or from less than full time training;
- leave of absence from the programme to pursue research;
- career breaks;
- delays in achieving the competences;
- for a dual trainee or a trainee undertaking sub specialty training alongside main specialty training – whether both should continue to be pursued.

- failure to demonstrate achievement of competences (Outcome 3) as set out in the specialty curriculum;
- failure to comply with the requirements for maintaining a training number.

The adjusted date should be entered on page 2 of the Specialty Annual Review of Competence Progression (ARCP) - Outcome Form (Appendix 4)

The expected date for the successful completion of training at whatever level 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 initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel (Appendix 5) for *all* trainees will be made available by the Postgraduate Dean to the:

- a) Relevant College or Faculty.** These outcome documents are part of the minimum data set which will need to be maintained by the College or Faculty to substantiate their recommendation to the GMC for award of the CCT, CESR/ CEGPR(CP). The GMC undertakes Quality Assurance of College/Faculty recommendations which include a review of the data the College/Faculty uses to determine its recommendation.
- b) Training Programme Director (TPD).** The TPD will receive 3 copies of the outcome form.
 - i.** One copy should be sent to the trainee's educational supervisor. This should be used to form the basis of the further educational review and workplace based assessment that the educational supervisor undertakes on behalf of the employing organisation. It is the educational supervisor's responsibility to raise any areas of concern about the trainee's performance that link to clinical governance as documented by the ARCP process, with the medical director (or their nominated officer). 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.
 - ii.** The second copy should be given to the trainee who must sign it and return it to the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales within **ten** working days. The trainee should retain a copy of the signed form in their educational portfolio. The Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales will retain the signed copy in the trainee's record. Where electronic systems are used, digital signatures will be acceptable.

- iii. The third copy will be retained by the TPD. The TPD (and/or the trainee's educational supervisor) should meet with the trainee to **discuss the outcome** and **plan** the next part of their training (paragraphs 7.117 – 7.120) and documenting the plan fully.

c) Medical Director One copy should be sent to the Medical Director of the current employer (and of the LEP if different).

d) The GMC. Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales submit ARCP outcomes data to the GMC (as part of their Report/quality assurance management/control arrangements, see [GMC | ARCP RITA data collection](#)). This allows benchmarking of the outcomes by Health Education England and NHS Education Scotland region or deanery in Northern Ireland and Wales, and specialty programme. These reports assist Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales to comply with *The Trainee Doctor*, the GMC's standards for postgraduate medical education and training.

7.72 Each trainee will need to update the enhanced Form R (Registering for Postgraduate Training) annually. This holds the up-to-date demographic data on the trainee. The annual return of Form R before the ARCP with any corrections and updates (along with the self-declaration details for revalidation purposes where appropriate) to the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales with the signed ARCP outcome(s) will enable the trainee to renew their registration on an annual basis with the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales and the relevant College/Faculty.

7.73 Any concerns which emerge about a trainee's Fitness to Practise must be reported to the Postgraduate Dean, as Responsible Officer, for further advice and guidance.

7.74 The panel will recommend one of the following outcomes for each specialty/sub-specialty for each trainee, including those on integrated clinical/academic programmes: (Outcomes 1-8 as set out overleaf)

Annual Review of Competence Progress (ARCP) Outcomes

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

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

For the following outcomes the trainee is required to meet with the panel (Outcomes 2, 3, 4 & 5) after the panel has reached their decision

Outcome 2: Development of specific competences required - Additional training time not required

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

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

Outcome 3: Inadequate progress - Additional training time required

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the anticipated CCT/CESR/CEGPR(CP) 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 Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales 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 (six months for core trainees and GP), unless exceptionally, this is extended at the discretion of the postgraduate dean, but with an absolute maximum of two years (1 year for GP) 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.

Outcome 4: Released from training programme - With or without specified competences

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had

additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented. The trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway.

An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts at passing an exam without having received additional training time.

Outcome 5: Incomplete evidence presented - Additional training time may be required

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

Alternatively the panel may agree what outstanding evidence is required from the trainee for an Outcome 1 and give authority to the Chair of the panel to issue an Outcome 1 if satisfactory evidence is subsequently submitted. However if the Chair of the panel does not receive the agreed evidence to support an Outcome 1 then a panel will be reconvened.

Recommendation for completion of training

Outcome 6: Gained all required competences - Will be recommended as having completed the training programme and if in a run through training programme or higher training programme will be recommended for award of a CCT or CESR/CEGPR(CP).

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, LATs, OOP

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

A Reference Guide for Postgraduate Specialty Training in the UK

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

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

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 period/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 Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales will also keep a copy on record.

Outcome 8: Out of programme for research, approved clinical experience or a career break (OOPR/OOPE/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.

- **OOPE** - If the period Out of Programme is to gain clinical experience which will not contribute towards the competences required by the training programme (OOPE) then an annual OOP report form should be submitted including an indicative intended date of return.
- **OOPT** - If the trainee is out of programme on a training placement which has been prospectively approved by the GMC and which will contribute to the competences of the trainee's programme, then this Outcome should not be used, and a routine assessment of progression should be made.
- **OOPR** - 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, along with achievement of the relevant degree (if appropriate).

OOPC - If a doctor is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.

End of programme/stage outcomes for core and early years trainees

Where success in an examination is a requirement for exit from early years training then the following ARCP outcomes apply

1. The early years training is distinct from later years training (i.e. separate curriculum, core) and competitive selection into later years training is required

Completion of curriculum competencies	Pass in relevant exam	ARCP outcome
Yes	yes	6
Yes	No (pre extension of training)	3
Yes	No (post extension of training)	4*
No	Yes (pre extension of training)	3
No	Yes (post extension of training)	4**
No	No	4**

2. For run through training

Completion of curriculum competencies	Pass in relevant exam	ARCP outcome
Yes	Yes	1
Yes	No (pre extension of training)	3
Yes	No (post extension of training)	4**
No	Yes (pre extension of training)	3
No	Yes (post extension of training)	4**
No	No	4**

*: with statement that all competencies achieved except pass in exam

**: with statement of competencies not achieved

When an outcome is not issued

The ARCP panel would not issue an outcome when the trainee is absent due to statutory leave: maternity leave or sick leave or where training has been suspended – see paragraph 7.80 below. In these circumstances the panel will record the reasons for this via agreed methods.

Additional or remedial training

7.75 The panel may identify the need for additional training time (Outcome 3) which extends the indicative Core Completion, CCT, CESR/CEGPR(CP) date. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other trainees at the same level of training. The opportunity costs for other trainees in the programme and critically, for those who want to gain entry into the specialty are considerable.

7.76 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. In the hospital and non-GP community specialties this will be up to **one year** within the total duration of the training programme (up to **six months** for core training and **one year** across both core and higher specialty training where the programme is uncoupled), and in general practice this will be up to **six months**, because of the shorter duration of the training programme. Exceptionally this additional training time may be extended at the discretion of the Postgraduate Dean, but with an absolute maximum of two years duration in hospital and non-GP community specialties and one year in general practice, 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/adoption/paternity 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 training in the specialty. If the trainee fails to comply in a timely manner with the educational plan for the additional training, he/she may be required to leave the training programme before the additional training has been completed in accordance with 6.37 of the Gold Guide.

7.77 To enable the effective delivery of such additional training, information relating to patient safety will need to be made available to the relevant LEP. The offer of remedial training is dependent on the trainee agreeing to this information being shared. Trainees will be provided with a copy of any such information and retain the right to challenge its accuracy.

7.78 Remedial training may be required as a result of a recommendation from the GMC or other body, e.g. NCAS. When such remedial training is requested, the supporting Postgraduate Dean will establish a specific educational agreement with the relevant LEP, 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 doctor receives the training that has been identified, as well as respecting the clinical governance/risk management arrangements of the LEP.

7.79 The educational progress of the trainee during any additional or remedial training will be reviewed by the ARCP panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. The panel will decide if the outcome of the additional training is that the trainee can continue in their specialty training programme, requires further additional training, or if they have not met or cannot meet the standards required. If it is decided that the trainee is unable to meet the standards, this will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dean will advise the trainee that their training number has been withdrawn. The Postgraduate Dean will also notify the employer that the individual is no longer in specialty training.

7.80 Whilst the ARCP 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 personal circumstances, during which period the training time with respect to progress may have been suspended (see 7.70). Suspending training is a decision that should be taken outside of the ARCP process. It is a neutral action that should be agreed between the trainee and the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales as early as reasonably practical and documented. Suspension of training should not be assumed and needs to be supported with suitable evidence of need. Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales should ensure that they have a process for obtaining suitable evidence around such circumstances (eg occupational health advice) and for deciding on whether or not to temporarily suspend training. This may mean that a shorter period of time than expected has been available in which to make progress and the Panel decision should take this factor into consideration. Such suspensions of training time will also require an adjustment to the expected CCT/CESR/CEGPR(CP) date (see 7.70).

7.81 The Panel should also consider aspects within the training environment such as changing circumstances or the supervision available, in determining its specific recommendations with respect to any additional time which may be required. This includes considering if any training time should be discounted. 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 for the period of active training.

Quality Assurance of ARCPs

7.82 Since decisions from the panel have important implications for both patient safety 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. Lay participants will have been trained to undertake this work
- an external adviser from 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 performance and training progression. Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales may set up reciprocal arrangements to facilitate this where there is only one training programme in a specialty within a Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales. Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales should work with the relevant Royal Colleges/ Faculties 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 ARCP process, including the provisions for further review and appeals (see below). The process is carried out by a panel. It is good practice 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) the ARCP process for smaller specialties may be coordinated nationally although it must remain the overall responsibility of a designated dean (usually the UK Lead Dean for the specialty).

7.84 The Postgraduate Dean is also the statutory Responsible Officer for revalidation in relation to doctors in recognised postgraduate training. To discharge this function they

must make a revalidation recommendation to the GMC at intervals determined by the GMC. Information to inform this decision will come from the ARCP process.

7.85 The Postgraduate Dean should maintain a *training record* for each trainee in which completed ARCP outcome forms are stored. For security purposes a photograph of the trainee should be incorporated within this record. The record, including 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. The training record may be physical or stored electronically with suitable measures to maintain its integrity.

7.86 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 College/Faculty (where relevant) which serves to inform the College/Faculty that the trainee has been registered for postgraduate training
- place a further copy in the trainee's Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales record to enable the dean's database to be updated. The GMC may require a summary of this data.

7.87 At the end of each review process the Postgraduate Dean will forward copies for the outcome documents in respect of each trainee to the recipients identified in 7.71.

7.88 Where concerns about a trainee have been raised with the Postgraduate Dean – either following an outcome from the ARCP 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 training programme director where the trainee is employed/working (depending on local arrangements) to investigate and consider whether further action is required.

7.89 When an Outcome 4 recommendation is made the Postgraduate Dean (or named deputy) will consider that recommendation and write to the trainee with their decision. This will be done either ten days after the original recommendation is made or at the completion of the appeal process (7.121 – 7.146), whichever is later. The effective date for the cessation of the training programme is the date of the panel decision issuing an Outcome 4. This will also be the date of removal of the training number, **although for trainees working in General Practice, the date of actual removal of the NTN should be the date on which there will be the consequent removal of the trainee from the Medical Performers List.**

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

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

7.91 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.

7.92 If the outcome is **not satisfactory** then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the ARCP panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.

7.93 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 Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales 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 Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales. It is important to note that this meeting is not about the recommendation made 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?

7.94 On appointment to a specialty training programme, LAT or FTSTA post, trainees must fully and accurately complete an enhanced Form R and return it to the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales 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.

7.95 Trainees will also need to send to the Postgraduate Dean a signed copy of the *Conditions of taking up a training post* (Appendix 3) which reminds them of their professional responsibilities, including the need to participate actively in the assessment and revalidation processes. These obligations relate to professional and training requirements and do not form any part of the contract of employment.

7.96 Return of Form R signals that the doctor has registered with the Deanery for specialty training (see 6.21). It initiates the annual assessment process; and triggers the allocation of a training number where appropriate. All trainees will be required either to confirm the content of Form R or update it prior to their ARCP 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 Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales has an up-to-date email address at all times and that it is one which the trainee regularly checks. Accurate

information is needed not only for the Deanery but also to support the requirements of the Royal Colleges/Faculties and the GMC.

7.97 Registration with the Postgraduate Dean for training is maintained (see paragraph 6.27) by submitting a Form R on an annual basis, usually integrated with the ARCP process. This form should identify any updates to personal contact details, professional qualifications etc. It re-affirms the trainee's commitment to training, and may also include declarations required for revalidation.

The ARCP for trainees undertaking joint clinical and academic training programmes

7.98 Some doctors will undertake joint clinical and academic training programmes (see Section 6. There are important differences in structures of academic programmes in the four countries). Trainees in such programmes will have to successfully complete both the full training programme and meet the requirements of the academic programme.

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

7.100 The academic supervisor is responsible for drawing up an academic training programme with the trainee and their clinical educational supervisor, so that there is a realistic/achievable timetable with clear milestones for delivery covering both academic and clinical aspects of the programme. [Research plans should be drawn up to include specific training, where required, together with plans for research experience and outputs.](#) 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.

7.101 [On entry into specialty training the academic supervisor should make research plans with the trainee, as the context against which to assess 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. A joint meeting with both clinical and academic educational supervisors may be advantageous to ensure that both aspects of the programme are realistic. The educational supervisor and academic supervisor should ensure that clinical and academic objectives are complementary. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements. There should be close liaison between the academic and clinical training community to ensure adequate academic governance mirrors the Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales scrutiny of clinical progress.

7.101A Assessment of clinical progress of academic trainees should be competence-based, rather than time based. Setting a target CCT date should be determined flexibly and tailored to the needs of the individual academic trainee. The target date for achieving a CCT for an academic trainee who continues beyond a Doctorate (MD or PhD) is best determined at the first annual ARCP for clinical lecturers, when stock can be

taken of initial progress at this more advanced post-doctoral academic training stage. The target CCT date may be exactly the same as it would be for a non-academic trainee, or it may be later than it would be for a non-academic trainee.

Recording academic and clinical progress – academic assessment

7.102 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. There is considerable advantage in coordinating this meeting so that the trainee is able to meet both academic and clinical supervisors together at least annually (although there may be need for separate meetings on other occasions). Regular meetings with the academic and clinical educational supervisors should take place throughout the year to review progress, and decisions taken should be agreed and documented for later presentation to the annual assessment of academic progress.

7.103 An annual assessment of academic progress must be undertaken, and should take place at least one month before the joint academic/clinical ARCP 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.

7.104 The academic supervisor is required to complete the *Report on Academic Progress* form (Appendix 6), which needs to be signed by the trainee for submission to the annual joint academic/clinical ARCP panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.

7.105 The report and any supporting documentation should be submitted to the joint academic/clinical ARCP panel as part of the evidence it receives. The joint academic/clinical ARCP panel for academic trainees is described above (Paragraphs 7.55 and 7.58).

7.106 The trainee should not attend the panel. Plans for academic trainees to meet with members of the panel should only be made if the Training Programme Director *or* the academic educational supervisor/ lead for academic training indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel. The ARCP outcome is a global assessment of progress, dependent on both clinical and academic reports to assess achievement.

7.107 Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement.

7.108 The outcome of this joint process together with both the clinical and academic outcomes should be recorded using the outcome documentation as described above and in the guidance from The Academy of Medical Sciences *Guidelines for monitoring academic training and progress* (September 2011) [Guidelines for monitoring academic training and progress](#). The academic report should be attached to the outcome document.

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

7.109 Trainees who wish to undertake full-time research out of programme must have their research programme agreed with their academic educational supervisor. This should form part of the documentation sent to the postgraduate dean when requesting an OOPR.

7.110 The trainee must submit an annual OOPR return to the ARCP panel of their base Health Education England and NHS Education Scotland region or Deanery in Northern Ireland and Wales, along with a report from their research supervisor. All academic trainees who are on OOPR should have a formal assessment of academic progress which is submitted as part of the documentation for the ARCP panel as described above for joint clinical and academic programmes. The report must indicate whether appropriate progress in the research has taken place during the previous year and must also indicate whether the planned date of completion of the research has changed. Any request for a potential extension to the OOPR will need to be considered separately by the Dean.

7.111 Both the trainee and the academic supervisor must remain aware that normally a maximum of 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 ARCP panel; the request must come from the research supervisor who must set out clear reasons for the extension request. Adequate governance structures must be in place to allow for discussion between academic institution and Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales on such requests.

7.112 The joint panel should seek appropriate advice from academic and clinical colleagues if they are in doubt about whether a recommendation to extend the normal three years out of programme should be made.

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

7.114 The time spent out of programme in research can provide credit towards a CCT CESR/CEGPR(CP) programme only if it has been prospectively approved by the GMC and demonstrates achievement of competencies defined in the relevant specialty curriculum. The purpose of documenting performance during OOPR is therefore both to assess progress towards meeting the approved academic programme requirements and to ensure that progress is made so that return to the clinical training programme is within the agreed timescale.

7.115 Trainees undertaking research with no clinical care component which is for longer than three months duration should participate in a Return to Work package. This should include consideration of returning to clinical learning as well as to clinical practice, and may include 'Keep in Touch' arrangements. For further guidance see

http://aomrc.org.uk/publications/statements/doc_download/9486-return-to-practice-guidance.html.

The ARCP for trainees in less than full-time training

7.116 The annual review process for trainees in less than full time 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 to the training time undertaken, 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

7.117 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.

7.118 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.

7.119 The educational review and planning meetings should be coordinated to ensure that the trainee's objectives and review outcomes drive the planning process, rather than the reverse.

7.120 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

7.121 It should never come as a surprise to trainees that action through the ARCP process is under consideration since any performance and/or conduct shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress (paragraph 7.25).

7.122 As identified in paragraph 7.65 the ARCP Panel will wherever reasonably practicable meet with all trainees who are judged on the evidence submitted to:

- require further development on identified specific competences (Outcome 2, or 7.2)
- require additional training time for all reasons other than "the clock stopped" (Outcome 3, or 7.3) or
- be required to leave the training programme before completion, with identified competences achieved or with an identified and specified level of training attained (Outcome 4).

7.123 The purpose of the post-ARCP review meeting identified in 7.117 is to inform the trainee of the decision of the Panel. The meeting should also plan the further action which is required to address issues of progress in relation to outcomes 2 and 3, or to make clear to the trainee the competencies with which they will leave the programme in relation to outcome 4, or to explain the reason for withdrawal of a training number for another reason.

7.124 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 ARCP panel.

Reviews and appeals

7.125 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. This can be undertaken by virtual methods such as video-conferencing or tele-conferencing where this can expedite the review. The review 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.

7.126 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. 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 panel must not have played a part in the original decision or the review.

7.127 Through the process of review or appeal it may be decided at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained 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 7.71.

Review of Outcome 2

7.128 It is essential that representatives of the ARCP panel meet with the trainee after they have made their decision to explain the evidential basis on which the decision was made. The purpose of this meeting is also to reach a common understanding of the situation to ensure that everyone is aware of any relevant issues or concerns and to identify an appropriate course of action.

7.129 If the trainee disagrees with the decision they have the right to ask for it to be reviewed. Requests for such review must be made in writing to the Chair of the ARCP Panel within ten working days of being notified of the Panel's decision. The Chair will then arrange for a review (which can be virtual) by members of the original panel and it should take place within 15 working days of receipt of such a request from a trainee. The panel should be quorate to change the outcome. Trainees may provide additional evidence at this stage and this must be received at least five working days before the review so that the panel is able to consider it in detail. After the review a further meeting with the trainee will also be arranged.

7.130 The review of an Outcome 2 recommendation should be documented. An account of the proceedings should be given to the trainee and also retained by the Health Education England and NHS Education Scotland region and Deanery in Northern

Ireland and Wales. The decision of the review is final and there is no further appeal process.

Appeal against Outcomes 3, 4 or withdrawal of a training number

7.131 Trainees 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
- release of the trainee from the training programme with or without identified competencies having been achieved and without completion of the programme (outcome 4), or
- withdrawal of the trainee's training number subject to 6.39.

7.132 Appeal requests should be made in writing to the Postgraduate Dean within ten working days of the trainee being notified of the decision. Postgraduate Deans will determine local arrangements for receiving such requests

7.133 The request should specifically state the grounds for appeal. These may include: relevant evidence not being available to the Panel, concerns about the ARCP process, concerns about misinterpretation of facts.

7.134 On receipt of an appeal request the Postgraduate Dean may arrange for a review of the original recommendation. A review is not always necessary and there will be occasions where the Postgraduate Dean determines that they should proceed directly to appeal hearing. If a review is arranged it will follow the process outlined in 7.128 - 7.130. The decision of the Review Panel will be communicated to the trainee. If the Review Panel modifies the original decision of the ARCP Panel then a further meeting with the trainee will be arranged.

7.135 Where the Review Panel has modified the decision of the original ARCP Panel to an Outcome 2 this completes any Appeal process.

7.136 Where the Review Panel does not alter the decision of the original ARCP Panel or where the Postgraduate Dean determines to omit review, an appeal hearing will be arranged.

Appeal Hearing

7.137 A formal Appeal Hearing should normally take place where practicable within 15 working days of the completion of any review (if arranged) or if no review within 15 working days of the request for appeal. Members of the original ARCP Panel must not take part as members of the Appeal Panel. Trainees may support their appeals with further written evidence relevant to the original ARCP panel consideration, but this must be received at least five working days before the Appeal Panel meets so that the Panel is able to consider it in detail. All documentation presented to the Appeal Panel must also be made available to the trainee.

7.138 The Postgraduate Dean should always attempt to obtain written confirmation where the trainee does not apply for an Appeal Hearing following an Outcome 4.

7.139 The Postgraduate Dean will convene an Appeal Panel to consider the evidence and to form a judgement. 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.

7.140 The Appeal Panel should include

- the Postgraduate Dean or a nominated representative as Chair,
- a College/Faculty representative from outside the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales,
- a Senior doctor from within the same Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales as the trainee, and from the same specialty as the trainee,
- a Senior doctor from within the same Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales as the trainee, and from a different specialty to the trainee,
- a Senior trainee from a different specialty to the trainee,
- a lay representative.

Membership of the Panel should not include any of those involved in the original ARCP Panel. A representative from the Human Resources Directorate of the employer or the Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and Wales must be available to advise the Chair on, for example, equal opportunities matters. Administrative support should also be available to make a written record of the proceedings of the Appeal.

7.141 Trainees also have a right to be represented at an Appeal, to address it and to submit written evidence before the hearing. They may choose to be represented, for example, by a friend, colleague or a representative from their professional body. If a trainee wishes to be represented by a lawyer then legal representatives should be reminded that Appeal Hearings are not courts of law and the Panel governs its own procedure including the questioning to be allowed of others by the legal representative.

7.142 Trainees should be notified in writing within five working days of the outcome of the appeal hearing, with a formal report being provided as soon as is practicable. The appeal process described above is the final internal avenue of appeal.

7.143 Outcome documentation from the original annual review panel should not be signed off by Postgraduate Deans and no further action should be taken until all review or appeal procedures have been completed. Only final outcomes (i.e. post any appeals or reviews) should be sent to the GMC as part of their return (paragraph 7.71d)

7.144 It may be that the outcome of an appeal is to alter an earlier decision 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

7.145 In appeals relating to outcomes 3 and 4 the employer should be kept informed of progress at each step in the appeal process.

Appeal against a decision not to award a CCT,CESR/CEGPR(CP)

7.146 The decision regarding the award of the CCT, CESR/CEGPR(CP) is the responsibility of the GMC and therefore all appeals against decisions not to award such a certificate should be directed to the GMC.

Appeal against withdrawal of a Training Number

7.147 Following the appeal procedure (7.131 – 7.145), a decision which results in withdrawal from the training programme automatically involves the loss of the training number. There is no further appeal against this.

7.148 Where the Postgraduate Dean indicates their intention to remove a trainee's national training number because of non-compliance with the arrangements under which they hold the training number (paragraph 6.37c), the trainee has a right of appeal to a panel constituted as set out in the process above (7.131 – 7.145).

7.149 In some circumstances a trainee will be neither currently employed in the NHS nor hold an honorary contract with an NHS organisation, e.g. they will be working overseas or taking a break from employment. Where the Postgraduate Dean, with advice from the Royal College or Faculty where appropriate, believe that the conditions under which such a trainee holds the training number have been breached (see 6.25), and that the training number should be withdrawn, they will write to the training number holder using a recorded delivery or similar service to tell them of their provisional decision.

7.150 In relation to the preceding paragraph (7.149) the training number holder will then have 28 days in which to state in writing to the Postgraduate Dean their reasons why the training number should not be withdrawn. Loss of the training number 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

7.151 A trainee dismissed by an employer will be deemed by the Postgraduate Dean to be unsuitable to continue in the training programme.

7.152 When a training contract is terminated by the Postgraduate Dean, the Dean must ensure:

- the trainee's training number 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 management of the Postgraduate Dean and are employees in healthcare organisations. In fulfilling both of these roles they incur certain rights and responsibilities.

8.2 While the Postgraduate Dean is responsible for managing the delivery of training to postgraduate trainees this is always within the context of trainees being the employees of another organisation. Trainees therefore have an employment relationship with their employer and are subject to their employing organisations' policies and procedures.

8.3 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

8.4 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.

8.5 Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales are responsible for:

- organising training programmes/posts for postgraduate trainees
- recruiting trainees through nationally defined processes
- the Annual Review of Competence Progression process (ARCP).

8.6 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 7.55, 7.71 and 7.152).

8.7 So whilst Health Education England and NHS Education Scotland regions and Deaneries in Northern Ireland and Wales 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 competence
- through 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 the GMC approved assessment blueprint 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

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

8.9 Trainees must maintain a learning portfolio which is specialty specific and which covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement within the training programme is fundamental to the training process and is applicable to every trainee.

8.10 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.

8.11 Trainees also have an important employee/employer relationship with their employing organisation. In situations where an employer has had to take disciplinary action against a trainee because of conduct or performance issues, it may be that the

employment contract ends before these proceedings are completed. It is in the trainee's interest to have the matter resolved, even if they move on or have already moved on to the next placement in the rotation. The Postgraduate Dean will usually help to facilitate this.

8.12 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.

8.13 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.

8.14 Under these circumstances the information should be transferred with the knowledge of the trainee and Postgraduate Dean to the educational lead in the next employing organisation. This also applies to existing, unexpired disciplinary warnings.

8.15 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.

8.16 Where a trainee has identified educational or supervisory needs which must be addressed as a result of the disciplinary process, information concerning these will be transferred by the Postgraduate Dean to the educational lead in the receiving employing organisation.

8.17 In all of these circumstances, the trainee has the right to know what information is being transferred and has the right to challenge its accuracy, but not to prevent the information being transferred, subject to the requirements of the Data Protection Act.

Managing concerns over performance during training

8.18 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.

8.19 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.

8.20 Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with guidance such as Maintaining High Professional Standards in the Modern NHS (in England). In all cases, the Postgraduate Dean should be involved from the outset.

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

8.22 The end of an employment contract does not have to mean the disciplinary process may not continue. Any warning or suspension notice would cease to have effect once employment with the issuing employing organisation ends. However an enquiry may, if the employing organisation is willing, still proceed all the way to a finding. The range of responses to a disciplinary finding will, however, be limited by the expiry of the employment contract. For example, the employing organisation will not be able to dismiss an ex-employee or ask that a subsequent employer dismisses him or her. Any proven offence must be recorded by the investigating employing organisation and should be brought to the attention of the relevant Postgraduate Dean to assess any impact on the training programme for the trainee.

8.23 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.

8.24 If 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.

8.25 Once a finding has been reached, the Postgraduate Dean will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outline in 7.131 – 7.146).

8.26 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.

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

8.28 The Postgraduate Dean (or other Health Education England region or Deanery in Northern Ireland, Scotland or Wales 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.

8.29 Termination of a trainee's employment contract after due process will mean that specialty training is discontinued and the training number is relinquished. In such circumstances the Health Education England or NHS Education Scotland region or

Deanery in Northern Ireland or Wales that has issued the trainee's training number will review the employer's reports detailing the reasons for the termination of the contract of employment and consequent dismissal.

Poor performance and competence

8.30 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 - National Clinical Assessment Service](#)

Critical Incidents

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

8.32 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

8.33 On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC's fitness to practice process. Trainees, in common with all doctors, may be subject to fitness to practise investigation and adjudication by the GMC. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Guidance on managing such situations is available from the GMC - [GMC | A Health Professional's Guide - How to Refer a Doctor to the GMC](#)

Managing absence from training other than annual leave

8.34 Sections 34J and 34K of the Medical Act 1983 outline the minimum training times for general practice and specialty training respectively and section 34L outlines that in order for the GMC to be able to award a CCT it must be satisfied that the trainee has satisfactorily completed the approved course of training. The course of training is

competency based. All trainees must complete the GMC prospectively approved full course of training in order to be eligible for the award of a CCT. The following applies to trainees absent from training when they would be expected to be training:

- The trainee must advise the employing organisation and the Postgraduate Dean if they are absent due to ill-health, if they are going to be taking maternity/adoption/paternity leave or if they have to attend jury service
- If the trainee is taking time off from the training programme for sickness, jury service, maternity leave, adoption leave or paternity leave, and the sum of these absences exceeds 14 days in any 12 month period, then a review of training should be undertaken and the expected end of training date adjusted if required.

8.35 Payment in respect of ill-health, jury service, maternity, adoption and paternity absence remain the responsibility of the employing organisation

- If the trainee is absent due to ill-health, entitled to be paid sick leave allowance and if the contract of employment expires before they return from sickness absence, then the original employing organisation should extend the contract of employment to allow the trainee to remain employed during the period of paid sickness absence. This is a contractual requirement for doctors in hospital posts and an expectation for those in GP practices.
- If the trainee is entitled to NHS Occupational Maternity Pay and the contract of employment expires after the 11th week before the EWC (expected week of childbirth), then the employing organisation should extend the contract to allow the trainee to remain employed by their original employing organisation during the period of maternity leave and for any additional period to enable them to complete any training missed during that leave. This is a contractual requirement for doctors in hospital posts, and an expectation for those in GP practices.

8.36 Trainees will need to participate in a Return to Work package at the end of any prolonged absence from work, including maternity leave. This should include consideration of returning to clinical learning as well as to clinical practice, and may include 'Keep in Touch' arrangements. For further guidance see http://aomrc.org.uk/publications/statements/doc_download/9486-return-to-practice-guidance.html

Ill health

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

Appendices

Appendix 1 – Enhanced Form R

Document for Registering for Postgraduate Training with a Postgraduate Dean, and for Renewing that registration each year during training.

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT: If this form has been pre-populated by your Deanery/HEE region, please check all details, cross out errors and write on amendments. ***By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.***

Forename		GMC-registered surname	
GMC Number		Deanery / HEE region	
Date of Birth:		Gender:	
Primary Qualification and date awarded:			<i>{If newly registering, attach passport-sized photo of face here}</i>
Medical School awarding primary qualification (name and country):			
Current Home Address:		Current Work Address:	
Home Phone / Mobile:		Work Phone / Mobile:	
Preferred email address for all communications:			

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Immigration Status: (e.g. resident, settled, work permit required)	Post Type or Appointment: (e.g. LAT, Run Through, core trainee, FTSTA etc.)		
Programme Specialty: GMC Programme Approval Number: (to be completed by Postgraduate Dean) Deanery Reference Number: (to be completed by Postgraduate Dean)	National Training Number: (to be completed by Postgraduate Dean on first registration)		
	Please tick <u>only one</u> of these three options : I confirm I have been appointed to a programme leading to award of CCT ☐ I confirm that I will be seeking specialist registration by application for a CESR ☐ I confirm that I will be seeking specialist registration by application for a CEGPR ☐		
Specialty 1 for Award of CCT (if applicable): Specialty 2 for Award of CCT (if applicable):			
Provisional CCT Date (or CESR/CEGPR where applicable), if known:	Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme):		
Initial Appointment to Programme (Full time or % of Full time Training):	Date of Entry to Grade/Programme (Substantive date started in Programme of appointment):		
I confirm that the information above is correct.			
Trainee Signature :		Date:	
Signature of Postgraduate Dean or representative of PGD: <i>(*for Deanery/HEE region use only upon return)</i>		Date:	

Form R (Part B)

Self-declaration for the Revalidation of Doctors in Training

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IMPORTANT: If this form has been pre-populated by your Deanery/HEE region, please check all details, cross out errors and write on amendments. ***By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.***

Section 1: Doctor's details			
Forename		GMC-registered surname	
GMC Number		Deanery / LETB	
Date of Birth:		Gender:	Date of <u>previous</u> Revalidation (if applicable):
Name of <u>previous</u> Designated Body for Revalidation (if applicable):			
Specialty (e.g. Foundation, Core Medical Training, Anaesthetics, General Practice, Rheumatology, etc.):			
If dual specialty, second specialty:			
Current Home Address:			
Home Phone / Mobile:			
Preferred email address for all communications:			

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Section 2: Whole Scope of Practice

Read these instructions carefully!

Please list all placements **in your capacity as a registered medical practitioner since your last ARCP/RITA or appraisal.** This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. OOP, mat leave, career break, etc.; (3) any voluntary or advisory work, work in non-NHS bodies, or self-employment; (4) any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the number of shifts worked during each employer-period.

Please add more rows if required, or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.

Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start Date	End date	Was this a training post? Y/N	Name and location of Employing/ Hosting Organisation/GP Practice (Please use full name of organisation/site and town/city, rather than acronyms)

Time out of training: Trainee self-reported absence since last ARCP/RITA as mandated by the GMC: 'Time out of training' includes all forms of absence such as sickness, maternity, compassionate paid/unpaid leave, jury service, etc. You do not need to include study or annual leave or prospectively approved Out of Programme Training/ Research.	days
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Section 3: Declarations relating to Good Medical Practice

These declarations are compulsory and relate to the Good Medical Practice guidance issued by the GMC.

Honesty & Integrity are at the heart of medical professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice, and is covered in Good Medical Practice.

A statement of **health** is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in Good Medical Practice.

1) I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty & integrity.

Please tick/cross here to confirm your acceptance ☐

** If you wish to make any declarations in relation to honesty & integrity, please do this in Section 6.*

2) I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Please tick/cross here to confirm your acceptance ☐

3a) Do you have any GMC conditions or undertakings placed on you by the GMC, employing Trust or other organisation?

Yes ☐ - Go to Q3b

No ☐ - Go to Q4

3b) If YES, are you complying with these conditions/undertakings?

Yes ☐

No ☐

4) Health statement – Writing something in this section below is **not compulsory**. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the ARCP/RITA panel or Responsible Officer knew about, please do so below.

Section 4: Significant Events - The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

Please continue on a separate sheet if required and attach and entitle 'Appendix to Significant Events'.

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****REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) Please tick/cross ONE of the following only:

- I am NOT aware of any significant event investigations since my last ARCP/RITA/Appraisal ☐
- I am aware of significant event investigations since my last ARCP/RITA/Appraisal ☐

2) If you know of any RESOLVED significant event investigations since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. (Add additional lines if required).

Date of entry in Portfolio _____ Title/Topic of Reflection/Event

Location of entry in Portfolio _____

**

Date of entry in Portfolio _____ Title/Topic of Reflection/Event

Location of entry in Portfolio _____

**

Date of entry in Portfolio _____ Title/Topic of Reflection/Event

Location of entry in Portfolio _____

3) If you know of any UNRESOLVED significant event investigations since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

Section 5: Complaints - A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of honesty & integrity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice. Use non-identifiable patient data only.

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****REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) Please tick/cross ONE of the following only:

- I am NOT aware of any complaints since my last ARCP/RITA/Appraisal ☐
- I am aware of complaints since my last ARCP/RITA/Appraisal ☐

2) If you know of any RESOLVED complaints since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. (Add additional lines if required).

Date of entry in Portfolio _____ Title/Topic of Complaint

Location of entry in Portfolio _____

**

Date of entry in Portfolio _____ Title/Topic of Complaint

Location of entry in Portfolio _____

**

Date of entry in Portfolio _____ Title/Topic of Complaint

Location of entry in Portfolio _____

3) If you know of any UNRESOLVED complaints since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the complaint/incident, and your reflection where appropriate. If known, please identify what investigations are pending relating to the complaint and which organisation is undertaking this investigation.

Section 6: Other investigations - In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

1) In relation to being subject to any other investigation of any kind since my last ARCP/RITA /Appraisal, please tick/cross ONE of the following only:

• I have nothing to declare ☐

• I have something to declare ☐

2) If you know of any other **RESOLVED** investigations since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. *(Add additional lines if required).*

Date of entry in Portfolio _____ Title/Topic of Issue _____

Location of entry in Portfolio _____

**

Date of entry in Portfolio _____ Title/Topic of Issue _____

Location of entry in Portfolio _____

**

Date of entry in Portfolio _____ Title/Topic of Issue _____

Location of entry in Portfolio _____

3) If you know of any other **UNRESOLVED** investigations since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the incident/investigation, and your reflection where appropriate. If known, please identify what investigations are pending relating to the matter and which organisation is undertaking this investigation.

Section 7: Compliments - Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio, to help give a better picture of your practice as a whole. Please use a separate sheet if required. **This section is not compulsory.**

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I confirm this is a true and accurate declaration at this point in time and will immediately notify the Deanery/HEE region and my employer if I am aware of any changes to the information provided.

I give permission for my past and present ARCP/RITA portfolios and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.

Trainee Signature :

Date:

Appendix 2

Conditions of Joining a Specialty Training Programme

(Note: this is NOT an offer of employment)

Dear Postgraduate Dean,

On accepting an offer to join a specialty training programme in _____, 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 (2013)* 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/HEE region by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual GMC 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

Date

Appendix 3 – Out of Programme (OOP) Request and Annual Review

Out of programme (OOP) Request and Annual Review

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

Trainee's name:

Training number:

GMC no:

E-mail address:

GMC Post/Programme approval number:

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

Specialty:

Training Programme Director (TPD):

Current indicative year of clinical programme:
date:

Current provisional expected end of training
date:

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

Yes ☐ No ☐

Please indicate if you are requesting time out for:

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

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

OOPT: attach details of your proposed training for which GMC prospective approval will be required if the training does not already have GMC approval (e.g. if it is part of a recognised training programme in a different Deanery 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.

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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: _____

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Appendix 4 – Annual Review of Competence Progression Outcomes

Trainee forename:		Trainee surname:		GMC No:	
Programme End Date (prior to review):					
Programme Specialty: Being assessed ☐			Sub-specialty: Being assessed ☐		
NTN/DRN:			GMC Trg Prog Approval No:		
Members of the Panel & appt (Lay, TPD, External, Academic etc)	1.		4.		
	2.		5.		
	3.		6.		
Date of Review:					
Period covered from:			To:		
No. of days of Time out of Training since last review (from Form R Part B):					
Level of Training: 1 2 3 4 5 6 7 8			Grade: ACF / ACL / CL / CT / ST		LAT ☐ FTSTA ☐
Approved clinical training gained during the period to be reviewed					
Placement/Post/Experience	From:	To:	In / Out of Programme	FT / PT as % FT	
1.					
2.					
3.					
Documentation taken into account and known to the trainee					
1. Structured Report	☐	2.			☐
3.	☐	4.			☐
5.	☐	6.			☐
Recommended Outcomes from Review Panel					

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Satisfactory Progress	
1. Achieving progress and competences at the expected rate	☐ 1
Unsatisfactory evidence (Details provided on supplementary sheet overleaf. The panel will also meet with the trainee.) If you recommend one of the denoted outcomes, you must provide reasons ("U" codes) why.	
2. Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF)	☐ 2
3. Inadequate progress by the trainee – additional training time required (PROVIDE REASONS OVERLEAF)	☐ 3
4. Released from training programme with or without specified competences (PROVIDE REASONS OVERLEAF)	☐ 4
: with statement that all competencies achieved except pass in exam (See 7.74 & table on page 69)	☐ 4
** : with statement of competencies not achieved (See 7.74 & table on page 70)	☐ 4**
Insufficient evidence (Details provided on supplementary sheet overleaf.)	
5. Incomplete evidence presented – additional training time may be required (PROVIDE REASONS OVERLEAF– No U code)	☐ 5
Recommendation for completion of the training programme (core or higher)	
6. Gained all required competences for the programme	☐ 6
Outcomes for trainees out of programme or not in run-through training	
7.1 Satisfactory progress in or completion of the LAT / FTSTA placement.	☐ 7.1
7.2 Development of Specific Competences Required – additional training time not required (PROVIDE REASONS OVERLEAF)	☐ 7.2
7.3 Inadequate progress by the trainee – additional training time (PROVIDE REASONS OVERLEAF)	☐ 7.3
7.4 Incomplete Evidence Presented - LAT / FTSTA placement.	☐ 7.4
8. Out of programme: OOPE (Experience): ☐ OOPR (Research): ☐ OOPC (Career break): ☐ Note: OOPT must have an annual review and would therefore be reviewed under outcome 1- 5; not outcome 8	
9. Top-up training	☐ 9
Grade/level at next rotation:	
Trainee due to remain on academic programme? Yes ☐ No ☐	

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Supplementary documentation for ARCP Outcome Form

Trainee Name:					
Outcome Recommended					
National Training Number or DRN			GMC:		
Detailed reasons for recommended outcome: (standard items on supplementary sheet following panel review) 1. 2. 3.					
<u>Discussion with trainee</u> Mitigating circumstances Competences which need to be developed Recommended actions Recommended additional training time (if required) 					
Revalidation: (Information is available in the trainee's Enhanced Form R, in the employer's Collective Exit Report (and the Exception Exit Report when there is a concern) and in the Clinical Supervisor Report and Education Supervisor report).					
Revalidation:	There are no known causes of concern	☐	There are causes of concern:	☐	
Revalidation: If concerns are noted above, provide a brief summary:					

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<i>Date of next Review:</i>		<i>Recommended CCT / Programme End Date (if changed from page 1)</i>	
<i>Chair of panel signature:</i>		<i>Date:</i>	
<i>Trainee signature:</i>		<i>Date</i>	
<i>Postgraduate Dean Signature:</i>		<i>Date</i>	

These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through further appraisal and planning process). Where concerns are raised, a copy must also be sent to the Director of Medical Education where the trainee works for information and to support revalidation processes as well as to the College or Faculty. This information will also be submitted to the GMC electronically as part of the Deanery/HEE region's annual report to the GMC through the ARCP/RITA survey.

By signing the form, the trainee is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above.

The trainee signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them and they can have the recommendation reviewed as well as the right of appeal as delineated in Gold Guide Section 7.

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Supplementary information required for GMC Annual ARCP/RITA Report:-

Completed by Review Panel for Trainees who had an Unsatisfactory Review Outcome

Code		Reason for unsatisfactory outcomes	Explanatory Notes
U1	☐	Record Keeping and Evidence	Trainee failed to satisfactorily maintain their Royal College/Faculty E-Portfolio including completing the recommended number of Work Placed Based Reviews; Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty curriculum requirements.
U2	☐	Inadequate Experience	Training post (s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.
U3	☐	No Engagement with Supervisor	Trainee failed to engage with the assigned Educational Supervisor or the training curriculum in accordance with the Royal College/Faculty requirements for that particular year.
U4	☐	Trainer Absence	Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated ESupvr deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.
U5	☐	Single Exam Failure	Trainee failed to satisfy the respective Royal College/Faculty examination requirements to progress to the next year of training.
U6	☐	Continual Exam Failure	Trainee failed to pass the respective Royal College/Faculty examination within the allowable number of examination attempts following a number of re-sits and is therefore unable to progress any further in this Specialty.
U7	☐	Trainee requires Deanery Support	Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team.

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U8	☐	Other reason (please specify)	
----	--------------------------	----------------------------------	--

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Additional information required for GMC Annual ARCP/RITA Report:-

Recorded on a Database for Trainees who did not have a Review.

Code		Reason for no ARCP during the Year :-	Explanatory Notes
N1	☐	Trainee Sick Leave	Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.
N2	☐	Trainee Maternity/Paternity Leave	Trainee cannot be reviewed whilst on maternity leave
N3	☐	Trainee not In Post Long Enough	Too soon to complete a meaningful Annual Review within the ARCP/RITA reporting period.
N4	☐	Trainee fell outside annual reporting period	Annual GMC reporting period is 01 Aug 20xx to 31 July 20xx but trainee was not reviewed during these 12 months.
N5	☐	Trainee Post CCT	Trainee already completed CCT and now in period of grace.
N6	☐	Trainee Missed Review	Trainee did not attend the Review. i.e. Analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of GMC reporting period.
N7	☐	Trainee Inter Deanery Transfer	Trainee left the programme early to take up a post in another Deanery
N8	☐	Trainee reviewed in other Deanery	Trainee working in another Deanery who completed ARCP.
N9	☐	Trainee Contract Termination	Trainee left and had their NTN/DRN removed due to lack of progression without achieving competencies to a satisfactory level.
N10	☐	Trainee Gross Misconduct	Trainee currently suspended from training either as a result of GMC Suspension or local Trust or other local disciplinary proceedings.

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N11	☐	Trainee Suspension	Trainee suspended for reasons other than gross misconduct.
N12	☐	Trainee Resignation	The trainee has left the training programme prior to its completion.
N13	☐	Other reason (please specify)	

Appendix 5

Report on academic progress

Report on Academic Progress

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

HEE region/Deanery: _____ GMC Training Programme Approval No. _____

Name: _____ Specialty: _____ NTN / NTN (A): _____ GMC no _____

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

Date of Report _____

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

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

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

Experience gained during the period:

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

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

Significant academic outputs during the period:

- 1.
- 2.
- 3.

Documentation taken into account and known to the trainee:

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

Recommendations:

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

Appendix 6

Trainees should be aware that this Fair Processing Notice applies to all data collected in connection with Enhanced Form R (Appendix 1) and the Annual Review of Competence Progression (Appendix 4). Those responsible for training should ensure that trainees are aware of this information. It is recommended that this Fair Processing Notice be attached to electronic versions of Enhanced Form R and the Annual Review of Competence Progression Outcomes.

Fair Processing Notice.

Terms Used

Data Controller: your deanery/HEE region is the Data Controller, and will collect, store and process information about you.

Data Recipients: organisations to whom trainee data is disclosed.

Data Subject: The person about whom information is recorded. For the purposes of this notice, a Trainee Doctor is known as the Data Subject.

Personal Data: Recorded information where the data subject can be identified.

Overview

In order to manage and quality assure your training, we need to collect, store and process information about you. We do so in compliance with the Data Protection Act 1998, and in accordance with the data protection principles set out in the Act. Among other matters, these require that personal data must be processed fairly and lawfully.

This notice supersedes any earlier notices issued by the data controller regarding the use of your personal data by the data controller and data recipients.

Processing Your Personal Data

The Data Controller and Data Recipients will process your personal data for the following purposes:

- i. Managing the provision of training programmes
- ii. Quality assurance of training programmes
- iii. Workforce planning
- iv. Maintaining patient safety
- v. Compliance with legal and regulatory responsibilities including revalidation

We will store and process information about you on our management information systems including where you live, work and train. We will also store information about your qualifications, assessments and appraisals and any other information pertinent to the effective management of your training and education. Access to this information is restricted to authorised personnel within the deanery/HEE region and to authorised personnel working for the deanery/HEE region in the management of your training, such

as programme directors, supervisors and other personnel in Trusts, Health Boards and recipient organisations. Your personal information will be treated as confidential by the data controller subject to what is said below about data sharing. It will be retained only for as long as necessary to manage and quality assure your training assure and the training of trainees in general according to the deanery/HEE region retention policy.

Sharing personal data

The data controller will transfer personal data to data recipients using secure channels, and will not transfer personal data unless it is satisfied of the following matters.

- i. The data sharing is for a legitimate purpose and is proportionate.
- ii. Where the data are used for analysis and publication by the recipient, any publication will be on an anonymous and aggregated basis and will not make it possible to identify any individual.
- iii. The data will be handled by the data recipients in accordance with the Data Protection Act 1998.
- iv. The data recipients will maintain appropriate technical and organisational controls to ensure the protection of your personal data.

Data recipients may include the following non-exhaustive list: the UK Health Departments, Medical Royal Colleges, other deaneries/HEE regions, the General Medical Council, NHS Trusts/Health Boards and approved academic researchers.

Your responsibilities and rights

It is vital you work with us to maintain accurate information. All communications from the deanery/HEE region and partner organisations will normally be by email. It is essential for you to maintain an effective email address. If we do not hold an effective email address for you, you may not receive information about your posts and your assessments or any other important news and information about your training and you may be excluded from participation in mandatory activities such as the National Training Survey.

If at any point you wish to access your personal data, you may make a request in writing, and pay the appropriate fee where applicable. Please ask the deanery/HEE region for details.

Appendix 7 – Glossary

AoP	Assessment of Progress.
ARCP	Annual Review of Competence Progression The process whereby trainees in specialty training have the evidence of their progress reviewed by an appropriately convened panel so that a judgement about their progress can be made and transmitted to the training programme director, the trainee and the trainee's employer.
CCT	Certificate of Completion of Training. Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by the GMC (or its predecessor body, PMETB)
CEGPR	Certificate of Eligibility for General Practice Registration. Awarded after an applicant has successfully applied to have their training, qualifications and experience assessed against the requirements for the CCT in General Practice.
CESR	Certificate of Eligibility for Specialist Registration. Awarded after an applicant has successfully applied to have their training, qualifications and experience assessed against the requirements of the relevant CCT curriculum (as this is a guide for those in UK training reference has not been made to those applying in a non CCT specialty, for details of this evaluation please refer to the GMC website).
CEGPR(CP)	Certificate of Eligibility for General Practice Registration (Combined Programme). This is an application process for the award of the CEGPR through the Combined Programme route. It is for trainees who have a combination of training in a GMC approved programme to successful completion and training and/or experience in posts prior to appointment which were not GMC approved. See GMC website for further information.
CESR(CP)	Certificate of Eligibility for Specialist Registration (Combined Programme). This is an application process for the award of the CESR through the Combined Programme route. It is for trainees who have a combination of training in a GMC approved programme to successful completion and training and/or experience in posts prior to appointment which were not GMC approved. See GMC website for further information.
Clinical Supervisor	A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.
Competence	The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from performance , which denotes what someone is actually doing in a real life situation.
Competences	The skills that doctors need (after <i>The New Doctor, transitional edition, 2005</i>).

COPMeD	Conference of Postgraduate Medical Deans in the UK.
Core Training	Core training is the first stage of uncoupled training,
Curriculum	A <i>curriculum</i> 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.
Dean's Training Number	Dean's Training Number is the number allocated to trainees in core or uncoupled training. These dean's training numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.
Domain	The scope of knowledge, skills, competences and professional characteristics which can be combined for practical reasons into one cluster.
Educational agreement	A mutually acceptable educational development plan drawn up jointly by the trainee and their educational supervisor.
Educational appraisal	A positive process to provide feedback on the trainee's performance, chart their continuing progress and identify their developmental needs (after <i>The New Doctor transitional edition, 2005</i>).
Educational contract	The Postgraduate Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dean has a legitimate interest in matters arising that relate to the education and training of postgraduate trainees within the employing environment.
Educational Supervisor	A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.
Equality	The term used to describe 'policies and practices that tackle inequalities, aiming to ensure that all staff are treated fairly, and that service users do not experience discrimination' Public sector equality duties are unique pieces of equality legislation. They give public bodies legal responsibilities to demonstrate that they are taking action on race, disability and gender equality in policy-making, the delivery of services and public sector employment. The duties mean that public bodies have to take action to deliver better outcomes for people of different racial groups, disabled people and men and women, including transsexual men and women. The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality. The Health Departments, NHS and companies/persons working on their behalf should take into consideration the seven equality

	strands including:- age, disability, gender, gender identity, race, religion or belief and sexual orientation. NHS Single Equality Scheme - http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/NHSSingleEqualityScheme/index.htm Equality and Human Rights Commission – Your rights - Health and social care. http://www.equalityhumanrights.com/your-rights/rights-in-different-settings/health-and-social-care/ Public sector equality duties - http://www.library.nhs.uk/HEALTHMANAGEMENT/ViewResource.aspx?resID=313276&tabID=290 NHS Employers – Equality and diversity guidance - http://www.nhsemployers.org/employmentpolicyandpractice/equalityAndDiversity/Pages/Home.aspx
Foundation Training	The first two years of postgraduate training following graduation from medical school in the UK. The first year (F1) leads to full registration with the GMC whilst the successful completion of the two year programme enables the trainee to apply for specialty training programmes.
FTSTA	Fixed Term Specialty Training Appointment. These are up to one year appointments, usually in the early years of training in a specialty with run-through training. Appointments can only be made for up to one year.
GMC	General Medical Council. The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. For further details see page Error! Bookmark not defined..
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.' (<i>Making sense of human rights: a short introduction, Department of Constitutional Affairs, October 2006 (pp.2-3).</i>)
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.
LEP	Local Education Provider. The organisation in which a trainee is placed in order to gain clinical experience so that they can meet the requirements of their specialty curriculum. These are usually hospital trusts or general practices, but other organisations can also be LEPs.

NTN	National Training Number (NTN) is the number allocated by the postgraduate deanery to trainees in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR.
OOP	Out of programme Where trainees take time out of their training programme to undertake a range of activities, with the agreement of their Postgraduate Deanery by the trainee and the agreement by the postgraduate trainee for the trainee to take time out their Deanery specialty training programme.
OOPC	Out of programme for a career break
OOPE	Out of programme for experience which has not been prospectively approved by the GMC (or its predecessor body, PMETB) and which cannot be counted towards training for a CCT or CESR(CP) but may be suitable for a CESR OOPR Out of programme for research which can be counted towards training if it is prospectively approved by the GMC (or its predecessor body, PMETB). Research can also be considered for a CESR
OOPT	Out of programme for clinical training which has been prospectively approved by the GMC (or its predecessor body, PMETB) and can be counted towards a CCT CESR/CEGPR.
Professionalism	Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards will include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs
Programme	A managed educational experience. As defined by the GMC, "A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty. A programme may either deliver the totality of the curriculum through linked stages in an entirety to CCT, or the programme may deliver different component elements of the approved curriculum." The GMC approves programmes of training in all specialties, including general practice, which are based on a particular geographical area (which could cover one or more Deaneries). They are managed by a training programme director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee."
Run through training	The term used to describe the structure of specialty training introduced in August 2007 in which trainees are competitively selected into specialty training curricula which cover both the early and more advanced years of specialty training. Once selected into a run through specialty training programme, a trainee will be able to complete specialty training in the broad specialty group or

	specialty, subject to progress. From 6 August 2008, some specialties have moved away from this model (see uncoupled training), whilst others have continued with it.
SAC	Specialty Advisory Committee is the usual (but not the only) name used for the committee which advises the College or Faculty on training issues and sets the specialty specific standards within the context of the generic standards of training set by GMC
SLE	Supervised Learning Event. A developmental training experience to help a trainee development the competences required by their specialist training curriculum.
STA	Specialist Training Authority Prior to the establishment of PMETB, the competent authority for specialist training
STC	Specialty Training Committee is the usual (but not the only) name used for the committee which advises and manages training in a specialty within a Postgraduate Deanery
Specialist training	The description of postgraduate training marked by the reforms to postgraduate medical training which began in 1996 under the Chief Medical Officer. Trainees appointed to these programmes are known as specialist registrars
Specialty training	The designation of training after completion of the Foundation Programme, applying to trainees who have entered this training from August 2007 to undertake a specialty training programme approved initially by PMETB and, from April 2010, by the GMC.
SpR	Specialist Registrar is the title given to trainees who were appointed into specialist training prior to January 2007
StR	Specialty Registrar is the title given to trainees who are appointed into specialty training from August 2007
Training Number	The reference number allocated by the postgraduate deanery to trainees in specialty training programmes. Each trainee is allocated a single training number that is either a National Training Number or a Deanery Training Number.
Training Programme Directors (TPDs)	GMC requires that training programmes are led by TPDs (or their equivalent). TPDs have responsibility for managing specialty training programmes. Please refer to Section 4 for further information.
Uncoupled training	Uncoupling means building in a formal opportunity after ST2 (or ST3 in the case of specialties where core training is three years) to change direction or make a more focused career choice in the light of greater experience. It means adding a competitive selection process between ST2 and ST3 (or between ST3 and ST4 in the case of specialties where core training is three years).
Workplace based	The process whereby trainees are appraised by their educational supervisors on behalf of their employers, using the assessments and

appraisal	other information which has been gathered in the workplace
Workplace based assessments	are the assessment of working practices on what trainees may actually do in the workplace and predominantly carried in the workplace itself. See GMC guidance GMC Work based assessment - A Guide for Implementation

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of children under 15 years of age in the world is projected to increase to 3.1 billion by 2015, with the largest increases occurring in the developing world (United Nations, 1999).

There is a growing awareness of the need to address the needs of children in the world, and the United Nations has established the Convention on the Rights of the Child (CRC) to protect the rights of children. The CRC is a legally binding treaty that sets out the rights of children, and it has been ratified by 112 countries. The CRC is a landmark document in the history of children's rights, and it has led to the development of many national laws and policies to protect children's rights.

The CRC is a comprehensive document that covers a wide range of issues, including the right to life, the right to health, the right to education, and the right to participate in decisions that affect them. The CRC is a landmark document in the history of children's rights, and it has led to the development of many national laws and policies to protect children's rights.

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