A Reference Guide for Postgraduate Specialty Training in the UK

The Gold Guide

Sixth Edition

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Preface

This document, *A Reference Guide for Postgraduate Specialty Training in the UK* (Gold Guide 2016), 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 doctors in specialty training. For the purpose of clarity, these doctors will be referred to as trainees throughout this document. This edition replaces all previous editions of the Gold Guide with immediate effect.

The Guide is applicable to all trainees in General Medical Council (GMC) approved programmes, whether in substantive or locum appointment for training posts. Guidance for international postgraduate medical training schemes, the Medical Training Initiative and other similar bespoke schemes will be published elsewhere.

Throughout the Guide, any reference to specialty training includes general practice and core training. Where arrangements differ between specialty, general practice and core training, these differences are noted. Furthermore, where specialty is mentioned, this also includes GMC approved sub-specialty programmes.

Where there is reference to Certificate of Eligibility for Specialist Registration (CESR), this also refers to Certificate of Eligibility for General Practice Registration (CEGPR), and the CESR combined programme (CESR(CP)) also refers to the CEGPR combined programme (CEGPR(CP)). Where arrangements differ between CESR, CEGPR, CESR(CP) and CEGPR(CP), these will be noted in the Guide.

In the development of this Guide the contribution of stakeholder colleagues from all four administrations is gratefully acknowledged.

The standards and requirements set by the GMC are extensively referenced 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 as well as on the Conference of Postgraduate Medical Deans (COPMeD) website. This will enable updating of the Guide to ensure that it reflects developments in postgraduate specialty training. It will be reviewed biennially. Version control is the responsibility of COPMeD, and in-year changes to this sixth edition will be effected and communicated with the 'GG6 [month] 201X' 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 sixth edition of *A Reference Guide for Postgraduate Specialty Training in the UK* (also known as the Gold Guide) sets out the arrangements agreed by the four UK health departments for specialty training programmes. It is maintained by COPMeD on behalf of 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 This document is applicable to **all** trainees taking up appointments in specialty training. 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, general practice 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 General Practice Registration (CEGPR), and the CESR combined programme (CESR(CP)) also refers to the CEGPR combined programme (CEGPR(CP)). Where arrangements differ between CESR, CEGPR, CESR(CP) and CEGPR(CP), these will be noted in the Guide.

1.4 All doctors recruited into General Medical Council (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 From 31 December 2015 the GMC required that all trainees move to the current curriculum and assessment system for their specialty. From that date, the Gold Guide applies to all doctors in specialty training, including SpRs and GPRs.

1.6 This Guide does not 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 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 It is a requirement of the GMC that doctors who wish to enter specialty training, whether through core/specialty programmes or locum appointments for training, must apply in open competition.

Section 2: Specialty Training: Policy and Organisation

UK health departments

2.1 Policy on medical education is the responsibility of health ministers. Coordination and alignment of those policies across the UK is through the Medical Education UK Reference Group. Detailed policy issues are remitted to health officials, who will bring the contents to the attention of their respective health ministers.

Health Education England

2.2 Health Education England (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:

1. Providing national leadership on planning and developing the healthcare and public health workforce
2. 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
3. Ensuring security of supply of the healthcare and public health workforce
4. Appointing and supporting the development of Local Education and Training Boards
5. Allocating and accounting for NHS education and training resources and accounting for 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, 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 for Scotland (NES), the Northern Ireland Medical and Dental Training Agency (NIMDTA), and the Wales Deanery have similar lead roles in the devolved authorities.

NHS Education for Scotland

2.3 NHS Education for Scotland (NES) is a special health board that was established in 2002. It is responsible to the Scottish Government for the development and delivery of education and training for all those who work in NHS Scotland. Through this, NES supports 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 six strategic themes:

1. Education to create an excellent workforce
2. Improving quality
3. Reshaping the NHS workforce
4. Responding to new patient pathways
5. Developing innovative educational infrastructure
6. Delivering the aims of NES through a connected organisation

The Scotland Deanery 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 Wales Deanery

2.4 The Wales Deanery is funded by the Welsh Government and operates on an all Wales basis. Its role is to support, commission, quality manage and assure education and training of trainees, dentists and dental care professionals. The Deanery contributes to continuing professional development (CPD) for secondary care doctors and general practitioners in Wales.

This includes the development of innovative models of education and training delivery, building training capacity, facilitating the delivery of a general practice (GP) and hospital appraisal system, and leading on postgraduate medical and dental education and research.

The Deanery's agreed obligations with the Welsh Government are:

- Produce medical and dental professionals who are able to deliver high quality, patient-centred care
- Meet the national standards of the General Medical Council (GMC) and the General Dental Council as well as and the healthcare initiatives of the Welsh Government
- Support qualified general practitioners to achieve their full potential and revalidation through CPD opportunities and delivery of their annual appraisal
- Support all medical appraisal for revalidation through the Medical Appraisal Revalidation System, and the Wales Revalidation Board and Implementation Group
- Support qualified dentists and their teams to achieve their full potential through CPD opportunities
- Promote the concept of evidence-based, multi-professional team working by healthcare professionals across the primary and secondary care sectors

- Ensure that Wales has a well-trained team of medical and dental professional educators who are equipped with the highest standard of skills

The Northern Ireland Medical and Dental Training Agency

2.5 The Northern Ireland Medical and Dental Training Agency (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
- close partnership with local education providers (principally Health and Social Care Trusts and general practices) to ensure that the training and supervision of trainees supports the delivery of high quality, safe patient care

NIMDTA is accountable for the performance of its functions to the Northern Ireland Assembly through the Minister of Health, Social Services and Public Safety, and to the 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

The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK. It does this by:

- deciding which doctors are qualified to work in the UK and overseeing UK medical education and training
- setting the standards that doctors need to follow and making sure that they continue to meet these standards throughout their careers
- taking action when it believes a doctor may be putting the safety of patients (or the public's confidence in doctors) at risk

The GMC considers that every patient should receive a high standard of care, and its role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

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

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

- establishing and overseeing standards and quality assurance in medical education and training through four core elements:

    1. approval against standards
    2. shared evidence
    3. visits and checks
    4. enhanced monitoring

- 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 Registration (CESR)/Certificate of Eligibility for General Practice Registration (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

2.8 The GMC holds and maintains the list of registered medical practitioners including the specialist and GP registers. All doctors wishing to practise medicine in the UK must be registered with the GMC and hold a licence to practise. 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 at GMC | Legislation.

2.9 In order to be able to take up a substantive, fixed-term or honorary consultant post in the NHS in one of the four UK health administrations, a doctor is required to hold a licence to practise and to be listed on the GMC's specialist register. Further information is available at 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 the national Medical Performers List (GMC | Information on the General Practitioner (GP) Register).

Entry to the specialist and GP registers

2.10 For those who are medically qualified, there are several routes of entry to these registers, which are held by the GMC. The GMC is responsible for awarding the certificates detailed below.

a) 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.

b) Certificates of Eligibility (CESR/CEGPR)

The GMC has also implemented a system that assesses applications for eligibility for inclusion on the specialist or GP registers from doctors who have not followed a traditional training programme that has been prospectively approved in full by the GMC but who have gained the same level of skills and knowledge as CCT holders. There are a number of different eligibility routes, which each have a different assessment:

1. **Combined programme CESR/CEGPR**

   The combined programme CESR/CEGPR is known as the CESR(CP) or CEGPR(CP). This route applies to 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(CP)/CEGPR(CP) as a CCT trainee.

2. **Approved programme CEGPR**

   If a trainee has completed all parts of the GMC approved general practice training programme but has failed to pass either the Applied Knowledge Test (AKT) or the Clinical Skills Assessment (CSA) while in training, they will not be eligible to apply for a CCT. They may instead be eligible to apply for a CEGPR through the approved programme route (CEGPR(AP)).

3. **Full CESR/CEGPR**

   This route is for those doctors who leave GMC approved training without completing the full programme (including the required assessments/ examinations) and who are not eligible for the CESR(CP)/CEGPR(CP)/ CEGPR(AP) or for those who have never been in a GMC approved training programme. These doctors apply directly to the GMC for an assessment of their training, skills, knowledge and experience against the CCT curriculum.

The CCT, CESR(CP), CEGPR(CP), CEGPR(AP), CESR and CEGPR routes all confer eligibility for application for entry to the specialist or GP registers as appropriate.

For further information on entry to the specialist and GP registers, please refer to the GMC website (GMC | Specialist and GP Registration).

Royal Colleges and Faculties

2.11 The Medical Royal Colleges and Faculties develop the specialty curricula and assessments systems in accordance with the GMC's Standards for Curricula and Assessment Systems. The GMC then considers the curricula and assessments against these standards for approval. Only GMC approved curricula and assessment systems can be used for delivering specialty training programmes resulting in the award of a CCT.

2.12 The Colleges/Faculties and their delegated local representatives also work closely with HEE, NES, the Wales Deanery and NIMDTA, 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 management of the Annual Review of Competence Progression (ARCP) process.

2.13 All doctors in specialty training must enrol/register with the relevant College/Faculty or intercollegiate body so that:

- progress in their training can be kept under review and supported where required
- they can access the educational portfolio, logbooks and assessment documentation for the specialty
- eligible trainees can be recommended to the GMC for consideration of award of a CCT or CESR(CP)/CEGPR(CP) at the end of their specialty training

HEE, NES, the Wales Deanery and NIMDTA

2.14 HEE, NES, the Wales Deanery and NIMDTA are responsible for implementing specialty training in accordance with GMC approved specialty curricula. Postgraduate Deans work with 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 HEE, NES, the Wales Deanery or NIMDTA and all providers of postgraduate medical education.

2.15 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 against standards to ensure that the training programmes meet GMC standards (GMC | Visits and Monitoring).

2.16 All trainees must accept and move through suitable placements or training posts that 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 that impact on their training. Employers are responsible for assessing and making reasonable adjustments if such trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee.

Section 3: Key Characteristics of Specialty Training

Standards

3.1 Standards for the management and delivery of medical education and training have been set by the GMC (GMC | Promoting Excellence). All training programmes offering postgraduate medical education must conform to these standards.

3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills, attitudes and an indicative duration (time).

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:

1. "Run-through" training, where progression to the next level of training is automatic (so long as the trainee satisfies all the required competences)

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 required competences)

3.5 The type of training programme(s) available depends on the specialty. Some specialties offer run-through programmes, others offer uncoupled programmes and some are piloting programmes through both routes.

3.6 There are other job opportunities and points of entry (e.g. locum appointments for training) at different stages of training. Competences gained in such posts will usually contribute to the attainment of required Certificate of Completion of Training competences (paragraphs 5.17–5.36). These posts offer an opportunity to gain more experience before applying for a substantive position.

Section 4: Setting Standards

Approval of training programmes: standards for training

4.1 A programme is a formal alignment or rotation of posts that together comprise a programme of training in a given specialty or sub-specialty. Approval of specialty training programmes and posts rests with the General Medical Council (GMC). A programme may either deliver the totality of the curriculum through linked stages in an entirety to the Certificate of Completion of Training (CCT) or it may deliver component elements of the approved curriculum. For "uncoupled" training (paragraph 3.4), 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. The programmes 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 Sites Approval.

4.2 Specialty training programmes/posts (including those in general practice) must conform to the training standards set by the GMC for specialty training approval to be granted. The GMC's standards are available at GMC | Postgraduate Standards and Guidance.

4.3 The Medical Royal Colleges/Faculties may further develop specialty specific guidance to support the implementation of specialty curricula.

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 from the relevant College/Faculty. All sites/locations within a programme **must** be prospectively approved **before** a trainee trains there in order for the time to count towards a CCT.

Quality assurance and management of postgraduate medical education

4.5 Postgraduate Deans are responsible for the quality management of their specialty training programmes. The requirements 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's Quality Improvement Framework.

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

1. Approval against standards of training programmes, curricula and new institutions

2. Gathering evidence – The GMC has created an evidence base that is used to identify areas of greatest regulatory risk. Evidence is drawn from the reports submitted by medical schools, Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery, the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Colleges/Faculties as

well as from the GMC's national training surveys, visits and checks, and enhanced monitoring system.

3. Visits and checks – The GMC conducts visits to review education and training against the GMC standards. The visits take a number of different forms: regional reviews, small specialty reviews, reviews of new schools and programmes, and checks. The latter are 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.

4. Enhanced monitoring – The GMC receives notification from a number of sources that there may be 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 HEE, the Welsh Ministers, NES (which is accountable to the Scottish Government), and in Northern Ireland to the board of NIMDTA (which is accountable to 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 that sets out 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. These may include:

- study leave access
- administrative support for postgraduate medical education
- clinical medical education staff (e.g. Director of Medical Education, clinical tutors)
- programmed activities (PAs) to support educational supervisors
- local course delivery (which may be part of a regional programme)
- provision of library services and resources, and supporting IT access
- provision of simulation facilities
- faculty development

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 that rely on joint working with the Colleges/Faculties (usually through their Specialty Advisory Committees) to support this, for example Specialty Training Committees, Specialty Schools and Specialty Training Boards.

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

Training Programme Directors

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

4.13 TPDs have responsibility for managing their assigned specialty training programme(s). They should:

- participate in the local arrangements developed by the Postgraduate Dean, which may include Heads of School or Chairs of Specialty Training Boards, to support the management of the specialty training programme(s), and work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training committees or Specialty Advisory Committees 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
- with relevant Directors of Medical Education provide support for clinical and educational supervisors in the programme
- contribute to the Annual Review of Competence Progression (ARCP) 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 that 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 the 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 (together with the 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 as well as 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's Role of the Trainer and Recognising and Approving Trainers: The Implementation Plan (August 2012).

4.18 Postgraduate Deans will need to be satisfied that those involved in managing postgraduate training have the required competences. This includes TPDs, educational supervisors, clinical supervisors and any other agent who works on behalf of HEE, NES, the Wales Deanery, NIMDTA or an employer to deliver or manage training. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements between the GMC and HEE, NES, the Wales Deanery and NIMDTA. Such training can be undertaken through a range of training modalities (e.g. facilitated programmes, online learning programmes and 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. It is normal practice for these roles to be undertaken by different people but (in some elements of a rotation) the same individual may provide both clinical and educational supervision. In such a circumstance, the respective roles and responsibilities should be clearly defined. In general practice programmes, there will normally be one educational supervisor for the duration of the time a trainee is based in general practice. In integrated academic training, a trainee will have a named academic supervisor.

4.20 In line with the GMC's standards, educational supervisors should be specifically trained for their role. All named trainers (named clinical supervisors and named educational supervisors) must meet the GMC criteria for recognition or approval (paragraph 4.17) and the Postgraduate Dean must ensure quality management of such arrangements to meet the GMC framework. 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 that 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

Educational supervisors

4.22 An educational supervisor is a named 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 jointly responsible with the trainee for the trainee's educational agreement.

Clinical supervisors

4.23 Each trainee should have a clinical supervisor for each placement to ensure that educational governance requirements are met. This arrangement is distinct from the requirement for supervisory arrangements to meet local clinical governance requirements. A named 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. In integrated academic training, a trainee will also have a named academic supervisor.

Section 5: The Structure of Training

5.1 Specialty training is provided through specialty training programmes and posts approved by the General Medical Council (GMC). The programmes leading to specialist and general practice (GP) registration in some specialties are based on a managed system of a "run-through" structure of training. Training in the other specialties is "uncoupled", which means that training is delivered in separate core and higher specialty training programmes.

5.2 Once trainees have satisfactorily completed a specialty training programme comprising either run-through or core and higher training, the whole of which has been prospectively approved by the GMC, they will be eligible for a Certificate of Completion of Training (CCT). Award of a CCT will entitle them to apply for entry to 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 training, but where part of that training has not been prospectively approved by the GMC, will be entitled to a Certificate of Eligibility for Specialist Registration or a Certificate of Eligibility for General Practice Registration via the combined programme route (CESR(CP)/ CEGPR(CP)). Award of the CESR(CP)/CEGPR(CP) will entitle them to apply for entry to the specialist or GP registers.

5.4 Entry to specialty training programmes and subsequent award of a CCT or CESR(CP)/CEGPR(CP) can only be achieved through competitive selection through the relevant core and/or specialty national selection process.

Specialty training

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

Health Education England (HEE) | Specialty Training

NHS Education for Scotland (NES) | Scottish Medical Training

Wales Deanery

Northern Ireland Medical and Dental Training Agency (NIMDTA)

5.6 Specialty training can be delivered through:

- run-through specialty training programmes
- core and then higher specialty training programmes
- stand-alone, fixed-term but educationally equivalent training posts that are not part of run-through training programmes, which are known as locum appointments for training (LATs). As these are educationally approved posts,

they may contribute to a CCT. LATs do not confer a right of entry to run-through, core or higher specialty training.

Sub-specialty certification during training and post-specialist registration

5.7 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.

5.8 This applies when a doctor has successfully completed a sub-specialty programme approved by the GMC and the award is dependent on the applicant also having completed 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.

5.9 It is possible to pursue sub-specialty training after the doctor has been 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 the GMC website.

5.10 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 Medical Royal 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 sub-specialty certificate on successful completion. Guidance and an application form can be obtained from GMC | Applying for Sub-Specialty Recognition.

Filling gaps in training programmes

5.11 It is inevitable that there may 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.

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

5.13 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.

5.14 The employer and Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery or the Northern Ireland Medical and Dental Training Agency (NIMDTA) 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.

5.15 Where posts are required for service, employers should appoint but only after HEE, NES, the Wales Deanery or NIMDTA has identified how long a post is going to be left vacant.

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

Locum appointments for training

5.17 LAT posts are usually one-year fixed-term appointments but must be for a minimum of three months. Appointments will be by the same recruitment processes as for specialty training, adhering to the same national person specifications and in open competition. Where LAT appointments are made outwith the national recruitment windows, there will be representation on the appointments panel from the Postgraduate Dean.

5.18 LAT appointments are undertaken only in posts that 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.

5.19 LAT appointments 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
- as an employment opportunity with the potential to gain further experience and competences where it is appropriate and possible to do so

5.20 They are not usually 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) such curricular elements.

5.21 They will deliver training that is quality managed by the Postgraduate Deans and they are included in the GMC's quality assurance programme (paragraphs 4.5 – 4.6). They are encompassed within the GMC approval process for specialty training.

5.22 As for trainees in core, higher and run-through training, LAT appointees are required to register with the appropriate College/Faculty in order to access the educational portfolio and assessment documentation for the specialty.

5.23 LAT trainees must have an educational supervisor with whom educational objectives are set, with regular appraisal, and a programme of workplace-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 specialty training programmes.

5.24 At the end of each post, LAT trainees should participate in the Annual Review of Competence Progression (ARCP) (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.

5.25 LAT trainees are responsible for retaining copies of their ARCP outcomes as evidence of the competences they have obtained. A record of competences achieved by LAT trainees will also be retained by HEE, NES, the Wales Deanery and NIMDTA through the ARCP process.

5.27 A LAT trainee may acquire additional experience, skills and competences beyond those specified at that level of the LAT appointment, which should be recorded and documented in the doctor's educational portfolio. If the doctor subsequently competitively enters a relevant specialty training programme, this information/record will be shared with the receiving locality in HEE, NES, the Wales Deanery or NIMDTA and may be taken into account when considering the overall competence level of the doctor in the training programme.

5.28 LAT trainees will need to return to the Postgraduate Dean a signed copy of the conditions for taking up a specialty training appointment (Appendix 1) prior to commencing their post.

5.29 LATs will be known as Specialty Registrars (StRs).

5.30 LAT appointment carries no entitlement to entry to any further specialty training programme, which must be by competitive entry.

5.31 LAT trainees have several subsequent career options open to them:

- apply for a run-through, core or higher specialty training programme
- apply for another LAT appointment in the same or a different specialty
- seek appointment to a career post when eligible to do so

5.32 LAT appointments are undertaken in approved training posts, which can contribute towards a CCT once a trainee has been competitively selected for a relevant training programme. They can also be used by doctors in submitting their CESR application.

5.33 LAT appointees are required to register with the appropriate College/Faculty for the post to count towards specialty training. Retrospective credit for LAT posts previously undertaken will not be granted.

5.34 Enrolled LAT appointments of three months' whole time equivalent or more should automatically count towards training where satisfactory progress is confirmed through the demonstration of achievement of competences (usually by ARCP), or unless otherwise notified by the host locality in HEE, NES, the Wales Deanery or NIMDTA. While up to 12 months can count towards training, where it can be demonstrated that curricular progression within a governed system has occurred, further time may be counted.

5.35 By definition, a LAT appointment must be a minimum of three 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 three months worked in a LAT post will not count towards training unless it is linked seamlessly (i.e. no delay between exiting LAT and commencing new post) to an appointment to a ST3 post with a National Training Number (NTN), or another LAT post

in the same locality in HEE, NES, the Wales Deanery or NIMDTA, and the same programme.

5.36 The number of LAT appointments undertaken by a trainee has no GMC limits except that they can only count towards a CCT or CESR(CP)/CEGPR(CP) if the doctor subsequently enters an approved specialty training programme via open competition. HEE, NES, the Wales Deanery and NIMDTA should keep a careful record of these appointments on the trainee's file. Doctors **cannot** obtain a CCT or CESR(CP)/ CEGPR(CP) with only LAT appointments. They can, however, use LATs towards a full CESR/CEGPR application.

Locum appointments for service

5.37 Locum appointments for service (LASs) may be appointed by employers in consultation with HEE, NES, the Wales Deanery or NIMDTA and are usually short-term service appointments.

5.38 Discussion with HEE, NES, the Wales Deanery or NIMDTA is required to ensure that the responsibility for filling the short-term gap is clear between the employer and HEE, NES, the Wales Deanery or NIMDTA. 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.

5.39 Doctors undertaking a LAS post 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 towards CCT or CESR(CP)/CEGPR(CP) awards but may be used as part of the evidence for a CESR/CEGPR application.

The specialist and GP registers

5.40 The processes for entry to the specialist and GP registers can be found on the GMC website:

- CCT
- CESR(CP)/CEGPR(CP)
- CEGPR(AP)

It is important that potential applicants for these registers appreciate that there are fixed time periods for the application process (as defined on the relevant web pages) and that these must be kept to.

Applying for consultant posts

5.41 Trainees may apply for a consultant post (and be interviewed up to six months prior to their anticipated CCT/CESR(CP) date) if progress has been satisfactory and it is anticipated that the final ARCP outcome will recommend that training is completed by the time the suggested CCT/CESR(CP) date is reached.

5.42 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. There are separate rules for Foundation Trusts.

5.43 There may be exceptional circumstances where there is a requirement for tailored training within the approved curriculum towards a specific post. The rural track in 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 and agreed by the Postgraduate Dean.

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 unlawful discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. Advertisements for specialty training programmes will incorporate 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 as well as best practice in selection and recruitment. Arrangements for recruitment to integrated academic programmes vary across the UK and these are outlined on each country's relevant website.

6.2 Theme 2 of the General Medical Council (GMC) standards Promoting Excellence requires that organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.

6.3 Entry to specialty training and subsequent award of a Certificate of Completion of Training (CCT) or a combined programme Certificate of Eligibility for Specialist Registration or Certificate of Eligibility for General Practice Registration (CESR(CP)/ CEGPR(CP)) can only be achieved through competitive selection through the relevant core and/or specialty national selection process.

6.4 Guidance on recruitment is available through the following links:

England	Specialty Training
Scotland	Medical Training
Wales	Postgraduate Medical and Dental Education
Northern Ireland	Medical and Dental Training Agency

Offers of training

6.5 Trainees will have an educational agreement with Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery or the Northern Ireland Medical and Dental Training Agency (NIMDTA) that enables them to continue in a training programme subject to satisfactory progress. They will also be offered an employment contract for the placement(s) they will be working in. Some trainees will be employed by one employer throughout their period of training. This employer is known as the lead employer for that programme. Other trainees will have more than one employer so doctors may have a series of contracts of employment throughout a training programme. The trainee's employment is separate from their training and their NTN will be maintained throughout (paragraph 6.13).

6.6 Once a programme allocation and offer has been made by HEE, NES, the Wales Deanery or NIMDTA and the applicant has accepted it:

- the employing organisation will be informed of the applicant's details by HEE, NES, the Wales Deanery or NIMDTA. Offers of training and employment will be subject to the applicant being able to demonstrate GMC registration with a licence to practise, and criminal record and barring clearance at the appropriate level as well as having completed all other pre-employment requirements, including references, according to current government legislation.

- 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. Contracts of employment remain the responsibility of the employing organisation or lead employer.

6.7 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 that employer meets the requirements of employability.

6.8 If an applicant is selected and offered a placement on a training programme by HEE, NES, the Wales Deanery or NIMDTA, these offers are subject to satisfactory pre-employment checks and the employing organisation ultimately has the right to refuse employment although it must have valid reasons. If the employing organisation is unwilling to offer employment and no other placement is feasible in the relevant training authority (the locality in HEE, NES, the Wales Deanery or NIMDTA), then the offer of a training programme to the applicant is likely to be withdrawn.

Training numbers

6.9 Following appointment to a specialty training programme, a NTN or Dean's Reference Number (DRN) will be awarded. This includes doctors in NHS and non-NHS employment but not in LAT posts.

6.10 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.

6.11 A trainee should not hold more than one training number (NTN or DRN) at the same time except in circumstances approved by the Postgraduate Dean. This will be the case irrespective of whether the trainee is undertaking approved dual or sub-specialty training programmes.

6.12 In order to ensure that all specialties in which a trainee is training are identified, for trainees who are undertaking dual or sub-specialty training, the NTN will change to reflect this.

6.13 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 that has been agreed with the Postgraduate Dean.

6.14 NTNs will only be awarded to doctors in specialty training programmes that (subject to satisfactory progress) have an end point of the award of a CCT or CESR(CP)/ CEGPR(CP).

6.15 Core trainees will not be awarded NTNs but will be awarded DRNs. These training numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

6.16 The main purpose of a NTN or DRN is to support educational planning and management by enabling Postgraduate Deans to keep track of the location and progress of trainees.

6.17 Additionally, NTNs and DRNs inform workforce data by documenting in 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.

6.18 A CCT or 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.

Deferring the start of a specialty training programme

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

6.20 Deferral of the start of training applies equally to trainees who have returned to programme following a prior period of statutory leave as well as to applicants for whom the period of statutory leave coincides with the proposed start date of the programme. The period of deferral is not time limited. For example, if an applicant has had a period of statutory leave for six months during the final year of core training and thus requires an additional six months to complete the training, providing they otherwise meet the eligibility requirements for specialty recruitment, they can apply for and be appointed to a specialty post and defer the specialty training start date by six months.

Registering with the Postgraduate Dean

6.21 The references to Form R in relation to registration with the Postgraduate Dean in paragraphs 6.21 to 6.25 do not apply to NES, where IT solutions replace this form. All trainees must register with the appropriate Postgraduate Dean by obtaining and returning Form R (Appendix 2). This registration comes with responsibilities for the trainee. Engagement with the Dean's processes is an important aspect of professionalism and is viewed alongside all other aspects of competence progression. Failure to comply with requirements such as Form R return, completion of the National Trainee Survey and of other required "local" surveys may result in an adverse training outcome.

6.22 Trainees will also need to send to the Postgraduate Dean a signed copy of the conditions for taking up a training post (Appendix 1), 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.

6.23 Return of Form R signals that the doctor has registered with HEE, NES, the Wales Deanery or NIMDTA for specialty training. It initiates the Annual Review of Competence Progression (ARCP) process and triggers the allocation of a training number where appropriate. All trainees will be required to either confirm the content of Form R or update it prior to their ARCP. 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 HEE, NES, the Wales Deanery or NIMDTA has an up-to-date email address at all times and that it is one that the trainee checks regularly. Accurate information is needed not only for the training organisation but also to support the requirements of the Medical Royal Colleges/Faculties and the GMC.

6.24 Registration with the Postgraduate Dean for training is maintained by submitting 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 reaffirms the trainee's commitment to training and may also include declarations required for revalidation.

6.25 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 for each doctor appointed to a "run-through" programme or higher specialty training programme to CCT or CESR(CP)/CEGPR(CP) and a DRN for each doctor appointed to a core programme or LAT. This procedure should be completed within one month of the start date. This will:

- ensure the doctor is registered on the Postgraduate Dean's database
- initiate the ARCP process through which progress in training is monitored
- enable the Postgraduate 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 to the programme or post
- for those trainees with a NTN or those entering a core training programme, result in the Postgraduate Dean forwarding a copy of the registration form to the relevant College/Faculty. This is to advise that a new trainee has been registered in HEE, NES, the Wales Deanery or NIMDTA, and provide the training number and GMC programme approval number.

6.26 Registration for specialty training and the NTN/DRN will be confirmed each year by the Postgraduate Dean. Subject to a satisfactory assessment of progress determined by the ARCP 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 time in training or approved time out of programme, the NTN/DRN will continue to be retained.

6.27 Before a training number is issued, trainees will also be required to indicate formally that they accept the conditions for taking up a training post (Appendix 1). In addition, trainees awarded a training number must:

- engage in activities approved by and agreed with the Postgraduate Dean, if not currently taking part in the training programme, that 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/Training Programme Director (TPD) is informed of their proposed plans/timescale to return to the training programme.
- ensure that employer, Postgraduate Dean and College/Faculty processes 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; participate in 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 medical locum or other work activities that compromise their training or make them non-compliant with UK Working Time Regulations. Any locum activities or other medical activities must be documented and reported within the revalidation "scope of practice" declaration.
- be aware that if they are employed outside the NHS and cease to pursue (for any reason) the research or other activity that the Postgraduate Dean (taking account of advice from research supervisors and the Colleges/Faculties) has agreed is compatible with the retention of the training number, they must inform the Dean, who will then decide whether it is appropriate for them to retain their training number
- 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 TPD. They cannot be guaranteed a particular placement but their needs will be taken into account with the rest of the trainees in the programme.

6.28 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 paragraphs 7.120–7.145.

Maintaining a NTN: Continuing registration

6.29 Trainees in specialty training programmes will retain their NTNs through satisfactory progress and performance. They should also continue to comply with the conditions for taking up a training post (Appendix 1).

6.30 Trainees can maintain their NTN and therefore continue registration with HEE, NES, the Wales Deanery or NIMDTA even when they take time out for research (and may no longer be employed by the NHS) or when they take an agreed career break as long as they adhere to the following protocol:

6.31 In advance of leaving a training programme for a period of time, in accordance with the guidance for time out of programme (paragraphs 6.96–6.119), trainees must agree:

- with the Postgraduate Dean the period of the time out of programme
- to complete the appropriate out of programme document, which sets down the agreed terms of leave from the programme. Time out of programme will not normally be agreed until a trainee has been on a training programme for at least one year.
- that 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
- that they intend to return to complete their training to CCT or CESR(CP)/ CEGPR(CP)
- to provide the Postgraduate Dean with an up-to-date email address so that regular communication about the trainee's intentions and entitlements is maintained

6.32 The Postgraduate Dean cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Dean and the 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 trainees should indicate their intention and preferred time of return as soon as they are able to do so.

6.33 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 trainees to relinquish their NTN so that they can manage their service needs and so that the process is timely and fair.

6.34 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(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 specialties therefore becomes the same date.

6.35 Where a trainee wishes to curtail the programme leading to dual certification and to apply to the GMC for a single CCT/CESR(CP), the trainee must apply to the

Postgraduate Dean for agreement to do so. If the Dean agrees, the dual certification programme will terminate and a single specialty will be pursued.

6.36 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.

6.37 Trainees holding a NTN in HEE, NES, the Wales Deanery or NIMDTA who are successful in their application for an inter-deanery transfer (IDT) (paragraphs 6.126–6.134) will be allocated a replacement NTN by the receiving locality in HEE, NES, the Wales Deanery or NIMDTA.

6.38 Trainees holding a NTN who move to a different locality in HEE, NES, the Wales Deanery or NIMDTA to undertake approved sub-specialty training will retain their original parent NTN unless an IDT has occurred.

When is a training number withdrawn?

6.39 The training number will be withdrawn when a trainee:

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

b) is assessed by the Postgraduate Dean as not being suitable for continuing training in the specialty in HEE, NES, the Wales Deanery or NIMDTA

c) does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean, as set out in paragraphs 6.21–6.38 and Appendix 1

d) does not hold GMC registration with a licence to practise

e) is erased or suspended (for any period of time) from the medical register or where restrictions are applied to their licence to practise (including loss of licence) where such measures are incompatible with continuing in a medical training programme at their level of training

f) is dismissed by an employer

g) resigns their place in a training programme

6.40 In all cases where a training number is withdrawn, the Postgraduate Dean will inform the trainee in writing of the reasons for this decision and (where necessary) their right of appeal. Depending on the reason for withdrawal of a training number, an ARCP panel is not necessarily required for this to occur.

6.41 In some circumstances, a trainee will neither be 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 believes that the conditions under which such a trainee holds the training number have been breached (paragraph 6.27) and that the training number should be withdrawn, the Dean will write to the training number holder to tell them of their decision. The trainee will have the right of appeal through the process, as set out in paragraphs 7.120–7.145.

6.42 Should a trainee's training number be withdrawn under paragraph 6.39 b–f, then the trainee will have the right of appeal (paragraphs 7.120–7.145).

6.43 In relation to paragraph 6.39 b–e, the relevant employing organisations need to be informed of any decision for withdrawal of a training number as this will normally 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.

6.44 The provision in paragraph 6.39 e relates to decisions of the GMC after their full and formal processes. It also relates to decisions of GMC Interim Orders Panels (which are temporary arrangements pending the decision of a full GMC Fitness to Practise Panel) where such measures are incompatible with continuing in a training programme. When a doctor has their training number withdrawn following an Interim Orders Panel decision and this decision is subsequently revoked and registration reinstated, the trainee may request that the Postgraduate Dean restores their training number.

6.45 Specialty training posts and programmes are not normally available to trainees who have previously relinquished or been released/removed from a training post/programme in that specialty.

6.46 However, 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. In order to reapply for training in the same specialty, where a trainee has previously been removed or resigned, they must have the support of the Postgraduate Dean in the locality in HEE, NES, the Wales Deanery or NIMDTA where training in this specialty was previously undertaken. Applications will only be considered if a trainee provides a "Support for Reapplication to a Specialty Training Programme" form. No other evidence will be accepted. Re-entry in such cases will be by competitive process with other applicants.

Doctors in specialty training employed permanently outside the NHS

6.47 In some specialties, (e.g. 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 a NTN(I) (I for Industry). The programme should still comply with the GMC standards Promoting Excellence (paragraphs 4.1–4.6).

6.48 Where Postgraduate Deans are satisfied that these specialty trainees have entered specialty training in approved programmes, they may issue trainees with NTN(I)s. The Dean or a representative must participate in the appointment of these trainees.

6.49 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

6.50 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 they will generate an educational 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 General Duty Medical Officer curriculum. This should be available for scrutiny at any selection interview. Time spent in these posts does not count towards a CCT.

6.51 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 general practice 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.

6.52 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 to 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 will be ranked accordingly along with their civilian colleagues.

6.53 Successful candidates for specialty training will be selected as required by the DMS. Those appointed as Specialty Registrar (StR) will be awarded a DPMD NTN by the Defence Postgraduate Medical Dean and the prefix of the NTN will remain "TSD" to designate the trainee as a Defence Deanery trainee. 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 will be required to relinquish their DPMD NTN. It they wish to continue their specialty training as a civilian, they will have to seek an appropriate vacancy in a civilian training programme for which they will have to compete.

6.54 For those who retire early not by choice but for reasons beyond their control (e.g. medical reasons or because training is no longer available through the DPMD in their particular specialty) and who still wish to continue their specialty training as a civilian (where possible in relation to any medical restrictions), the DPMD will arrange an IDT to a suitable NHS-funded specialty training programme. However, this will be subject to the availability of an appropriate NTN in a civilian training programme and the DPMD NTN must still be relinquished.

6.55 All DMS StRs occupy posts in specialty training programmes approved by the GMC, and their progress will be monitored as required by the GMC approved curriculum and assessment system for the relevant specialty. This could include attendance

annually (or more frequently if required) before an assessment panel convened either by the host locality in HEE, NES, the Wales Deanery or NIMDTA, or the DPMD as appropriate, for ARCP. The ARCP panels will normally be attended by the Defence Postgraduate Medical Dean or a nominated representative and, as for civilian ARCP panels, DPMD ARCP panels must include external representation.

6.56 Following the successful completion of a full programme of specialty training and receipt of a CCT or CESR(CP)/CEGPR(CP), any service medical officer seeking accreditation as a DMS consultant will be presented to an Armed Services Consultant Appointment Board for confirmation of NHS equivalence and suitability for consultant status in the armed forces.

Less than full-time training

6.57 HEE, NES, the Wales Deanery and NIMDTA have a strong commitment to helping all doctors in training to reach their full potential and to supporting those with child-caring or other caring responsibilities, health concerns or individual developmental opportunities to continue training on a less than full-time (LTFT) basis. All doctors in training can apply for LTFT training and every application will be treated positively. Those wishing to apply for LTFT training must show that training on a full-time basis would not be practical for them for well-founded individual reasons.

6.58 This guidance is drawn from the NHS Employers document Principles Underpinning the New Arrangements for Flexible Training (2005).

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

6.60 Those in LTFT training must meet the same requirements in specialty and general practice training as those in 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.

6.61 The aims of LTFT training are to:

- retain in 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 in the NHS
- ensure continued training in programmes on a time equivalence (pro rata) basis
- maintain a balance between LTFT training arrangements, the educational requirements of both full-time and LTFT trainees, and service need

6.62 In conjunction with the Colleges/Faculties, HEE, NES, the Wales Deanery and NIMDTA have responsibility for ensuring that all LTFT training of any kind is undertaken

in GMC prospectively approved posts and programmes that meet the statutory requirements.

6.63 HEE, NES, the Wales Deanery and NIMDTA will usually approve LTFT training unless the introduction of LTFT training adversely affects the training available to other trainees in the programme. Trainees should inform their College/Faculty of their arrangements for LTFT training, and ensure their TPD or Head of School is aware and supportive.

6.64 The GMC has agreed that if a post is approved for training, then it is also approved for a training placement on a LTFT basis.

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

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

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

6.67 Trainees will:

- reflect the same balance of work as their full-time colleagues. Day-time working, on-call and out-of-hours duties will normally be undertaken on a basis pro rata to that worked by full-time trainees in the same grade and specialty unless either operational circumstances at the employing organisation or the circumstances that justify LTFT training make this inappropriate or impossible, provided that legal and educational requirements are met.

- normally move between placements within rotations on the same basis as a full-time trainee

- not normally be permitted to engage in any other paid employment while in LTFT training without the permission of the Postgraduate Dean

6.68 Decisions by HEE, NES, the Wales Deanery and NIMDTA only relate to educational support for the application. Employers/host training organisations must make a separate decision about the employment aspects of any request, including the proposed placement and any associated out-of-hours work. Contractual provisions are addressed in the NHS Employers document Equitable Pay for Flexible Medical Training (2005).

6.69 The GMC has issued a position statement on the minimum time base for LTFT training and an additional statement for LTFT academic training.

Eligibility for LTFT training

6.70 Employment legislation setting out the statutory right to request flexible working sets the minimum standards with which an employer must comply. The legislation does not set a priority order around reasons for requesting flexible working.

6.71 Building on the 2005 NHS Employers document Principles Underpinning the New Arrangements for Flexible Training, the Gold Guide should be considered as providing separate rights to this legislation, in the context of requesting to undertake LTFT training in a training programme. This reflects the tripartite nature of current practice of supporting LTFT training between the trainee, HEE, NES, the Wales Deanery or NIMDTA and the employer/host training organisation.

6.72 Those wishing to apply for LTFT training must show that training on a full-time basis would not be practical for them for well-founded individual reasons. This requirement for entry to LTFT medical training is set out in European legislation (93/16/EC).

Prioritising requests for LTFT training

6.73 Formally, the only requirement to be permitted to train less than full time is a well-founded individual reason. In practice, the Conference of Postgraduate Medical Deans (COPMeD) has agreed the following categories, which serve as guidelines for prioritising requests for LTFT training. However, these categories are not exhaustive. It should be noted that requests to undertake LTFT training cannot be guaranteed. The needs of trainees in Category 1 will take priority.

Category 1:

Those doctors in training with:

- disability or ill health. (This may include ongoing medical procedures such as fertility treatment.)
- responsibility for caring (men and women) for children
- responsibility for caring for an ill/disabled partner, relative or other dependant

Category 2:

Unique opportunities

- A trainee is offered a unique opportunity for their own personal/professional development and this will affect their ability to train full time (e.g. training for national/international sporting events or a short-term extraordinary responsibility such as a national committee).

Religious commitment

- A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.

Non-medical development

- A trainee is offered non-medical professional development (e.g. management courses, law courses or fine arts courses), which requires a specific time commitment resulting in the need to work less than full time.

6.74 Medical research will not be considered as a reason to request to train less than full time. Such opportunities should be managed through academic programmes or time out of programme for research (paragraphs 6.109–6.115).

6.75 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 as well as compliance with European legislation relating to CCT requirements.

6.76 Trainees appointed to LAT posts may apply for LTFT training and must complete the process in the usual way. However, a placement may not be immediately available. Owing to the fixed-term nature of such appointments, if the LAT post is undertaken less than full time, it will be recognised on a whole time equivalent basis as a proportion of the duration of the post. There is no entitlement to an extension of the fixed-term period of training on a pro rata basis.

Applying for LTFT training

6.77 The normal process for acceptance to LTFT training will include the following stages:

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

b) The trainee will need to first submit their reason for requesting LTFT training to HEE, NES, the Wales Deanery or NIMDTA, which will be assessed and prioritised based on the categories above in order to be considered for a LTFT placement.

c) Once the trainee has been prioritised on the basis of their reason for requesting LTFT training, the trainee will need to approach their specialty TPD to request a placement as a LTFT trainee.

d) Once a LTFT training placement has been identified, the trainee will need to agree a LTFT training plan with HEE, NES, the Wales Deanery or NIMDTA. The Postgraduate Dean or their representative will approve the training plan in conjunction with the specialty TPD. Approval will normally be given for the duration of the placement and will be subject to annual review. The LTFT placement and funding will also be subject to agreement with the employer/ host training organisation before the placement can be approved.

6.78 LTFT trainees who wish to increase or decrease their working hours (subject to the minimum requirements set by the GMC) should contact their relevant LTFT training

lead for approval and will have their application subjected to the above process. If a LTFT trainee wishes to move to a different placement other than the planned movement on rotation, a request to continue training on a LTFT basis at the new place of work will be needed. This will be subject to the normal application process for a new post as described above.

6.79 LTFT trainees who wish to revert to full-time training must, in the first instance, contact their TPD and relevant LTFT training lead in HEE, NES, the Wales Deanery or NIMDTA. A suitable full-time placement may not be immediately available, and will depend on the current LTFT arrangement for that trainee and the specialty programme. The relevant LTFT training lead in HEE, NES, the Wales Deanery or NIMDTA must be informed of the planned start date for a return to full-time training.

6.80 The administration of an application may take up to three months and applicants must not expect to be placed immediately. Giving as much notice as possible will facilitate the process for all concerned. The inability of HEE, NES, the Wales Deanery or NIMDTA to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and as a result, LTFT training cannot always be guaranteed.

6.81 Further details of the application and appeals processes can be found on the individual websites of HEE, NES, the Wales Deanery and NIMDTA.

Progression in training as a LTFT trainee

6.82 As for all trainees, LTFT trainees will need to meet the requirements for progression in training as set out by GMC approved curricula for specialty training and they will be assessed in accordance with the ARCP process set out in paragraphs 7.27–7.80. For clarity, key points with regard to progression in training for LTFT trainees have been set out below.

6.83 The ARCP is normally undertaken on at least an annual basis for all trainees, both full-time and LTFT trainees.

6.84 LTFT trainees will be expected to undertake the requirements for assessment as set in their relevant curricula on a pro rata basis and to spread the balance of workplace-based assessments evenly.

6.85 Should an extension to training be required following the award of ARCP Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met.

6.86 If an extension to training is required following the award of ARCP Outcome 3 and the LTFT trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and not pro rata.

6.87 As for all trainees and set out in paragraph 5.41, LTFT trainees may apply for a consultant post and can be interviewed up to six months prior to their anticipated CCT date; this is on a fixed-term basis and not pro rata.

6.88 As for all trainees and set out in paragraph 6.105, LTFT trainees may apply for a period of acting up as a consultant, up to a maximum of three months. This is on a fixed-term basis and not pro rata.

Academic training, research and higher degrees

6.89 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 needed 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 | Integrated Academic Training Programme

NHS Scotland | Scottish Academic Training (SCREDS)

Wales Deanery | Academic Medicine

NIMDTA | Academic Training

Academy of Medical Sciences

6.90 Such opportunities are available through two main routes.

Option 1: Trainees can compete for opportunities to enter GMC approved integrated combined academic and clinical programmes. Those 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: Trainees can take time out of their specialty training programme to undertake research, which will often include working towards an appropriate higher degree (out of programme for research, paragraphs 6.109–6.115), with the agreement of the TPD and Postgraduate Dean. Trainees will continue to hold their training number during this time out of their clinical programme.

Option 1: Integrated academic and clinical programmes

6.91 Each of the four UK 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 requirements in each of the four countries.

6.92 Trainees in integrated academic programmes will be assessed through a joint academic and clinical annual assessment process as described in paragraphs 7.95–7.107.

6.93 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. A trainee in an

"uncoupled" specialty who leaves the academic programme during core training will forfeit their access to automatic run-through training.

Option 2: Taking time out of programme to undertake research

6.94 Trainees 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. Those taking time out of programme for research purposes will retain their NTN as long as they have the agreement of the Dean to do so. The process for this is described in paragraphs 6.109–6.115.

6.95 Trainees undertaking research with no clinical care component should also note paragraph 7.114 regarding maintaining clinical skills.

Taking time out of programme (OOP)

6.96 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.

6.97 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 leave on statutory grounds). Occasions where OOP is granted to core trainees are likely to be exceptional given the short length and the nature of their training. Time out of programme may be in prospectively approved training posts or for other purposes.

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

- undertaking clinical training that is not a part of the trainee's specialty training programme (OOPT)
- gaining clinical experience that may benefit the doctor (e.g. working in a different health environment/country) or that may help support the health needs of other countries (e. g. with Médecins Sans Frontières, Voluntary Service Overseas, global health partnerships) (OOPE)
- undertaking a period of research (OOPR)
- taking a planned career break (OOPC)

6.99 OOP can only be agreed if it has the formal approval of the Postgraduate Dean. Guidance for the processes for application for OOP can be found on the websites of the HEE Local Education and Training Boards, NES, the Wales Deanery and NIMDTA. The trainee should give their Dean and their employer (current and/or next) as much notice as possible. Three months is the **minimum** period of notice required so that employers can ensure that the needs of patients are appropriately addressed.

6.100 Trainees will also need to submit the OOP document annually, ensuring that they keep in touch with HEE, NES, the Wales Deanery or NIMDTA, and renew their

commitment and registration to the training programme with the Postgraduate Dean. 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.

6.101 Trainees undertaking LAT posts cannot request time out of their post. Where time needs to be taken away from work (e.g. 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)

6.102 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 (GMC | Out of Programme (OOP)). This could include overseas posts or posts in the UK that are not already part of a GMC approved programme in the same specialty. Further approval from the GMC is not required if the OOPT is already part of a GMC approved programme in the same specialty. If OOPT is being taken in a programme managed by another UK region, trainees must ensure that the programme is already approved for training. (See GMC | Approved Programmes and Sites.)

6.103 The Postgraduate Dean is required to submit an application for prospective GMC approval for any OOP that is to count towards a CCT or CESR(CP)/CEGPR(CP) on behalf of the trainee and 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 or CESR(CP)/CEGPR(CP). Where the OOPT is in a GMC approved programme in the same specialty, an application for further GMC approval is not required.

6.104 Trainees may retain their training number while 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 up to one year.

6.105 Trainees may be able to take time out of programme to act up as a consultant and may be able to credit this time towards a CCT or CESR(CP). If this kind of post is formally included in the approved specialty curriculum, additional prospective approval is not required from the GMC. Trainees acting up as consultants will need to have appropriate supervision in place, and approval will only be considered if the acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum. In these circumstances, OOPT will normally be for a fixed-term period of three months for both full-time and LTFT trainees.

6.106 Trainees who undertake OOPT must continue to participate in the ARCP process of their home locality in HEE, NES, the Wales Deanery or NIMDTA. This is necessary to confirm the provisional period of OOPT permitted to count towards the CCT or CESR(CP)/ CEGPR(CP). The period of recognition may be reduced if the training placement did not provide the expected competences.

Time out of programme for clinical experience (OOPE)

6.107 Trainees may seek agreement for OOP time to undertake clinical experience that has not been approved by GMC and that will not contribute to award of a CCT or CESR(CP)/CEGPR(CP). In these circumstances, it is likely that the CCT date will need to be extended. The purpose of such OOP 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
- 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… Postgraduate Medical Education and Training Board (PMETB) should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience.*"

6.108 The request to take time out for such experience must be agreed by the Postgraduate Dean following the same rules as outlined above for OOPT. The OOP document must be used to make the request and must be returned on an annual basis to HEE, NES, the Wales Deanery or NIMDTA while the trainee is out of programme. OOPE will normally be for up to one year.

Time out of programme for research (OOPR)

6.109 Trainees should be encouraged and facilitated to undertake research where they have an interest and aptitude for doing so:

- Time spent out of a specialty training programme for research purposes will be recognised towards the award of a CCT or CESR(CP)/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 curriculum in question. Both the College/Faculty and HEE, NES, the Wales Deanery or NIMDTA need to support the application for prospective approval.
- Once prospective approval of the posts and programmes has been obtained, it is still for Colleges/Faculties to confirm whether the training (including relevant research) has been completed satisfactorily and satisfies the requirements of the curriculum when the College/Faculty makes recommendations to GMC for the award of a CCT or CESR(CP)/CEGPR(CP).

6.110 When OOPR does not count towards CCT or CESR(CP)/CEGPR(CP) requirements, GMC approval is not required. (See paragraph 6.102.)

6.111 Trainees who undertake OOPR must continue to participate in the ARCP process of their home locality in HEE, NES, the Wales Deanery or NIMDTA and would be expected to return at the end of the period of OOPR.

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

6.113 Many individuals undertaking such research retain a clinical element, which will allow them to maintain their existing competences while OOP. The extent of this clinical element will guide HEE, NES, the Wales Deanery or NIMDTA and the relevant 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 or CESR(CP)/CEGPR(CP). The trainee should seek advice from their TPD to ensure that the proposed clinical element is appropriate.

6.114 Time taken out for research purposes is normally for a higher degree (e.g. a PhD, MD or Master's degree) and will not normally exceed three years. OOPR exceeding three years will need the specific prospective approval of the Postgraduate Dean.

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

Time out of programme for career breaks (OOPC)

6.116 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 and entrepreneurship).

6.117 Periods of ill health should in the first instance be managed under the guidance of the employer occupational health services, as for other staff. OOPC is an inappropriate way of managing health issues.

Who is eligible to apply for OOPC?

6.118 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 and others on the training programme
- the capacity of the programme to accommodate the trainee's return at the end of the planned break
- evidence of the trainee's ongoing commitment to and suitability for training in the specialty
- the impact of a gap in training on deskilling and any subsequent need for remedial training

Planning and managing OOPC

6.119 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 OOPC will normally be a period of up to one year. There are good educational and training reasons why an overall period out of training should be no longer than two years. Consequently, a second year of OOPC can be considered but is at the discretion of the Postgraduate Dean, who may take into account prior OOP periods for other reasons. Any further extension beyond a two-year period out of training may only be granted in exceptional circumstances with the agreement of the Dean.
- Trainees wishing to take longer OOPC will normally need to relinquish their NTN and reapply in open competition for re-entry to the same specialty or to a new specialty. Trainees should be aware of the GMC's expectations about the currency of examinations when relinquishing their NTN.
- The trainee should plan their return to work with their Postgraduate Dean. Although the returning trainee will be accommodated in the next available suitable vacancy in their specialty, there is no guarantee of return date and it may take time for a suitable vacancy to arise. If there are likely to be problems accommodating the trainee back into the programme, wherever possible, the trainee should be advised at the outset of their OOPC.
- Trainees will need to participate in a "Return to Work" package at the end of OOPC. This should include consideration of returning to clinical learning as well as to clinical practice and may include "Keep in Touch" arrangements.
- 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 counted towards a CCT or CESR(CP)/CEGPR(CP) but it may be used as part of an application for full CESR/CEGPR.
- Trainees must complete parts A and B of Form R (or the alternative in NES) 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.

- 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.

Training and health

6.120 All trainees who are unable to train and work on health grounds should be managed under occupational health arrangements and are eligible through their employer for statutory sickness absence and pay, which is dependent on their length of service.

6.121 Postgraduate Deans will review any health matters (including occupational health advice) with trainees to ensure appropriate decisions are made regarding training.

6.122 All trainees must comply with the requirements for revalidation and submit Form R (or the alternative in NES) annually.

Absences from training and impact on certification (or completion) date

6.123 Absences from training (including OOP not approved towards 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 GMC has therefore determined 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 will be triggered of whether the trainee needs to have their core training programme end date or CCT/ CESR(CP)/CEGPR(CP) date extended.

6.124 Where trainees returning from statutory leave (e.g. maternity leave) have been able to account for unused annual leave, in accordance with the GMC's position statement on time out of training, this may impact on the core training programme end date or CCT/CESR(CP)/CEGPR(CP) date when this is reviewed at the ARCP.

6.125 Under the GMC's Good Medical Practice, it is the responsibility of each individual trainee to be honest and open, and to act with integrity. As such, trainees should ensure that HEE, NES, the Wales Deanery or NIMDTA are aware of their absences through the relevant reporting processes. This information will be shared with the relevant College/Faculty and the GMC.

Movement between HEE, NES, the Wales Deanery and NIMDTA

6.126 The National IDT process has been put in place to support medical trainees who have had an unforeseen significant change in circumstances since commencement of their current training programme that remains at the date of their IDT application. Trainees are able to submit an application and required supporting documents in one of the two transfer windows that take place each year.

6.127 The National IDT eligibility criteria, application guides, supporting document templates and FAQs can be found at Inter Deanery Transfers. Trainees should familiarise themselves with these documents before applying as only applications that meet the eligibility criteria, including the supporting document requirements, can be considered for a transfer.

6.128 While it is possible for trainees to move between HEE, NES, the Wales Deanery and NIMDTA (via IDTs), there is no automatic entitlement or right for this to take place. Trainees will be expected to provide evidence that they have well-founded reasons for needing to move and that it is not tenable for them to remain in their current training programme.

6.129 Transfers are contingent on the availability of a funded training post and a NTN/DRN in the receiving locality in HEE, NES, the Wales Deanery or NIMDTA. Post funding and the NTN do not follow the trainee.

6.130 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.

6.131 Start dates for posts will be agreed between the transferring/receiving locality in HEE, NES, the Wales Deanery or NIMDTA and the trainee. Requests to transfer will not be considered outside of these windows except in very exceptional circumstances.

6.132 IDTs are **not** appropriate for:

a) Educational or training reasons

HEE, NES, the Wales Deanery and NIMDTA should provide a full range of programmes and placements for the specialties in which they offer training (or have formal arrangements for doing so that are not dependent on ad hoc transfer arrangements).

b) Secondment to a different locality in HEE, NES, the Wales Deanery or NIMDTA

Such moves would be planned to fit in with the agreed training programme and training availability. Trainees would keep their original training number.

c) Rotation between HEE, NES, the Wales Deanery and NIMDTA as part of a planned training programme

This arrangement applies in some specialties and across placements in HEE, NES, the Wales Deanery and NIMDTA because of local arrangements or to support access to appropriate training in some specialties.

d) Undertaking research in a different locality in HEE, NES, the Wales Deanery or NIMDTA

Trainees given permission by their Postgraduate Dean to take time out of programme to undertake research will retain their home training number, even if research takes place in a different locality in HEE, NES, the Wales Deanery or NIMDTA. Trainees will have no entitlement to transfer subsequently to the locality in HEE, NES, the Wales Deanery or NIMDTA in which they have been doing their research but will need to go through either the IDT request process (and meet the requirements of eligibility) or a competitive process.

e) Undertaking sub-specialty training in a different locality in HEE, NES, the Wales Deanery or NIMDTA

Trainees who are successful in being appointed to a sub-specialty training programme in a different locality in HEE, NES, the Wales Deanery or NIMDTA will usually have no entitlement to transfer. They will remain under the management of the home locality in HEE, NES, the Wales Deanery or NIMDTA and return there after completion of the sub-specialty training. Appointment to a grid training programme in paediatrics may, however, result in a transfer to a different locality in HEE, NES, the Wales Deanery or NIMDTA.

6.133 Where trainees wish to move to another locality in HEE, NES, the Wales Deanery or NIMDTA for any other reason, or if their request to transfer is not supported and they still wish to move, they will have to apply in open competition for a place in a specialty training programme in the receiving locality in HEE, NES, the Wales Deanery or NIMDTA through the normal application process.

6.134 Where trainees wish to pursue a CCT or CESR(CP)/CEGPR(CP) in a different specialty (i.e. transfer to a different training programme whether in the same or a different location in HEE, NES, the Wales Deanery or NIMDTA), they will have to apply 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 General Medical Council (GMC) for specialty training programmes define the standards of knowledge, skills and behaviours that must be demonstrated to achieve progressive development towards the award of the Certificate of Completion of Training (CCT), the Certificate of Eligibility for Specialist Registration combined programme (CESR(CP)), the Certificate of Eligibility for General Practice Registration combined programme (CEGPR(CP)) and the Certificate of Eligibility for General Practice Registration approved programme (CEGPR(AP)). The curricula are mapped against the GMC's standards in Good Medical Practice, which forms 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 the minimum frequency of practice, level of experience and 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 (Postgraduate Medical Education and Training Legislation).

7.4 This is important for two reasons:

- to define a "full" programme of prospectively approved training that entitles an individual who successfully completes it the award of the CCT
- 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 workplace-based assessments, both 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 workplace-based 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 educational supervisors 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 that 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 in Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery, and the Northern Ireland Medical and Dental Training Agency (NIMDTA), trainers, trainees and employers are clear as to what is acceptable progress in specialty training. This will enable reasonable timeframes and resources for support and 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 core training programme end date or CCT/CESR(CP)/CEGPR(CP) date will be reviewed at the Annual Review of Competence Progression (ARCP) (paragraph 7.70). The decision to suspend training time is an important one and needs to be formalised with written agreement from the Postgraduate Dean. Reference should also be made to the GMC's position statement on time out of training.

7.8 Curricula and assessment systems evolve and develop over time. In order to ensure that trainees receive the most relevant and up-to-date training and so that they are assessed using the most appropriate tools, they 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 new curricula and assessment systems will be published. (See the GMC's position statement on moving to the current curriculum.)

Assessment of progression

7.9 Structured postgraduate medical training is dependent on having curricula that are mapped to the GMC's *Good Medical Practice* and that clearly set out the competences of practice, an assessment framework to know whether those competences have been achieved and an infrastructure that supports a training environment in the context of service delivery.

7.10 The three key elements that support trainees in this process are formative assessments and interactions (e.g. SLEs and other supervisor discussions), summative assessments (e.g. 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. While 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 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 with the GMC's *Good Medical Practice*, have been achieved.

Educational agreement

7.12 Each trainee should have an educational 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 educational agreement will need regular review and updating.

7.13 The trainee's educational supervisor must ensure that the trainee is aware of and understands the trainee's obligations as laid down in the educational agreement, including (but not exclusively):

- awareness of the trainee's responsibility to initiate workplace-based assessments
- awareness of the requirement to maintain an up-to-date educational portfolio
- understanding of 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
- awareness of the need to engage in processes to support revalidation

The educational supervisor and educational review

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

7.15 Educational review is mainly a developmental, formative process that is trainee-focused. It should enable the training for individual trainees to be optimised, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the GMC standards.

7.16 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 in the educational portfolio. However, educational review can be undertaken more frequently and this should be the case where a previous assessment outcome has identified inadequate progress or where there are specific educational objectives that require enhanced supervision.

7.17 The educational supervisor is the crucial link between the educational review 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 educational 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.

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

7.19 Great care needs to be taken to ensure that these roles are not confused. Indeed, under such circumstances, the trainee's educational supervisor should discuss with the Training Programme Director (TPD) – 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.

7.20 The purpose of educational review is to:

- help identify educational needs at an early stage and agree educational objectives that are **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound)
- provide a mechanism to receive the report of the review panel and to discuss this 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
- consider matters around fitness to practise and revalidation

7.21 During their educational review discussion with their educational supervisor, trainees must be able to raise concerns without fear of being penalised. Patient safety issues must be identified by clinical incident reporting and reflective notes should be maintained in an educational portfolio, in addition to being reported through organisational procedures when they occur. However, where it is in the interests of patient or trainee safety, 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/Responsible Officer (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.

7.22 The educational supervisor and trainee should discuss and be clear about the use of an educational portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.

7.23 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 that may be inhibiting their progress.

7.24 Records should be made on the trainee's educational portfolio of these regular educational review meetings, and these must be shared between trainee and educational supervisor.

7.25 The educational review process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. (Further guidance on identification and management of concerns is available on individual HEE, NES, Wales Deanery or NIMDTA websites.)

7.26 Concerns should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances) and these 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 considered with the TPD, the lead for professional support, trainee support groups (if appropriate), the employer and the Director of Medical Education for the LEP, alerting them to these concerns. As Responsible Officer (RO), the Postgraduate Dean will need any information that may affect future revalidation.

The Annual Review of Competence Progression (ARCP)

What is the purpose of the ARCP?

7.27 The ARCP provides a formal process that uses the evidence collected by the trainee, relating to their progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees in specialty training, and it 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.

7.28 The ARCP fulfils the following functions:

- providing an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme or in a recognised training post (e.g. locum appointment for training (LAT))
- providing a means whereby the evidence of the outcome of formal assessments, through a variety of GMC approved workplace-based

assessment tools and other assessment strategies (including examinations that are part of the assessment system), is coordinated and recorded to present a coherent record of a trainee's progress

- providing an effective mechanism for the review of out of programme experience and recording its contribution (where approved) to progress
- as long as adequate documentation has been presented, making judgements about the competences acquired by specialty trainees and their suitability to progress to the next stage of training if they are in a training programme
- as long as adequate documentation has been presented, making judgements about the competences acquired by trainees in a LAT post and documenting these accordingly
- providing advice to the RO about revalidation of the trainee to enable the RO to make a recommendation to the GMC when required
- providing a final statement of the trainee's successful attainment of the curricular competences including fulfilment of *Good Medical Practice* for the specialty and thereby the completion of the training programme ("run-through", core and higher)
- enabling the Postgraduate Dean to present evidence to the relevant Medical Royal College/Faculty so that it can recommend the trainee to the GMC for award of the CCT or CESR(CP)/CEGPR(CP)

7.29 The ARCP process is applicable to:

- all specialty trainees (including general practice trainees, those in core training, those in less than full-time (LTFT) 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 or clinician scientist appointments)
- trainees who are out of programme with the agreement of the Postgraduate Dean
- trainees who resign from a programme. Such trainees should normally have their progress made up to their resignation date reviewed by an ARCP panel and an appropriate outcome should be recorded. If a review is not undertaken, this should be recorded using N21 and N22 codes (Appendix 3).
- LAT trainees

7.30 Trainees who were appointed to SpR or GPR programmes had been subject to the Record of In-Training Assessment (RITA) process, which supported the relevant curricula. With the GMC's position statement on moving to the current curriculum, all trainees will have now moved to the ARCP system.

ARCP: Assessment

7.31 In accordance with GMC requirements, the Colleges and Faculties have developed assessment strategies that are blueprinted against the specialty curricula approved by the GMC and the requirements of the GMC's *Good Medical Practice*. Further information about these requirements is available at GMC | Curricula and Assessment Systems.

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

7.33 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 that explicitly map back to the curriculum
- Direct observation of procedural skills (DOPS)
- Case note reviews
- Case-based discussion (CBD)
- Multi-source feedback (MSF)
- Observed video assessments
- Assessments in clinical skills facilities
- Clinical evaluation exercises (mini-CEX)
- Direct observation of non-clinical skills (DONCS)
- Self-reflective learning logs

7.34 Workplace-based assessments are increasingly being grouped into formative, structured SLEs (assessments **for** learning) and AoPs (assessments **of** learning).

7.35 A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. It would be expected that assessments are spread throughout the time period under review. These summaries will be provided as part of the educational supervisor's report to the ARCP panel (paragraph 7.40).

7.36 Logbooks, audit or quality improvement reports/projects, research activity and publications document other sorts of experience and attainment of skills hat 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 educational portfolio, which all trainees must maintain 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 as well as of the annual planning process (paragraphs 7.116–7.119). These documents also provide important evidence in support of revalidation.

7.37 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/ Faculty to notify HEE, NES, the Wales Deanery, NIMDTA, trainees and trainers of the new requirements so that the changes can be implemented.

7.38 Trainees must also familiarise themselves with the requirements of the GMC's *Good Medical Practice*. 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 the scope of 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 Postgraduate 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 (GMC | National Training Surveys))
- participate in discussion and any investigation around serious untoward incidents in the workplace, and record reflection of those in their educational portfolio
- inform the GMC of their RO for revalidation
- inform their Postgraduate Dean/RO if they self-report to the GMC and if they receive a criminal or civil conviction or a police caution

7.39 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 TPD. Between them, they must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

ARCP: Educational supervisor's report

7.40 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 educational 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 (e.g. logbooks, 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 (GMC | Curricula and Assessment Systems).

7.41 Through triangulation of evidence of progression in training and professional judgement, the named educational supervisor will contribute a structured report to the ARCP. This report must:

- reflect the educational agreement and objectives developed between the educational supervisor and the trainee
- be supported by evidence from the workplace-based assessments planned in the educational agreements
- take into account any modifications to the educational 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

7.42 The report should be discussed with the trainee prior to submission to the ARCP panel. The report and any discussion that 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.

7.43 If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns and they should be documented in their educational portfolio. 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 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.

ARCP: Collecting the evidence

7.44 HEE, NES, the Wales Deanery and NIMDTA will make local arrangements to receive the educational portfolio from trainees, and they 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 necessary components. The educational portfolio must be made available to HEE, NES, the Wales Deanery or NIMDTA at least two weeks before the date of the ARCP

panel meeting. Trainees will not be "chased" to provide access to their educational portfolio by the required date. As a consequence, if trainees have not documented attained competences, they will not be able to progress. Failure to comply with the requirement to present evidence is dealt with in paragraph 7.48.

7.45 As part of their documentary evidence for each ARCP, trainees must submit an updated documentation form giving accurate demographic details for use in the HEE, NES, Wales Deanery or NIMDTA database, Form R (Appendix 2) or the alternative in NES. Where relevant, this will also include a self-declaration statement and a description of the trainee's scope of practice for revalidation purposes.

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

7.47 It is important to ensure that all relevant evidence around revalidation is provided to the ARCP panel (in England and 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) as well as details of any investigations that have yet to be completed. (Reflective notes around completed investigations should have already been included in the educational portfolio.) This evidence assists the Postgraduate Dean/RO in making a recommendation to the GMC about revalidation (when required). Should a CCT date need to be extended, it is likely that this will have an effect on the revalidation date.

7.48 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 Outcome 5 (incomplete evidence presented, paragraph 7.80).

7.49 It may be necessary for the 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 the trainee is aware of what had been reported; it is not intended that the trainee should agree the report's content. Where the report indicates that there may be a risk to patients arising from the trainee's practice (and this has not already been addressed), this risk needs to be shared immediately with the Postgraduate Dean, the current employer and the LEP. The trainee needs to be made aware that this will happen.

7.50 Trainees may submit as part of their evidence to the ARCP panel a response to their trainer's report or to any other element of the assessment documentation for the panel to take into account in its deliberations. While 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 TPD and/or HEE, NES, the Wales Deanery, NIMDTA and/or the employer.

7.51 The ARCP panel is constructed to look at matters of educational performance, assess progression in training and provide an opinion to the RO in relation to revalidation (paragraph 7.47). However, the evidence provided to the panel may relate to other issues and concerns such as clinical safety or perceived undermining within the LEP. While 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 Postgraduate Dean in writing immediately following the panel meeting for further consideration and investigation as necessary. Panels must take such allegations very seriously. HEE, NES, the Wales Deanery, NIMDTA 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.

The ARCP panel

7.52 The ARCP panel has the following objectives:

- 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.
- consider the time out of training during the assessment period and from entry to the programme (see the GMC's position statement on time out of training), and to determine whether the training duration needs to be extended
- provided that adequate documentation has been presented, 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 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 competences gained in the time available to them.
- consider suitability to progress to the next stage of training or confirm training has been completed satisfactorily
- provide advice to the RO regarding revalidation of the trainee

Composition of the ARCP panel

7.53 The ARCP 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 nominated deputy), the Head of School or a TPD. The Chair of the Specialty Training Committee, TPDs, College/Faculty representatives (e.g. from the Specialty Advisory Committee), educational supervisors and Associate Directors/Deans are all appropriate panel members. Where more than one specialty is being assessed in the same panel

(e.g. 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 could also have a representative from an employing organisation to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

7.54 The panel should have input from a lay member and an external advisor, who may be a College/Faculty representative if not otherwise represented on the panel. They must be trained for their roles. They 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 7.88).

7.55 The lay advisor will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in the Gold Guide. The lay advisor should not be asked to judge whether the ARCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress. The lay advisor may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities but the role is to ensure the process is followed correctly, not to give an opinion on the outcome or the trainee's progress. The lay advisor is not performing the role of panel chairperson but has responsibility (along with all the panel members) to ensure that the conduct of the review conforms to good practice.

7.56 The Postgraduate Dean (or their nominated deputy) must be present at any panel meeting involving cases where it is possible that a trainee could have an outcome indicating unsatisfactory progression, which may require an extension to training.

7.57 If either the lay member or the external advisor 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 meeting is being held for an individual undertaking an academic clinical fellowship or lectureship, or for a clinical scientist, the panel should also include at least one academic representative. Academic panel members should specifically take a view about the evidence of academic performance that is submitted (paragraphs 7.95–7.107).

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

7.60 Consultant/general practice 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 while their trainee is being considered and the panel should be constituted such that in that situation it remains quorate in accordance with panel composition as set out in paragraph 7.53.

How the ARCP panel works

7.61 The ARCP panel will be convened by HEE, NES, the Wales Deanery or NIMDTA. The panel will normally be chaired by the Chair of the Specialty Training Committee or one of the TPDs or Associate Deans/Directors.

7.62 The process is a review of the documented and submitted evidence that is presented by the trainee. As such, the trainee should not attend the panel. However, HEE, NES, the Wales Deanery and NIMDTA may wish to have trainees present on the day to meet with the panel after its discussion of the evidence and agreement as to the outcome(s). (For dual training or main specialty and sub-specialty training, the GMC requires a separate outcome per specialty and sub-specialty.) This is to discuss next steps and their future training requirements.

7.63 For practical and administrative reasons, HEE, NES, the Wales Deanery or NIMDTA may wish to discuss other issues (e.g. the trainee's views on their training or planning of future placements) on the same occasion as the annual panel meeting. 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 TPD, 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), the trainee will be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgement, if an unsatisfactory outcome is recommended, the trainee must meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity.

7.65 The purpose of this meeting 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 framework of how a remedial programme will be delivered will be determined by the Postgraduate Dean. The remedial programme will be planned by the TPD, taking into account the needs of other trainees in the specialty and in related programmes, and it 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 HEE, NES, the Wales Deanery or NIMDTA 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. 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, the assessment framework and

Good Medical Practice, and make a judgement based on 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 3), 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 core training programme end date or the provisional CCT/CESR(CP)/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
- prior agreement with the Postgraduate Dean for training time to be paused (for the "clock to be stopped")
- a change to or from LTFT training
- time out of programme for experience (OOPE), time out of programme for research (OOPR) or time out of programme for a career break (OOPC)
- rate of acquisition of competences that might bring forward the CCT date
- for dual trainees or trainees undertaking sub-specialty training alongside main specialty training, whether both should continue to be pursued
- the academic component of joint clinical/academic programmes (paragraph 7.107)
- 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 in the supplementary documentation section of the ARCP outcome form (Appendix 3). 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 3) for **all** trainees will be made available by the Postgraduate Dean to:

a) **The trainee –** They must sign it and return it to HEE, NES, the Wales Deanery or NIMDTA within **ten** working days. The trainee should retain a copy of the signed form in their educational portfolio. HEE, NES, the Wales Deanery or NIMDTA will retain the signed copy in the trainee's record. Where electronic systems are used, digital signatures will be acceptable. The trainee is signing

the document to demonstrate that they have been informed of the outcome, not that they agree with the outcome. Signature of the outcome does not change the trainee's right to request a review or appeal.

b) **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 7.11–7.119), documenting the plan fully.

c) **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.

d) **The Medical Director –** ARCP outcomes should be sent to the Medical Director of the current employer (and of the LEP if different). This may be undertaken by exception (i.e. for Outcomes 2, 3 and 4).

e) **The relevant College/Faculty –** These outcome documents are part of the minimum data set that will need to be maintained by the College/Faculty to substantiate its recommendation to the GMC for award of the CCT or CESR(CP)/CEGPR(CP). The GMC undertakes quality assurance of College/ Faculty recommendations, which includes a review of the data the College/ Faculty uses to determine its recommendation.

f) **The GMC –** HEE, NES, the Wales Deanery and NIMDTA submit ARCP outcomes data to the GMC (as part of their report/quality assurance management/control arrangements – see GMC | Progress of Doctors in Training). This allows benchmarking of the outcomes by HEE, NES, the Wales Deanery and NIMDTA as well as by specialty programme. These reports assist HEE, NES, the Wales Deanery and NIMDTA to comply with the GMC's standards for postgraduate medical education and training.

7.72 All trainees should receive standard written guidance relevant to their outcome, which as appropriate should detail the duration of any extension to training, requirements for remedial action, and reference to the review and appeal processes.

7.73 The references to Form R in relation to revalidation in paragraphs 7.73 to 7.78 do not apply to NES, where IT solutions replace this form. Each trainee will need to update Form R (Appendix 2) 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 HEE, the Wales Deanery or NIMDTA with the signed ARCP outcome(s) will enable the trainee to renew their registration on an annual basis with HEE, the Wales Deanery or NIMDTA and the relevant College/Faculty.

7.74 When a trainee fails to submit a completed Form R that reflects their full scope of practice since their last review, they are issued with Outcome 5 and given two weeks to

remedy the situation. In addition, the trainee should normally be called to a support meeting with their Postgraduate Dean/RO or their nominated deputy to discuss the reasons for non-submission and to clarify next steps if the situation is not rectified.

7.75 If a trainee submits or resubmits a completed Form R within the two-week timeframe, they receive an ARCP outcome appropriate for their educational progression and alignment with the GMC's *Good Medical Practice*.

7.76 If the trainee still fails to submit a satisfactorily completed Form R after two weeks and this is the first time that this situation has arisen in the training programme, for core, specialty and general practice trainees, Outcome 2, 3 or 4 will be issued (according to training progression). A note is made on the trainee's record that they did not submit a completed Form R. Outcome 1 or 6 is not awarded, even if there are no training progression concerns.

7.77 For trainees who fail to submit a completed Form R after an Outcome 5 is issued and a support meeting offered, and for whom this is a repeated situation, the process of referral to the GMC for non-engagement with revalidation should be commenced.

7.78 Should the trainee subsequently provide the completed Form R, then the appropriate ARCP outcome for trainee progression can be awarded.

7.79 Any concerns that emerge about a trainee's fitness to practise must be reported to the Postgraduate Dean, as RO, for further advice and guidance.

7.80 The panel will recommend one of the eight outcomes described below for each specialty/sub-specialty for each trainee, including those on integrated clinical/academic programmes.

Outcome 1

Satisfactory progress – Achieving progress and the development of competences at the expected rate

Satisfactory progress is defined as achieving the competences in the specialty curriculum approved by GMC at the rate required. The rate of progress should be defined in the specialty curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc). (It is possible for trainees to achieve competences at a more rapid rate than defined and this may affect their CCT date.)

For the following outcomes (Outcomes 2–5), the trainee is required to meet with the panel after the panel has reached its 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 that 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 that 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 as well as 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 that will extend the duration of the training programme (e.g. the core training programme end date or anticipated CCT/CESR(CP)/CEGPR(CP) date). Where such an outcome is anticipated, the trainee must attend the panel meeting. The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required as well as the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for HEE, NES, the Wales Deanery or NIMDTA to determine the details of the additional training in the context of the panel's recommendations since this will depend on local circumstances and resources.

Duration of extension to training:
Where such additional training is required because of concerns over progress, in the hospital and non-general practice 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 an overall total of **one year** across both core and higher specialty training where the programme is "uncoupled"). 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** in hospital and non-general practice community specialties within the total duration of the training programme (up to **one year** for core training, and **two years** across both core and higher specialty training when the programme is uncoupled) and **one year** in general practice. This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/ adoption leave. While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer.

The extension does not have to be continuous (as a block of one year) but may be divided over the course of the training programme as necessary. An extension to training of less than six months may be particularly appropriate where the reason for extension is exam failure. For LTFT trainees, should an extension to training be required following the award of Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met. If an extension to training is required following the award of Outcome 3 and the LTFT trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and is not pro rata (paragraphs 6.82–6.86).

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 that have been achieved by the trainee are documented. The trainee will have their NTN withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training, service-focused career pathway.

Outcome 4 may also be recommended in circumstances where there is no performance-linked need for additional training.

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. 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 designated date, noting that available "additional" time is being used (see Outcome 1) 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 ARCP outcome.

Alternatively, the panel may agree what outstanding evidence is required from the trainee for Outcome 1 (and the timescale in which it must be provided) and give authority to the Chair of the panel to issue Outcome 1 if satisfactory evidence is subsequently submitted. However, if the Chair does not receive the agreed evidence to support Outcome 1, then a panel will be reconvened.

Outcome 5 should also be recommended as a consequence of failure to submit Form R or the alternative in NES (paragraph 7.74).

Recommendation for completion of training:

Outcome 6

Gained all required competences – Will be recommended as having completed the training programme (core or specialty) and if in a run-through training programme or higher training programme, will be recommended for award of a CCT/CESR(CP)/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 College/Faculty.

Outcomes for trainees in fixed-term training posts and OOP:

Outcome 7

Fixed-term posts (e.g. LATs)

Trainees in fixed-term training posts 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 post** The trainee has established that they have acquired and has demonstrated the competences 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 will the prospective date for completion of training be extended, nor will a period of additional remedial training be 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 as well as 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 for it to be formally recognised towards either the CCT/CESR(CP)/CEGPR(CP) or full CESR/CEGPR. If the trainee wishes to attain the described competences, they will be required to repeat this period of training (not necessarily in the same post, with the same employer or in the same locality in HEE, NES, the Wales Deanery or NIMDTA). If trainees move to a new post, employer or locality in HEE, NES, the Wales Deanery or NIMDTA, they must declare their previous ARCP 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 by the trainee to submit this documentation will mean that the period of training cannot be counted towards the CCT or CESR(CP)/CEGPR(CP).

The ARCP 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 educational portfolio. HEE, NES, the Wales Deanery or NIMDTA will also keep a copy on record.

Outcome 8

Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)

The panel should receive documentation from the trainee on the required form (Appendix 4) indicating what they are doing during their OOP time, if the OOP is not recognised for training.

- **OOPE –** If the OOP period is to gain clinical experience that 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.
- **OOPR –** If the purpose of the OOP is research, the trainee must produce a research supervisor's report together with the annual OOP report form indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate). If there is prospective approval by the GMC for the OOPR to contribute to the CCT or CESR(CP)/CEGPR(CP), then formal assessment documentation must be submitted annually to the review panel.
- **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 and including an indicative intended date of return.
- **OOPT –** If the trainee is out of programme on a training placement or OOPR that has been prospectively approved by the GMC and that will contribute to the competences of the trainee's programme, then Outcome 8 should not be used. Instead, a routine assessment of progression should be made and Outcome 1, 2, 3, 4 or 5 should be awarded.

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 relevant ARCP outcomes codes apply (Appendix 3).

When an outcome is not issued

The ARCP panel would not issue an outcome when the trainee is absent due to statutory leave (e.g. maternity or sick leave) or where training has been suspended (paragraph 7.86). In these circumstances, the panel will record the reasons for this (refer to N codes, Appendix 3).

Additional or remedial training

7.81 The panel may identify the need for additional training time (Outcome 3), which extends the indicative core training programme end date or CCT/CESR(CP)/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 to the specialty are considerable.

7.82 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-general practice 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** in hospital and non-general practice community specialties within the total duration of the training programme (up to **one year** for core training, and **two years** across both core and higher specialty training when the programme is uncoupled) and **one year** in general practice. This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption 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, they may be required to leave the training programme before the additional training has been completed (paragraph 6.39).

7.83 In order 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.

7.84 Remedial training may be required as a result of a recommendation from the GMC or other body (e.g. the National Clinical Assessment Service). 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.

7.85 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 whether the outcome of the additional training is that the trainee can continue in their specialty training programme, requires further additional training, or has 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. Trainees 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 Dean will also notify the employer that the individual is no longer in specialty training.

7.86 While 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 and any period when the training time has been paused. 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. The ARCP may need to be postponed due to a training pause. Pausing 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 HEE, NES, the Wales Deanery or NIMDTA, as early as reasonably practical, and documented. Pausing training should not be assumed and needs to be supported with suitable evidence of need. HEE, NES, the Wales Deanery and NIMDTA should ensure that they have a process for obtaining suitable evidence around such circumstances (e.g. occupational health advice) and for deciding on whether to temporarily pause training. Such pausing of training time will also require an adjustment to the expected core training programme end date or CCT/CESR(CP)/CEGPR(CP) date (paragraph 7.70).

7.87 The panel should also consider aspects in the training environment, such as changing circumstances or the supervision available, in determining its specific recommendations with respect to any additional time that may be required. This includes considering if any training time should be discounted. While 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 the ARCP

7.88 Since decisions from the panel have important implications for both patient safety and 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 as well as any recommendations from the panel about concerns over performance and training progression. 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 advisor from the specialty but from outside the specialty training programme or school who should review at least a random 10% of the outcomes and evidence supporting these as well as any recommendations from the panel about concerns over performance and training progression. All external advisors must be trained to undertake this role. HEE, NES, the Wales Deanery and NIMDTA may set up reciprocal arrangements to facilitate this in localities where there is only one training programme for a specialty. The external advisor may be a College/Faculty representative if not otherwise represented on the panel. HEE, NES, the Wales Deanery and NIMDTA should work with the relevant Colleges/Faculties to help identify senior members of the profession to support this work.

The role of the Postgraduate Dean in the ARCP

7.89 The Postgraduate Dean has responsibility for a range of managerial and operational issues with respect to postgraduate medical training. Among these is the management of the ARCP process, including the provisions for further review and appeals (paragraphs 7.120-7.145). The ARCP process is carried out by a panel. It is good practice for the panel to take advice from the local College/Faculty specialty advisor 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).

7.90 The Postgraduate Dean is also the statutory RO for revalidation in relation to doctors in recognised postgraduate training. In order 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.

7.91 The Postgraduate Dean should maintain as part of the Dean's database 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 in this record. The training record may be physical or stored electronically with suitable measures to maintain its integrity. The supporting documentation for training progression may be held on the trainee's e-portfolio. The record of training progression of each trainee (including previous outcome forms and supporting documentation) must be available to the panel

whenever the trainee is reviewed. The Dean's staff will provide administrative support for the panel.

7.92 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 nominated deputy) should liaise directly with the Medical Director and the educational lead (e.g. Director of Medical Education) or the general practice trainer and TPD where the trainee is employed/working (depending on local arrangements) to investigate and consider whether further action is required.

7.93 When an Outcome 4 recommendation is made by the ARCP panel, the Postgraduate Dean will be notified of that recommendation and they will confirm this in writing to the trainee, including their right to appeal the decision.

7.94 If the trainee requests an appeal, the outcome documentation from the original ARCP panel should not be signed off by the Postgraduate Dean and no further action should be taken until all review or appeal procedures have been completed. Only at this stage should the Dean sign off the ARCP panel's outcome. If the trainee chooses not to appeal, the effective date for the cessation of the training programme is the date of the letter confirming the decision by the Postgraduate Dean. 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.

The ARCP for integrated clinical and academic training programmes

7.95 Some doctors will undertake integrated clinical and academic training programmes (paragraphs 6.91–6.93). There are important differences in the structure of academic programmes in the four countries. Trainees in such programmes will have to both successfully complete the full training programme and meet the requirements of the academic programme.

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

7.97 The academic supervisor is responsible for drawing up an academic training programme with the trainee and 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 in the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.

7.98 On entry to 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 should be held to

ensure that both aspects of the programme are realistic. The educational supervisor and academic supervisor should work together to 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 that adequate academic governance mirrors the HEE, NES, Wales Deanery and NIMDTA scrutiny of clinical progress.

7.99 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 degree (MD or PhD) is usually 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 for a non-academic trainee (paragraph 7.107).

Recording academic and clinical progress – academic assessment

7.100 At the start of the academic placement and annually thereafter, academic trainees 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 a 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.

7.101 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.

7.102 The academic supervisor is required to complete the "Report on Academic Trainees' Progress" form (Appendix 5), 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.

7.103 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 7.53–7.60).

7.104 The trainee is not required to attend the panel meeting. Plans for academic trainees to meet with members of the panel should only be made if the TPD **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.

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

7.106 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 Clinical Academic Training and Progress (September 2011). The academic report should be attached to the outcome document.

7.107 For those trainees appointed to integrated academic training at the level of clinical lecturer, the CCT date should be reviewed at the first ARCP after appointment, after which time it can only be adjusted through the usual ARCP processes (paragraph 7.70).

The ARCP for trainees undertaking OOPR

7.108 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 OOPR.

7.109 Trainees must submit an annual OOPR return to the ARCP panel of their base locality in HEE, NES, the Wales Deanery or NIMDTA along with a report from their research supervisor. All academic trainees 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 also 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 Postgraduate Dean.

7.110 Both the trainee and the academic supervisor must remain aware that normally a maximum of three years is agreed for OOPR. If a request to exceed this is to be made, such a request must be made to the Postgraduate Dean at least six months prior to the extension commencing. 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 the academic institution and HEE, NES, the Wales Deanery or NIMDTA on such requests.

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

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

7.113 OOPR can provide credit towards a CCT or CESR(CP)/CEGPR(CP) only if it has been prospectively approved by the GMC and demonstrates achievement of competences 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.

7.114 Trainees undertaking research with no clinical care component that is for longer than three months 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.

The ARCP for trainees in LTFT training

7.115 The annual review process for trainees in LTFT training will take place at the same frequency as for full-time trainees (i.e. at least once per calendar year) (paragraphs 6.82–6.84). 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 date for the end of training can be calculated based on the specific specialty curriculum requirements.

Annual planning

7.116 Once the outcome for a trainee is known, they must meet with their educational supervisor and/or TPD to plan the next phase of training.

7.117 The plan for the trainee's next phase of training should be set in 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.

7.118 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.

7.119 Once the plan for the trainee's next phase of training has been agreed, this should be documented in the trainee's educational portfolio.

Appeals of the ARCP outcomes

7.120 It should not 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 on the educational portfolio and discussed with the trainee during the educational review process.

7.121 As identified in paragraph 7.64, either the ARCP panel (wherever reasonably practicable) or a senior educator in the training programme with delegated responsibility will 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)
- 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)

7.122 The purpose of the post-ARCP review meeting identified in paragraphs 7.64–7.65 is to inform the trainee of the decision of the panel. The meeting should also plan the further action that is required to address issues of progress (in relation to Outcomes 2 and 3), make clear to the trainee the competences with which they will leave the programme (in relation to Outcome 4) or explain the rationale for withdrawal of a training number for another reason.

7.123 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

7.124 A review is a process where an individual or a group who originally made a decision, returns to it to reconsider whether it was appropriate. This does not require the panel to be formally reconvened and can be undertaken virtually. The review must take into account the representations of the trainee 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.

7.125 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. An appeal can take into account information available at the time the original decision was made, newly submitted information relevant to the appeal 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.

7.126 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 paragraph 7.71.

Review of Outcome 2

7.127 As set out in paragraph 7.64, where there is an unsatisfactory ARCP outcome, it is essential that the ARCP panel or a senior educator in the training programme with delegated responsibility meets with the trainee after the ARCP panel has made its decision. The purpose of this meeting is set out in paragraph 7.65.

7.128 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 and with supporting evidence to the Chair of the ARCP panel or a nominated alternative within ten working days of being notified of the panel's decision. Trainees may provide additional evidence at this stage (e.g. evidence of mitigating circumstances or other evidence relevant to the

original panel's decision) and this must be received as part of the request for the review so that the panel is able to consider it in detail. The original ARCP panel will review its decision within 15 working days of receipt of such a request from a trainee. This may be undertaken virtually and the Chair will endeavour to include as many panel members as possible. After the review, the panel will ensure the trainee receives its decision with reasons in writing. If the panel considers it appropriate, it may invite the trainee to meet with a senior representative to discuss the decision of the review.

7.129 The decision of the review of Outcome 2 is final and there is no further appeal process.

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

7.130 Trainees have the right of appeal if their training number is withdrawn under paragraph 6.39 b–f or if they receive an ARCP outcome that results in a recommendation for:

- an extension of the indicative time to complete the training programme (Outcome 3)
- release of the trainee from the training programme with or without identified competences having been achieved and without completion of the programme (Outcome 4)

7.131 Appeal requests should be made in writing to the Postgraduate Dean within ten working days of the trainee being notified of the decision. The request must specifically state the grounds for appeal. The Postgraduate Dean will determine local arrangements for receiving such requests.

7.132 On receipt of an appeal request, the Postgraduate Dean will arrange for a review of the original recommendation. This review will follow the process outlined in paragraphs 7.127–7.129. The decision of the review panel will be communicated to the trainee.

7.133 Where the review panel has modified the decision of the original ARCP panel to Outcome 2, this completes any appeal process.

7.134 Where the review panel does not alter the decision of the original ARCP panel, the Postgraduate Dean will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.

Appeal hearing

7.135 A formal appeal hearing should normally take place where practicable within 15 working days of the completion of the review. If the trainee agrees, it is not always necessary for an appeal hearing to be face to face and an appeal can be dealt with on written submissions. 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 grounds of the appeal 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.

7.136 The appeal panel Chair should consider postponing the appeal hearing if the appropriate documentation has not been circulated to the panel and/or the trainee within the stated timescales. It may, however, be appropriate to proceed if there is agreement on the day between the appeal panel Chair and the trainee.

7.137 The Postgraduate Dean will convene an appeal panel to consider the evidence and to form a judgement. It should consider evidence from both the trainee and those who are closely involved with their training such as the educational supervisor or TPD. Where the trainee has agreed to this, written-only evidence is acceptable.

7.138 The appeal panel should include:

- the Postgraduate Dean or a nominated representative as Chair
- a College/Faculty representative from outside the locality in HEE, NES, the Wales Deanery or NIMDTA and from the same specialty as the trainee
- a senior doctor from the same locality in HEE, NES, the Wales Deanery or NIMDTA as the trainee and from the same specialty as the trainee
- a senior doctor from the same locality in HEE, NES, the Wales Deanery or NIMDTA 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 from HEE, NES, the Wales Deanery or NIMDTA must be available to advise the Chair on, for example, equal opportunities matters. Administrative support should also be available to ensure there is a record of the proceedings of the appeal.

7.139 Trainees have a right to address the appeal panel. They may attend with a representative (e.g. a friend, colleague or representative from their professional body) or send a representative to the appeal in their place. Trainees must inform the panel within five working days before the appeal whether they wish to attend the hearing. They must also provide the name and status of any representative. Alternatively, if the trainee agrees, an appeal can be dealt with on written submissions. 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.

7.140 Trainees will be notified in writing of the panel's decision with reasons within five working days (where possible) of the appeal hearing. The decision of the appeal panel is final and there is no further right of appeal.

7.141 Outcome documentation from the original ARCP panel should not be signed off by the Postgraduate Dean and no further action should be taken until all review or appeal procedures have been completed. Only at this stage should the Dean sign off the ARCP panel's outcome.

7.142 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 to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel.

7.143 The ARCP appeal panel should not impose an increased sanction on the trainee (i.e. Outcome 3 should not be changed to Outcome 4). In such circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the Postgraduate Dean.

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

7.145 When an Outcome 4 recommendation is upheld by the appeal panel or it upholds the decision to withdraw a training number under paragraph 6.39, the Postgraduate Dean will be notified. They will write to the trainee to confirm the decision and the withdrawal of the training number. This will be done either ten working days after the original recommendation is made and when the trainee has not requested an appeal or at the completion of the appeal process (paragraphs 7.120–7.145), whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the Dean. This will also be the date of removal of the training number. For trainees working in general practice, the date of actual removal of the NTN should also be the date on which they are removed from the Medical Performers List.

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

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

Section 8: Being a Specialty Registrar and an Employee

Accountability issues for employers, Postgraduate Deans and trainees

8.1 Trainees in specialty training are pursuing training programmes under the management of the Postgraduate Dean and are also 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 in the context of trainees being the employees of another organisation. As a result, trainees have an employment relationship with their employer, and are subject to their employing organisation's 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 employment. 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.

8.4 Under the Responsible Officers Regulations, every doctor with a full licence to practise must have a "designated body" and relate to a named General Medical Council (GMC) Responsible Officer (RO). ROs are responsible for ensuring the fitness to practise of their doctors, and that appropriate systems are in place to allow effective identification, remediation and monitoring of the doctor in difficulty. For doctors in postgraduate training, their RO is their Postgraduate Dean and their designated body is the locality in Health Education England (HEE), NHS Education for Scotland (NES), or the Wales Deanery or the Northern Ireland Medical and Dental Training Agency (NIMDTA) responsible for the management of their training programme. Further guidance on the role of the RO is available from GMC | Responsible Officer Regulations.

Roles and responsibilities

8.5 The Postgraduate Dean is responsible for the trainee's training and education while in recognised training posts and programmes. The 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 in the employing environment.

8.6 HEE, NES, the Wales Deanery and NIMDTA are responsible for:

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

8.7 Equally, employers have a legitimate interest in being clear about the performance of trainees as their employees. Excellent two-way communication between Postgraduate Deans and employers about the performance of trainees is therefore essential and ensures that responsibility with regard to revalidation is discharged by both parties.

8.8 So while HEE, NES, the Wales Deanery and NIMDTA 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 that 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 their competence
- thorough induction to both the employer and to the specific specialty training unit. This should include, for example (but not exclusively), 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 that 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 and 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

8.9 The basic structure of specialty training programmes is a rotational experience that allows trainees 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 that are appropriate to the level of training as well as the GMC's Good Medical Practice forms part of this continuum.

8.10 Trainees must maintain an educational portfolio that is specialty specific and 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 in the training programme is fundamental to the training process and is applicable to every trainee.

8.11 Trainees in general practice must be eligible for inclusion on the Medical Performers List. They must comply with the provision of information that is necessary for their consideration. If they are not included on the Medical Performers List for any reason, they must discontinue clinical activity in general practice.

8.12 Trainees also have an important employee 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, in which case it may be appropriate for the employment contract to be extended while investigations are in progress. 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.

8.13 It will be essential in such circumstances for the educational supervisor and Director of Medical Education at the trainee's next placement to be made aware of the ongoing training and/or pastoral needs to ensure that these are addressed.

8.14 Where a trainee has significant health issues that may impact on their education and these are under occupational health review commissioned by the employer, the trainee's consent to share such review reports will be necessary.

8.15 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 ongoing or planned remedial training. Information about any completed disciplinary procedure that exonerated the trainee will not be passed on.

8.16 In addition, where there are potential fitness to practise concerns or information relating to a doctor's revalidation, the Postgraduate Dean as the trainee's RO and the RO for the employing organisation have a statutory responsibility to share relevant information. Any information shared should be transferred with the knowledge of the trainee.

8.17 The ARCP process that incorporates educational and clinical supervisor reviews should ensure that employers are aware of the progress and performance of all its employees who are in postgraduate training.

8.18 Where a trainee has identified educational or supervisory needs that 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.

8.19 In all of these circumstances, the trainee has the right to know what information is being transferred and 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

8.20 In all professions, it is recognised that employees may sometimes encounter difficulties during their career. These may show themselves in various ways (e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system).

8.21 Although it is recognised that the cost of training doctors is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety, which is of paramount importance.

8.22 Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with guidance such as *Maintaining High Professional Standards in the Modern NHS* (in England), or the equivalent documents/processes in the other jurisdictions of the UK. In all cases, the Postgraduate Dean should be involved from the outset.

8.23 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.

8.24 The end of an employment contract does not necessitate the discontinuation of a disciplinary process. Any warning or suspension notice would cease to have effect once employment with the issuing employing organisation ends but an inquiry should 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 them. 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.

8.25 The Postgraduate Dean should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly. If a trainee is excluded when an employment contract ends, the Dean may decide not to arrange for further placements to be offered until the inquiry has concluded. The best course in these circumstances may be to arrange an extension of employment with the existing employer until the matter is resolved. An employment contract cannot, however, be extended purely to allow disciplinary action, such as suspension, without the employee's express consent.

8.26 If 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 inquiry has reached a finding.

8.27 Once a finding has been reached, the Postgraduate Dean will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outlined in paragraphs 7.120–7.145.

8.28 Misconduct should be taken forward according to the employer's agreed disciplinary procedures in line with local policies. Processes must follow those set out in the relevant national guidance on maintaining high professional standards. The Postgraduate Dean must be involved from the outset.

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

8.30 The Postgraduate Dean (or other HEE, NES, Wales Deanery or NIMDTA staff) must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee but may provide evidence to the panel and advise on training and education matters if required.

8.31 Termination of a trainee's employment contract after due process will mean that specialty training is discontinued and the training number is relinquished (paragraph 6.39). In such circumstances, the locality in HEE, NES, the Wales Deanery or NIMDTA 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. An ARCP outcome will not be awarded in such circumstances.

Poor performance and competence

8.32 In the first instance where there are issues around poor performance and professional competence, employers should advise the Postgraduate Dean of any trainee who is experiencing difficulties as well as 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 while 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 Professional Support Unit provision in HEE, NES, the Wales Deanery and NIMDTA or the National Clinical Assessment Service to provide advice about how best to support the process.

Serious incidents

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

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

Poor performance and the GMC

8.35 On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC's fitness to practise process. Trainees, in common with all doctors, may be subject to fitness to practise investigation and adjudication by the GMC. Significant fitness to practise concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Where there are concerns, ensuring that doctors are referred to the GMC is a key part of the role of the RO. Guidance on referring a doctor is available from GMC | A Health Professional's Guide – How to Refer a Doctor to the GMC.

Managing absence from training other than annual leave

8.36 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 for the GMC to be able to award a Certificate of Completion of Training (CCT), it must be satisfied that the trainee has satisfactorily completed the approved course of training. The course of training is based on meeting required competences. All trainees must complete the GMC prospectively approved full course of training 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 owing to ill health, if they are going to be taking maternity/paternity/adoption leave or if they have to attend jury service.
- If the trainee is taking time off from the training programme for sickness, jury service or maternity/paternity/adoption 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.

8.37 Payment in respect of ill health, jury service, maternity/paternity/adoption absence remains the responsibility of the employing organisation.

8.38 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.

Ill health

8.39 When identified, matters relating to ill health or substance misuse should be dealt with through employers' occupational health processes and outside disciplinary procedures where possible. The Postgraduate Dean needs to be kept informed about progress and any indication of a return to work. When the doctor's fitness to practise is impaired by a health condition, the GMC Fitness to Practise Directorate must be told and the Dean should be informed in writing. The GMC Fitness to Practise 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: Conditions of Joining a Specialty Training Programme

Appendix 2: Form R (Parts A and B)

Appendix 3: ARCP Outcome Form

Appendix 4: Out of Programme Form

Appendix 5: Report on Academic Trainees' Progress

Appendix 6: Gold Guide Privacy Notice

Appendix 7: Glossary

Appendix 1:
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 training programme in [……], I agree to meet the following requirements throughout the duration of the programme:

- I will always have at the forefront of my clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care. I am aware that *Good Medical Practice* requires me to keep my knowledge and skill up to date throughout my working life, and to regularly take part in educational activities that maintain and further develop my competence and performance.
- As a junior doctor in training, I will make myself familiar with my curriculum and meet the requirements set within it. I will use training resources available optimally to develop my knowledge, skills and attitudes to the standards set by the relevant curriculum. This will include additional requirements as set out by the relevant curricula.
- I will ensure that the care I give to patients is responsive to their needs, and that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers.
- I will ensure I treat my clinical and non-clinical colleagues with respect, promoting a culture of teamworking across all professions working in healthcare.
- I will maintain my General Medical Council (GMC) registration with a licence to practise (even if temporarily out of programme). For all trainees, failure to do so may result in a police investigation, immediate suspension from employment and referral to the GMC. Failure to do so may also result in my removal from the training programme.
- I understand my responsibilities within revalidation, that I must declare my full scope of practice (including locum positions) and that I will provide evidence for all areas of activity. I understand that my Responsible Officer is the Postgraduate Dean and that Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery or the Northern Ireland Medical and Dental Training Agency (NIMDTA) is my designated body.
- If starting at F1 level, I will have achieved a primary medical qualification as recognised by the GMC and obtained provisional registration by the time I am scheduled to commence the F1 year. I understand that I will need to obtain full registration with the GMC in advance of commencing as a F2 doctor.
- I will ensure that when carrying out work in a general practice setting, I am on the GP Performers List (specialty trainees only).

- I agree that I will only assume responsibility for or perform procedures in areas where I have sufficient knowledge, experience and expertise as set out by the GMC, my employers and my clinical supervisors.
- I will have adequate insurance and indemnity cover, in accordance with GMC guidance. I understand that personal indemnity cover is also strongly recommended.
- I will inform my Responsible Officer, HEE/NES/the Wales Deanery/NIMDTA and my employer immediately if I am currently under investigation by the police, the GMC/General Dental Council (GDC), the National Clinical Assessment Service or other regulatory body, and I will inform my Responsible Officer and HEE/NES/ the Wales Deanery/NIMDTA if I am under investigation by my employer. I also agree to share information on the progress of any investigations.
- I will inform my Responsible Officer, HEE/NES/the Wales Deanery/NIMDTA and my employer immediately if the GMC, GDC or NHS England place any conditions (interim or otherwise) on my licence, or if I am suspended or erased/removed from the Medical or Dental Register/Performers List.
- I will provide my employer and HEE/NES/the Wales Deanery/NIMDTA with adequate notice as per GMC guidance/contract requirements if I wish to resign from my post/training programme.
- I will maintain a prescribed connection with HEE/NES/the Wales Deanery/ NIMDTA, work in an approved practice setting until my GMC revalidation date (this applies to all doctors granted full registration after 2 June 2014) and comply with all requirements regarding the GMC revalidation process.
- I will ensure that I comply with the standards required from doctors when engaging with social media, and I will adhere to my employer's policy on social media and GMC guidance.
- I acknowledge that as an employee in a healthcare organisation, I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes familiarity with policies, participating in employer and departmental inductions, and workplace-based appraisal as well as educational appraisal. I acknowledge and agree to the need to share information about my performance as a doctor in training with other organisations (e.g. employers, medical schools, the GMC, Colleges/training bodies involved in my training) and with the Postgraduate Dean on a regular basis.
- I acknowledge that data will be collected to support the following processes and I will comply with the requirements of the Data Protection Act 1998:

  a) Managing the provision of training programmes

  b) Managing processes allied to training programmes, such as certification, evidence to support revalidation and supporting the requirements of regulators

  c) Quality assurance of training programmes

d) Workforce planning

e) Improving patient safety

f) Compliance with legal and regulatory responsibilities, including monitoring under the Equality Act 2010

g) Research related to any of the above

- I will maintain regular contact with my Training Programme Director, other trainers and HEE/NES/the Wales Deanery/NIMDTA by responding promptly to communications from them.
- I will participate proactively in the appraisal, assessment and programme planning process, including providing documentation that will be required to the prescribed timescales and progressing my training without unreasonable delay.
- I will ensure that I develop and keep up to date my learning e-portfolio, which underpins the training process and documents my progress through the programme.
- I agree to ensure timely registration with the appropriate College/Faculty.
- I will support the development and evaluation of my training programme by participating actively in the national annual GMC Trainee Survey/programme specific surveys as well as any other activities that contribute to the quality improvement of training.
- I acknowledge that where programmes are time dependant, failure to complete the required time in programme may result in an unsatisfactory outcome.

In addition, I acknowledge the following specific information requirements:

1. I understand that programme and post allocations are provisional and subject to change until confirmed by HEE/NES/ the Wales Deanery/NIMDTA and/or my employing organisation.
2. I understand that I will need to satisfy all requirements of the programme and curriculum to enable satisfactory sign off, and that this may require a specific time commitment.
3. I agree to the following:

   a) I will obtain and provide my School and HEE/NES/the Wales Deanery/ NIMDTA with a professional email address.

   b) I will inform my School and HEE/NES/the Wales Deanery/NIMDTA of any change of my personal contact details and/or personal circumstances that may affect my training programme arrangements.

   c) I will keep myself up to date with the latest information available via HEE/ NES/the Wales Deanery/NIMDTA as well as via the relevant educational and regulatory websites.

d) I will attend the minimum number of formal teaching days as required by my School/programme.

4. Where applicable, I will fully engage with immigration and employer requirements relating to Tier 2 and Tier 4 UK visas.

I acknowledge the importance of these responsibilities and understand that they are requirements for maintaining my registration with the Postgraduate Dean. If I fail to meet them, I understand that my training number may be withdrawn by the Postgraduate Dean.

I understand that this document does *not* constitute an offer of employment.

Yours sincerely,

Trainee's signature Trainee's name Date

Appendix 2:
Form R (Parts A and B)

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT:
If this form has been pre-populated by your Deanery/LETB, 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.
It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

Forename:		**GMC-registered surname:**	
GMC Number:		**Deanery/LETB:**	
Date of Birth:	**Gender:**	**Immigration Status:**	*{If newly registering, attach passport-sized photo of face here}*
		(e.g. resident, settled, work permit required)	
Primary Qualification:		**Date awarded:**	
Medical School awarding primary qualification (name and country):			
Home Address:		**Contact telephone:**	
		Contact mobile:	
		Preferred email address for all communications:	
Please tick only one of these six options:		**Programme Specialty:**	
I confirm I have been appointed to a programme leading to award of CCT.	☐	**Specialty 1 for Award of CCT (if applicable):**	
I confirm that I will be seeking specialist registration by application for a CESR.	☐	**Specialty 2 for Award of CCT (if applicable):**	
I confirm that I will be seeking specialist registration by application for a CESR CP.	☐		
I confirm that I will be seeking specialist registration by application for a CEGPR.	☐	**Royal College/Faculty assessing training for the award of CCT:**	
I confirm that I will be seeking specialist registration by application for a CEGPR CP.	☐	(if undertaking full prospectively approved programme)	
I confirm that I am a core trainee, not yet eligible for CCT.	☐	**Anticipated completion date of current programme, if known:**	

Grade:	**Date started:**	**Post Type or Appointment:**	**Full time or % of Full time Training:**
		(e.g. LAT, Run Through, higher, FTSTA)	(e.g. Full Time, 80%, 60%)

By signing this form, I confirm that the information above is correct and I will keep my Designated Body, and the GMC, informed as soon as possible of any change to my contact details.			
Trainee Signature:		**Date:**	
FOR DEANERY/LETB USE ONLY			
National Training Number:	**GMC Programme Approval Number:**	**Deanery Reference Number:**	
Signature of Postgraduate Dean or representative of PGD:		**Date:**	

Form R (Part B)

Self-declaration for the Revalidation of Doctors in Training

IMPORTANT:

If this form has been pre-populated by your Deanery/LETB, 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.

It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

Section 1: Doctor's details

Forename:		**GMC-registered surname:**			
GMC Number:		**Date of Birth:**		**Gender:**	
Telephone:		**Primary contact email address:**			
Current Deanery/LETB:					
Previous Designated Body for Revalidation (if applicable):					
Date of <u>previous</u> Revalidation (if applicable):					
Programme/ Training Specialty:		**Dual specialty (if applicable):**			

Section 2: Whole Scope of Practice

Read these instructions carefully!

Please list all placements **<u>in your capacity as a registered medical practitioner</u> <u>since your last ARCP/RITA or appraisal.</u>** 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)

Number of days of TOOT: days	**TIME OUT OF TRAINING ('TOOT')** Self-reported absence whilst part of a training programme since last ARCP/RITA (or, if no ARCP/RITA, since initial registration to programme). Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/Deanery/LETB in recalculation of the date you should end your current training programme.

TOOT should include:

- ✓ short- and long-term sickness absence
- ✓ unpaid/unauthorised leave
- ✓ maternity/paternity leave
- ✓ compassionate paid/unpaid leave
- ✓ jury service
- ✓ career breaks within a programme (OOPC) and non-training placements for experience (OOPE)

TOOT should **not** include:

- X study leave
- X paid annual leave
- X prospectively approved Out of Programme Training/Research (OOPT / OOPR)
- X periods of time between training programmes (e.g. between core and higher training)

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 and 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 and integrity.

Please tick/cross here to confirm your acceptance ☐

** If you wish to make any declarations in relation to honesty and 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, warnings 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 ☐ - Go to Q4

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: Update to previous Form R Part B – If you have previously declared any Significant Events, Complaints or Other Investigations on your last Form R Part B, please provide updates to these declarations below.

Please **do not** use this space for new declarations. These should be added in Section 5 (New declarations since your previous Form R Part B).

Please continue on a separate sheet if required. Title the sheet 'Appendix to previous Form R Part B update', and attach to this form.

Section 5: New declarations since your previous Form R Part B

Significant Event: 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.

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 and 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.

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.

Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations', and attach to this form.

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

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

- **I do NOT have anything new to declare since my last ARCP/RITA/Appraisal** ☐
- **I HAVE been involved in significant events/complaints/other investigations since my last ARCP/RITA/Appraisal** ☐

2) If you know of any RESOLVED significant events/complaints/other 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)***.**

Significant event: ☐ Complaint: ☐ Other investigation: ☐

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

Location of entry in Portfolio _____

Significant event: ☐ Complaint: ☐ Other investigation: ☐

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

Location of entry in Portfolio _____

Significant event: ☐ Complaint: ☐ Other investigation: ☐

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

Location of entry in Portfolio _____

3) If you know of any UNRESOLVED significant events/complaints/other 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 6: 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.**

Section 7: Declaration			
I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/LETB and my employer if I am aware of any changes to the information provided in this form. *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 3:
ARCP Outcome Form

Specialty Annual Review of Competence Progression (ARCP) – Outcome Form

Trainee forename:		Trainee surname:	GMC No:
Date of Review:		Completion of training date:	
Programme Specialty: Being assessed ☐		Dual/Sub-specialty: Being assessed ☐	
NTN/DRN:		GMC Trg Prog Approval No:	
List all panel members	1.	2.	
	3.	4.	
	5.	6.	
	7.	8.	
	9.	10.	
Period covered from:		Period covered to:	

No. of days of Time out of Training since last review/commencing programme (from Form R Part B):				
Grade being assessed (Please circle) F1 F2 CT1 CT2 CT3 ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8		Additional grade assessed information (Please tick) LAT ☐ FTSTA ☐ ACF ☐ ACL ☐		
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 *(please tick relevant choice using boxes on right-hand side)*	
Satisfactory Progress **1.** Achieving progress and competences at the expected rate	☐ 1
Unsatisfactory progress. If you recommend one of these outcomes, you must provide reasons ("U" codes) why. *(Details must be provided on supplementary sheet overleaf. The panel must also meet with the trainee.)* **2.** Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF) **3.** Inadequate progress by the trainee – additional training time required (PROVIDE REASONS OVERLEAF) **4.** Released from training programme with or without specified competences (PROVIDE REASONS OVERLEAF)	 ☐ 2 ☐ 3 ☐ 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 **7.2** Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF) **7.3** Inadequate progress by the trainee – additional training time (PROVIDE REASONS OVERLEAF) **7.4** Incomplete evidence presented – LAT / FTSTA placement	 ☐ 7.1 ☐ 7.2 ☐ 7.3 ☐ 7.4
8. Out of programme: **OOPE** (Experience): ☐ **OOPR** (Research): ☐ **OOPC** (Career break): ☐ Note: OOPT must have outcome 1–5; not outcome 8.	Months counted towards training:
9. Top-up training	☐ 9
Grade/level at next rotation: F1 F2 CT1 CT2 CT3 ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8	
Academic Progression (if applicable): Continue academic component: ☐ Do not continue academic component: ☐ Academic component completed: ☐	

Supplementary documentation for ARCP Outcome Form

<table>
<tr><td colspan="2">Trainee Name:</td><td>GMC No:</td><td colspan="2">Outcome recommended:</td></tr>
<tr><td colspan="5">Detailed reasons for recommended outcome:
(standard items on supplementary sheet following panel review)

1.
2.
3.
4.</td></tr>
<tr><td colspan="5"><u>Discussion with trainee</u>

Mitigating circumstances

Competences which need to be developed

Recommended actions

Recommended additional training time (if required)</td></tr>
<tr><td colspan="5">Revalidation: (Information is available in the trainee's Enhanced Form R, in the employer's Exit Report (and the Exception Exit Report when there is a concern) and in the Clinical Supervisor Report and Education Supervisor report)</td></tr>
<tr><td>Documentation considered:</td><td colspan="4">Exit Report: ☐ Exception report: ☐
Form R Part B: ☐ Supervisors' Reports: ☐

Other: _____</td></tr>
<tr><td colspan="2">Are there any current known unresolved causes of concerns?</td><td>Yes: ☐</td><td colspan="2">No: ☐</td></tr>
<tr><td colspan="5">Revalidation: If concerns are noted above, provide a brief summary:</td></tr>
<tr><td>Date of next Review:</td><td></td><td>Completion of training date (if changed from page 1):</td><td colspan="2"></td></tr>
</table>

Chair of panel signature:		***Date:***	
Trainee signature:		***Date:***	
Postgraduate Dean signature:		***Date:***	

These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through 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/LETB'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 ARCP Outcome form is the UK-wide agreed method for transferring information pertaining to a revalidation of a doctor in training to another Responsible Officer. Your Responsible Officer may also transfer additional information to another Responsible Officer.

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 for outcomes 3, 4 and 7.3 as delineated in Gold Guide Section 7.

Supplementary information required for GMC Annual ARCP/RITA Report

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

Trainee Name:	**GMC No:**	**Outcome recommended:**

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 Place Based Reviews; Audits; Research; structured Educational 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.
U8	☐	Other reason (please specify)	

Additional information required for GMC Annual ARCP/RITA Report

Recorded by Deanery on the Deanery Database for Trainees who did not have a Review

Trainee Name:		**GMC No:**	
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
N11	☐	Trainee suspension	Trainee suspended for reasons other than gross misconduct
N13	☐	Other reason (please specify)	
N21	☐	Resignation – without training issues	Resignation; no remedial training undertaken or offered
N22	☐	Resignation – with training issues	Resignation received; trainee would have been offered or trainee undertook remedial training

Appendix 4:
Out of Programme Form

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: 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 *not* 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.

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 and Form R 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.

e) I confirm that this period out of programme takes into account the adequacy of the rotation in terms of its educational and service content and can accommodate the absence of the trainee.

Signed _____ Date: _____
(trainee's name)
Print name _____

Signed _____ Date: _____
(educational supervisor)
Print name _____

Signed _____ Date: _____
(training programme director - TPD)
Print name _____

New requests: The Postgraduate Dean will only sign this document after it has been signed by the trainee's education supervisor and training programme director.

On-going OOPs: This document should be signed by the training programme director and will need to be submitted to the ARCP panel.

Signed _____ Date: _____
(Postgraduate Dean (or deputy))

Appendix 5:
Report on Academic Trainees' Progress

This form supports the annual review process and should form part of the trainee's permanent record

Deanery/LETB: **GMC No.:**

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

Date of Report: **Period covered:** From to

Type of post (circle); ACF / ACL / CT / ST

Year/phase of training programme assessed *(circle)*: ST1, ST2, ST3, ST4, ST5, ST6, ST7, ST8

What academic time have you had during this review period *(3 month block – day release – 1 week per month etc)*

Placement / Post / Experience Gained *Please note if clinical or academic post*	**Dates:** *From* *To*	**In / out of Programme**	**PT / FPT As %FT**

PDP attached	**Mid-Year Review attached** *(if applicable)*

Achievements and Academic Activity			
Generic and Applied Research Skills *Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio*	**Dates:** *Month/Year*	**Learning Outcome / Skills acquired**	**Evidence in Portfolio?** ***Yes/No***

Research Governance *Courses, ethics approval – please provide copies as evidence*	**Dates:** *Month/Year*	**Learning Outcome / Skills acquired**	**Evidence in Portfolio?** ***Yes/No***
Activity Type: **1.** **2.** **3.**			
Education and Communication *Tutoring experience, seminars/talks, completed higher degrees – please provide copies as evidence*	**Dates:** *Month/Year*	**Learning Outcome / Skills acquired**	**Evidence in Portfolio?** ***Yes/No***
Activity Type:			
Other Significant academic outputs during the period *Grants / Fellowships awarded – National / International*	**Dates:** *Month/Year*	**Learning Outcome / Skills acquired**	**Evidence in Portfolio?** ***Yes/No***
Activity Type: **1.** **2.** **3.** **4.**			

Comments from academic/research supervisor – *information given about progress should be linked to the evidence provided by the trainee in their academic portfolio where possible.* ***You may use the boxes below or attach a letter of support***
General:
Strengths:
Areas for Improvement:
Recommendations (include details of any future academic/research plans): *state where special attention should be given in future*

Attachments: CV (required) [ ] Supervisor Letter (optional) [ ]
Documentary evidence (as required) [ ]

I am not aware of any non-professional, unethical or dishonest behaviour for this trainee
Name of Academic Supervisor:
Signature of Academic Supervisor: **Date:**
Signature of Trainee: **Date:**
To be completed by ARCP Panel, External Academic Review: *external academic review of this report by an academic who is external to the specialty or medical school of the trainee"*
Comment:
Signature of Academic Representative: **Date:**

Appendix 6:
Gold Guide Privacy Notice

This privacy notice is intended to provide transparency regarding what personal data Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery, and the Northern Ireland Medical and Dental Training Agency (NIMDTA) will collect about you, how it will be processed and stored, how long it will be retained and who will have access to your data.

Trainees should be aware that this privacy notice applies to all the processing of your personal data by HEE, NES, the Wales Deanery and NIMDTA during the course of your training. Your personal data is collected typically (but not exclusively) via the recruitment process, your Annual Review of Competence Progression (ARCP) and when submitting Form R (or the alternative in NES).

Those responsible for training should ensure that trainees are aware of this information. It is recommended that this privacy notice be attached to the NTN letter sent to trainees at the start of their training. This privacy notice should also be available on the HEE, NES, Wales Deanery and NIMDTA websites.

Terms used in this notice

There are some terms that appear in the Data Protection Act 1998 that are used in this notice. These are explained below.

Personal data: Information from which the data subject can be identified either directly or indirectly when the information is read in conjunction with other data that the data controller holds.

Processing: In relation to personal data, processing means obtaining, recording, sharing or holding the data or carrying out any other operation or action.

Data subject: The individual whom the personal data is about.

Data controller: HEE, NES, the Wales Deanery or NIMDTA is the data controller, meaning that they determine the purposes for which and the manner in which any personal data is to be processed.

Data processor: A data processor processes personal data on behalf of the data controller under a contract and follows strict instructions from the data controller.

Third parties: Any person/organisation that is not the data subject, data controller or data processor.

Data recipients: Any person to whom the data is disclosed who processes that data on behalf of the data controller (e.g. HEE, NES, Wales Deanery or NIMDTA staff and lay representatives).

Sensitive personal data: Personal information about the data subject's racial or ethnic origin, political opinions, religious beliefs, physical or mental health condition, sexuality and criminal record or activity.

Overview

In order to manage and quality assure your training, HEE, NES, the Wales Deanery or NIMDTA need to process information about you. They do so in compliance with the Data Protection Act 1998 and in accordance with the data protection principles set out in Schedule 1 of the Act. These principles require that personal data must:

- be fairly and lawfully processed
- be processed for a specific purpose
- when collected, be adequate, relevant and not excessive
- be accurate and up to date
- not be kept for longer than necessary
- be processed in accordance with an individual's rights
- be kept secure and safeguarded from unauthorised access or accidental loss
- only be transferred outside the European Economic Area when an adequate level of protection exists in the recipient country

Processing your personal data

HEE, NES, the Wales Deanery and NIMDTA will process your personal data for the following purposes, and this will usually entail the processing of your personal data on our management information systems:

1. **To manage your training and programme –** Personal data collected for this purpose will be kept in your training file, which will usually contain your recruitment data (application form, recruitment documentation and any immigration records), ARCP records, significant correspondence, and any other information pertinent to the effective management of your training and education.
2. **To quality assure training programmes and ensure that standards are maintained –** via local and national quality assurance teams, and methods such as the General Medical Council (GMC) national training survey
3. **To identify workforce planning targets –** Your data will be used to determine outputs from programmes and to inform the number of trainees required for specialties in the future.
4. **To maintain patient safety through the management of performance concerns –** Your personal data may be shared with the GMC should there be significant concerns regarding your fitness to practise.
5. To comply with legal and regulatory responsibilities including revalidation
6. To contact you about training opportunities, events, surveys and information that may be of interest to you

Access to your personal data is restricted to the authorised team within HEE, NES, the Wales Deanery or NIMDTA that manages your training. Access is also granted on a limited basis to recipients such as Training Programme Directors and lay representatives but only where necessary for a specified and legitimate purpose.

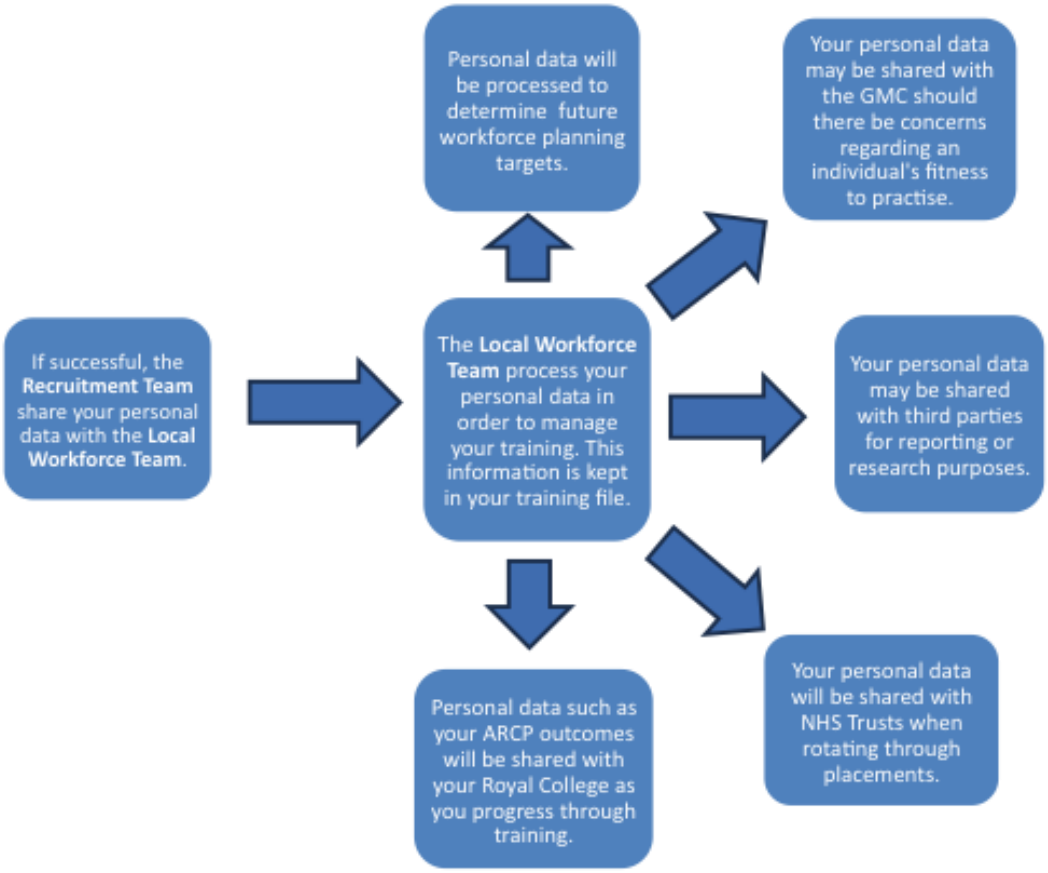
Your personal data will be retained for six years after you have left your training programme, at which point your personal data will be confidentially and securely destroyed.

Processing your sensitive personal data

Your sensitive personal data will only be processed if HEE, NES, the Wales Deanery or NIMDTA has received explicit consent from you, if alternative conditions of Schedule 2 and Schedule 3 of the Data Protection Act 1998 are satisfied or if an exemption specified in the Data Protection Act applies.

Sensitive personal data that we may need to share includes information relating to your health or criminal record should your employer or the GMC need to be made aware.

Sharing personal data



HEE, NES, the Wales Deanery or NIMDTA will only transfer your personal data to third parties using secure channels and where it is needed to manage your training, for example when rotating through placements or notifying Medical Royal Colleges/Faculties of ARCP outcomes.

HEE, NES, the Wales Deanery or NIMDTA will not transfer your data unless it is satisfied of the following matters:

1. That a condition of Schedule 2 (and a condition from Schedule 3 in relation to sensitive personal data) of the Data Protection Act 1998 is met. The most common conditions we will rely on from Schedule 2 are consent from you or that we (or the recipient organisation) have a legitimate interest in the disclosure.

2. The data will be handled by the third party in accordance with the Data Protection Act.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous and aggregated basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Third parties may include the following non-exhaustive list: the UK health departments, Colleges/Faculties, other deaneries, the GMC, NHS Trusts/Health Boards and approved academic researchers.

Your responsibilities and rights

It is important that you work with us to ensure that the information we hold about you is accurate and up to date so please inform HEE, NES, the Wales Deanery or NIMDTA immediately if any of your personal data needs to be updated or corrected.

All communications from HEE, NES, the Wales Deanery or NIMDTA will normally be by email. It is therefore essential for you to maintain an effective and secure email address or you may not receive information about your posts and assessments or other important news and information about your training.

If at any point you wish to gain a copy of your personal data that is held by HEE, NES, the Wales Deanery or NIMDTA, you may submit a subject access request in writing. Please note that a fee may apply. Depending on your location of training, please contact one of the following organisations:

Health Education England

NHS Education for Scotland

Wales Deanery

Northern Ireland Medical and Dental Training Agency

In certain limited circumstances, you have a right to object to processing that is likely to cause you damage or distress, or to any decisions made by automated means that significantly affect you.

You also have a right to have inaccurate personal data rectified, blocked, erased or destroyed.

If you wish to exercise any of these rights or have any concerns in relation to how your personal data is processed, please contact HEE, NES, the Wales Deanery or NIMDTA using the details above.

Should you wish to learn further information about data protection, please visit the Information Commissioner's Office (ICO) website. The ICO deals with complaints about information matters and provides useful guidance.

Appendix 7: Glossary

AoP	**Assessment of performance**
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 TPD, 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, the Postgraduate Medical Education and Training Board)
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	**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(CP)	**Certificate of Eligibility for Specialist Registration (Combined Programme):** 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 that were not GMC approved. See GMC website for further information.
CEGPR(CP)	**Certificate of Eligibility for General Practice Registration (Combined Programme):** 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 that were not GMC approved. See GMC website for further information.
CEGPR(AP)	Certificate of Eligibility for General Practice Registration (Approved Programme): The application process for the award of the CEGPR through the Approved Programme route. It is for doctors who

	completed general practice training in GMC approved training posts but failed to pass one part of the MRCGP examination in the programme.
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 that reflect the scope of professional practices. It may be different from **performance**, which denotes what someone is actually doing in a real life situation.
COPMeD	**Conference of Postgraduate Medical Deans in the UK**
Core training	The first stage of uncoupled training
Curriculum	A statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme.
DME	**Director of Medical Education:** The title that has largely supplanted the clinical/postgraduate tutor title. This role is local education provider-based.
Domain	The scope of knowledge, skills, competences and professional characteristics that can be combined for practical reasons into one cluster
DRN	**Dean's Reference Number:** The number allocated to trainees in core or uncoupled training. These reference numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.
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 in training and identify their developmental needs
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 Dean has a legitimate interest in matters arising that relate to the education and training of postgraduate trainees in 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, the NHS and companies/persons working on their behalf should take into consideration the nine protected characteristics: age; being or becoming a transsexual person; being married or in a civil partnership; being pregnant or having a child; disability; race including colour; nationality; ethnic or national origin; religion, belief or lack of religion/belief; sex; and sexual orientation. (See Equality Act 2010: Guidance.)
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 while the successful completion of the two-year programme enables the trainee to apply for specialty training programmes.
GDMO curriculum	**General Duty Medical Officer curriculum:** Relevant for Defence Deanery trainees
GMC	**General Medical Council:** Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
HEE	**Health Education England**
Human rights	The Human Rights Act came into effect in the UK in October 2000. Making Sense of Human Rights states: "Human rights 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 and do, their beliefs, their right to a fair trial and many other similar basic entitlements." (pages 2–3)
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 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.
NES	**NHS Education for Scotland**
NIMDTA	**Northern Ireland Medical and Dental Training Agency**
NTN	**National Training Number:** The number allocated by HEE, NES, the Wales Deanery or NIMDTA to trainees in specialty training programmes that (subject to satisfactory progress) have an end point of the award of a CCT or CESR(CP)/CEGPR(CP).
OOP	**Out of programme:** Where trainees take time out of their training programme to undertake a range of activities, with the agreement of HEE, NES, the Wales Deanery or NIMDTA
OOPC	**Out of programme for a career break**
OOPE	**Out of programme for experience** that has not been prospectively approved by the GMC and that cannot be counted towards training for a CCT or CESR(CP)/CEGPR(CP) but may be suitable for a CESR/CEGPR
OOPR	**Out of programme for research:** A period of research that can be counted towards training if it is prospectively approved by the GMC. Research can also be considered for a CESR.
OOPT	**Out of programme for training:** Training that has been prospectively approved by the GMC and can be counted towards a CCT/CESR(CP)/CEGPR(CP)/CEGPR(AP)
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 patient's 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 that together comprise a programme of training in a given specialty or sub-specialty. The GMC approves programmes of training in all specialties, including general practice. The programmes are managed by a TPD or their equivalent. A programme is not a personal programme undertaken by a particular trainee.
Revalidation	Revalidation is the process by which all licensed doctors are required to demonstrate over a five-year cycle that they are up to date and fit to practise in their chosen field as well as their full scope of practice. As a doctor in training, you will be generating this information to meet the requirements of your curriculum and training programme, and you will also be required to make a self-declaration of your full scope of practice through completion of Form R (or the alternative in NES). Your Responsible Officer will base their recommendation to the GMC about you for revalidation on your participation in the ARCP process.
Run-through training	The term used to describe the structure of specialty training in which trainees are competitively selected into specialty training curricula that 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. Some specialties have moved away from this model (see uncoupled training) while others have continued with it.
SAC	**Specialty Advisory Committee:** The usual (but not the only) name used for the committee that advises the Medical Royal College/Faculty on training issues and that sets the specialty specific standards in the context of the generic standards of training set by the GMC
SLE	**Supervised learning event:** A developmental training experience to help a trainee develop the competences required by their specialist training curriculum
Specialist training	The description of postgraduate training marked by the reforms to postgraduate medical training that 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 the Postgraduate Medical Education and Training Board and, from April 2010, by the GMC
SpR	**Specialist Registrar:** The title given to trainees who were appointed to specialist training prior to January 2007
StR	**Specialty Registrar:** The title given to trainees who are appointed to specialty training from August 2007
STA	**Specialist Training Authority:** Prior to the establishment of the Postgraduate Medical Education and Training Board, the competent authority for specialist training
STC	**Specialty Training Committee:** The usual (but not the only) name used for the committee that advises and manages training in a specialty within a locality in HEE, NES, the Wales Deanery or NIMDTA
TPD	**Training Programme Director:** The GMC requires that training programmes are led by TPDs (or their equivalent). TPDs have responsibility for managing specialty training programmes.
Training number	The reference number allocated by HEE, NES, the Wales Deanery or NIMDTA to trainees in specialty training programmes. Each trainee is allocated a single training number that is either a NTN or DRN.
Uncoupled training	Uncoupling means building in a formal opportunity after ST2 (or ST3 in the case of specialties where core training is three years) to change direction or make a more focused career choice in the light of greater experience. It means adding a competitive selection process between ST2 and ST3 (or between ST3 and ST4 in the case of specialties where core training is three years).
Workplace-based appraisal	The process whereby trainees are appraised by their educational supervisors on behalf of their employers, using the assessments and other information that has been gathered in the workplace
Workplace-based assessment	The assessment of working practices on what trainees may actually do in the workplace, predominantly carried out in the workplace itself. See GMC | Workplace Based Assessment.

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