

A Guide to Specialist Registrar Training

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Foreword - by Professor John Temple

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Foreword

It is five years since "Hospital Doctors Training For The Future", the report of the Working Group on Specialist Medical Training, was first published in April 1993. During this time much has been accomplished to improve the quality of higher specialist medical training in the United Kingdom.

The new specialist registrar training programmes were first introduced in two "vanguard specialties" - General Surgery and Diagnostic Radiology - on 1 December 1995. Building on the success of these specialties, a rolling programme to introduce the grade in all other specialties began on 1 April 1996, which was known as the *Grade Commissioning Date*. This transition process was completed on 31 March 1997.

This new edition of *A Guide to Specialist Registrar Training* reflects experience gained from operating the specialist registrar grade over the last two years and has also been informed by a wide consultation exercise which was conducted last year. It covers all aspects of the specialist registrar grade from entry to exit, and applies to the whole of the United Kingdom as well as to all specialties. Clearly, this is still an evolving process, and although this guidance is very comprehensive, it is likely that further modification will be necessary over time.

I am particularly grateful for all the industry and expertise of the members of the Calman Implementation Steering Group based in the NHS Executive in the production of this Guide, and for the support of those in the other UK Health Departments.

We hope that trainees and all those involved in the management and delivery of higher specialist medical training in the United Kingdom will find that this Guide delivers clear, helpful and unambiguous advice.



Professor John Temple
Special Adviser to the Chief Medical Officer
Chairman, Calman Implementation Steering Group
February 1998

Introduction

Using the Guide

1. This Guide, which replaces the March 1996 edition of *A guide to Specialist Registrar training*, has been prepared for use by specialist registrars (SpRs), those aspiring to enter the grade, and by those who are involved in managing the grade and its training programmes. All the sections will, of course, be of interest to candidates for the SpR grade, successful entrants to training programmes and future trainees. Some sections will be of more interest to postgraduate deans, trust managers, the medical Royal Colleges and other relevant bodies. It is important to note that the Guide applies equally to EEA and overseas doctors (unless otherwise stated).

2. The aim of the Guide is to explain in a detailed but straightforward way exactly what trainees can expect at various stages of their SpR training programmes, from entering the grade, through the assessment process to the conclusion of training and then leaving the grade. Inevitably, the Guide cannot attempt to address all matters relating to postgraduate medical and dental education. It is likely that further guidance may be required from time to time. A list of UK contact points is at *Appendix 1*.

3. The Guide frequently refers to the distinctive roles of the various training personnel and other bodies involved - postgraduate deans, medical Royal Colleges and their Faculties, universities, programme directors, supervising consultants, Specialty Training Committees, Specialist Advisory Committees and so on. Postgraduate deans are responsible for the management and delivery of postgraduate education. It is important, however, to emphasise that Colleges and their Faculties have a central role, working both nationally and through local advisors, by informing decisions in the many areas of medical education and training. Nothing in this Guide gainsays the important, independent, and complementary procedures undertaken by Colleges and their Faculties for visiting, inspecting and approving SpR training programmes and, where relevant, individual training placements.

Introduction of the specialist registrar grade in medicine

4. The transition arrangements for introducing the SpR grade were described in detail in Section 2 of the March 1996 edition of *A Guide to Specialist Registrar training* and this is reproduced in full at *Appendix 2*. The Guide has been revised in light of the experience of operating the SpR grade during the last 2 years.

Introduction of the specialist registrar grade in dentistry

5. A *Dental Supplement* to the Guide is at *Appendix 3* and explains the differences between the training arrangements in medicine and dentistry.

Pathways in the specialist registrar grade

6. There are a number of different training pathways and appointments available in the SpR grade, not all of which lead to the award of a Certificate of Completion of Specialist Training (CCST) - *see Section 1*. These include short-term locum appointments, to cover gaps in SpR training programmes, and fixed-term training appointments which can be tailored to meet individual doctors' training needs. The arrangements for short-term and fixed-term training appointments are in *Section 5*. A chart giving a summary of the pathways available in the SpR grade is attached as an *Annex* to this introduction.

7. Once appointed to the SpR grade, all trainees must accept and move through those placements or training slots which have been designated as parts of the training programme. In placing SpRs, postgraduate deans should take account of College assessments of progress and of individual trainees' educational needs and personal preferences, including domestic arrangements. The permission of the postgraduate dean must be obtained before an SpR undertakes any other placement or attachment, including those outside the training programme (*see Section 14 on "Training agreements"*).

Career options within training for programmes leading to the award of a CCST

8. On first joining the grade, specialist registrars will be given a projected date for completion of training - that is the date they will become eligible for the award of a CCST. This date is not, however, fixed. SpR training programmes are designed to be as flexible as possible to cater for a range of individual career choices. As long as trainees' options are agreed by postgraduate deans, with advice from Colleges, Faculties and Specialist Advisory Committees, as relevant to the CCST training programmes, they can pursue a variety of paths through the SpR grade. This may, of course, mean that the date of completion of training needs to be recalculated. Postgraduate deans will consult their deanery specialty training committees, College or Faculty Higher Training Committees or Specialist Advisory Committees, programme directors and supervising consultants as appropriate before they agree to extend the training period.

9. The training period in the SpR grade can, therefore, be extended to take account of increased training in a number of ways, for example:

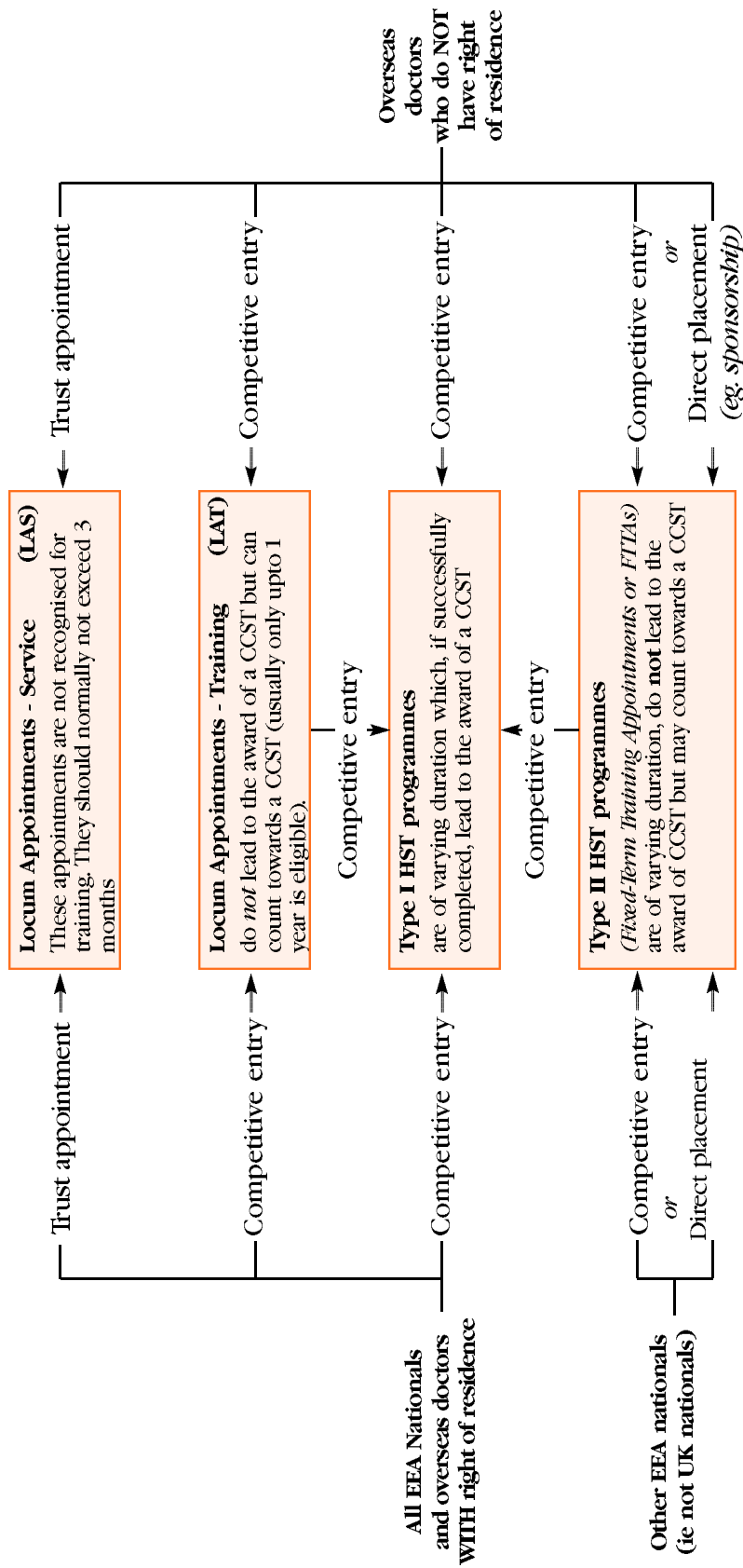
- i. to take account of decisions made once SpR training has begun where, for example, trainees:
 - a. opt to pursue dual CCST certification (*see Section 1*),
 - b. undertake research (*see Section 10*),
 - c. pursue sub-specialty training (*see Sections 1 and 8*),
 - d. pursue other recognised activities;
- ii. where trainees move between full-time and part-time training thus requiring more time to complete training (*see Section 6*);
- iii. where trainees experience ill-health or require leave of absence for personal reasons.

It may be that during the course of training several of these options, which are described in more detail elsewhere in the Guide, may apply for individual SpRs. Trainees should always discuss training options with their educational supervisors and/or programme directors, and confirm with their postgraduate dean the effect on the length of their training. Colleges and Faculties will be kept informed of any changes to training periods for planning purposes.

10. It will also be necessary, from time to time, for some trainees who are making slower than expected progress to repeat part of their training programme. Additional time will be allowed for this (*see Section 12*). Slow progress in one part of the programme which is subsequently remedied is no bar to trainees also choosing some of the options in *paragraph 9*.

11. This is a UK Guide. The main variations between England, Scotland, Northern Ireland and Wales are specified but there may also be more minor local variations which it is not possible to cover in the Guide.

Principal Pathways within the Specialist Registrar Grade Annex



**The roles of the Specialist Training Authority,
the CCST and the GMC's Specialist Register**

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The roles of the Specialist Training Authority, the CCST and the GMC's Specialist Register

1

The Specialist Training Authority

1. The Specialist Training Authority of the medical Royal Colleges (STA) is the designated UK competent authority for specialist medical training. Its membership includes representatives of all the UK medical Royal Colleges, the Faculties of Public Health Medicine and Occupational Medicine and two representatives of the General Medical Council (GMC). In addition, the Secretary of State for Health, in consultation with the other UK health departments, has appointed two postgraduate deans, an NHS manager and a patient representative as members.
2. The STA is legally responsible for:
 - i. awarding the Certificate of Completion of Specialist Training (CCST);
 - ii. safeguarding the standards of postgraduate medical training in hospital practice in the UK (the legal framework for this is The European Specialist Medical Qualifications Order 1995 and The European Specialist Medical Qualifications Amendment Regulations 1997); and
 - iii. ensuring that the training requirements stipulated in the European Council Directive 93/16/EEC are adhered to.
3. Individual Colleges and Faculties publish appropriate syllabuses and handbooks, conduct appropriate tests, assessments and examinations, and visit and inspect training programmes and placements. The STA is however, responsible for ensuring that the College's publications, activities and actions comply with the requirements of the legislation.
4. Postgraduate deans ensure the delivery of training at deanery level and the annual review of trainees, allowing for year on year progression.
5. The STA will also ensure that Colleges and Faculties and Joint Higher Training Committees evaluate training programmes and develop practical strategies for this.

Certificate of Completion of Specialist Training (CCST)

6. CCSTs may only be awarded in those medical specialties listed in Schedule 2 to the European Specialist Medical Qualifications Order 1995 (and Amendment Regulations 1997).
7. Once doctors have completed a defined College or Faculty specialist training programme they can apply to the STA for award of a CCST in the relevant speciality. It will be for postgraduate deans to notify the relevant College or Faculty using RITA Form G: Final Record of Satisfactory Progress when a doctor is nearing completion of

their specialist programme (*see Section 12*). If the College or Faculty is satisfied that all the requirements of the specialist training programme have been met it will provide the doctor with a CCST form to complete and send to the STA and at the same time it will send the doctor's training details to the STA.

8. Award of the CCST will mark the end point of specialist training - a requirement of European law - the training for which covers the whole period of training from GMC registration to completion of a higher specialist training programme. Award of a CCST indicates that a doctor has reached a standard compatible with independent practice and eligibility for consultant appointment. Once the doctor's application form and a recommendation from the College or Faculty has been received the STA will award the CCST. This is sent recorded delivery to the address on the doctor's application form together with a letter or form to be completed and sent to the GMC in order for the doctor's name to be included on the Specialist Register. The CCST should not be submitted to the GMC.

9. Where the STA decides not to award a CCST to a doctor who applies, an independent national appeal mechanism against this decision is available (*see Section 13*).

Dual certification

10. In the UK, training pathways may involve training which, initially at least, is common to a number of specialties. Identical periods of training which are common to two specialties can count more than once towards the award of different CCSTs. If a doctor is completing specialist training leading to dual certification the respective CCSTs will normally only be awarded once both programmes have been completed. Such training will inevitably be longer and the arrangements will differ from those for pursuing a single CCST programme:

- i. combinations of specialty training programmes must be agreed by the relevant Royal College or Faculty and by the Specialist Training Authority;
- ii. provision of dual certification programmes is a matter for individual deaneries and will be subject to the availability of training opportunities and of resources;
- iii. appointment to a dual certification programme should be on initial entry to the specialist registrar grade;
- iv. entry to any CCST programme is competitive including those involved in dual certification;
- v. the dual certification programme should either be advertised as such or the opportunity for undertaking dual certification included in the advertisement;
- vi. the appointments committee must reflect the interests of the dual specialties concerned;

- vii. only one NTN or VTN can be awarded (*see Section 7*). The specialty elected should normally be the "lead" from the pair of dual certification specialties, eg:
 - a. old age psychiatry would be the lead specialty when combined with mental illness,
 - b. the specialty "ology" (eg, gastro-enterology) would be the lead specialty when combined with general (internal) medicine,
 - c. radiology would be the lead specialty when combined with nuclear medicine;
- viii. dual certification must be recorded on the dean's database along with the "second specialty";
- ix. doctors already undergoing higher specialist training in a specialty and who wish to add a second specialty in a combination approved by the STA and the relevant Royal College or Faculty must apply for a placement and be selected in open competition in the normal way to the second specialty. While their appointment does not require them to secure a second training number, it will be subject to service need, availability of resources and the suitability of applicants for the particular training programme; and
- x. the arrangements for assessment and annual review must reflect both programmes.

Sub-specialty training

11. In certain specialties it is possible for a doctor to complete a full training programme and also to undertake sub-specialisation, often as an optional part of the published training programme (*see Section 8*). Entry to sub-specialty training may, however, be competitive where the number of training appointments available is limited. The relevant CCST training programmes issued by the Colleges will indicate when and in what circumstances such sub-specialty training may be pursued. The training may be longer because of the sub-specialty training.

12. The STA formally recognises sub-specialty training which may be included against a doctor's entry on the Specialist Register. A sub-specialty cannot be included on the CCST itself but will be confirmed in the STA's covering letter and the form to be completed by the doctor and sent to the GMC, and will be indicated on the Specialist Register. Normally the CCST will not be issued until the training programme plus any sub-specialty training has been completed. However, exceptionally, it may be possible to pursue sub-specialty training after the award of a CCST.

Breaks in training

13. The requirements governing breaks in specialist training are set out in Schedule 3 to The European Specialist Medical Qualifications Order 1995 (and Amendment Regulations 1997).

Highly specialised careers in academic and research medicine

14. Provisions exist to enable doctors pursuing careers in highly specialised areas of academic and research medicine, who are unlikely to have been engaged in the full clinical training programme required for the award of a CCST, to be admitted to the Specialist Register on the recommendation of the STA without a CCST. Such doctors need to satisfy the STA that their knowledge, experience and skill is consistent with practice as a consultant in the National Health Service. Further details of this training pathway is contained in *Section 10*.

Locum experience in career grade posts

15. Time spent in locum career grade posts or their equivalent prior to the award of a CCST cannot count towards CCST training.

Role of the GMC and the Specialist Register

16. The role of the STA as the regulatory body for safeguarding the standards of postgraduate hospital medical training is without prejudice to the general functions conferred upon the GMC by Sections 5 and 35 of the 1983 Medical Act. These general functions are to promote high standards and to co-ordinate all stages of medical education, and to give advice to doctors on standards of professional conduct or on medical ethics.

17. The GMC maintains and publishes the Specialist Register. Doctors awarded a CCST may apply to the GMC for entry to the Specialist Register.

Specialist Register and consultant appointments

18. The European Specialist Medical Qualifications Order 1995 provide that no person may be entitled to take up appointment as an honorary or substantive consultant in the NHS unless his/her name is included on the GMC's Specialist Register (*see Section 17*).

19. It is not a legal requirement for a doctor to be on the Specialist Register in the specialty in which he/she wishes to practice. The Specialist Register is mainly an indicator of completion of training and it is recognised that individual specialties and an individual's career may develop over time. Therefore, candidates for consultant appointments will continue to be assessed by an Advisory Appointments Committee on the basis of their expertise in respect of the particular requirements of an individual post, with their inclusion on the Specialist Register as a legal requirement.

Appointments to the grade

2

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Appointments to the grade

Part One: appointments to SpR training programmes

Introduction

1. All recruitment to the SpR grade is governed by the provisions set out in this section. There are various training pathways in the grade, not all of them leading to the award of a Certificate of Completion of Specialist Training (CCST). The entry requirements for each pathway are summarised in *Annex 1* to this Section.

2. The process which is set out below is designed to ensure that selection is made on merit and is carried out in a fair, systematic and objective way. This will ensure that applicants find the most suitable training programmes and that new entrants have the best possible chance of completing training successfully.

2

General principles

3. The NHS and the Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, sex marital status, race, religion, creed, sexual orientation, colour or disability. All advertisements should include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and good practice in selection and recruitment. Discrimination on the grounds of race and sex is prohibited under the Race Relations Act 1976 and the Sex Discrimination Acts 1975 and 1986. A booklet giving detailed recommendations for appointments procedures that meet employers' responsibilities in these areas was circulated in England under cover of EL(91)71. The implications of the Disability Discrimination Act 1995 for NHS employers are explained in England in EL(6)70. Good practice guidance is also available from the Equal Opportunities Commission¹ and the Commission for Racial Equality². Helpful background advice can be found in the BMA's *Guidelines for Good Practice in the Recruitment and Selection of Doctors (June 1994)*.

4. Those responsible for overseeing and conducting training have a vital contribution to make in the appointment process. All stakeholders in the appointment process should play an integral part in selection. The employers of trainees should take on an important role in this so that they, in turn, will be committed to high quality training whilst SpRs undertake an appropriate service commitment.

5. The minimum educational criteria for entry to the grade in each specialty are a matter for the individual Colleges and Faculties and should be applied in the appointment process.

6. There are slight variations between the four UK home countries. Management arrangements in Scotland and Northern Ireland may in particular be different from the guidance set out below. However, the underlying principles set out in paragraphs 2&3 above apply to all SpR recruitment in the UK.

¹ "Fair and Efficient Selection", the Equal Opportunities Commission, Overseas House, Quay Street Manchester M3 3HN, tel: 0161 833 9244

² Commission for Racial Equality, Elliot House, 10-12 Allington Street, London SW1E 5EH, tel: 0171 828 7022

7. Appointments to academic placements are the responsibility of the university concerned, but should conform to the principles set out above. *See Part Two of this Section.*

What are the responsibilities and general functions of the appointment committee?

8. The appointment committee will advise on the appointment of candidates and the deanery specialty training committee will advise on the appropriate entry point to the training programme once the candidate has been appointed. Among the factors to be taken into account would be time spent in a Locum Appointment (Training) or in a recognised research post. The postgraduate dean is responsible for operating the overall appointment process.

Who sits on the appointment committee?

9. In England, Wales and Northern Ireland, the membership of an appointment committee should be:

- i. a lay chairman who has the confidence of the participating hospitals and locations. The chairman ensures that their interests are fully considered in the appointment process. Chairmen will be appointed from a list compiled by the postgraduate dean and endorsed by trusts, colleges and, where appropriate, universities. A lay chairman may be an executive or non-executive member of a trust board or other senior non-medical member of management. A senior doctor, for example, a trust medical director may act in a lay capacity as chairman. In this case the vital distinction between the lay role of the chairman and the roles of the clinical and academic members of the committee should be born particularly in mind. A lay chairman cannot undertake the roles of any other members of the committee while acting as chairman;
- ii. the regional college adviser or a nominated deputy;
- iii. the relevant postgraduate dean or a nominated deputy;
- iv. representatives of the consultant staff in the training location(s) involved in the (rotational) training programme. The composition will depend on local circumstances but will be a minimum of two and normally a maximum of four consultants. Where more than four trusts are involved in the training programme representatives should sit on appointment committees on a rotational basis;
- v. a nominee from the appropriate university in the deanery;
- vi. the programme director or chairman of the deanery specialty training committee;
- vii. a representative of senior management in an employing trust in the training rotation.

The appointment committee for a dual certification programme must reflect the interests of each of the specialties concerned. Postgraduate deans, in convening appointment committees, should also take into account the diverse nature of the

modern medical workforce which includes significant numbers of women doctors and doctors from ethnic minorities. Committees should, therefore, reflect this diversity and include, where possible, members who are women and/or from ethnic minorities.

10. In Scotland the membership of the Committee will comprise at least five members including:

- i. a chairman selected from a panel drawn up by the regional postgraduate dean in consultation with the trusts in the region;
- ii. a member from the appropriate section of the National Panel of Specialists;
- iii. a member of the regional Postgraduate Medical Education Committee (usually the regional postgraduate dean or a deputy);
- iv. a senior medical representative of the services principally involved in the training programme for the post in question (eg clinical director or consultant); and
- v. a consultant appointed by the relevant university.

11. If extra or alternate membership is proposed to take account of a particular discipline, placement or rotation, the postgraduate dean should be consulted and will be responsible for arranging this where it is necessary. A proper balance of membership should be carefully preserved.

12. The postgraduate deans will usually convene appointment committees for more than one appointment at a time and core membership should reflect this. Increasingly, deaneries may wish to organise recruitment to the grade on a regular, perhaps twice-yearly, basis. This may be helpful in ensuring the availability of committee members.

Dual certification

13. Appointment to a dual certification programme will normally be on initial entry to the grade. Entry to any CCST programme is competitive, including those involving dual certification. Trainees cannot simply 'opt' to undertake a second specialty. A dual certification programme will, therefore, be advertised as such or the opportunity for dual certification included in the advertisement. *See Section 1.*

Appointment committees for Locum Appointments - Training (LATs) and Fixed-term Training Appointments

14. The arrangements for appointment to a full Type I CCST training programme apply also to these appointments **unless stated otherwise**. The constitution of appointment committees for Locum Appointments - Training (LATs) and Fixed-Term Training Appointments (FTTAs - which attract FTNs) may, however, sometimes be slightly different to the arrangements described above. These differences are described below and in *Annex 1* to this Section. LATs and FTTAs are explained fully in *Section 5*.

What are the Chairman's and Members' functions?

15. postgraduate deans convene the committee and expenses come from their budget. They should make sure that all members of appointment committees are aware of, and will in due course be appropriately trained and experienced in, requirements imposed by national and European employment law and appointment procedures.

16. postgraduate deans may issue general advice to candidates on presenting high quality applications, CVs and on preparing for interview. postgraduate deans will also encourage candidates to visit or at least have a working knowledge, through a nominated local contact, of the location at which they hope to begin training.

17. postgraduate deans should ensure that any pre-visit is used for information purposes only and that it is not regarded as an unofficial adjunct to the selection process.

18. The chairman is responsible for ensuring that all the recruitment processes are carried out properly in accordance with this guidance and with statutory requirements, for example, the Sex Discrimination, Race Relations and Disability Discrimination Acts. In particular that discriminatory questions or processes are not used at any stage. The chairman will liaise with the appropriate employer's personnel department or the postgraduate dean's office where necessary to arrange any briefing for him or herself or other panel members. The chairman will also arrange for a member of that personnel department or postgraduate dean's office to be available at short-listing and interview stages to answer any questions which might occur.

19. All members should be involved in any short-listing process.

Documentation required before placements are advertised

20. The first stage in the appointment process is the formulation of person specifications (*see Annex F* for a practical example) for the training programme as a whole and a description of the training and service requirements for the first of the rotational placements. Wherever possible, the description of training and service requirements will also include information about any following rotational placements. These two specifications form the basis for selection. The criteria at short-listing and interview for assessing candidates should be derived directly from these specifications.

21. Training programme descriptions should include:

- i. the location(s), title and specialty of each placement;
- ii. its main duties, particularly in relation to clinical, teaching, research and administrative responsibilities;
- iii. the conditions of service and salary scale, education and training facilities and confirmation of current educational and dean's approval.

22. Training programme descriptions should be agreed between the postgraduate dean, the programme director, the regional college adviser and the appropriate consultant(s) from the trust(s) involved in the training programme. The chairman of the deanery specialty training committee will already have been involved in the development of the training programme itself.

23. The person specification should be derived from the description of the first rotational placements and the expected requirements from following placements. It should set out explicitly:

- i. the minimum professional qualifications required;
- ii. the skills and experience necessary for the appointment.

A distinction should be made between essential attributes and those which are only desirable.

24. The programme and person specifications play a crucial and transparent role in the selection process and must be checked by the recruiting personnel department to ensure they are in line with good employment practice and not directly or indirectly discriminatory. They should also be given to candidates at the application stage and to all members of the committee before the short-listing and the interview stages.

Note 1: The 'training and service requirements' should set out to explain, in general terms the training to be provided in a placement and the service contribution expected from successful candidates.

Note 2: The job description sets out the specific, detailed requirements of a placement, for example, the out-of-hours commitment.

Note 3: The person specification describes the attributes which a successful candidate should be expected a) to have and b) to have the potential to attain. Some attributes may be essential, others simply desirable.

Note 4: The training programme description or specification explains the overall requirements of the training programme.

Advertisements

25. postgraduate deans are responsible on behalf of the Department of Health in England for the management of all medical and dental postgraduate training carried out in the NHS. In Scotland, postgraduate deans act on behalf of the Scottish Council for Postgraduate Medical and Dental Education (SCPMDE) which has a statutory function as a Special Health Board to oversee postgraduate medical and dental education. In Northern Ireland the postgraduate dean is responsible for the management of all medical and dental postgraduate training acting on behalf of the Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE).

Following approval by the postgraduate dean, all vacancies in training programmes should be advertised in a national medical journal. Posts in the SpR training grade must not be advertised without the postgraduate dean's approval. The advertisement should be derived directly from the training programme and person specifications. It should offer further, more detailed information on request.

26. All advertisements should include a clear statement on equal opportunities covering questions of race, sex, suitability for part-time/job share working, and disability. In all cases the advertisement should also contain the words: "The postgraduate dean confirms that this placement and/or programme has the required educational and dean's approval." Advertisements for flexible training and the role of postgraduate deans are discussed further in *Section 6*. The Departments of Health issue guidance from time to time on the recruitment of doctors and dentists in training. Recruitment to the SpR grade should reflect that guidance.

Note 5: Revised guidance on recruitment will be issued shortly.

Application form

27. A standard application form should be used to ensure that the information requested is not discriminatory and is compatible with postgraduate deans' databases. A specimen form is attached at *Annex C*. It is designed to be as simple as possible eliciting only necessary information. There is an open final question on the form to allow candidates to attach a CV or extra information relevant to their suitability for the training programme. They should be sent the training and service requirement and person specifications to help them with their applications.

Short-listing

28. If the number of applicants for a programme exceeds the number reasonable to interview, the appointment committee should conduct a short-listing exercise using common, agreed and relevant criteria. Before the short-listing process, the chairman should ensure that all members understand the process and the importance of assessing the applications in a systematic, consistent and non-discriminatory way. It is important that clear, documented records are kept throughout the process.

29. It is good practice for the short-listing panel to comprise the same members as the full committee. However, if this is not possible, for example where there is a large number of applicants, smaller short-listing panels drawn from the appointment committee may be convened. Any members of the full appointment committee who wish to do so should have the opportunity to participate in the short-listing process.

30. Objective criteria for selecting candidates for interview at this stage should be derived directly from the job description and person specifications, which are themselves derived from the training programme. Criteria must be agreed in advance of the short-listing process by all members of the full committee even where smaller short-listing panels are being convened. The criteria must be testable from the written evidence available. The decision-making process should be standardised and must be recorded using a local scoring system based on the agreed criteria.

31. Short-listing panels should normally meet to discuss all the candidates. Where, in practice, it is not possible for the panel to meet, short-listing may be conducted by correspondence. Individual short-lists should be returned to the chairman. It is important that reasons for not short-listing particular candidates are clearly documented. It may be necessary, especially where requested by a member of the committee, to convene a meeting to discuss the short-list. The overriding principle must be that every single application must be considered in the same way.

32. Following short-listing, individual members' notes and a clear record of the panel's decision on each applicant should be stored centrally for at least one year. The short-listing criteria and record of decisions made on applications should be recorded formally and made available to the committee at the interview stage. Unsuccessful candidates should be notified formally in writing and have the same access to feedback and counselling on request as applicants unsuccessful at the interview stage. postgraduate deans should also, as soon as possible after the short-listing stage, confirm whether candidates who have been short-listed have the necessary immigration/residential status or that the required status would be available to them if they were to be offered an appointment See *Section 9*.

Interview procedures

33. Candidates should be encouraged to make pre-interview or pre-application visits to the first placement on the training programme, and where possible to other placements in the programme. The prime purpose of such visits is for the benefit of the candidate rather than the prospective employer. It is most important that this visit is not seen either by the applicant or any committee members as part of the selection process. It is desirable for a doctor not participating in the selection to act as a guide. Great care must be taken not to ask questions of the visiting applicant which should be asked at interview or, indeed, could not be asked at interview because they are potentially discriminatory. Visiting applicants should neither be advantaged (other than in the background information they receive) nor disadvantaged by a visit.

The interview

34. The structure and content of the interview should be settled in advance. The chairman should ensure that all the programme and person specifications are fully consistent with the agreed selection criteria and that each applicant is assessed against these criteria. Each candidate should be given approximately the same interviewing time which should be sufficient to test all the criteria.

35. Before interviews take place the committee should be briefed by the chairman on their particular roles and the marking system to be used. *They should also be reminded of equal opportunities legislation and the importance of asking questions which are non-discriminatory and solely related to the agreed criteria. For example, applicants should not be asked questions about future plans to work part-time.* The committee should also be reminded that they are obliged under the Disability Discrimination Act (DDA) to consider 'reasonable adjustments' to conditions and terms of working to allow a person with a disability to perform the job. EL(96)70

details arrangements covering all areas of employment, including recruitment, training, career progression and dismissal. Any doubts about the ability of the candidate to complete the training programme should be picked up not in direct questioning but in the post-interview health screening process using independent occupational health professionals.

36. The chairman will ensure that in the decision-making process the committee strikes an appropriate balance between the written evidence - that is, the application form and references (*see paragraph 37*) - and the interview.

References

37. A minimum of two professional references is essential. In most specialties three professional references will be required but in smaller specialties this may not be possible without compromising the requirements below. These professional references should verify factual information and comment on the strengths and weaknesses of a candidate as an indicator of that person's suitability for appointment. The references will deal specifically with the skills and experience required on the programme. They should be available to the appointment committee, if required, before interviews start and taken into account in their decision making with the other written evidence in the application form. A professional reference should be a structured document dealing with qualifications and competencies - it is not a personal testimonial but an objective assessment of competencies - as such it will provide information relevant to the interview process. Candidates' health declaration forms, however, should not be seen by the committee and are not scrutinised until the appointments process has taken place and a candidate chosen. The health declaration form of the successful candidate(s) must then be considered where necessary by the appropriate occupational health department. Offers of employment are subject to an occupational health check.

38. Structured open professional reference forms should be used, (*see Annex E* for an example). Completed reference forms should be made available to all candidates on request. Structured Forms ensure that the same questions are answered by all referees in order to provide a uniform and comprehensive picture of candidates. The forms will provide a final "open" question for supplementary comments. Referees will be sent descriptions of the training, service and personal requirements for the programme on which the selection process is based. The questions covered by the standard reference form may be supplemented by further specialty-specific questions as long as these are addressed to **all** referees. **Unsolicited or verbal references will play no part of the selection process. In fairness to all candidates and to ensure proper conduct of the process, no member of the appointment committee should provide a reference in writing or otherwise for those doctors they are interviewing, nor should they offer one verbally at the interview.** Should a referee provide a reference before being called up to an appointment committee he or she should either withdraw or, less desirably, the candidate should, where practicable, seek an alternative reference. postgraduate deans, or those organising the selection process on their behalf, should only deviate from this requirement where it would be impossible otherwise to convene a competent appointment committee (for example, in very small specialties) which meets the provisions of *paragraphs 9 to 12* above. In

such a case, the committee member concerned should declare an interest at the outset.

Keeping records

39. The chairman is responsible for making sure that the decisions of the committee concerning successful and unsuccessful applicants are recorded formally. The reasons for the decision on each individual should be clear in the records. It is important that both the formal records of the committee and individual members' notes are kept for at least one year. They would be required if a complaint was made to an industrial tribunal concerning the conduct of the selection process. All papers must be handled in confidence and kept in secure facilities.

40. Qualified but unsuccessful applicants should be listed in order of merit so that the committee can revisit its decision if for any reason a successful candidate withdraws or is unable to take up the advertised training placement.

Following the interview - feedback, monitoring and assessments for health and/or criminal convictions

41. Feedback to unsuccessful candidates should always be available on request from the chairman or an appropriate member of the appointment committee. This process may also involve the candidates' regional college advisers. Feedback should be given in a structured way and linked to an offer of career counselling. It may not be advisable to do this immediately after the interview. Candidates unsuccessful either at the short-listing or interview stage should be notified formally in writing of the result of their application as soon as a decision is made and that letter should point out the availability of feedback and counselling.

42. All applicants should be monitored by specialty on the basis of race, sex, (and also by religious belief, in Northern Ireland, where there is a requirement). Each application form should include a detachable standard monitoring sheet. This should be held by the employer's personnel department. This should not be available to the appointment committee at either short-listing or interview stage. The information on successful and unsuccessful applicants at all stages of the selection process should be collated at the end of the selection process and held by the employer and the postgraduate dean. There will be an annual collation of information from deaneries in England by the NHS Executive looking at the broad picture of equal opportunities in medical appointments.

43. It is good employment practice to make any job offer subject to a satisfactory health assessment. No candidate should be refused appointment on health grounds that have no relevance to the appointment in question. Where there are doubts about the suitability of the candidate on health grounds this should be addressed in an independent occupational health assessment. The successful applicant should provide a statement of any criminal convictions (*see Annex G*). Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, a doctor is not entitled to withhold information about convictions which for other purposes are "spent".

Overseas doctors - Type I appointments which may lead to the award of a CCST

44. The appointment arrangements for Type I programmes (*see Section 9*) follow those set out above.

Appointment to Locum Appointments-Training (LATs) and Fixed-term Training Appointments (FTTAs)

45. The arrangements for appointment to LATs and FTTAs may differ from those for full SpR, Type I training programmes.

46. LATs are open both to overseas and EEA doctors as are FTTAs (although there are significant, specified restrictions on UK doctors taking up FTTAs). Eligibility to apply for these programmes is detailed in *Section 5* of this guide.

Appointment to LATs

47. Full appointment committees (as in *paragraph 9* above) may sit to select applicants or perhaps choose to set up a smaller committee to act on their behalf for LAT appointments. If a smaller committee is to sit, the postgraduate dean will make arrangements drawing members from those eligible for membership of the full appointments committee. This should include the postgraduate dean or a representative, a representative of the appropriate Royal College or Faculty (or in Scotland, a member of the National Panel of Specialists) and a representative of the deanery specialty training committee. Any doctor applying for a LAT must have the minimum entry requirements of the relevant College or Faculty relating to the appropriate CCST training programme. *See Section 5*.

Appointment to FTTAs

48. *Section 5* explains who is entitled to apply for a Fixed-Term Training Appointment. They are:

- i. overseas doctors who do not have a right of indefinite residence or settled status in the UK but who wish to undertake a Type II programme which has training goals agreed by the postgraduate dean and related to the individual needs of the doctor but which does not lead to the award of a CCST; and
- ii. doctors who benefit from EEA rights of residence, other than UK nationals, who wish to pursue part of their higher specialist training (Type I equivalent) programme in the UK. Such doctors may have been advised by the relevant authority or institution in the country where they are undertaking the majority of their training programme. They are not eligible for a UK CCST;
- iii. exceptionally, doctors who hold a UK CCST and who benefit from European Community rights or have a right of indefinite residence or

settled status in the UK and who wish to pursue a sub-specialty training programme within the grade. Such doctors will be the exception since most sub-specialty training will be undertaken before the award of a CCST.

* ***For the entry criteria for these Type II appointments, see Section 5***

49. All three categories of doctor will hold FTNs. Doctors in the third group (*paragraph 48iii.*) will exchange their NTN for FTNs. The FTN confers on them the same rights as if they still held an NTN for the duration of the sub-specialty training programme.

50. Different appointment arrangements apply to each of these three groups. These are explained in the following paragraphs and in *Annex A* to this section.

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Appointment of Overseas Doctors to FTNs

51. All appointments of overseas doctors to the SpR grade are the responsibility of the postgraduate dean who will ensure that entry requirements are met and that Training Numbers are allocated as appropriate.

52. Full appointment committees for Type I programmes may also sit to select applicants for FTTA appointments. Alternatively, the dean may choose to set up a smaller committee to look specifically at this category of applicant. This committee and its members will be drawn from those eligible for membership of the full appointments committee. It must, however, include the postgraduate dean or his representative, a representative of the appropriate Royal College or Faculty or in Scotland, a member of the National Panel of Specialists and a representative of the deanery specialty training committee. Academic and research interests should be represented fully where appropriate.

53. It is possible for either of the appointment committees identified in *paragraph 52* to decide on applications for a training programme by assessing the written evidence without recourse to interviews. This should only be done where it is impractical for applicants to be called for interview. It is an important principle that, if this procedure is used, none of the candidates are interviewed in that particular tranche of recruitment. It would never be appropriate for some to be seen and others not. In order to safeguard the interests of patients, appointments should be conditional on an interview in the UK before the candidate takes up post. The postgraduate dean should convene a committee comprising at least the smaller FTTA committee described in *paragraph 52* above.

54. Where the postgraduate dean considers it appropriate:

- i. a Type II FTTA may be filled on a non-competitive basis if, for example, a sponsor, recognised sponsoring body, programme director or chairman of a SAC recommends a particular doctor. See *paragraph 48i.* However, the candidate must complete all necessary documentation before taking up post (and should provide references). Offers of employment must be conditional on an appointment committee, as described in *paragraph 52,*

assuring itself that the nominee candidate is fit for appointment.

- ii. a sponsorship arrangement may encompass an initial appointment in the SHO grade and subsequent appointment in the Type II programme in the SpR grade (an FTTA). In these circumstances, transfer to the SpR grade is not confirmed on initial appointment to the SHO grade and is subject to evidence of satisfactory progress. Where a sponsorship arrangement does not encompass both SHO and conditional arrangements for entry to the SpR grade the SHO may only apply for a Type II placement as described in *Section 9, paragraph 7*.

Where postgraduate deans decide to fill an appointment on a non-competitive basis they must clearly document the reasons why they have used their discretion in doing so.

55. The committee must satisfy itself that any successful applicants meet the standard for visiting specialist registrars. To do this they need to judge the applications from overseas doctors against the general standard set in appointments to Type II FTTAs where interviews had taken place. *See Section 9*.

Appointment of non-UK EEA nationals to FTTAs

56. Generally speaking, except as explained below, UK nationals cannot apply for FTTAs or, consequently, hold an FTN. Locum Appointments - Training (LATs) provide the appropriate fixed-term appointment for UK nationals in the great majority of cases.

57. Sometimes, higher specialist trainees who are not UK nationals but who are nationals of another EEA country and pursuing training elsewhere in the EEA, may wish to undertake some part of **their** Type I equivalent training in a UK placement. It is expected that such doctors will be nominated by the appropriate authority in the country where they are doing the bulk of their training. Nevertheless, the postgraduate dean who has agreed to arrange a placement should ensure that all necessary documentation has been completed and references obtained. A small appointment committee described in *paragraph 52* above should be convened to conduct an interview before an offer of employment is confirmed. Such a placement in the UK cannot lead to the award of a UK CCST. These doctors when appointed will hold an FTN. Non-UK EEA doctors may also choose to compete for a Type II FTTA in competition with other eligible doctors.

58. If, as may happen rarely, there are more nominees than places available, the postgraduate dean should convene a small committee to interview nominated candidates in competition. The dean will need to consider whether the small committee would operate, in such circumstances, more effectively if its membership was enlarged.

Appointment of UK/EEA doctors holding a UK CCST to FTTAs

59. UK/EEA doctors may only be appointed to FTTAs, and thus acquire an FTN

when:

- i. they currently hold an NTN; and
- ii. have been awarded a CCST; and
- iii. wish to undertake a recognised training programme in a sub-specialty of the specialty in which they hold or will shortly hold the CCST.

Sub-speciality training will only be available in these circumstances where there is an identified service need . See Section 5, paragraph 15.

60. Candidates for this type of FTTA are likely to have to compete for places in a sub-specialty programme. Where this is the case, postgraduate deans should ensure that the make-up of the appointment committee is consistent with the principles of fairness and equity set out in this section. Sub-specialty training programmes will be the exception, as normally sub-specialty training should be completed before the award of a CCST.

61. Doctors who exchange their NTN for FTNs in order to undertake sub-specialty training programmes retain the same rights as if they held an NTN for the duration of the sub-specialty training programme. *See Section 16.*

Arrangements for the armed forces

62. Separate arrangements for the Medical Branches of the three Armed Forces are in *Appendix 4* to this guide.

Part Two: Academic Medicine Appointments

Introduction

63. Academic clinical medicine currently fulfils an invaluable role in higher specialist training. This must continue with the introduction of the SpR grade. The mutually beneficial arrangements for movement between academic and non-academic clinical medicine should be re-inforced within the new grade. The duration and timing of academic placements should allow for trainees to move readily in and out of such placements. It would be expected that the timing of exit from and re-entry into academic medicine appointments will be planned, and notice given, well in advance.

64. University appointments in academic clinical medicine are a matter for the relevant university. However, as a Training Number is required for honorary specialist registrars as well as for NHS specialist registrars, it is essential that both the relevant Royal College (or in Scotland the National Panel of Specialists) and the postgraduate dean are represented on the appointment committee. This is a precondition for participation in NHS training programmes within the grade. Universities, in consultation with postgraduate deans and Colleges, may wish to prepare lists of representatives in order to avoid undue delay in setting up appointment committees.

65. Advertising such appointments should take account of UK Health Departments' current requirements. *See Part One.*

Movement to and from academic clinical medicine

66. Both honorary specialist registrars and specialist registrars may wish to move to and from academic clinical medicine, and the needs of those planning or considering a future career in academic medicine should be reflected in the design of training programmes. The mutual holding of Training Numbers will facilitate free movement from academic appointments into SpR training programme placements, and similarly of specialist registrars into temporary academic or research appointments, either within or outside of CCST training programmes. Where a temporary move has been arranged in either case the assessment arrangements within either the host or receiving deanery organisation should apply. In managing the exit from and entry to NHS SpR training programmes by trainees in academic clinical medicine, postgraduate deans will need to work closely with and be advised by the appropriate specialty advisers and academic and research bodies.

Entry to the Specialist Register

67. There are several ways in which doctors can be entered onto the Specialist Register. Arrangements for academic medicine are set out in *Section 1* of this Guide.

ANNEXES TO SECTION 2: APPOINTMENTS TO THE GRADE

- Annex A:** Entry pathways to the Specialist Registrar grade
- Annex B:** What to send to applicants for appointment
- Annex C:** Model application form
- Annex D:** Detachable monitoring form (ethnic origin etc.)
- Annex E:** Request for professional reference
- Annex F:** Model person specification form
- Annex G:** Criminal convictions form

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Note: Model forms are included for illustrative purposes only. Each deanery may develop their own format using the principles contained in the examples given.

Entry pathways to the Specialist Registrar grade

1. CCST Type I Training Programmes

For appointment to a:	Entry criteria	Procedure for appointment (See Section 2)	NTN/VTN (See Section 7)	Assessment of progress (See Section 11)
1. CCST Training Programme				
1a. EEA nationals with EEA qualifications	Minimum criteria as specified by the Royal Colleges or Faculties or equivalent acceptable to them	Appointment Committee as specified and by interview	NTN required	Requires annual review
1b. Overseas doctors: (Type I Programme) see Section 9.				
with right of residence	As above	As above	NTN required	as 1a above
with no right of residence	As above	As above	VTN required	as 1a above

2. Fixed-term Training Appointments

For appointment to a:	Entry criteria	Procedure for appointment (See Section 2)	FTN (See Section 7)	Assessment of Progress (See Section 11)
<p>Fixed-term Training Appointment (FTTA) see Section 5</p> <p>2a. Overseas doctors with no right of residence in the UK (Type II programme).</p> <p>2b. Non-UK doctors with EEA rights of residence who wish to pursue part of their Type I equivalent training programme in the UK.</p> <p>2c. UK doctors and overseas doctors already holding NTNs or VTNs.</p>	<p>The following are required:</p> <p>i. candidates must be judged to have attained a standard similar although not equivalent to that required for entry to the CCST training programme; and they</p> <p>ii. experience and qualifications must demonstrate that the candidate is capable of benefiting fully from the training offered.</p> <p>iii. the standard required must assure patient safety.</p> <p>Section 5 and Section 9 para 10 vii refer.</p> <p>i. candidates must have been accepted onto a Type I equivalent programme of another EEA country.</p> <p>ii. candidates must be nominated by the relevant authority or institution in the country where they are undertaking the majority of their training programme.</p> <p>i. they currently hold an NTN/VTN and</p> <p>ii. have been awarded a CCST; and</p> <p>iii. wish to undertake a recognised training programme in a sub-specialty of the specialty in which they hold or will shortly hold the CCST.</p>	<p>Appointment should be via the arrangements specified for CCST training programmes above. If necessary, the appointment committee may be smaller but must be drawn from those eligible for membership of the full appointments committee. Appointment should follow interview. Where candidates are not available in the UK for interview a paper selection process may be acceptable. Appointment, however, must be conditional on an interview with a small group constituted from the Appointment Committee specified in Section 2 under the auspices of the postgraduate dean before applicants take up post.</p> <p>Appointment may not necessarily be competitive but the postgraduate dean should convene a small appointment committee to interview candidates. Appointment should be conditional on a satisfactory interview.</p> <p>Where competitive appointment is necessary, the postgraduate dean will ensure that the appointment committee upholds the principles of equity and fairness in Section 2.</p>	<p>FTN required</p> <p>FTN required</p> <p>FTN required (NTN/VTN is relinquished)</p>	<p>Formal review arrangements required when appointments exceed one year. In shorter placements local but formal arrangements should be made to assess progress.</p> <p>Formal review necessary at end of placement and annually.</p> <p>Formal review necessary at end of placement and annually.</p>

3. Locum Appointment - Training (LAT)

For appointment to a:	Entry criteria	Procedure for appointment (See Section 2)	NTN/VTN (See Section 7)	Assessment of progress (See Section 11)
Locum Appointment - Training (LAT) see Section 5 3a. EEA nationals with EEA qualifications	The minimum entry requirements of the Royal Colleges or Faculties or an equivalent acceptable to them.	Appointment should be via the arrangements specified for CCST training above. If necessary, the appointment committee may be smaller but must be drawn from those eligible for membership of the full appointments committee. An interview is essential.	Not eligible for NTN	Formal review required when appointments exceed one year. Shorter appointments need formal end-of-placement review.
3b. Overseas doctors with right of residence with no right of residence	As 3a above. As 3a above.	As 3a above. As 3a above.	Not eligible for NTN Not eligible for VTN	As 3a above. As 3a above.

4. Locum Appointment - Service (LAS)

For appointment to a:	Entry criteria	Procedure for appointment (See Section 2)	NTN/VTN (See Section 7)	Assessment of progress (See Section 11)
<p>4. Locum appointment - service (LAS)</p> <p>4a. EEA nationals with EEA qualifications</p>	<p>Candidates must demonstrate that they have, through training and experience, reached a standard which might be expected from a specialist registrar in the same placement.</p> <p>The standard required must assure patient safety.</p>	<p>Appointment will be a matter for the employing trust. An interview should take place and should be conducted by at least one doctor who is qualified to sit on the appointment committee specified for CCST training programmes above.</p> <p>Advice should be sought from the postgraduate dean as to whether a LAS or a LAT is appropriate (see 3 above).</p> <p>Advertisements must state that the placement is non-training.</p>	<p>Not eligible</p>	<p>Not applicable</p>
<p>4b. Overseas doctors:</p> <p>with right of residence</p> <p>with no right of residence</p>	<p>As 4a above</p> <p>As 4a above</p>	<p>As 4a above.</p> <p>As 4a above.</p>	<p>Not eligible</p> <p>Not eligible</p>	<p>Not applicable</p> <p>Not applicable</p>

WHAT TO SEND TO APPLICANTS FOR APPOINTMENT

Each postgraduate dean and deanery will have its own standing arrangements for dealing with applications for appointment to any hospital grade.

In the case of trainees seeking entry to the specialist registrar grade we would recommend that each candidate receives:

- application form
- detachable monitoring form (ethnic origin etc)
- job description
- person specification
- health declaration form (or may be sent at later stage)
- relevant local information: availability and type of accommodation, library, recreational and mess facilities, etc
- **confirmation that placements and programme have educational and dean's approval.**

The following forms are suggested models which postgraduate deans will adapt according to their own local circumstances.

MODEL APPLICATION FORM

STRICTLY CONFIDENTIAL

PLEASE COMPLETE ALL BOXES IN BLOCK CAPITAL LETTERS

I am applying for:

SPECIALIST REGISTRAR TRAINING PROGRAMME

SPECIALTY/SPECIALTIES

SURNAME:

FIRST NAMES: TITLE: (Dr,Mr,Ms,etc)

DATE OF BIRTH: PRESENT NATIONALITY:

If not a UK or other EEA national, please indicate your immigration status (UK residence granted, permit-free status granted, work permit/visitor), giving dates where relevant:

.....

.....

YOUR PERMANENT ADDRESS:

.....

.....

..... Postcode Telephone number

Address for letters (if different from above):

.....

..... Postcode

Your daytime telephone number, or number on which a message may be left:

.....

GMC registration type: LIMITED OR FULL GMC Number

I am currently appointed to the grade and working at (Location).

Is this a research post? () YES NO

If yes, give further details including funding body

.....

.....

My current region/deanery is

If you are on an honorary contract, give details including grade of post

.....

.....

If none of the above, please give further details:

.....

.....

.....

AVAILABILITY AND INTERVIEW ARRANGEMENTS

Dates when NOT available for interview

When could you take up duty, if appointed?

Are there any special arrangements you require at our place of interview? (eg needs of disabled candidates)

.....

.....

.....

MEDICAL EDUCATION, PROFESSIONAL QUALIFICATIONS, POSTGRADUATE MEDICAL TRAINING, INCLUDING EXPERIENCE IN RESEARCH OR ACADEMIC MEDICINE

	Dates		Training details	Qualifications obtained, membership of professional institution, etc
	From	To		
1. Name of Medical School				
2. Posts held since Medical School. Include grade of post, place of employment, and details of any research posts held (including funding body).				

ANY OTHER RELEVANT EDUCATIONAL OR PROFESSIONAL QUALIFICATIONS:
Give details and dates:

REASONS FOR APPLYING

Please say why you are interested in this appointment and indicate the relevance to the job and/or training programme of your medical training and previous experience.

DO YOU HOLD A CURRENT NATIONAL TRAINING NUMBER (NTN/ VTN/FTN)? **YES/NO**

If yes, please state your NTN/VTN/FTN number, Specialty and location:

HAVE YOU EVER PREVIOUSLY HELD AN NTN/VTN/FTN? **YES/NO**

If yes, please give full details of dates held, which specialty etc:

.....
.....

PROFESSIONAL REFEREES

Please give details, including titles and correct style of address, of **two** professional referees who have consented to be approached now. They should be people qualified to comment on your medical ability and experience for this appointment.

PLEASE USE BLOCK LETTERS

NAME	NAME
POSITION	POSITION
ADDRESS	ADDRESS

ADDITIONAL INFORMATION

Please provide any relevant information not covered elsewhere on this form.

YOU MUST SIGN AND DATE THIS FORM

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

SIGNATURE

DATE

EXAMPLE: MONITORING FORM (Ethnic origin, disability etc)

We are committed to eliminating discrimination from employment and selection practices. We will take steps to ensure that employees are recruited, trained and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service. To monitor this policy on a local and national basis, we require the following information which would only be used for this purpose. It will form no part of the interviewing process, and will be treated in strict confidence. This sheet will be detached from your application form on receipt, and will be kept separately in the Personnel Department/postgraduate dean's office.

NAME: **AGE:**

TRAINING PROGRAMME:.....

SPECIALTY:

Please tick appropriate box:

1. ETHNIC ORIGIN: (based on classifications recommended by the Commission for Racial Equality):

I would describe my ethnic origin as:

White

Indian

Pakistani

Black - Caribbean

Black - African

Black - Other

Chinese

Bangladeshi

Other ethnic group:

Please specify

2. SEX:

Female Male

3. DISABILITY

Do you consider yourself disabled as defined by the Disability Discrimination Act? * Yes No

* "A physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities". If yes, please describe briefly the nature of your disability overleaf.

Example of a structured reference form

PERSONAL AND IN CONFIDENCE

Dear

REQUEST FOR PROFESSIONAL REFERENCE

NAME OF CANDIDATE

TRAINING PROGRAMME/SPECIALTY

LOCATION(S)

.....

.....

We are currently considering an application from [name] for a Specialist Registrar appointment as above.

I am writing at this candidate's request for you to provide a professional assessment of their achievements and track record, using the attached form.

A job description and person specification for the experience and qualifications looked for in candidates is attached, which may help to inform your comments.

The form asks you for your personal and professional views on the candidate's

- experience and ability;
- any special relevant qualifications;
- your opinion of suitability for this appointment.

Your written comments will be made available to members of the appointments committee, and to the candidate on request.

I should appreciate it if you could let me have a reply on the attached form by [date].

Thank you for your help.

Yours sincerely

[POSTGRADUATE DEAN]

To:
[Postgraduate Dean]

(Use of this form is discretionary in Scotland)

PROFESSIONAL REFERENCE

NAME OF CANDIDATE

TRAINING PROGRAMME/SPECIALTY

LOCATION(S)

.....

.....

1. EXPERIENCE AND ABILITY RELEVANT TO THE TRAINING AND SERVICE REQUIREMENTS OF THE SPECIALIST REGISTRAR PROGRAMME

2. SUITABILITY FOR THE PROGRAMME, USING THE PERSON SPECIFICATION CRITERIA: *(Note: see Annex F for examples)*

- a.
- b.
- c.
- d.
- etc

3. COMMENT ON ANY SPECIAL RELEVANT QUALIFICATIONS HELD BY THE CANDIDATE

4. ANY OTHER INFORMATION RELEVANT TO THE APPLICATION, USING THE PROGRAMME SPECIFICATION.

SIGNED: **DATE:**

NAME AND POSITION:

ADDRESS:

.....

.....

.....

Example of person specific form

Specialist Registrar Training Programme

TRAINING PROGRAMME REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications		
<i>Basic</i>	<i>MBBS or equivalent</i>	<i>Additional eg. BSc, MD</i>
<i>Postgraduate</i>	<i>Specialty higher diploma</i>	
Experience	<i>Minimum time of BST months</i>	<i>Maximum time months and/or Sub specialty/other specialty</i>
Ability		
<i>Knowledge</i>	<i>State the required level of knowledge of basic science and the ability to apply this to clinical practice</i>	<i>Evidence of understanding and application</i>
<i>Clinical Skills and Technical Skills</i>	<i>State specialty skills required at this stage</i> <i>Ability to make good medical notes</i>	<i>Evidence of specialty and general skills, and potential to develop</i>
Motivation	<i>Commitment to specialty</i> <i>Commitment to learning</i> <i>Punctual</i>	<i>Ability to organise own learning and time</i> <i>Initiative</i>
Personality	<i>Potential to cope with stressful situations and undertake responsibility</i> <i>Good communication skills</i>	<i>Able to cope with stress and has leadership qualities</i> <i>Ability to work as part of a multi-disciplinary team</i>
Audit	<i>Understands principles</i>	<i>Evidence of participation or enthusiasm</i>
Research	<i>Is this essential? (If so, state what is required)</i>	<i>Understands principles, evidence of enthusiasm or participation, relevance of research undertaken</i>
Management Ability	<i>Is this essential? (If so, state what sort)</i>	<i>Shows interest, enthusiasm or demonstrates ability</i>
Other Requirements	<i>Prepared to rotate as specified</i> <i>Registration with GMC/GDC</i>	

Prepared by

Date

In Confidence

STATEMENT OF CRIMINAL CONVICTIONS

- 1. Please list any criminal convictions and dates below. As a doctor any criminal convictions you may have may not be treated as "spent" under the Rehabilitation of Offenders Act 1974. You are therefore required to declare all criminal convictions or cautions. The information you give will be treated in confidence and taken into account only where the offence is relevant to the post for which you are applying.

.....

.....

.....

.....

.....

Signed.....Date.....

Name in CAPITALS.....

GMC Number.....

- 2. Do you have any criminal proceedings pending against you?

YES / NO

If yes, please give details.....

.....

.....

.....

.....

.....

Signed.....Date.....

GMC Number.....

3. Police Check

Unless you are able to provide your criminal record convictions records clearance form, it may be necessary to request a police check to ensure that you do not have a criminal record that would affect your suitability for medical work. Please complete the form below, or provide a clearance certificate stating that you have been the subject of a criminal convictions check within the last 12 months and that you have no convictions preventing you from working as a doctor.

Name in full.....

Maiden name (where applicable).....

Date of birth.....**Place of birth**.....

Present address.....

.....

.....

Since (date)

Previous addresses in last 4 years (including dates):

.....

.....

.....

.....

I hereby give.....permission to undertake a police check on my behalf. I understand that refusal could prevent further consideration of my application.

Signed.....**Date**.....

Name in CAPITALS.....

GMC Number.....

Induction

3

Induction

The aim of a structured induction programme is to enable new appointees to take up their training and clinical duties as smoothly and quickly as possible.

1. Induction is not part of the appointments process but is vital in providing a smooth introduction to each placement within a training programme and to the training programme itself. Successful candidates should receive details about induction before they take up appointments. Each time specialist registrars (SpRs) move to a new placement in their training programme they should receive new induction.
2. The personnel section of the hospital/unit to which the doctor rotates should produce induction material, under the combined guidance of the specialty college and postgraduate clinical tutors.
3. Induction should include an information pack which can be read before taking up a new appointment. This should provide details of the organisational structure of medical services, training and clinical arrangements, key personnel and their responsibilities, main terms and conditions of service, and an induction checklist for both SpRs taking up new placements and their training supervisors.
4. On arrival in a new placement, SpRs should participate in a planned induction process in which they meet all the key personnel responsible for their training and clinical duties. As a preliminary to the development of their personal training agreements (*see Section 4*) they should also get, at the beginning of a placement, their contract of employment; and details of:

- their pay and personnel management,
- security procedures,
- parking,
- mess, accommodation and other domestic arrangements,
- information and library services,
- health and safety arrangements.

This is not an exhaustive list but illustrates the sort of information which will allow a specialist registrar new to the grade or in a new placement to settle in quickly and effectively.

Training agreements

	Paragraph
• Introduction	1
• Potential participants	2
• How should it be carried out?	3
• Key elements within a training agreement	4-6
• Model training agreements Type I Programme	Annex A
• Model training agreements Type I Programme	Annex A



Training agreements

Introduction

1. Training agreements between postgraduate deans and higher specialist trainees are already in use in some deaneries. They define, in terms of education and training, the relationship, duties and obligations on each side. There are opportunities to develop these agreements in a systematic way to provide useful support to the more structured training implicit in the specialist registrar grade.

Potential Participants

2. It is an important principle that training agreements should include all the main parties with an interest in the effective delivery of specialist registrar (SpR) training. These would be the postgraduate dean, and, for example, the training programme director, the employing trust and the trainee. Of course, much of the actual training for SpRs will be delivered through consultants. It is important, therefore, that those consultants directly involved in the training of individual SpRs should be aware of and agree to the contents of the training agreement.

How should it be carried out?

3. It is vital in such an arrangement that the agreement should be mutual, reviewed regularly, tailored to individual needs, confidential and, above all, deliverable and delivered by all the parties to it as well as the consultants directly involved in training. It is also important for its effectiveness that the agreement should be available, in outline at least, before the trainee begins a placement. It also needs to be supplemented with other documents to ensure a rounded picture of the placement and its requirements and opportunities.

Key elements within a training agreement

4. Trainees should have a clear idea of what to expect from their time in the SpR grade and what is expected from them. Trainees should expect from the other parties to the agreement:

- i. a statement of principle describing the aims of the training programme and the standards of achievement required of them;
- ii. the names and contact points for those who will be responsible for providing guidance, counselling and assessment including at least one educational supervisor;
- iii. a clear explanation of the methods of assessment to be used and their frequency;
- iv. a commitment to providing an educational plan;
- v. a commitment to regular tuition by consultants;

- vi. provision of an appropriate medical library and any other necessary educational/training aids and support;
 - vii. a commitment to providing appropriate levels of protected time for education and study time.
5. Trainees' obligations under a training agreement should include the following:
- i. a commitment to take an active part in the training programme;
 - ii. participating fully in the assessment, appraisal and review procedures set out in *Section 11* of this Guide, and taking an active role in counselling arrangements, where appropriate, to make sure that any difficulties are resolved as soon as possible;
 - iii. agreement to a training plan (integrated with the department and with colleagues) with the educational supervisors;
 - iv. giving adequate notice of out-of-workplace study time;
 - v. making best use of research or study time;
 - vi. agreeing to take part in the training of others, both students and others who the trainee could possibly assist.

6. Examples of individual training agreements (for Type I and Type II training programmes) are annexed to this section. These are intended as working models, and individual forms may vary between deaneries and in the UK according to local circumstances. The model forms are designed on the assumption that training agreements will be renewable annually but there is no reason, where there are educational or administrative reasons for doing so, why the period covered cannot be varied. The forms may also be adapted for in public health medicine where they are employed by health authorities.

**POSTGRADUATE MEDICAL AND DENTAL EDUCATION
CCST
[Insert Deanery]**

Learning Agreement for
Higher Specialist Trainees (Specialist Registrars)
Pursuing a Certificate of Completion
of Specialist Training (CCST)

Part One: Background Information

Name of specialist registrar

[Title][Forenames] [Surname]

Training to obtain a Certificate of Completion of Specialist Training in

[Specialty]

1. The parties to this agreement are the above named specialist registrar
and

The Postgraduate Dean

[PG Dean's name]

2. This agreement covers your training programme on the [Insert Title] Training Scheme. Your continued progress on this training programme is subject to a **satisfactory annual assessment.**
3. A **brief outline of assessment procedures** at individual placements is set out in Appendix 1. The assessment documents will be held as part of your Record of In-service Training Assessment (RITA) in the postgraduate office and will be made available to the Royal College of Faculty. The annual review of training will be carried out under the aegis of the [Insert Deanery] [Specialty] Training Committee.
4. Your **training placements will be co-ordinated** by the [Insert Deanery] [Specialty] Training Committee. The minimum notice of rotational moves will be one month, however, every effort will be made to notify you of your move well in advance of one month. All placements will be educationally approved by Royal Colleges and their Faculties, linked to the annual review, and in line with the overall training programme description. Where practicable any unusual personal circumstances will be taken into account when deciding your learning placement.
5. **Description of the placement:** If you have not already received a description of the placements in your training programme, these are available from [Insert Contact Address].

4

Part Two: The Training Placement

6. **If you feel that** your training placement is not delivering the range and depth of experience appropriate to your stage on the training programme, or that your educational supervision is inadequate, it is of the utmost importance that you take action in accordance with Appendix 3.
7. **Induction:** At the start of each placement you will be introduced to the work of the Clinical Unit/Department, by your trainer. This will include the provision and discussion of the operational procedures of the unit along with any clinical guidelines or protocols in use.
8. **Employment with Trust/Health Authority:** For each placement, together with your employment contract with the Trust/Health Authority, which should conform to the agreed [Insert Deanery] model, you should receive details of your working pattern (shift, partial shift, on-call) which give the arrangements for teaching and research as well as any on-call and residence commitments.
9. **Specialist Registrars with University Commitments:** Should receive an honorary contract from their University, together with details of any requirements relating to teaching and research.
10. **University Lecturers:** with honorary specialist registrar commitments, should receive an honorary NHS contract from the Trust with which they are carrying out their NHS commitments. See Appendix 4 for further particulars regarding University Lecturers.
11. **Protected Study Time:** Your weekly programme of duties for each placement should indicate when protected time will be available to you for study and research.
12. **Meeting With Trainer:** During each placement there will be regular meetings with your trainer. It is intended that these may lead to the adjustment of duties or emphasis in order to progress with your educational plan, and agreed learning aims and objectives.
13. **Study Leave:** A copy of the study leave documentation and an application form are available from each postgraduate centre.

Part Three: Educational Plan

14. **Educational Plan.** Shortly after taking up your placement, time will be set aside for an initial meeting with your trainer. The purpose of this meeting is to establish, against the framework of the curriculum of the Royal College or Faculty, the educational priorities of the placement. Your progress will be reviewed with you regularly and the plan adjusted where necessary (See Appendix 1).

Part Four: General Educational Facilities

15. A range of educational facilities is available to you in each placement. Details of these facilities will be available from the clinical tutor and local postgraduate centre.

Part Five: Declaration

16. Successful specialist registrar training requires time, effort and commitment on the part of trainers, trainees, those managing and funding higher specialist training and employers. In the [Insert Deanery] we will do our best to see that you receive all the help, support and resources which will enable you to complete your specialist registrar placement successfully. The Chair of the Deanery Specialty Training Committee/Programme Director for [Speciality] is

Name: [Chairman]
Address: [Chairman's-Address]

He/she will act on behalf of the Postgraduate Dean in relation to your training. In the unlikely event of problems which cannot be resolved by the Programme Director/Chair of the Training Committee* you may make representations direct to the Postgraduate office.

17. For your part, you are expected to:

- a) have read the detailed curriculum produced by your Royal College or Faculty for specialist registrar training in your specialty and/or sub-specialty;
- b) familiarise yourself with your training programme in each placement;
- c) participate fully in your clinical and educational programme and be prepared to spend some of your own time on educational activities. Please note that time-tabled postgraduate training sessions and educational programmes are as much part of the time-table as an operating list or clinic;
- d) develop a personal educational plan with your trainer at each placement. This plan should take into account your current training needs and the time and resources available;
- e) contribute to audit, research and other relevant work being undertaken in your training programme;
- f) co-operate with your trainers in order to make all necessary progress during your placement;
- g) give adequate notice of study and annual leave so that suitable arrangements can be made to organise the service provision of the clinical division in which you are placed;
- h) remember at all times that your departmental colleagues have their own educational requirements and make sure that your own educational needs and plans integrate with those of your colleagues.

4

* **The Chair of the Training Committee:** For each speciality there is a Deanery Specialty Training Committee. The Chair of this committee is appointed by the

Postgraduate Dean, and is accountable to the Dean for the organisation of training in that specialty.

Programme Director: A training programme consists of a) a formal rotation

through a number of specified training placements, designed to ensure that the trainee receives the appropriate exposure to the different aspects of his/her chosen specialty and, b) formalised teaching to complement and support the experience provided by the rotational programme. In many specialties the training programme is run by the Chair of the Training Committee. However, in some specialties - in particular the larger specialties - there may be more than one training programme. In such instances, Programme Directors may be appointed to run the different programmes.

- i) complete promptly all training and assessment documentation required of you by your trainers, educational supervisors, programme director or, the postgraduate office and participate as required in assessment interviews, in particular your annual assessment;
- j) assist where possible and appropriate in the training of students and others whose training you could assist;
- k) advise the higher specialist training section of any change in your name and/or your address;
- l) accept the terms and conditions applying to training number holders, as specified in 'A Guide to Specialist Registrar Training' (see Appendix 2).

Signed Postgraduate Dean
or Chairman of the Training Committee for
[Specialty]

Date

I wish to accept a place on the [Insert Deanery] Training Scheme and shall do my best to fulfil these commitments. Please issue me with a Training Number (NTN/VTN) and a Certificate of Entry to the Specialist Registrar Training Programme.

I shall commence my Training Programme on (date)
at (NHS Trust)

Signed Date
[Title] [Forename] [Surname]

Outline of Procedures required to meet responsibilities with respect to Specialist Registrar training and to inform the annual assessment process.

Note: The following procedures are offered as guidance to the Specialty Training Committee. It is recognised that many Training Committees may wish to adapt these procedures to meet any particular requirements of their own specialty. All Training Committees' must ensure that their procedures for assessment are clearly documented and in line with the requirements of the [Insert Deanery] Learning Agreement. A copy of all relevant documentation should be sent to the Postgraduate Dean's department

Assessing the Needs and Setting Objectives

At the beginning of each placement the trainer and trainee should discuss the trainee's educational needs over the coming training period. From this a plan to meet these needs should be discussed and agreed, covering:

- a) education and training objectives to be achieved, covering skills, knowledge and attitudes to patients and colleagues and in line with College/Faculty curriculum. Any objectives, the achievement of which is a prerequisite for progression to the next stage in the training programme should be clearly identified as such;
- b) how the training placement itself will help achieve these objectives;
- c) any formal training that may be required and how this will be provided;
- d) responsibilities the trainee has to secure his/her achievement of the objectives.

The agreed written plan should be signed off by both trainer and trainee and should be forwarded to the Chair of the Specialty Training Committee. It is the responsibility of the Training Committee to ensure that this plan is appropriate to the trainee's stage in the training programme. A sample proforma is attached for guidance.

Regular Review of Progress

Every six months and/or at the end of each placement:

- a) each trainer should provide a report which must clearly show the achievements in relation to the agreed objectives;
- b) it must be signed by both trainer and trainee and forwarded to the Chair of the Specialty Training Committee.



Annual Assessment

The above documentation will be used as the basis for the trainee's end of year/annual assessment.

Additional Supervision Required

In addition to the above formal assessment meetings, the Postgraduate Dean requires that all trainees take part in regular appraisal meetings. These are meetings between the trainee and his/her Educational Supervisor (who may or may not be his/her trainer), to discuss the trainee's progress.

These must be:

- a) non-threatening;
- b) not formally documented;
- c) confidential.

Such frequent informal meetings are a normal part of good educational supervision.



Education & Training Objectives

Placement at Placement Start Date
..... Expected End Date

Objective	Key Tasks <i>What you have to do by when</i>	Success Criteria <i>How you will know when you've carried them out successfully</i>	Formal Training/Teaching Required <i>And How It Will Be Met</i>

Signed by and
Trainer Trainee

Date Date

Appendix 2

The following requirements are taken from Paragraph 12, Section 7 of 'A Guide to Specialist Registrar Training'. In this context the term NTN and VTN are interchangeable.

12. All those eligible for a Training Number will be required, before it is issued, to indicate formally that they accept the following specific requirements:

- i. they must be engaged in activities approved by and agreed with the postgraduate dean which are compatible with their training programme (this may include research and leave of absence from the programme for, for example, maternity and sick leave);
- ii. they must complete all necessary documentation recording progress in the grade, eg RITA Forms;
- iii. they must ensure that their postgraduate dean is aware of their location and intentions when they are undertaking out-of-programme activities, research outside the NHS, taking leave of absence or gaining experience abroad;
- iv. if, under paragraph 12(i) they are employed outside the NHS and cease to pursue, for any reason, the research or other activity which the postgraduate dean (taking account of advice from research supervisors and Royal Colleges and their Faculties) has agreed is compatible with the retention of the Training Number, they must inform the dean at once. The dean may then decide whether it is appropriate for them to retain the Training Number. The arrangements for appealing against the loss of a Training Number are described in *Section 13*;
- v. if they hold a Training Number, are employed outside the NHS and wish to begin or return to a CCST training programme, they must accept a reasonable offer of a suitable SpR placement. While deans will do their best to meet the requirements for placements from returning researchers, a placement in a specific location cannot be guaranteed. Working through a system of "lead deans" with responsibilities for specific specialties, the deans have established a mechanism to ensure that doctors returning to training from research and other recognised activities outside the NHS can be matched to available training placements.

With the new structures and shortened training programmes, each placement must deliver the training expected, in order for the trainee to be ready to progress to the next placement in the programme. Therefore, it is most important not to allow a problem situation to continue. If a problem comes to light, then please take the following action promptly.

1. Provide your trainer with written notification of the problem, and arrange a meeting to discuss and resolve the issues.
2. If you feel unable to discuss the problem with your trainer, or if having taken this line of action the problem still persists, then please contact the Chair of the Specialty Training Committee/Programme Director and also your Trust Clinical Tutor, with written details of the problem.

University Lecturers

Trainees who are employed by universities, typically as lecturers, will have responsibilities to and with those universities for research and teaching. The marrying of those responsibilities to their training and with their clinical work will require careful consideration.

Normally particular priorities should be resolved by discussion between the trainee/lecturer, the academic head of department and the trainer. It is recognised that because of the extra responsibilities of academic trainees it may take longer than expected to complete training.

If conflicts cannot be resolved, they will need to be taken to the Postgraduate Dean and the Dean of the Faculty. In those rare cases where performance appears unsatisfactory then, where this is a training issue, it will lie within the remit of the Postgraduate Dean. Where it relates to University duties, it lies with the relevant University, and where it is a clinical matter it lies with the relevant Trust.

In general placement co-ordination and assessment will take place under the aegis of the relevant Specialty Training Committee, but this will only be with full University input. The trainee's educational plan will be set up, as normal with the trainer, but with appropriate allowance for academic University objectives.

POSTGRADUATE MEDICAL AND DENTAL EDUCATION FTTA
[Insert Deanery]

Learning Agreement for
 Higher Specialist Trainees (Specialist Registrars)
 Pursuing a Fixed-Term
 Training Appointment (FTTA)

Part One: Background Information

Name of Specialist Registrar

[Title] [Forenames] [Surname]

Embarking in a Fixed Term Training Appointment in

[Specialty]

1. The parties to this agreement are the above named Specialist Registrar
and

The Postgraduate Dean

PG Dean's name]

2. This agreement covers your training programme as agreed with the Postgraduate Dean. Your continued progress on this training programme is subject to a **satisfactory annual assessment**.
3. A **brief outline of assessment procedures** at individual placements is set out in Appendix 1. The assessment documents will be held as part of your Record of In-service Training Assessment (RITA) in the postgraduate office and will be made available to the Royal College or Faculty. The annual review of training will be carried out under the aegis of the [Insert Deanery] [Specialty] Training Committee.
4. Your **training placements will be co-ordinated** by the [Insert Deanery] [Specialty] Training Committee. The minimum notice of rotational moves will be one month, however, every effort will be made to notify you of your move well in advance of one month. All placements will be educationally approved by Royal Colleges and their Faculties, linked to the annual review, and in line with the overall training programme description. Where practicable any unusual personal circumstances will be taken into account when deciding your learning placement.
5. **Description of the placement:** If you have not already received a description of the placements in your training programme, these are available from the Postgraduate Dean.

Part Two: The Training Placement

6. **If you feel that** your training placement is not delivering the range and depth of experience appropriate to your stage on the training programme, or that your educational supervision is inadequate, it is of the utmost importance that you take action in accordance with Appendix 3.
7. **Induction:** At the start of each placement you will be introduced to the work of the Clinical Unit/Department, by your trainer. This will include the provision and discussion of the operational procedures of the unit along with any clinical guidelines or protocols in use.
8. **Employment with Trust/Health Authority:** For each placement, together with your employment contract with the Trust/Health Authority, which should conform to the agreed [Insert Deanery] model, you should receive details of your working pattern (shift, partial shift, on-call) which give the arrangements for teaching and research as well as any on-call and residence commitments.
9. **Specialist Registrars with University Commitments:** Should receive an honorary contract from their University, together with details of any requirements relating to teaching and research.
10. **University Lecturers:** with honorary specialist registrar commitments, should receive an honorary NHS contract from the Trust with which they are carrying out their NHS commitments. See Appendix 4 for further particulars regarding University Lecturers.
11. **Protected Study Time:** Your weekly programme of duties for each placement should indicate when protected time will be available to you for study and research.
12. **Meeting With Trainer:** During each placement there will be regular meetings with your trainer. It is intended that these may lead to the adjustment of duties or emphasis in order to progress with your educational plan, and experience your agreed learning aims and objectives.
13. **Study Leave:** A copy of the study leave documentation and an application form are available from each postgraduate centre.

4

Part Three: Educational Plan

14. **Educational Plan.** Shortly after taking up your placement, time will be set aside for an initial meeting with your trainer. The purpose of this meeting is to establish, against the framework of the programme agreed with the Postgraduate Dean, the educational priorities of the placement. Your progress will be reviewed with you regularly and the plan adjusted where necessary (See Appendix 1).

Part Four: General Educational Facilities

15. A range of educational facilities is available to you in each placement. Details of these facilities will be available from the clinical tutor and local postgraduate centre.

Part Five: Declaration

16. Successful specialist registrar training requires time, effort and commitment on the part of trainers, trainees, those managing and funding higher specialist training and employers. In the [Insert Deanery] we will do our best to see that you receive all the help, support and resources which will enable you to complete your specialist registrar placement successfully. The Chair of the Deanery Specialty Training Committee/Programme Director for [Speciality] is

Name: [Chairman]

Address: [Chairman's-Address]

He/she will act on behalf of the Postgraduate Dean in relation to your training. In the unlikely event of problems which cannot be resolved by the Programme Director/Chair of the Training Committee* you may make representations direct to the Postgraduate office.

17. For your part, you are expected to:

- a) have read the specialty programme agreed with the Postgraduate Dean for specialist registrar training in your specialty and/or sub-specialty;
- b) familiarise yourself with your training programme in each placement;
- c) participate fully in your clinical and educational programme and be prepared to spend some of your own time on educational activities. Please note that time-tabled postgraduate training sessions and educational programmes are as much part of the time-table as an operating list or clinic;
- d) develop a personal educational plan with your trainer at each placement. This plan should take into account your current training needs and the time and resources available;
- e) contribute to audit, research and other relevant work being undertaken in your training programme;
- f) co-operate with your trainers in order to make all necessary progress during your placement;
- g) give adequate notice of study and annual leave so that suitable arrangements can be made to organise the service provision of the clinical division in which you are placed;
- h) remember at all times that your departmental colleagues have their own educational requirements and make sure that your own educational needs and plans integrate with those of your colleagues.

* **The Chair of the Training Committee:** For each speciality there is a Deanery Specialty Training Committee. The Chair of this committee is appointed by the Postgraduate Dean, and is accountable to the Dean for the organisation of training in that speciality.

Programme Director: A training programme consists of a) a formal rotation through a number of specified training placements, designed to ensure that the trainee receives the appropriate exposure to the different aspects of his/her chosen

specialty and, b) formalised teaching to complement and support the experience provided by the rotational programme. In many specialties the training programme is run by the Chair of the Training Committee. However, in some specialties - in particular the larger specialties - there may be more than one training programme. In such instances, Programme Directors may be appointed to run the different programmes.

- i) complete promptly all training and assessment documentation required of you by your trainers, educational supervisors, programme director or, the postgraduate office and participate as required in assessment interviews, in particular your annual assessment;
- j) assist where possible and appropriate in the training of students and others whose training you could assist;
- k) advise the higher specialist training section of any change in your name and/or your address
- l) accept the terms and conditions applying to training number holders, as specified in 'A Guide to Specialist Registrar Training' (see Appendix 2)

Signed Postgraduate Dean

or Chairman of the Training Committee for
[Specialty]

Date

I wish to accept a place on the [Insert Deanery] training scheme and shall do my best to fulfil these commitments. Please issue me with a Training Number (FTN) and a Certificate of Entry to the Specialist Registrar Training Programme.

I shall commence my training programme on (date)

at (NHS Trust)

Signed Date
[Title] [Forename] [Surname]



Outline of Procedures required to meet responsibilities with respect to Specialist Registrar training and to inform the annual assessment process.

Note: The following procedures are offered as guidance to the Specialty Training Committee. It is recognised that many Training Committees may wish to adapt these procedures to meet any particular requirements of their own specialty. All Training Committees' must ensure that their procedures for assessment are clearly documented and in line with the requirements of the [Insert Deanery] Learning Agreement. A copy of all relevant documentation should be sent to the Postgraduate Dean's department.

Assessing the Needs and Setting Objectives

At the beginning of each placement the trainer and trainee should discuss the trainee's educational needs over the coming training period. From this a plan to meet these needs should be discussed and agreed, covering:

- a) education and training objectives to be achieved, covering skills, knowledge and attitudes to patients and colleagues and in line with the agreed programme. Any objectives, the achievement of which is a prerequisite for progression to the next stage in the training programme, should be clearly identified as such;
- b) how the training placement itself will help achieve these objectives;
- c) any formal training that may be required and how this will be provided;
- d) responsibilities the trainee has to secure his/her achievement of the objectives.

The agreed written plan should be signed off by both trainer and trainee and should be forwarded to the Chair of the Specialty Training Committee. It is the responsibility of the Training Committee to ensure that this plan is appropriate to the trainee's stage in the training programme. A sample proforma is attached for guidance.

Regular Review of Progress

Every six months and/or at the end of each placement:

- a) each trainer should provide a report which must clearly show the achievements in relation to the agreed objectives;
- b) it must be signed by both trainer and trainee and forwarded to the Chair of the Specialty Training Committee.

Annual Assessment

The above documentation will be used as the basis for the trainee's end of year/annual assessment.

Additional Supervision Required

In addition to the above formal assessment meetings, the Postgraduate Dean requires that all trainees take part in regular appraisal meetings. These are meetings between the trainee and his/her Educational Supervisor (who may or may not be his/her trainer), to discuss the trainee's progress.

These must be:

- a) non-threatening;
- b) not formally documented;
- c) confidential.

Such frequent informal meetings are a normal part of good educational supervision.

Education & Training Objectives

Placement at Placement Start Date
 Expected End Date

Objective	Key Tasks <i>What you have to do by when</i>	Success Criteria <i>How you will know when you've carried them out successfully</i>	Formal Training/Teaching Required <i>And How It Will Be Met</i>

Signed by and
 Trainer Trainee

Date Date

Appendix 2

The following requirements are taken from Paragraph 12, Section 7 of 'A Guide to Specialist Registrar Training'. In this context the term NTN and VTN are interchangeable.

12. All those eligible for a Training Number will be required, before it is issued, to indicate formally that they accept the following specific requirements:

- i. they must be engaged in activities approved by and agreed with the postgraduate dean which are compatible with their training programme (this may include research and leave of absence from the programme for, for example, maternity and sick leave);
- ii. they must complete all necessary documentation recording progress in the grade, eg RITA Forms;
- iii. they must ensure that their postgraduate dean is aware of their location and intentions when they are undertaking out-of-programme activities, research outside the NHS, taking leave of absence or gaining experience abroad;
- iv. if, under paragraph 12(i) they are employed outside the NHS and cease to pursue, for any reason, the research or other activity which the postgraduate dean (taking account of advice from research supervisors and Royal Colleges and their Faculties) has agreed is compatible with the retention of the Training Number, they must inform the dean at once. The dean may then decide whether it is appropriate for them to retain the Training Number. The arrangements for appealing against the loss of a Training Number are described in Section 13;
- v. if they hold a Training Number, are employed outside the NHS and wish to begin or return to a CCST training programme, they must accept a reasonable offer of a suitable SpR placement. While deans will do their best to meet the requirements for placements from returning researchers, a placement in a specific location cannot be guaranteed. Working through a system of "lead deans" with responsibilities for specific specialties, the deans have established a mechanism to ensure that doctors returning to training from research and other recognised activities outside the NHS can be matched to available training placements.

Appendix 3

With the new structures and shortened training programmes, each placement must deliver the training expected, in order for the trainee to be ready to progress to the next placement in the programme. Therefore, it is most important not to allow a problem situation to continue. If a problem comes to light, then please take the following action promptly.

1. Provide your trainer with written notification of the problem, and arrange a meeting to discuss and resolve the issues.
2. If you feel unable to discuss the problem with your trainer, or if having taken this line of action the problem still persists, then please contact the Chair of the Specialty Training Committee/Programme Director and also your Trust Clinical Tutor, with written details of the problem.

University Lecturers

Trainees who are employed by universities, typically as lecturers, will have responsibilities to and with those universities for research and teaching. The marrying of those responsibilities to their training and with their clinical work will require careful consideration.

Normally particular priorities should be resolved by discussion between the trainee/lecturer, the academic head of department and the trainer. It is recognised that because of the extra responsibilities of academic trainees it may take longer than expected to complete training.

If conflicts cannot be resolved, they will need to be taken to the Postgraduate Dean and the Dean of the Faculty. In those rare cases where performance appears unsatisfactory then, where this is a training issue, it will lie within the remit of the Postgraduate Dean. Where it relates to University duties, it lies with the relevant University, and where it is a clinical matter it lies with the relevant Trust.

In general placement co-ordination and assessment will take place under the aegis of the relevant Specialty Training Committee, but this will only be with full University input. The trainee's educational plan will be set up, as normal with the trainer, but with appropriate allowance for academic University objectives.

Short-term and fixed-term appointments

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Short-term and fixed-term appointments

Introduction

1. It is inevitable that from time to time and for a variety of reasons gaps will occur in training programmes which need to be filled. There are two options:
 - i. make a specific specialist registrar (SpR) appointment to cover the service element only of a vacant SpR placement - a **Locum Appointment - Service (LAS)**;
 - ii. make a different type of appointment which acknowledges the training value to be gained in covering an SpR vacancy - a **Locum Appointment - Training (LAT)**.

These types of appointment are usually only permissible when a previously occupied SpR placement falls vacant.

2. Postgraduate deans may also wish to make short-term training appointments in addition to the establishment agreed to meet service requirements. These appointments will be tailored to meet individual doctors' training goals - a **Fixed-Term Training Appointment (FTTA)**.
3. The procedures governing these appointments are set out below.

Locum Appointments - Service (LASs)

4. Cover for the service element of a placement may be necessary for only a few days or a few weeks. It is implicit in the use of the term Locum Appointment - Service that because of the short-term, service-based nature of the placement, there is little structured training or training benefit to be derived from such appointments. LAS placements should, therefore, normally be limited to a maximum of three months. Those obtaining LAS placements have to demonstrate qualifications and experience to a level which allow them to provide a service to patients of a quality comparable to a substantive SpR in that placement. Recruitment is a matter for employers locally consulting where practicable with the postgraduate dean who will advise on whether a locum appointment is the best way of addressing a vacancy. Advertisements must make clear that the placement is for service purposes only. Appointment to a LAS does not attract an NTN or VTN. Employers should ensure that applicants are vetted and interviewed by at least one doctor who is qualified to sit on an SpR appointment committee. Applications for LAS placements are not restricted to EEA doctors.

5. In some circumstances SpRs who hold an NTN, VTN or FTN but who are not currently undertaking training (for example, because they are taking leave of absence approved by their postgraduate dean) may wish to take up a LAS. They should seek advice from their postgraduate dean on whether such an appointment would be appropriate and whether other options are available.

Locum Appointments - Training (LATs)

6. In assessing the nature and length of an SpR vacancy, the employer and the postgraduate dean, taking into account the views of the deanery Specialty Training Committee and the policy of the relevant College or Faculty, may conclude that it could offer CCST training experience instead of simply requiring service cover. Where appropriate, the relevant Royal College, Faculty or SAC must give prospective training recognition to the individual applicant confirming that such training could count towards a particular CCST programme. Such places would be open generally to SHOs and other candidates for CCST training. A vacancy must be advertised as a Locum Appointment - Training (LAT).

7. Occupancy of an SpR locum placement or series of placements is not in itself sufficient to qualify for a CCST. The European Specialist Medical Qualifications Order 1995 (and Amendment Regulations 1997) provides that a CCST may only be awarded to a person who has been appointed to a training programme intended to lead to the award of a CCST and has successfully completed that training programme. The award of a CCST follows progressive movement through a formal, recognised training programme in a way which is assessed as fulfilling the requirements of that programme. A LAT, therefore, must contribute demonstrably towards progress through a programme before it can count towards achieving a CCST. For this reason, the contribution which a LAT ultimately makes in progressing a trainee toward completion of the training programme must be identified in advance and form the basis of recruitment.

8. Appointments to LATs are governed by the following considerations:

- i. having completed the necessary SHO experience and gained the minimum College entry requirements, it would be more valuable for SHOs and other candidates to occupy the period before full entry to SpR training in gaining some SpR training experience rather than in simply repeating SHO training;
- ii. occupation of a LAT does not, however, give the appointee any special or priority right of entry to the SpR grade not enjoyed by those who do not have the opportunity to obtain a LAT;
- iii. LAT appointees hold contracts as SpRs and are subject to SpR pay and terms and conditions. They do not form a separate grade;
- iv. LAT appointees do not hold NTN or VTN as they will not have been appointed substantively to the SpR grade (but *see paragraph 9 below*);
- v. LAT appointments are competitive and governed by the provisions in *Section 2* to ensure that those appointed are of the appropriate standard;
- vi. if a LAT holder subsequently gains entry to the SpR grade, training received during the period of the LAT will count towards the calculation

- of time to completion of CCST training where this had been agreed prospectively by the Royal College or SAC. The LAT holder will be subject to formal assessment at the end of the placement by a small specialty-based review panel (*see Section 11*);
- vii. there can be no retrospective recognition of LAT training. That is, Locum Appointments - Service (LASs) cannot be turned into LATs retrospectively as the appointment procedure for the locum post (although of a high standard) would not match that applied to LATs;
 - viii. LATs will not last more than 1 year unless there is an exceptional reason for a longer period. There is little benefit in arranging them for periods of less than three months. Trainees undertaking LATs lasting a year or more ought to have the appointment reviewed and should be interviewed and counselled by the postgraduate dean;
 - ix. it is for the relevant College or Faculty to decide how the training and experience gained in a LAT will count towards the expected date of completion of training. However, it is not possible to obtain a CCST without entering the SpR grade in a substantive placement;
 - x. training experience recognised by occupation of a LAT is on a personal basis. That is, simple occupation of an SpR placement on a locum basis would not in itself imply that training of the required standard, and thus an educational credit, was available. Recruitment to a LAT is on the basis that appropriate training is available and that the individual selected will benefit from it;
 - xi. LATs are available both to EEA and overseas doctors. Trainees in the latter group have to demonstrate that they meet the entry requirements for Type I programmes explained in *Section 9*.

9 In some circumstances SpRs who hold an NTN/VTN but who are not currently undertaking training (for example, because they are taking leave of absence approved by their postgraduate dean) may wish to take up a LAT. They should seek advice from their postgraduate dean on whether such an appointment would be appropriate and whether other options are available. The relevant College or Faculty will advise the postgraduate dean and the NTN/VTN holder of the effect the LAT would have on the time to completion of training.

10 Appointment to a LAT is via the arrangements in Section 2. The appointment committee may if necessary be smaller than for entry to CCST training programmes but must be drawn from those eligible for membership of the full appointment committee - an interview must be held. Both LAS and LAT appointments will count as locum appointments, and not substantive appointments to the SpR grade. On completion of a LAT the trainee will need to seek another SHO post, a LAS or LAT, pending successful application to a place on an SpR programme.

Type II Fixed-Term Training Appointments (FTTAs)

11. The Type II Fixed-Term Training Appointment (FTTA) is designed for doctors who want to undertake some elements of specialist registrar training to acquire specific experience or to achieve a particular qualification. All FTTA training programmes must be agreed by the relevant postgraduate dean. Although FTTAs may contribute cover for vacancies in SpR training programmes, they are designed to provide independent SpR training which, while not leading to a CCST, stands in its own right. The following doctors are eligible for an FTTA:

- i. overseas doctors who do not have a right of indefinite residence or settled status in the UK who wish to undertake a Type II programme which has training goals agreed by the postgraduate dean and related to the individual needs of the doctor but which do not lead to the award of a CCST;
- ii. doctors who benefit from EEA rights of residence, other than UK nationals, who wish to pursue part of their higher specialist training (Type I equivalent) programme in the UK. Such doctors may have been advised by the relevant authority or institution in the country where they are undertaking the majority of their training programme. They are not eligible for a UK CCST; and
- iii. exceptionally, where there is an identified service need, doctors who hold a UK CCST and who benefit from European Community rights or have a right of indefinite residence or settled status in the UK and who wish to pursue a sub-specialty training programme within the grade. Such doctors will be the exception since most sub-specialty training will be undertaken before the award of a CCST.

12. There is a clear distinction between LATs and Fixed-Term Training Appointments (FTTAs). They have a different role and function. The LAT is designed principally for those who wish to pursue a CCST training programme and have achieved the entry standards for the SpR grade but have not yet been able to enter through the recognised competitive process. Its purpose is to provide valuable training experience which can count later on towards completion of SpR training and the award of a CCST when the LAT appointee has achieved SpR status via competition. A LAT also provides cover for a medium-term vacancy (ordinarily three months or more) in an SpR training programme.

Appointment to FTTAs

13. Appointment to an FTTA is via the arrangements in *Section 2*. Doctors accepted for FTTAs must have attained a standard similar, although not equivalent, to that required for entry to a CCST training programme. They must demonstrate that they have the experience and qualifications to benefit fully from the training offered. The appointment procedures must assure the standard required for patient safety (*see Section 9*).

14. The duration of FTTAs, which will usually be between 6 months and 2 years (but

can be longer), must be agreed by the relevant postgraduate dean. Doctors accepted for FTTAs will be issued with a (Fixed-Term Training Appointment) Training Number (FTN) (*see Section 7*).

UK/EEA doctors who hold a UK CCST

15. Exceptionally, where there is an identified service need, UK/EEA doctors holding UK CCSTs may be appointed to FTTAs to undertake post-CCST sub-specialty training. Such doctors will be the exception since most sub-specialty training will be done before the award of a CCST. In England, the agreement of the relevant specialty lead postgraduate dean must be sought prior to the issuing of an FTN to a UK CCST holder. These arrangements will be monitored on a regular basis by the NHS Executive and the Specialty Workforce Advisory Group (SWAG)

16. Alternative administrative arrangements for the appointment of UK CCST holders to FTTAs apply in Northern Ireland, Scotland and Wales.

Conversion of FTTA appointments to CCST appointments

17. A doctor who has undertaken an FTTA programme and who subsequently enters a CCST training programme may have relevant experience acquired during FTTA training taken into account when the expected date of completion of CCST training is decided. For example, if an overseas doctor acquires the right to permanent residence in the UK and wishes to pursue a CCST training programme, relevant experience achieved during an FTTA will be taken into account in determining the expected date of completion of CCST training.

18. Transfer to a CCST training programme must be via the formal competitive appointments process explained in *Sections 2 and 9*, and candidates must meet the minimum entry criteria. Transfer other than by this route is specifically precluded.

Assessment arrangements for LATs and FTTAs

19. Where a LAT or an FTTA is for a year or longer, formal review and assessment arrangements similar to those required in a CCST training programme will be necessary (*see Section 11*). For shorter appointments, an exit assessment should be undertaken and documented.

Educational credits derived from LATs and FTTAs

20. It is for the relevant College or Faculty to decide how the training and experience gained in a LAT or an FTTA will count towards the expected date of completion of training.

Flexible training

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Flexible training

Introduction

1. This section explains flexible (part-time) training in the specialist registrar (SpR) grade. Other aspects of the grade which apply to all trainees, full and part-time, are discussed elsewhere in the guide. The details for flexible training described below are based on current policy for England. Similar, but separate, arrangements apply in Scotland, Wales and Northern Ireland - doctors wishing to train part-time in these countries should seek guidance from their postgraduate deans. The general principles and the commitment to flexible training are common to all the UK home countries.

2. The aim of flexible training is to provide opportunities for doctors in the NHS who might not otherwise be able to make a contribution because they are unable to work full-time. This is in line with European law. EC Directive 93/16/EEC says that although member states do not have to provide part-time opportunities if they do, they must comply with the Directive which requires that:

- i. part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;*
- ii. the competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.*

Particular attention needs to be paid to ensure that calculation of the required training period for part-time training reflects the requirements of Annex 1 of Directive EC 93/16/EEC. It is not possible to complete training in a shorter overall time through part-time training.

3. Specialist registrar flexible training supports doctors who want to train part-time, while remaining as similar as possible to the arrangements for doctors working full-time. The profile of the medical workforce is changing rapidly. It is vital to provide as many opportunities as possible for part-time training both to retain doctors in the NHS and to encourage them into the workforce.

Key aims of flexible training

4. The key aims of flexible training are:
- i. to retain doctors who are unable to train full-time;
 - ii. to keep arrangements in line with full-time training;
 - iii. to maintain a balance between flexible arrangements and service needs.

Who is eligible to train flexibly?

5. All trainees in the SpR grade are eligible to apply for flexible training. They will have to show that **training on a full-time basis would not be practicable for well-founded individual reasons** (EC Directive 93/16/EEC). Full-time trainees can apply to become flexible trainees and flexible trainees can apply to revert to full-time training at any time.

Who decides whether an application is well-founded?

6. Postgraduate deans, or associate deans with responsibility for flexible trainees should view enquiries about flexible training sympathetically and will need to confirm that an application is well-founded on an individual basis. Where postgraduate deans believe that an application is not well-founded they should consult their colleagues appropriately to ensure a consistent approach before making a final decision. Specialist registrars or those hoping to enter the grade should seek advice from the postgraduate dean as soon as they decide that they may want to spend a period of their time as SpRs training flexibly. It will be helpful both to trainees and postgraduate deans in planning training to have an early indication of intentions even where trainees cannot yet give precise details of their plans.

How posts are funded in England

7. The postgraduate deans in England hold a budget which covers 100% of the basic salary costs of flexible trainees and other salary-related costs like pensions, national insurance and the non-pay costs of the trainees such as travelling expenses. The responsibility for the payment for Additional Duty Hours (ADHs) rests with the employing trust. When a full-time trainee wishes to train part-time, postgraduate deans will endeavour to ensure that funding is available for flexible training opportunities.

Advertising SpR training programmes

8. All advertisements for SpR posts should say that the training programmes are equally open to those who may, either from the outset or subsequently, wish to train flexibly. *See Section 6.*

Applying to enter the Specialist Registrar grade

9. Entry is through competition and is judged on merit alone. It is not part of an appointment committee's job to consider, before making a decision, whether a candidate wishes to train flexibly on entry or in the future. Candidates will not be asked about any plans they might have to train flexibly. In some cases it may not be possible to ensure at interview that candidates' present working arrangements or future intentions are unknown to all appointment committee members. It is, however, the postgraduate dean's responsibility, either directly or through a representative, and in liaison with the committee chairman, to ensure that an intention to train flexibly is not a factor taken into account in appointing a candidate. It would be against the law to do so. Once candidates are notified that they have been selected they should then apply to the postgraduate dean, or associate dean, to be considered for flexible training.

How to apply to train flexibly

10. Specialist registrars should apply formally to the postgraduate dean, or associate dean, as soon as they have a firm idea of their part-time training needs. Wherever possible they should say how long they wish to train flexibly. The complete process from evaluation of the application to entry into a programme needs careful planning, so it is best to give as much notice as possible.

Candidates who are already training flexibly in their current grade

11. Some doctors will already be working flexibly and will, therefore, have established that they have well-founded reasons for doing so. The reasons will already be known to postgraduate deans. Where these doctors apply to enter the SpR grade and are short-listed, postgraduate deans should discuss with them, in confidence, the arrangements necessary to allow them to continue to train flexibly should they be successful in their applications. As above, the content of these discussions should not be available to the appointment committee and should not influence the appointment process.

12. There are a number of options available for handling doctors who are successful in the appointment process.

- i. postgraduate deans should make every effort to identify flexible training programmes in advance so that those presently training flexibly as SHOs can continue training seamlessly in the higher grade;
- ii. where there is a delay in identifying such a programme, candidates may wish to opt for a period of full-time working as SpRs before flexible placements become available;
- iii. candidates may decide to continue working flexibly in their present grade until suitable SpR programmes become available. In these cases, a Training Number will be reserved for the successful candidate, which will be issued when they are admitted, without further competition, to the SpR grade as soon as a flexible programme is available.

13. Where necessary, appointment committees should be told after interviews are completed, and once a list placing candidates in order of merit has been drawn, but before a decision is made, that they may have to appoint more than the expected number of suitable candidates in order to cover the service element of the vacant placements they are seeking to fill. This may mean that a full-time trainee may be appointed alongside the successful flexible candidate. The same consideration applies where an appointment committee is making multiple appointments.

Candidates who wish to begin flexible training as specialist registrars

14. The arrangements applying to these candidates are similar to those for candidates already training flexibly. While the postgraduate dean may know in advance of a candidates' intentions this must not be shared with other committee members and no account should be taken of those intentions where they are known. The following options apply:

- i. candidates who have a clear idea of their intentions may discuss them, in advance, and in confidence, with postgraduate deans so that the issue of

whether reasons are well-founded can be resolved before the appointment stage. Again, these intentions are not a matter for the appointment committee to consider;

- ii. alternatively, where, after interview, successful candidates indicate that they wish to begin to train flexibly, the postgraduate dean or a representative, should discuss with them their reasons and confirm that they are well-founded.
15. Successful candidates who wish to train flexibly may be offered:
- i. an immediate flexible programme where this is practicable; or
 - ii. a full-time place until a flexible programme becomes available; or
 - iii. the option of continuing in their present grade until a flexible SpR placement becomes available - in this case an NTN/VTN should be reserved for them and given to them when they enter SpR training. They would not have to compete further for entry to the SpR grade.

Promulgating the decisions of appointment committees

16. It is good practice to tell candidates of the outcome of an appointment committee as quickly as possible. However, the desire to reach decisions quickly should not over-ride the need to ensure that all the relevant factors in filling vacancies with either full-time or flexible trainees, as appropriate, are examined fully before appointments are made.

Extra Training Numbers (England)

17. Postgraduate deans can issue extra NTNs at the appointment stage of Type I programmes where successful candidates indicate that they wish to undertake part-time SpR training at the outset of the programme.

18. In these circumstances, part-time trainees will receive an NTN in the normal way and postgraduate deans may issue an extra NTN to an additional suitable full-time trainee, from the list of approved candidates.

19. However, where an existing NTN holder applies to train part-time, deans may be able, with the agreement of the specialty lead dean, to issue extra NTNs. The full-time places created in this way must be filled by competitive entry as described in *Section 6*.

20. No extra NTNs can be issued in this way without being sanctioned by the specialty lead dean. This dean will, where they are available, release NTNs from the central stock of unallocated NTNs for that specialty. In doing so, he or she will need to be satisfied that the request will not adversely affect the overall distribution of NTN holders in the specialty and will wish to take account of any other relevant considerations. This process applies to all specialties, whether identified as priority specialties or not. Extra NTNs can only be authorised where the lead dean holds a stock of unallocated NTNs.

21. Individual postgraduate deans, in deciding whether to apply to the lead dean for extra NTN, will wish to consider whether:

- i. SpR places of sufficient educational quality are available;
- ii. sufficient resources are available;
- iii. the issue of an extra NTN will compromise the return from part-time training of those who already hold NTNs; and
- iv. the gap in a training programme cannot more appropriately be filled by a Locum Appointment - Training (LAT) or a Fixed-Term Training Appointment (FTTA).

Note 1: *It is essential that where a doctor reverts from flexible to full-time training while in programme that the Dean's Database is corrected immediately and the revised date for the award of the CCST recorded.*

Note 2: *For arrangements applying to doctors undertaking research, see Section 10.*

Arrangements in Scotland, Wales and Northern Ireland may differ in accordance with local arrangements.

Changing from part-time to full-time training while in the SpR grade

22. Trainees need to discuss their plans with postgraduate deans as early as possible so that the rotational programmes can be adjusted. Employment contracts and educational programmes will also need to be adjusted and the date of expected award of CCST recalculated. Flexible trainees may have to wait until the next full-time training slot becomes available - they retain their Training Numbers.

Changing from full-time to part-time training while in the SpR grade

23. Subject to the availability of funding and appropriate training, a change to flexible training means that educational programmes and the expected award date for CCSTs need to be adjusted. Contracts of employment will have to be extended for the appropriate period. It is important that the calculation for extending the training period reflects the requirements of the EC Directive (*see paragraph 2* above). The effect of this is that the weekly duty commitment must be at least 50% of the full-time equivalent. Flexible trainees should undertake a pro-rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage. Trainees retain their original Training Numbers in these circumstances.

Movement of flexible trainees between deaneries and countries

24. Trainees may move between deaneries where they have well-founded reasons which satisfy postgraduate deans. The same arrangements apply whether they are training full-time or part-time. Trainees who wish to move between any of the UK home countries will be treated in the same way as those moving between deaneries. *Section 14 refers.*

Extra training to obtain a CCST

25. If the postgraduate dean is advised by the SAC, College or Faculty that a flexible trainee needs further training in order to reach the required standard for award of a CCST, the training programme and consequently the period of employment in the grade can be extended pro-rata in line with full-time trainees.

Difficulty obtaining a consultant post

26. If, after being awarded a CCST, and despite reasonable attempts, a trainee is unable to obtain a consultant post, special provisions can be made for a limited new contract at the discretion of the postgraduate dean. The arrangements for this additional period of employment in the SpR grade are the same for both full and part-time trainees. (*Section 16 refers*). Trainees should discuss this with their dean as soon as they are aware there may be a problem.

Specialist Training Authority

27. The Specialist Training Authority (STA) is monitoring the way in which flexible training is being implemented and operated to make sure that it is being done in a fair and consistent way and in accordance with the EC Directive.

Training Numbers

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Training Numbers

7

Introduction

1. Each doctor who is accepted for a specialist registrar training programme and who holds a substantive appointment in the specialist registrar grade requires a Training Number. This number is unique to the doctor and, other than by exception, is held until training is completed and the doctor has left the grade.

Note 1: *The term "substantive" includes NHS honorary appointments to the grade but does not include Locum Appointments - Service (LAS) or Locum Appointments - Training (LAT).*

Note 2: *A "Type I programme" is the only training programme which, if successfully completed, leads to the award of a CCST (see Section 5, paragraph 7).*

A Type II programme or Fixed-Term Training Appointment (FTTA) usually lasts for two years, but may be longer. It must be agreed with the postgraduate dean and can be tailored to meet the needs of the individual doctor. This programme does not lead to the award of a CCST.

2. The **Training Number** has three forms:

- i. **the National Training Number (NTN):** This number is only issued to doctors who have competed and been accepted for a Type I training programme which may lead to the award of a Certificate of Completion of Specialist Training (CCST). An NTN can only be awarded to doctors who
 - a. benefit from European Community rights; or who
 - b. have overseas nationality but who have right of indefinite residence or settled status in the United Kingdom (*see Section 9*).
- ii. **the Visiting Training Number (VTN):** This number is only issued to doctors who have competed and been accepted for a Type I training programme which may lead to the award of a CCST. A VTN can only be awarded to doctors who:
 - a. do not benefit from European Community rights; or who
 - b. do not have right of indefinite residence or settled status in the United Kingdom (*see Section 9*).

- iii. **the (Fixed-Term Training Appointment) Training Number (FTN):** This number is only issued to doctors who have competed and/or who have been accepted for a Type II training programme otherwise known as a Fixed-Term Training Appointment (FTTA). An FTN can only be awarded to:
 - a. doctors who benefit from European Community rights, other than UK nationals; or
 - b. doctors who do not have a right of indefinite residence or settled status in the United Kingdom; or
 - c. exceptionally, where there is an identified service need, doctors who hold a UK CCST and who benefit from European Community rights or have a right of indefinite residence or settled status in the United Kingdom and who wish to pursue a sub-specialty training programme within the grade. Such doctors will be the exception since most sub-specialty training will be done before the award of the CCST.

3. The Training Number in any of its three forms is issued as soon as the trainee is accepted into a training programme. It will be held so long as the trainee is in the SpR grade or while undertaking out-of-programme activity which has been agreed with the postgraduate dean. Once the Training Number has been awarded training may be deferred to enable the doctor to undertake or complete research (*see Section 10*).

4. A summary of eligibility for Training Numbers is given at *Annex A*. These arrangements refer to England and Wales. Equivalent arrangements apply in Scotland and Northern Ireland - references to a Training Number in its different forms in this guide apply equally to those countries.

What is the Training Number for?

5. The Training Number system has four main purposes.
- i. **educational planning and management:** to enable postgraduate deans to keep track of the location and progress of all trainees in their charge in the SpR grade and when they are undertaking out-of-programme activities. The Training Number is also an integral part of **RITA** (Record of In-training Assessment) which records in more detail trainees' progress and location (*see Section 12*). Information on Training Numbers also helps Royal Colleges and their Faculties with monitoring of training programmes and trainee progress.
 - ii. **financial planning and management:** to assist postgraduate deans to plan and manage their funding provisions for specialist training.
 - iii. **workforce planning and management:** to ensure that, both

nationally and within specialties, the right number of doctors are trained to meet the future demand for NHS consultants. The Training Number system shows exactly how many doctors are in each CCST training programme (including overseas doctors and those holding honorary appointments) at any time and indicates generally when they will complete their training. This is vital information which helps the Health Departments to decide how many new trainees to accept into higher specialist training each year. (see *Section 20* for details of planning arrangements).

- iv. **to act as a "passport" for trainees:** as long as the NTN or VTN numbers are held a trainee has, subject to acceptable performance, a guarantee of a continued place in a CCST training programme for the specialty to which the NTN or VTN relates. The same does not apply to an FTN where the duration of the FTTA is governed by the doctor's contract.

Who qualifies for a Training Number?

6. Training Numbers are issued to all doctors entering the SpR grade including those holding honorary contracts but not to those entering either a **Locum Appointment Service - (LAS)** or a **Locum Appointment Training - (LAT)**;

***Note 3:** Any senior registrars who decided not to enter the SpR grade during the transition period but who are currently participating in CCST training programmes have an automatic right to an NTN or VTN and indeed will hold one or other number;*

***Note 4:** Doctors qualified to become SpRs who were doing research when the grade was introduced in their specialty but who wished to finish their research before entering the grade were also eligible for NTNs if they applied during their specialty's transition period. The arrangements by which existing registrars, senior registrars, registrars engaged in research and overseas doctors could enter the SpR grade during the transition period are described in Appendix 1 of the guide.*

Who does not qualify for a Training Number?

7. Locum appointments do not qualify for a Training Number. From time-to-time short-term vacancies suitable for a locum appointment will arise in approved training programmes where it will be necessary to provide cover for the service element of a particular training placement. Alternatively the vacancy may provide both service cover and training:

- i. **Locum Appointment - Service (LAS)** This type of appointment is not approved for training, should not normally last longer than three months and will not attract a Training Number. All advertisements for these vacancies must make this clear. In some circumstances specialist registrars who hold any form of Training Number, but who are not

currently undertaking training (for example, because they are taking leave of absence approved by the postgraduate dean) may wish to fill such locum vacancies. Full details of LASs are given in *Section 5*.

- ii. **Locum appointments - Training (LAT)** Other vacancies, often for longer periods of up to a year, may occur in training programmes. Postgraduate deans may fill these on the basis of a Locum appointments - Training (LAT). A Training Number in any of its forms will not be issued for a LAT. It is for the relevant College or Faculty to decide whether and how the training and experience gained in a LAT will count towards the expected date of completion of training. It does not follow that a doctor undertaking a LAT in an approved training programme will automatically be able to count the appointment towards training. Where the College or Faculty is satisfied that the training available for the LAT appointee is the equivalent to that required by a normal CCST training programme, credit may be given for the training and experience gained so that it counts towards individuals' CCSTs only if, at a later date, they are successful in securing a substantive appointment in the SpR grade in a Type I programme and in the specialty concerned. This educational approval is granted on an individual basis and must be given prospectively for CCST training - approval of the training placement is not sufficient in itself. For example, an SHO who already meets the minimum entry requirements to the grade but who has not yet been appointed as a specialist registrar may wish to take advantage of the training opportunities offered by these LATs. Full details of LATs are given in *Section 5*.

8. A CCST can only be awarded to a doctor who has been appointed to a training programme intended to lead to the award of a CCST (Type I programme) and has successfully completed that programme. FTAs either singly or in combination cannot lead to the award of a CCST. It is not possible to obtain a CCST without entering the SpR grade in a substantive placement and to a programme which entitles the doctor to hold either an NTN or VTN. However, doctors holding FTAs are free to apply for appointment to Type I programmes and, where a doctor has been so appointed, time spent in a FTA may count towards a CCST.

Obtaining a Training Number: registering with the postgraduate dean

9. The postgraduate dean will issue each doctor entering the SpR grade in a substantive appointment with a Training Number (NTN, VTN or FTN). This is achieved by the doctor registering with the postgraduate dean through the RITA process. The doctor must complete RITA Form A which is obtained from and returned to the postgraduate dean. This will:

- i. trigger issue of the Training Number - an example of a model notification letter issued by the postgraduate dean, giving confirmation to the trainee, is shown at *Annex C*;
- ii. ensure the doctor is registered on the dean's database - this must include

- all sponsored doctors (*see Section 9*);
- iii. initiate the RITA process through which progress in training is monitored so long as the doctor remains in the grade (*see Sections 11 and 12*);
 - iv. result in the postgraduate dean forwarding a copy of RITA Form A to the relevant Royal College or Faculty advising that a new trainee has been registered with the Deanery and giving his Training Number; and
 - v. enable the postgraduate dean to confirm for the new employer the relevant details of the new trainee and their Training Number.

This procedure should be completed within one month of appointment to the grade or within two months of interview should a successful candidate choose, with the dean's agreement, to defer the start of clinical training.

10. No trainee can hold more than one Training Number at the same time. This applies to those trainees pursuing dual certification where, following successful completion of two complementary training programmes, two CCTs are awarded on the same date.

11. The Training Number will be confirmed each year by the postgraduate dean and registration continued subject to a satisfactory assessment of progress determined by the RITA annual review and confirmation that the conditions for holding the Training Number have been met (*see Sections 11 and 12*).

12. All those eligible for a Training Number will be required, before it is issued, to indicate formally that they accept the following specific requirements:

- i. they must be engaged in activities approved by and agreed with the postgraduate dean which are compatible with their training programme (this may include research and leave of absence from the programme for, for example, maternity and sick leave);
- ii. they must complete all necessary documentation recording progress in the grade, eg RITA Forms;
- iii. they must ensure that their postgraduate dean is aware of their location and intentions when they are undertaking out-of-programme activities, research outside the NHS, taking leave of absence or gaining experience abroad;
- iv. if, under *paragraph 12(i)* they are employed outside the NHS and cease to pursue, for any reason, the research or other activity which the postgraduate dean (taking account of advice from research supervisors and Royal Colleges and their Faculties) has agreed is compatible with the retention of the Training Number, they must inform the postgraduate dean at once. The dean may then decide whether it is appropriate for them to retain the Training Number. The arrangements for appealing

against the loss of a Training Number are described in *Section 13*;

- v. if they hold a Training Number, are employed outside the NHS and wish to begin or return to a CCST training programme, they must accept a reasonable offer of a suitable SpR placement. While deans will do their best to meet the requirements for placements from returning researchers, a placement in a specific location cannot be guaranteed. Working through a system of "lead deans" with responsibilities for specific specialties, the deans have established a mechanism to ensure that doctors returning to training from research and other recognised activities outside the NHS can be matched to available training placements.

Maintaining a Training Number: continuing registration

13. Trainees can maintain their Training Number and therefore continue registration with the postgraduate dean even when they take time out for research and may no longer be employed by the NHS - as long as they:

- i. agree in advance the time out for research with the postgraduate dean who will take into account suitable academic advice;
- ii. continue to pursue the research to which agreement was reached under *paragraph 12 (i)*;

and they

- iii. intend to return to complete their training for the CCST.

The same consideration applies to those taking leave of absence or gaining experience abroad compatible with their future training. Holding an NTN or VTN is a guarantee from the postgraduate dean that a trainee may return to a CCST training programme. It is important that the postgraduate dean is advised well in advance of a trainee's wish to return to clinical training.

14. FTTAs are always managed on a local basis by the postgraduate dean. A doctor holding an FTN, where tenure of appointment is governed by the doctor's contract, does not have a guarantee, (should training be broken) that he may return to a training programme. However, the postgraduate dean may agree ad hoc arrangements to enable an FTN holder to modify his programme, for example, to move for a period to another deanery to gain specific training or to undertake a period in research.

15. Those trainees who decide to opt for flexible (part-time) training or who want to undertake sub-specialty training will also maintain their Training Numbers and retain registration. *Sections 6 and 8* cover these two groups.

Specific arrangements for trainees holding an NTN or VTN

16. After the award of the CCST, SpRs continue to hold Training Numbers (NTN or VTN or, exceptionally, an FTN) where they continue to be employed in the SpR grade

in a training placement or post recognised by the postgraduate dean, (*see Section 16*).

17. In certain circumstances, and where specific provision has been made, a trainee may pursue concurrently two specialty training programmes leading to dual CCST certification awarded at the same time (*see also Section 1, paragraph 10*). These trainees will be allocated only one NTN or VTN relating to one of the specialty training programmes. The arrangements for holding the NTN or VTN are the same as for those pursuing a single speciality programme already described. Information on the second specialty is not contained in the NTN or VTN selected but will be recorded on the postgraduate deans' databases. These arrangements apply whether the trainee enters the grade with the intention of achieving dual certification or pursues dual certification subsequently. In the latter case there should be no need to change the NTN. If as a result of dual certification a change in NTN is sought then it must be secured through competition (*see Section 2*).

18. Trainees holding NTNs or VTNs may wish to move either temporarily or permanently within the UK from one deanery to another. Postgraduate deans will arrange this provided there are opportunities to continue training in the recipient deanery and that the reasons for transfer fall within the guidance described in Section 14. The arrangements are described in *Section 11 "Movement between Deaneries within the UK or Abroad"*. There are no specific provisions for the movement of FTN holders between Deaneries. Should that be desirable and possible, it would be for the deans to make ad hoc arrangements.

What happens when an overseas doctor changes immigration status?

19. When an overseas doctor with no right of indefinite residence or settled status in the UK subsequently secures settled status or a right of residence during the period of training he must advise the postgraduate dean as soon as practicable. The change of immigration status should be confirmed in the doctor's passport or travel documents. The following should occur:

- i. for doctors holding a VTN: the VTN should be withdrawn and an NTN issued as soon as possible;
- ii. for doctors holding an FTN: there is no change. The FTN is retained until completion of the existing contract. An NTN can only be issued if the doctor applies successfully in open competition and obtains a placement on a Type I programme.

When is a training number given up?

20. The Training Number must be given up when a trainee relinquishes permanently a place in a training programme. In the great majority of cases this will be when the agreed training is completed and, in the case of NTN holders, the trainee has been appointed to a consultant post. But a Training Number can be removed if a trainee decides not to complete the training programme agreed with the postgraduate dean or is assessed as not being capable of completing training.

21. It is open to those who have had their Training Numbers removed, or have given them up voluntarily, to re-apply for entry to the SpR grade at a later date should circumstances change. Entry in such cases would be solely on merit and by competition with other candidates. Before giving up a Training Number a trainee should discuss the matter with the postgraduate dean. Overseas doctors with the immigration status permit-free should note that this status is granted for the purpose of pursuing postgraduate training in a hospital or the community services. A Training Number is evidence of such training.

22. The postgraduate dean may remove the NTN, VTN or FTN from a doctor who is not currently employed in the NHS, for other reasons. For example, failure to comply with the conditions in *paragraph 12*. In this case the postgraduate dean will inform the trainee in writing of the reasons for the provisional decision and the doctor will have the right of appeal and of interview (*see also paragraph 23*).

Appeals against the loss of a Training Number

23. There are special appeals procedures where unsatisfactory progress may lead to the loss of the NTN, VTN or FTN these are explained in *Section 13*.

How is a Training Number constructed?

24. Each Training Number is an alpha-numeric code. It contains four elements:

- i. three letters which identify the deanery, eg "WMD" West Midlands deanery;
- ii. three digits for the specialty in which the CCST training programme is being undertaken eg 006 Neurology;
- iii. three digits to identify the individual holder; eg 324 and a;
- iv. a single letter suffix:

"N"	denoting an NTN;
"V"	denoting a VTN;
"F"	denoting an FTN.

Examples of the various forms of Training Number are shown in *Annex B*.

Doctors employed permanently outside the NHS

25. In some specialties, for example occupational health, it is the expectation of most higher specialist trainees to enter and complete their training with employers outside the NHS. In such circumstances trainees will not hold either substantive or honorary contracts. For planning and administrative reasons, it would be helpful if such trainees had Training Numbers.

26. Where postgraduate deans are satisfied that higher specialist trainees (whether called specialist registrars or some other designation) have entered higher specialist

training by an approved route, they may issue trainees with Training Numbers. An approved route will be an appointment committee constituted as closely as possible to the full appointment committee described in *Section 2*. The postgraduate dean or a representative should be a member of the committee as should a representative of the relevant Royal College or Faculty (or in Scotland, the National Panel of Specialists), any necessary academic interests and the programme director. Clearly the employer will also wish to nominate members and the chairman of the committee.

27. Receipt of Training Numbers in these circumstances does not trigger the same rights as for Training Numbers issued to NHS employees or those intending to pursue the majority of training in the NHS. While non-NHS doctors holding Training Numbers will be expected to complete the RITA process under the aegis of the deanery Specialty Training Committee and will be subject to the same assessment processes outlined in *Sections 11 and 12*, a Training Number 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. Where there is no rotational programme enabling the non-NHS trainee to move into the NHS, a higher specialist trainee working for non-NHS employers who wishes to undertake part of his or her training in the NHS, should notify their postgraduate dean who has discretion to offer placements in the NHS subject to availability (taking into account medical workforce planning needs, financial constraints and personal circumstances). Postgraduate deans should always make this clear to non-NHS trainees when NTN's are issued. A doctor who is not covered by these arrangements is free to apply and compete independently for a Training Number should training in the NHS be sought.

Arrangements for the Armed Forces and the Public Health Laboratory Service

28. Separate arrangements for the medical branches of the three Armed Forces are contained at *Appendix 4* of this Guide. There are similar numbering arrangements for the Public Health Laboratory Services.

Arrangements for reallocating Training Numbers

29. The introduction of the FTN means that some doctors currently holding VTNs (if they are not in a Type I programme) or, exceptionally, who hold post CCST NTN's (if they are undertaking sub-specialty training) will not require to be allocated FTNs. There are no changes to those currently holding NTN's who do have a CCST. Postgraduate Deans will give effect to these changes. **Separate guidance will be issued.**

SUMMARY OF THE TRAINING NUMBER SYSTEM

<p>ELIGIBLE FOR NTN OR VTN (<i>Type I training programme</i>)</p> <p>Grant of an NTN: All doctors with European Community rights and overseas nationals holding a right of indefinite residence or settled status within the UK;</p> <p>Grant of an VTN: all overseas doctors who do not hold a right of indefinite residence or settled status within the UK; and who are:</p> <ul style="list-style-type: none"> - in substantive SpR placements and undertaking training programmes leading to CCST; or - research doctors who have secured a SpR position but who wish to finish research before entering training programmes leading to a CCST; or - holders of honorary SpR contracts on training programmes leading to a CCST. 	<p>ELIGIBLE FOR FTN (<i>Type II training programme</i>)</p> <p>Overseas doctors who do not hold a right of indefinite residence or settled status within the UK, and who are:</p> <ul style="list-style-type: none"> - entering training programmes not leading to CCST (ie VSpR's holding FTAs/Type II Training); <p>or</p> <ul style="list-style-type: none"> - holders of honorary SpR contracts where the doctor is entering a training programmes not leading to a CCST (ie VSpR's holding FTAs/Type II appointment); <p>EEA nationals (other than UK nationals) who are not pursuing a UK CCST</p> <p>Exceptionally, doctors holding a UK CCST who have EC rights or right of residence or settled status in the UK and who are undertaking sub-specialty training in the grade.</p>	<p>NOT ELIGIBLE FOR A TRAINING NUMBER</p> <p>Any doctor entering* :</p> <ul style="list-style-type: none"> - a Locum Appointment - Service (LAS) - a Locum Appointment - Training (LAT) <p>Registrars or visiting registrars (VRs) who did not enter the SpR grade at the time of transition.</p> <p>* <i>Doctors who already hold a Training Number are not precluded from taking up a LAS or a LAT should they wish to do so.</i></p>
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Examples of Training Numbers

a) National Training Number (NTN):

England **WMD/006/012/N** WMD = West Midlands deanery;
006 = Neurology;
012 = Individual Trainee;
N = Specialist Registrar holding an NTN.

Scotland **WOS/H1/003/N** WOS = West of Scotland;
H1 = Diagnostic Radiology;
003 = Individual Trainee;
N = Specialist Registrar holding an NTN.

Note: In Scotland similar arrangements to England apply with trainees receiving a Scottish Training Number (STN). There are four elements: three letters for the postgraduate region, up to three characters for the specialty, an identifying code for the trainee, and an indicator suffix.

Northern Ireland **NIR/002/001/N** NIR = Northern Ireland;
002 = Specialty;
001 = Individual Trainee;
N = Specialist Registrar holding an NTN.

Wales **WAL/002/001/N** WAL = Wales;
002 = Specialty;
001 = Individual Trainee;
N = Specialist Registrar holding an NTN.

b) Visiting Training Number (VTN):

WMD/006/612/V WMD = West Midlands deanery;
006 = Neurology;
612 = Individual Trainee;
V = Visiting Specialist Registrar.

c) Fixed-Term Training Appointment Training Number (FTN):

WMD/006/012/F WMD = West Midlands deanery;
006 = Neurology;
012 = individual trainee;
F = specialist registrar holding a FTTA.

Model Letter

Note: This model letter may be adapted as necessary for all substantive appointments (including honorary appointments) to the SpR grade. It is not applicable to locum appointments.

Dear Dr

Training in the Specialist Registrar Grade Confirmation of Registration: Notification of Training Number

I write to confirm your registration for training in the Specialist Registrar grade. This letter is important as it is a formal record of registration with the Deanery and of your Training Number. Please keep it safe. You will be asked to quote it on future correspondence.

You have been issued with the following **[National/Visiting/Fixed-Term Training Appointment] Training Number [NTN/VTN/FTN]: eg XXX/001/002/V**

.....
[Option I: for doctors entering a single CCST training programme:

Your Training Number is important as, subject to satisfactory performance, it will assure your future training. You will begin Year 1 [insert later year if relevant] of the training programme in [insert specialty] on the following date: **DD/MM/YY** and it is expected you will move to year 2 [insert later year if relevant] on: **DD/MM/YY**. It is currently anticipated that you will complete your training on and be eligible for the award of a CCST on: **DD/MM/YY**. Should the date of completion of training change, you will be advised.]

.....
[Option II: for doctors whose entry to a CCST training programme is deferred:

Your Training Number is important as, subject to satisfactory performance, it will assure your future training. It has been agreed that you may complete your [research/other recognised activity] before taking up an SpR training placement [provisionally] on: **DD/MM/YY** in [insert specialty]. The following dates are therefore provisional and will be confirmed for you once a firm date for entering training has been agreed. It is expected you will move to year 2 [insert later year if relevant] on: **DD/MM/YY**. It is currently anticipated that you will complete your training on and be eligible for the award of a CCST on: **DD/MM/YY**. Should the date of completion of training change, you will be advised. You should inform me as soon as possible of any changes to your career plans which may affect your date of entering clinical training.]

.....
[Option III: for doctors entering a dual CCST training programme:

Your Training Number is important as, subject to satisfactory performance, it will assure your future training. You will begin Year 1 [insert later year if relevant] of the concurrent training programmes in [insert specialties] on the following date: **DD/MM/YY** and it is expected you will move to year 2 [insert later year if relevant] on: **DD/MM/YY**. It is currently anticipated that you will complete your training on and be eligible for the award of CCSTs in both specialties on: **DD/MM/YY**. Should the date of completion of training change, you will be advised.]

.....
[Option IV for doctors entering a Fixed-Term Training Appointment (FTTA):

You will begin your training programme on the following date: **DD/MM/YY**. It is currently anticipated that you will complete your training on: **DD/MM/YY**. You should note that a fixed-term training appointment does not lead to the award of a CCST in the UK.]

.....
For all doctors:

Your Training Number is renewed annually and confirms continuing registration with the Deanery. It is issued subject to the following specific requirements:

- a. if you are taking time out from your training programme you must be engaged in activities which I approve (taking account of advice from research supervisors and Royal Colleges and their Faculties as necessary) and which further your training programme;
- b. you must complete all necessary documentation recording progress in the grade, eg RITA forms, and take part in the RITA reviews as requested;
- c. you must ensure that I am aware of your location and intentions when you are undertaking research or other recognised out-of-programme activities (either within or outside the NHS), taking leave of absence or gaining experience abroad;
- d. if, under (c) above, you are employed in an out-of-programme activity outside or within the NHS and you cease to pursue, for any reason, the research or other activity which I (taking account of advice from research supervisors and Royal Colleges and their Faculties) have agreed is consistent with the retention of your Training Number, you must inform me at once. I will then decide whether it is appropriate for you to retain your Training Number;
- e. if you are undertaking an out-of programme activity and wish to begin or return to a CCST training programme you must accept a reasonable offer of a suitable SpR placement. Offers of placements will as far as possible take into account your needs and preferences. It is to your advantage to give me early notice of your intention to [enter/return to] clinical specialist training.

These requirements are set out in *Section 7, paragraph 12* of the *Guide to Specialist Registrar Training*.

You should indicate on the slip attached that you accept these requirements.

Congratulations on your appointment and I wish you success in your future career.

Yours sincerely

Postgraduate Dean

Enc: Acceptance slip

To the postgraduate dean

I agree to the requirements relating to the retention of my Training Number as specified in your letter dated

.....(signed)

Name:

Address:

Training Number:

Date:

Sub-specialty training

8

Sub-specialty training

1. A specialty in this context is one recognised for training purposes (one in which a CCST will be awarded and for which a Training Number can be issued). Sub-specialty training builds on the training provided for a specialty in accordance with the curricular requirements of the relevant Royal College or Faculty and should normally occur in the training period for the award of a CCST. However exceptionally, where there is an identified service need, it may be possible to pursue sub-specialty training after the award of the CCST. In such cases, the doctor concerned will relinquish their existing NTN and be allocated an FTN (*see Sections 5, 7 and 16*).
2. Recognition of sub-specialty training, whether as an integral part of a CCST programme or not, is a matter for the relevant Royal College or Faculty.
3. Specialist registrars undertaking sub-specialty training are eligible for funding by the postgraduate dean in the same way as they are for specialty training. Entry to sub-specialty training may, however, be competitive where the number of training appointments available is limited. Opportunities for sub-specialty training may be restricted because of:
 - i. resource constraints and decisions about priorities;
 - ii. limitations on the number of training opportunities.
4. All specialist registrars undertaking sub-specialty training do so within the SpR grade.

Overseas Doctors

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Overseas Doctors

1. The United Kingdom welcomes medical and dental students, doctors and dentists from overseas who wish to pursue undergraduate or postgraduate education and training in medicine or dentistry and who may wish to seek employment here. The tradition of training or studying in the United Kingdom is long established and has made a major contribution to the health services of both developed and developing countries. The experience gained benefits both the overseas doctor or dentist and this country.

Who is an overseas doctor?

2. The term overseas is commonly applied to doctors or dentists who:
- i. are not nationals of the European Economic Area (EEA) (see Glossary); or who
 - ii. do not have a right of indefinite residence or are not settled in the United Kingdom (as determined by immigration and nationality law) or who do not benefit from European Community rights; or who
 - iii. do not hold a primary qualification obtained in the EEA.

These definitions are used separately or in combination depending on the particular context. For example, place of primary qualification determines eligibility for registration with the General Medical Council (GMC) and is also commonly used in the Department of Health's census of the workforce.

3. However, for the purpose of this Guide a narrower definition of overseas is applied, governed by immigration and nationality law, unless otherwise stated. This definition therefore includes those doctors and dentists who may have received a primary medical qualification from a United Kingdom university but are not settled or do not have a right of indefinite residence in the United Kingdom.

Note 1: *The arrangements described in this Section refer primarily to overseas doctors in the specialist registrar grade. Different arrangements may apply to other training or career grades.*

Note 2: *Some overseas nationals may be entitled to settled status in the United Kingdom (eg those married to a British citizen; and Commonwealth citizens one or more of whose grandparents were born here) and therefore have rights of residence and are not subject to restrictions on employment. Employers and postgraduate deans may check the position from the passport (see paragraphs 17 and 18). Time in the United Kingdom in the immigration category "permit-free training" is not taken into account when assessing eligibility for "settled status".*

Registration with the General Medical Council

4. The requirements for entering the United Kingdom as a doctor or dentist under the immigration provisions for permit-free training include that the doctor or dentist is eligible for appropriate registration with the General Medical Council (Provisional, Limited or Full Registration) or registration with the General Dental Council (Temporary or Full Registration). Doctors or dentists with work permit or self-employment status need registration appropriate to the employment they are to take up and those who seek to extend their stay in the United Kingdom have to provide evidence of current registration. The legal requirement that any doctor or dentist practising in the United Kingdom must hold appropriate registration from the General Medical Council or the General Dental Council is not affected by the Immigration Rules or guidance concerned with their application. Similarly, registration or eligibility for registration does not of itself convey a right of entry to or to remain in the United Kingdom or to employment.

5. All doctors appointed to the SpR grade, whether to CCST training programmes or to fixed-term training appointments (FTTA), to locum appointments - service (LAS) or to locum appointments - training (LAT), are required to hold and maintain registration granted by the GMC. The criteria required by the GMC to enable a grant of either Full or Limited Registration (including the procedure for converting Limited to Full Registration) are detailed in notes published by the Council.

Discrimination

6. The NHS and the Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, gender, marital status, race, religion, creed, sexual orientation, colour or disability. All advertisements should include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and good practice in selection and recruitment. Discrimination on the grounds of race and sex is prohibited under the Race Relations Act 1976 and the Sex Discrimination Acts 1975 and 1986. A booklet giving detailed recommendations for appointments procedures that meet employers' responsibilities in these areas was circulated in England under cover of EL(91)71. The implications of the Disability Discrimination Act 1995 for NHS employers are explained in England in EL(96)70. Good practice guidance is also available from the Equal Opportunities Commission¹ and the Commission for Racial Equality². Helpful background advice can be found in the BMA's *Guidelines for Good Practice in the Recruitment and Selection of Doctors (June 1994)*.

What are the opportunities for training within the specialist registrar grade?

7. Within the grade there are two types of training programme to which overseas doctors may be appointed. They may enter these programmes either directly from overseas or after completing a period of basic specialist or general professional training in the United Kingdom, usually as a senior house officer:

Type Ia higher specialist training programme which, if completed satisfactorily, will lead to the award of a Certificate of Completion of Specialist Training

¹ "Fair and Efficient Selection", the Equal Opportunities Commission, Overseas House, Quay Street Manchester M3 3HN, tel: 0161 833 9244

² Commission for Racial Equality, Elliot House, 10-12 Allington Street, London SW1E 5EH, tel: 0171 828 7022

(CCST) and entry to the Specialist Register held by the GMC. It is for the Specialist Training Authority of the Medical Royal Colleges (STA), supported by a recommendation of the relevant Royal College or Faculty, to determine whether or not an individual doctor has met the standard required for a specified training programme to merit the award of a CCST;

Type II a higher specialist training programme or Fixed-Term Training Appointment (FTTA). Here the doctor pursues an agreed training programme tailored to meet the individual doctor's training goals. This will usually last from six months to two years but may be longer to fulfil individual needs. The programme does not lead to the award of a CCST. These appointments are restricted to:

- i. overseas doctors without a right of indefinite residence or *settled* status in the United Kingdom;
- ii. EEA nationals; but
- iii. not to UK nationals unless they already hold a CCST (*see Sections 5 and 7*).

8. All doctors, with or without a right of indefinite residence or settled status and irrespective of their training status, are also candidates for locum appointments for training (LAT), which offer similar opportunities for training, and locum appointments for service (LAS) which are not training appointments (*see Sections 2 and 5*).

Appointment to the grade

9. The arrangements for appointment to the grade are detailed in Sections 2 and 5 and should be consulted. Unless alternative arrangements are specified, they apply to **all** overseas doctors (irrespective of immigration status) wishing to enter the grade. **An important principle is that, other than in certain clearly identified and published circumstances (for example, sponsored placement to a Type II programme or FTTA) entry to the grade is through open competition for placements.** Overseas doctors may seek appointment to:

- i. a vacancy or placement on a specialist training programme which may lead to the award of a CCST - a Type I programme. Such a placement may be funded in accordance with the normal arrangements for funding an NHS training grade post. Alternatively the placement may be funded by an external non NHS source - in which case it must be equal in training status to a funded placement;
- ii. *a Fixed-Term Training Appointment or Appointments (Type II programme)* Again such an appointment may be independently funded but must be of equal status to a funded placement;
- iii. a Locum Appointment for Training (LAT); and
- iv. a Locum Appointment for Service (LAS).

10. Unless otherwise specified the following arrangements for appointments apply:
- i. If appointed and if the overseas doctor does not have a right of indefinite residence in the UK or has not settled status, he/she will be termed a visiting specialist registrar (VSpR). Otherwise the overseas doctor is regarded as a specialist registrar (SpR).
 - ii. Overseas doctors may apply for the same vacancies in training programmes as UK nationals or nationals from elsewhere in the EEA.
 - iii. The postgraduate dean is responsible for operating the appointment process to the grade (including the appointment of "sponsored" doctors (see paragraphs 11 - 15 below) with the exception of Locum Appointments for Service (LAS) which is the responsibility of the employing Trust.
 - iv. ***The operation of appointments committees***, including specific provisions for appointment to Type I and Type II programmes, LAT and LAS are explained in *Sections 2 and 5*.
 - v. The standard for appointment to both NHS funded or non-NHS funded placements within the grade must be the same.
 - vi. ***For specialist training programmes which may lead to the award of a CCST (a Type I programme)***, particular care will be required in assessing the previous experience and training of doctors. It is essential to confirm whether they meet the minimum entry requirements for training programmes as required by Royal Colleges or Faculties or an equivalent acceptable to them. Applicants may need to seek the advice of postgraduate deans and the relevant Royal College or Faculty. Postgraduate deans should seek the advice of the local representatives of Royal Colleges or Faculties prior to an appointments committee meeting. VSpRs appointed to a Type I programme will not count towards the postgraduate dean's target establishment of SpRs for that specialty since this is restricted to those pursuing such a programme who hold right of residence or settled status in the UK.
 - vii. ***For fixed-term training appointments (Type II programmes)***, the criteria for entry to the grade and the arrangements for making an appointment can be more flexible. **However, the appointment procedures must assure the standard required for patient safety.** In addition doctors, whether appointed from within or while they are outwith the UK:
 - a. must be judged to have attained a standard ***similar although not equivalent to that*** required for entry to the CCST training programme; and they
 - b. must demonstrate that they have the experience and qualifications to benefit from the training offered.

- viii. Postgraduate deans may advertise separately and specifically for visiting specialist registrars (VSpRs) to fill Fixed-Term Training Appointments (FTTA) within the SpR grade. Alternatively they may in special circumstances place overseas doctors in FTTAs without advertisement or competitive appointment (*see Sections 5 on FTTAs and Section 2, paragraphs 51 - 55 Appointments to the Grade*).

Appointment of "sponsored" doctors to the grade

11. The General Medical Council (GMC) will grant Limited Registration without the need to take the PLAB Test provided it is satisfied that the applicant has the necessary knowledge, skill and experience and that the doctor will pursue supervised postgraduate training in an approved post or programme. Doctors exempt from the PLAB Test must pass the required test of English language competence, currently the IELTS run by the British Council.

12. There are two broad categories of doctors who gain exemption from the PLAB test:

- i. those who meet the criteria for general exemption and who are eligible to take employment in any approved training posts or programmes; and
- ii. those who meet the criteria for restricted exemption and where employment is restricted to specific posts or programmes. Such doctors have normally completed the equivalent of basic specialist training and/or are sponsored. The GMC and the relevant Royal College should be approached for details of sponsorship schemes.

13. A sponsored doctor may take up an appointment or appointments in the SpR grade provided the entry criteria are satisfied (*see Section 2, paragraphs 51 - 55*). Since sponsorship into a Type I programme is precluded and the GMC will not ordinarily accept sponsorship to a locum appointment, sponsorship is effectively limited to Type II programmes (FTTA). It is possible for a sponsorship arrangement to encompass an initial appointment in the SHO grade and subsequent appointment in a Type II programme in the SpR grade (FTTA). In such circumstances transfer to the SpR grade is not confirmed on initial appointment to the SHO grade and will be subject to evidence of satisfactory progress. A further review will be undertaken by the postgraduate dean, taking advice from the relevant Royal College and the UK sponsors, before entry to the SpR grade is confirmed (*see also paragraph 38*). Separate arrangements apply where a doctor, sponsored into an SHO placement which is not linked to a sponsored SpR appointment, wishes to move to the SpR grade (*see Section 2, paragraph 54ii*).

14. The postgraduate dean is also responsible for the appointment and placement of sponsored doctors to the grade which he or she will undertake in partnership with the sponsoring bodies. Sponsored doctors are also liable for deanery assessments (RITA annual review) in line with all doctors in Type II programmes (FTTA) (*see Sections 11 and 12*).

15. The criteria and the arrangements applied by the sponsoring bodies for sponsorship are currently being considered by the GMC. This exercise is unlikely to

affect the appointment procedures described in *Section 2*.

How will a doctor's immigration status affect his opportunities to train in the specialist registrar grade?

16. Changes to the Immigration Rules were introduced on 1st April 1997. These affect doctors or dentists pursuing postgraduate training. This section provides a brief summary of these changes. A more detailed explanation is provided in Health Service Guideline HSG(97)18 which is concerned with Immigration and Employment of Overseas Doctors and Dentists and in the accompanying *Guide to Immigration and Employment of Overseas Medical and Dental Students, Doctors and Dentists in the United Kingdom*, published by the Departments of Health in April 1997. *Chart 1* provides a useful overview of the principal pathways for training and employment in the Hospital and Community Health Services and includes pertinent immigration information.

17. It is the responsibility of the Home Office to determine immigration status. An overseas national's eligibility to work is governed by the stamp placed in his passport. If there is doubt it is for the doctor to resolve or clarify with the Home Office his or her immigration status. Only those overseas doctors with indefinite leave to remain as endorsed in their passports should be regarded as settled or having a right of indefinite residence.

18. Under the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless that person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or the person comes into a category where such employment is otherwise allowed. The responsibility of employers to confirm eligibility for employment is explained in the Home Office publication "*Prevention of Illegal Working - Guidance for Employers*" available from the Home Office.

19. The following are important:

- i. before considering applying for or taking up a placement in a specialist training programme which leads to the award of a CCST (Type I programme) or to a locum appointment for training (LAT), overseas doctors are strongly advised to confirm that they fulfil all the criteria (or those judged equivalent to them) required for entry to the programme or the LAT;
- ii. the criteria for appointment to a Type I programme leading to a CCST differ from those applicable to an FTTA (Type II programme) (*see paragraph 10*). **Appointment to and successful completion of a Type II programme or a series of FTTAs cannot lead to the award of a CCST;**
- iii. Transfer from a Type II training programme (FTTA) to a Type I programme leading to the award of a CCST must be via the formal competitive process and candidates must meet minimum entry criteria (*see paragraph 10*). **Entry to a Type I programme other than by this route is specifically**

precluded. However, where a doctor is appointed to a Type I programme leading to a CCST, training gained during a Type II programme (FTTA) may be taken into account when determining the expected date of completion of the doctor's CCST training. It is not possible for a doctor completing an FTFA to transfer to a training programme leading to the award of a CCST unless he or she complies with the criteria referred to in (i) above and there is a placement available (*see Sections 2 and 5*);

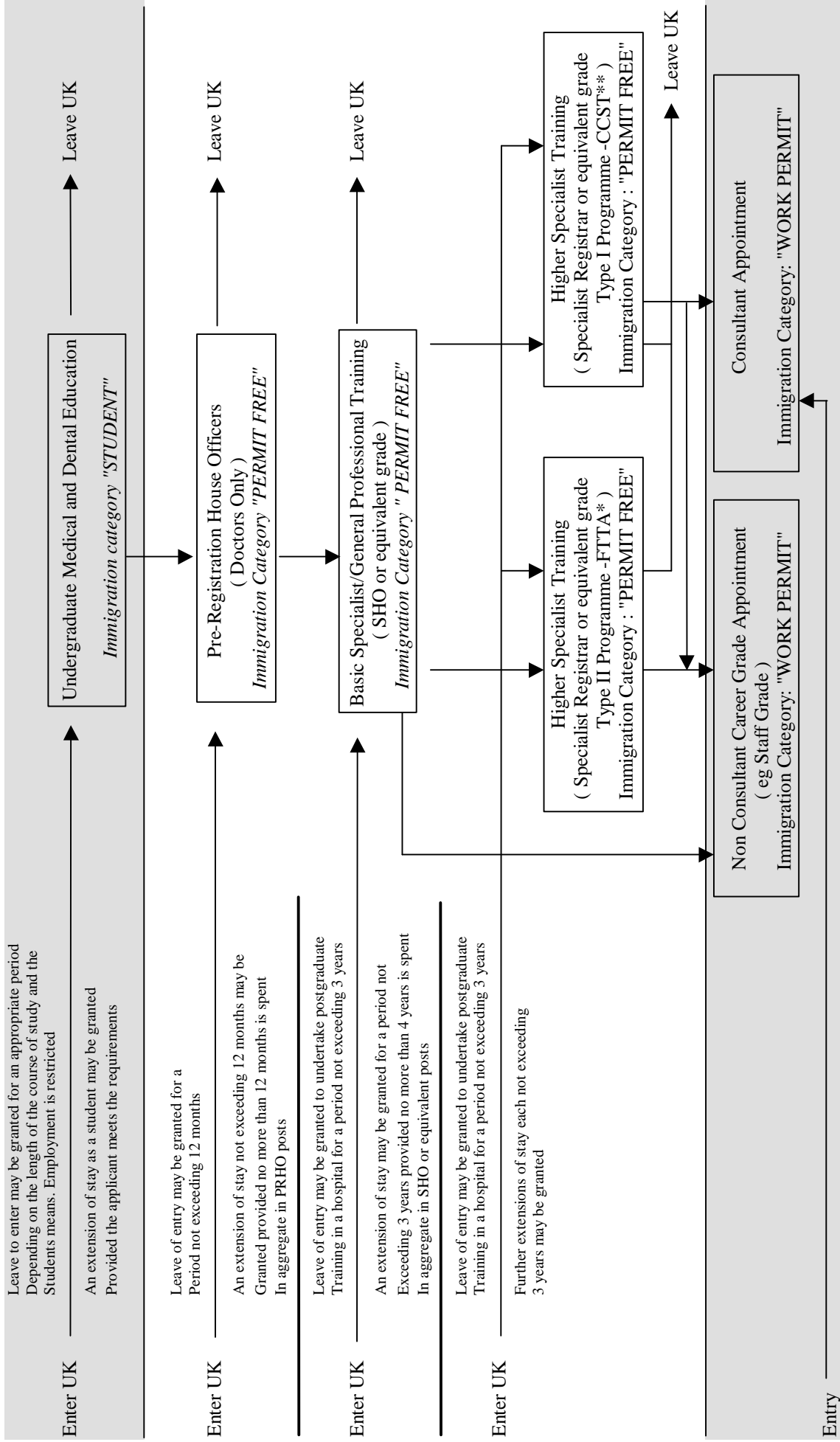
- iv. **the postgraduate dean must be informed of and agree to the training goals and programmes pursued by all overseas doctors in the SpR grade. This agreement must be sought and recorded on entry to the grade.** It is not immutable and can be reviewed;
- v. all overseas doctors within the specialist registrar grade who do not have a right of indefinite residence or are not settled in the United Kingdom will, other than by exception, hold the immigration status permit-free training. They are called visiting specialist registrars (VSpR) - a designation which they lose should their immigration status change while in the grade and they acquire UK rights of indefinite residence or settled status. In such circumstances they will thereafter be regarded as specialist registrars (SpR) (*see Section 7, paragraph 9*);
- vi. A Locum Appointment - Service (LAS) is not a training appointment. The postgraduate dean cannot therefore recommend to the Home Office an extension of permit-free training to doctors who hold such appointments unless the appointment represents a break in a training programme which has been agreed with the postgraduate dean.

20 For doctors who qualify for higher specialist training and who hold formal appointments in the specialist registrar grade or its equivalent, there will be an initial grant of permit-free training time not exceeding three years and provision for further extensions of stay each not exceeding three years dependent on the requirements of their training programme. The Home Office must be satisfied that the requirements of the Immigration Rules are met before a further extension is granted. Doctors are eligible for such extensions if they enter higher specialist training directly from overseas or after a period of basic specialist or general professional training in the United Kingdom.

21. Doctors or dentists applying for leave to remain in the United Kingdom for postgraduate training under the permit-free provisions must apply direct to the Home Office. Each will normally be required to show that:

- i. he will be employed or hold an acceptable appointment in a hospital or the community health services for the period of the proposed extension. For extensions made during Type I or II higher specialist training programmes (specialist registrar or equivalent grade) confirmation from the postgraduate dean of continuation of a training programme to meet the trainee's goal will suffice;
- ii. he is registered with the GMC or GDC;

**Overseas Doctors and Dentists Requiring Leave to Enter or Remain in the United Kingdom:
Principal Pathways for Training & Employment in the Hospital and Community Health Services**



Note: All HCHS appointments require that the doctor or dentist meets the criteria for appointment to the programme or post including the registration requirements of the General Medical and Dental Councils
* FTTA = Fixed Term Training Appointment(s); ** CCST = Certificate of Completion of Specialist Training

- iii. he intends to leave the United Kingdom on completion of the training period;
- iv. he is able to maintain and accommodate himself and any dependents without recourse to public funds;
- v. the postgraduate dean supports and recommends an extension. The appropriate postgraduate dean provides an authoritative source of advice to the Home Office. ***(The postgraduate dean will provide the relevant proforma of support which he and the applicant complete and which the applicant then submits with his application form to the Home Office).*** In determining applications, the Home Office will seek confirmation of or advice on a number of matters relating to postgraduate training including the following:
 - a. that the applicant is engaged in training leading to an agreed and specific goal;
 - b. that the applicant can show evidence of satisfactory progress in postgraduate training so far including the passing of any relevant examinations;
 - c. how much longer training is expected to last; and that
 - d. the applicant has a reasonable chance of successfully achieving the agreed specific training goal.

22. Postgraduate deans are responsible for advising the Home Office whether or not a doctor pursuing postgraduate training can have an extension of their permit-free training, which may in turn affect their immigration status. In so doing the postgraduate deans will ordinarily consult the relevant college adviser, programme director and/or deanery specialty training committee. Inevitably the circumstances of individual overseas doctors may vary significantly. It is, therefore, strongly recommended that all overseas doctors seek advice from the postgraduate dean in whose area they intend to train before applying for a placement in the grade. In doing so they should advise the dean of their intended training goal, the period of permit-free training available to them and seek his agreement to the training programme. Before the postgraduate dean confirms the appointment of any sponsored overseas doctor, the sponsor or representative must discuss the placement with the postgraduate dean.

Note 3: *The Immigration Acts of 1971, 1988 and 1996 regulate entry into and stay of a person in the United Kingdom. The Immigration Rules, as approved by Parliament and amended from time to time, are a statement of the practice to be followed in the Immigration Acts. With effect from 1 April 1997 changes to the Immigration Rules were introduced which affect overseas doctors and dentists who, after that*

date seek leave to enter or to remain in the United Kingdom to pursue postgraduate training. A summary of these changes, as they apply to the Specialist Registrar grade, is given in paragraphs 16 - 21 and in Chart 1. A more detailed explanation is provided in Health Service Guideline HSG(97)18 which is concerned with Immigration and Employment of Overseas Doctors and Dentists and in the accompanying "Guide to Immigration and Employment of Overseas Medical and Dental Students, Doctors and Dentists in the United Kingdom", published by the Departments of Health in April 1997. These provide a useful source of reference to supplement and explain further the information summarised in this section.

Note 4: *In accordance with the Medical Directive 93/16/EEC, nationals of a member state who hold a recognised primary medical qualification the right to establishment and free movement throughout the EC and are therefore not included in this definition of overseas doctors. The EC provisions on training and mutual recognition of qualifications also apply in certain other European countries, which together with EC member states, comprise the European Economic Area (EEA). The countries in the EEA to which the Medical Directive applies are listed in the glossary.*

Note 5: *"Permit-free training" is a special provision under the Immigration Rules whereby overseas doctors are given leave to enter the United Kingdom without the need of a work permit for the purpose of pursuing postgraduate training in a hospital or the community health services. All training grade posts within the Hospital and Community Health Services are therefore not eligible for work permits and applications by employers for work permits for these grades will be refused. These provisions do not apply to general medical or dental practice for which there are separate arrangements.*

Note 6: *The immigration status of "permit-free training" should be distinguished from that of "visitor". Doctors with "visitor" status are prohibited from taking employment as a doctor (or in any other capacity). This includes those who enter the UK in order to take the Professional and Linguistic Assessments Board PLAB test. Those with "visitor" status cannot be employed in visiting specialist registrar (VSpR) positions.*

How will the Training Number system apply to overseas doctors?

23. The Training Number system is described in *Section 7*. All overseas doctors entering a substantive appointment in the grade (whether holding Type I or Type II funded or non-funded appointments) will be given a Training Number (VTN or FTN) which will in general operate in the same way for them as for EEA nationals. Numbers are not granted to doctors entering locum appointments: LAS or LAT. Overseas doctors who are VSpRs in:

- i. Type I programmes pursuing a CCST will have the suffix 'V' attached to their Training Number. This number will be known as a VTN.
- ii. Type II programmes pursuing an FTTA will have the suffix 'F' attached to their Training Number. This number will be known as an FTN.

24. The VTN or FTN for overseas doctors is simply a device to facilitate workforce planning by enabling those doctors who are not eligible to pursue a permanent career in the UK to be readily identified along with the kind of training programme they are pursuing.

25. Should a VSpR, embarked on a training programme leading to a CCST (Type I programme) acquire a right of indefinite residence or settled status while in training, then he/she would become a specialist registrar and their VTN would be replaced by an NTN. The change of residency status will have no effect on the former VSpR's ability to complete CCST training to which he/she had already been admitted. However the fact that the doctor now has the right of residence or settled status means that he/she must be counted within the UK specialty target establishment. However, this change does not apply to those VSpRs who hold:

- i. fixed-term training appointments (Type II programme) and have an FTN;
- ii. a locum appointment - service (LAS); or a
- iii. locum appointment - training (LAT)

whose immigration status alters in a similar way. In such circumstances the FTN holder would require to compete in open competition to secure an NTN. Neither locum appointment attracts an NTN, VTN or FTN.

26. In summary the following arrangements apply to overseas doctors:

<p>Immigration Status:</p> <p>Doctor has a right of indefinite residence or has <i>settled</i> status:</p>	<p>Appointment to a:</p> <p>programme which may lead to a CCST (<i>Type I</i>)</p> <p>Locum Appointment - Training (<i>LAT</i>)</p> <p>Locum Appointment - Service (<i>LAS</i>)</p>	<p>Type of training Number awarded:</p> <p>An NTN</p> <p>None is awarded</p> <p>None is awarded</p>
<p>Doctor has no right of indefinite residence or does not have <i>settled</i> status:</p>	<p>programme which may lead to a CCST (<i>Type I</i>)</p> <p>an FTTA only (Type II programme)</p> <p>Locum Appointment - Training (<i>LAT</i>)</p> <p>Locum Appointment - Service (<i>LAS</i>)</p>	<p>A VTN</p> <p>An FTN</p> <p>None is awarded</p> <p>None is awarded</p>

How will the number of overseas doctors in each specialty training programme be determined?

27. There will be no specific workforce targets set for VSpRs in the grade as a whole or for individual specialties within the grade. Instead the number of VSpRs accommodated within training programmes - whether appointed to Type I (CCST) or Type II (FTTA) programmes are subject to the following constraints:

- i. availability of funding (unless the trainee occupies an unfunded position within the grade *see paragraph 9*);
- ii. numbers of suitable applicants satisfying the registration requirements of the GMC;
- iii. the Immigration Rules;
- iv. the specific entry requirements for training in the grade; and
- v. availability of relevant educationally approved training opportunities.

Deans are responsible for the arrangements for appointing all doctors to the SpR grade (other than to LAS) and are required each year to meet workforce targets for new SpRs holding NTN's recruited to each specialty (ie for those doctors whose immigration status enables them to pursue a career in the UK).

28. As part of the management and monitoring of postgraduate education, the numbers of overseas doctors in the grade will be monitored by specialty to include:

- i. those who are SpRs holding NTN's who qualified overseas;
- ii. those who are SpRs holding VTN's (VSpRs);
- iii. those who are SpRs holding FTN's (VSpRs).

Others who are not overseas doctors but who also hold FTN's will also be monitored.

29. The number of overseas doctors in the PRHO, SHO and career grades will also be carefully monitored to ensure that the balance of overseas doctors within each specialty is in line with workforce policies.

Where can the overseas doctor obtain advice and information?

30. Overseas doctors entering the grade should already have been provided with comprehensive information on the UK arrangements for postgraduate training and education. Ideally much of this should have been made available or sought before arrival in the United Kingdom or even during their undergraduate training.

31. Once an overseas doctor has been appointed to the grade it is the responsibility of the postgraduate dean (or a deputy with specific responsibility for supervising and monitoring overseas doctors) to ensure that the VSpRs' information needs are met as far as is practicable. The postgraduate dean or deputy will also coordinate or enable access to counselling, if this is required. Information and counselling is provided through the postgraduate dean in partnership with local Royal College or Faculty representatives and Clinical Tutors. As well as local contacts, overseas doctors should be informed of the various national bodies or organisations, eg the Royal Colleges and their Faculties, the Overseas Doctors' Association, the British Medical Association and the British Council which may be able to provide information and support.

9

What are the arrangements for induction to the grade?

32. Overseas doctors who have not previously held an established post in the NHS and who have been appointed to the grade should have access to an induction programme before commencing their planned programme of training. During this time they will be introduced to the Trust or hospital, the specialty, and the NHS and may shadow the existing appointee under the direction of the postgraduate dean (or his deputy responsible for supervising and monitoring the progress of overseas doctors) and the specialty programme director. This process must be thorough but it should not be too prolonged.

How is progress in the grade assessed?

33. The arrangements for assessing progress within the grade are detailed in *Sections 11 and 12*. A feature of the SpR grade is regular and recorded assessments of all doctors in CCST or FTTA/Type II programmes as well as in locum appointments for training (LAT). Postgraduate deans and college regional advisers and tutors within the deanery will share in the organisation and administration of this process. Both EEA and non EEA nationals will participate.

Can overseas doctors in the grade move freely around the United Kingdom?

34. The arrangements for movement between deaneries within the UK or abroad are discussed in Section 14. Subject to any conditions placed on the doctor's registration by the GMC, overseas doctors who are pursuing a training programme leading to the award of a CCST are covered by the same provisions. There are no specific provisions for overseas doctors holding FTNs but postgraduate deans may make ad hoc arrangements.

Are there opportunities to train part-time?

35. Overseas doctors are eligible to train part-time. The advice of postgraduate deans and their staff should be sought. *See also Section 6.*

How do fixed-term training appointments (FTTA), locum appointments - training (LAT), or locum appointments - service (LAS) operate?

36. The arrangements for fixed-term training appointments (FTTA) are quite distinct from locum appointments - service (LAS) or locum appointments - training (LAT). Locum appointments for service (LAS) are often of much shorter duration, designed to fill a short term service gap and, although ordinarily associated with an approved training programme, attract no training recognition for the individual doctor. *see Sections 2 and 5* for further information. Overseas doctors are eligible to apply for both types of locum appointment, where appropriate, but locum appointments for service (LAS) should be discouraged, FTTA being preferred. It may however be possible for an overseas doctor to take up a LAT where they are eligible to do so. Although overseas doctors may take LAS or LAT appointments within the grade they will not be awarded an NTN, VTN or FTN. Before accepting a locum appointment in the SpR grade, an overseas doctor is strongly advised to discuss the appointment with the postgraduate dean or college regional adviser to clarify whether or not it will be recognised by the relevant Royal College as counting towards the doctor's training programme.

37. Postgraduate deans working with Royal Colleges, deanery specialty training committees, and university clinical and research departments, are encouraged to plan or develop FTAs of at least 3 months and preferably 6 months to two years duration to meet requests from overseas doctors for specific and planned training programmes. In some circumstances the FTAs may be of a longer duration. These appointments should be endorsed in advance by Royal Colleges and postgraduate deans as meeting educational standards and the programme of training agreed between the postgraduate dean and the trainee.

38. Postgraduate deans should:

- i. offer FTAs, following advertisement, to overseas doctors and EEA nationals (and exceptionally to UK nationals who hold a CCST) making such appointments in open competition;

- ii. make FTTAs available to overseas doctors who are able to meet the registration requirements of the GMC - including the criteria for sponsorship as well as the criteria for appointment to the grade (*see paragraphs 9 - 10*). The arrangements for appointing overseas doctors under such circumstances are the responsibility of the postgraduate dean and the appointments process as specified in Section 2 must be followed. Such appointments need not be subject to advertisement or open competition. Where, for the purposes of induction and orientation, a preliminary appointment is arranged in the SHO grade, promotion to the SpR grade will be conditional on satisfactory progress and formal review (*see paragraphs 10 and 13*).

39. FTT appointees may be placed, by agreement between the postgraduate dean and Trust and on the advice of a speciality programme director, in training placements or to vacancies which may occur within established specialist training programmes (*see Section 2 Appointment to the Grade*). Fixed-term training appointments give no right of entry to a CCST programme and, subject to Royal College or Faculty approval, may have limited value in counting towards a CCST, should a doctor be accepted on a CCST programme (*see Section 5*).

40. The effectiveness of these FTTAs for overseas doctors within higher specialist training programmes should be the subject of planned evaluation which should include whether or not the appointments:

- i. provided access to programmes of high standards in specific areas;
- ii. met the expectations of the trainees and their home institutions; and
- iii. succeeded in attracting high level candidates to specialist training in the UK.

Will the overseas doctor be party to a Training Agreement?

41. All overseas doctors in the grade, other than locums, will be party to a training agreement. The arrangements are described in *Section 4*.

Research

Paragraph

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- Timing and duration of research period 5-9
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- Academic medicine appointments 20
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- Monitoring process 22
- Career pathways for UK higher specialist trainees undertaking research Annex

Research

Role of research

1. The 1993 report "Hospital Doctors: Training for the Future" (the Calman Report) recognised the role and opportunities for research during specialist training, and the requirements of doctors pursuing careers in academic medicine. In May 1995 a supplementary report was published on the implications for academic and research medicine arising from the Calman report. It recommended that all doctors in training should learn how to interpret and apply research findings and that specific provision should be made for those who wish to undertake research and/or to prepare for an academic career. A research diploma or degree is not a pre-requisite for entry to a specialist registrar training programme.

2. The arrangements for specialist training have been designed to be as flexible as possible to meet the needs of individual doctors. Although most doctors will choose to pursue a clinical career, these arrangements recognise and provide for the specific needs of those who wish to pursue a career that combines clinical work with a substantial component of research and/or teaching in an academic or research post. The contribution of those individuals is vital to the future of the NHS.

Research and specialist registrar training

3. It is a basic principle of the new specialist registrar (SpR) grade that during their specialist training doctors should:

- i. be expected to develop an understanding of research methodology; and,
- ii. be encouraged to undertake research.

The specialist training status of doctors during research is guaranteed while they hold a National Training Number/Visiting Training Number (NTN/VTN), allowing them the freedom to plan both research activities and specialist training within their career development plan. Doctors should seek career guidance from their university, college specialty tutors, regional college advisers and training programme directors, or postgraduate dean, as appropriate. Trainees should ensure that they are aware of the implications of a period in research for their career plan.

4. There are three main groups of doctors who will wish to undertake research during higher specialist training:

- i. the majority of doctors who undertake a period in research will ultimately wish to pursue a clinical career. They will aim to complete a specialist training programme and to be awarded a Certificate of Completion of Specialist Training (CCST) giving them access to the Specialist Register;
- ii. a smaller group of doctors who intend to pursue a career in academic or research medicine will, in most cases, also wish to obtain a CCST in a recognised clinical discipline. Although these doctors should have no less thorough clinical training than other specialist registrars, the content and

location of their training programme, while meeting the requirements set out in the appropriate college curriculum, will have to take into account the needs to develop both their research and their clinical skills. This may apply particularly to clinical lecturers;

- iii. exceptionally, a very few doctors who decide to pursue a career in a highly specialised area of academic or research medicine may opt not to complete a specialist training programme leading to the award of a CCST. These doctors will have an alternative route to the Specialist Register (*outlined in paragraph 17 below*) which will allow them to be considered for an NHS appointment at consultant level.

Attached as an *Annex* to this Section are examples of career pathways which demonstrate how the new arrangements will apply in different circumstances.

Timing and duration of research period

5. Doctors who commit themselves to a combined academic and clinical career should have no fewer opportunities as a result of the training arrangements for the SpR grade. Under these arrangements doctors retain considerable flexibility over the timing and duration of their research training. There is provision for doctors to conduct research before commencing their SpR training programme and/or take time out from and re-enter the programmes as necessary, during their SpR training.

6. The fact that doctors wish to undertake research before commencing higher specialist clinical training does not prevent them from acquiring an SpR appointment and a training number. Once they have decided on a specialty, and assuming that they meet the minimum entry requirements for the SpR grade, they can apply to enter the grade under the same competitive arrangements in the deanery where they wish to undertake their clinical training (*see Section 2*). If they are successful, they will be granted an NTN/VTN and a place on a training programme will be planned for them by the postgraduate dean. They can then complete their research before joining the training programme. The research doctor who applies for an NTN/VTN in this way should agree with the postgraduate dean, before the NTN/VTN is awarded, the duration of the research. As well as awarding an NTN/VTN, the postgraduate dean will notify the doctor of the expected date of completion of training. The research doctor will be expected to keep the postgraduate dean informed of his or her progress and will continue to hold an NTN/VTN subject to the same conditions which apply to those SpRs who take time out for research during their SpR training programmes (*see paragraph 22*). The research doctor must notify the postgraduate dean of any relevant change in circumstances or career intentions.

7. When a research doctor is appointed to the SpR grade and receives an NTN as described above and chooses to defer his or her entry to an SpR clinical training programme, the appointment committee may still need to fill a vacant placement in the training programme. This would ensure, on the advice of the postgraduate dean, that at any time the necessary number of doctors are in training to meet the expected demand for consultants in the future. The ability to fill vacancies in these circumstances is important to avoid compromising research as a career choice and to

provide for continuity of the service contribution of trainees. For these reasons the arrangements described in *paragraphs 10-12* below may be applied.

8. Many doctors will want to undertake a period of research at some point during their SpR training. With the agreement of their postgraduate dean and the appropriate supporting body, normally an academic department, these doctors will be able to take time out from clinical training, of generally between one and three years, for research. For some individuals a longer period of research will be necessary, usually associated with university lectureships and MRC or AMRC fellowships. These doctors will retain their NTN/VTNs during the period of research so that they will be able to re-enter clinical training when the research is completed. Special arrangements may be necessary for a small number of individuals carrying out post-doctoral research so that they can continue their clinical training concurrently with further development of their research career.

9. In some specialties, concurrent research and specialist training is the norm. Most colleges and their faculties have curricula which allow up to one year of research to be included as an option within a higher specialist training programme and count towards the award of a CCST. Although periods of research in excess of one year may not count towards completion of a CCST training programme, this is no different from the previous arrangements under which not all research necessarily counted towards training.

Extra National Training Numbers (England)

10. Postgraduate deans are able, with the agreement of the specialty lead dean, to issue extra NTNs at the appointment stage of Type I programmes where successful candidates indicate that they wish to defer entry to an SpR clinical training programme to undertake a period of research of at least 2 years. In these circumstances, trainees wishing to undertake research will receive an NTN in the normal way and postgraduate deans may offer an extra NTN and SpR appointment to an additional trainee from the list of approved candidates. No extra NTNs can be issued in this way without being sanctioned by the specialty lead dean.

11. Where an existing NTN holder wants to undertake a period of research of at least 2 years during their SpR training, postgraduate deans may be able, with the agreement of the specialty lead dean, to issue extra NTNs. The SpR training posts created in this way must be filled by competitive entry as described in *Section 2*. No extra NTNs can be issued in this way without being sanctioned by the specialty lead dean. The lead dean will, where they are available, release NTNs from the central stock of unallocated NTNs for that specialty. In doing so he or she will need to be satisfied that the request will not adversely affect the overall distribution of NTN holders in the specialty and will wish to take account of any other relevant considerations. This process applies to all specialties, whether identified as priority specialties or not. Extra NTNs can only be authorised where the lead dean holds a stock of unallocated NTNs, which signals there is a need for additional SpRs in that specialty to meet the estimated future demand for consultants. These arrangements are reviewed on a regular basis by the NHS Executive and the Advisory Group on Medical and Dental Education, Training and Staffing (AGMETS).

12. Individual postgraduate deans, in deciding whether to apply to the lead dean for extra NTN, will wish to consider whether:

- i. SpR places of sufficient educational quality are available;
- ii. sufficient resources are available;
- iii. the issue of an extra NTN will compromise the return from research of those who already hold training numbers; and
- iv. the gap in a training programme cannot more appropriately be filled by a Locum Appointment - Training (LAT) or a Fixed-Term Training appointment (FTTA).

13. Alternative administrative arrangements apply in Northern Ireland, Scotland and Wales for doctors undertaking periods of research.

Location of research and subsequent employment

14. Postgraduate deans will ensure that, where possible, arrangements are in place to enable researchers to move between deaneries, in the UK and, if necessary, abroad. The opportunity for a researcher to return to clinical training in a deanery other than their original or "home" deanery will, however, be subject to the availability of a place in an approved training programme.

15. All periods of research need to be carefully planned. Advice should be taken at an early stage from experienced research supervisors in the appropriate research centre or university department. Doctors proposing to take up a research place should contact both their postgraduate dean and their college or faculty as far in advance as possible so that arrangements can be planned to run smoothly. This is particularly important for those individuals who spend three years in a non-clinical setting in order to obtain a PhD. It is also important that postgraduate deans agree any changes in the expected timing of the research doctor's return to a training programme so that they can plan in advance the arrangements for their return. Provided there is sufficient opportunity to manage this in advance, any disruptive geographical consequences of re-entry should be minimised.

16. On the completion of their research most trainees will return to their previous training programme but postgraduate deans will try to ensure that exit from research programmes which requires movement between deaneries can be accommodated where this is in the best interests of the trainee. It is obviously important that researchers wishing to return to clinical training in a deanery other than their "home" deanery notify the appropriate postgraduate dean of their plans as far in advance as possible.

Highly specialised careers in academic and research medicine

17. Doctors who choose to pursue careers in highly specialised areas of academic or research medicine are unlikely to have been engaged in the full clinical training programme required for the award of a CCST. These doctors do not need an NTN/VTN but, where appropriate, may still be granted an honorary NHS contract to enable them to have access to patients. If the NHS is to benefit from their highly specialised

expertise it is important that these doctors can be appointed as consultants. Provision exists therefore to enable these doctors to be admitted to the Specialist Register without a CCST. Although the number of doctors who fall into this category is likely to be very small, it is important that they are not disadvantaged under the new arrangements. Admission to the Specialist Register for such individuals will be on the recommendation of the STA, which will rely on evidence provided by the appropriate College or Faculty. The STA has published the criteria it will expect colleges to satisfy in reaching its decisions about doctors' eligibility for this route to the Specialist Register. These include taking advice from specialists in the field. Details of an appeals mechanism have also been published by the STA.

Funding the research period

18. Doctors holding an NTN/VTN who undertake research while employed full-time or part-time as specialist registrars by the NHS, will, in accordance with the current agreements on study leave or protected study time, continue to have their salary costs met by their NHS employer during the period of training when research is being done.

19. Other doctors who hold an NTN/VTN but who undertake research for a different employer, for example a university or an independent research body, should be paid by that employer. For example, funding for doctors who take time out from specialist training to undertake research (whether this counts towards a CCST or not) is the responsibility of the body employing them during the time-out period. Postgraduate deans should ensure that they are issued with honorary contracts where this is necessary for them to acquire or maintain clinical skills during the research period.

Academic medicine appointments

20. University appointments in academic clinical medicine are a matter for the relevant university. However, where these appointments are an integral part of an SpR training programme for which an NTN/VTN is required it is essential that both the relevant College (or in Scotland the National Panel of Specialists, or the equivalent in Northern Ireland) and the dean of postgraduate medicine are represented on the appointment committee.

Lecturers

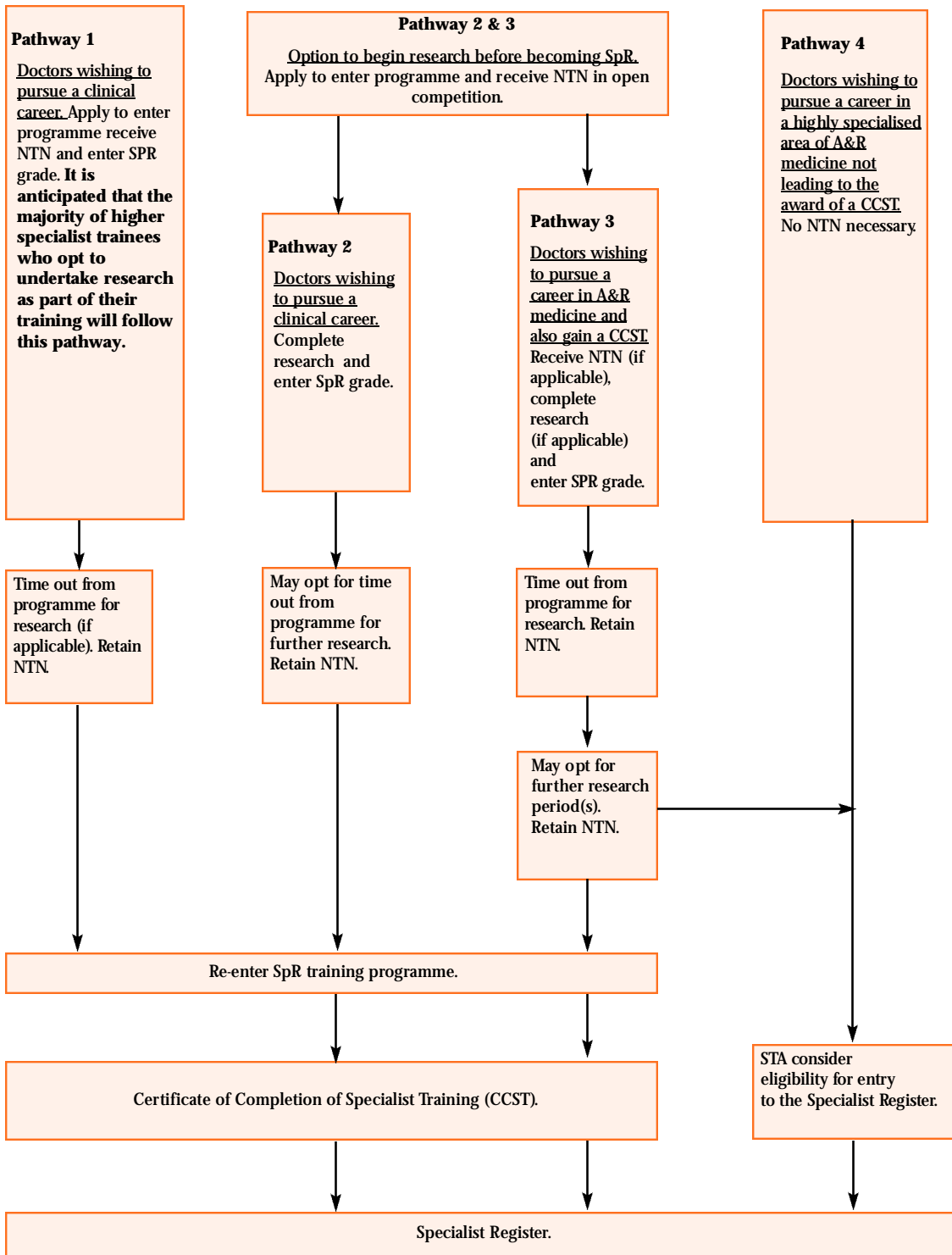
21. It is important to ensure that the organisation of training programmes for clinical lecturers does not interfere with their academic aspirations. It is clearly understood that the majority of clinical lecturers who wish to be granted a CCST will need to have similar clinical training to those not in academic medicine. Academic trainees recognise that they will almost certainly take longer to fulfil the clinical training requirements if they are also pursuing academic activities, especially in research. It is equally clear that academic trainees cannot be treated in exactly the same way in their rotation requirements as every other SpR. They will have to be able to spend a much greater proportion of their time within the academic department, for both their clinical and academic training, and cannot therefore necessarily be expected to spend the same proportion of their time in a District General Hospital as

a non-academic SpR. Training committees will be able to advise postgraduate deans on appropriate rotations, subject to college approval. Postgraduate deans and specialty advisors will therefore need to develop a different type of programme for the clinical training of lecturers in consultation with heads of academic departments, specialty advisors and/or programme directors.

Monitoring process

22. It is important that doctors who hold NTN/VTNs and who wish to pursue activities outside their SpR training programme, such as research, seek the consent of their postgraduate dean and the agreement of their College or Faculty if they wish the experience to count towards the award of a CCST. In order for the trainee to retain their NTN/VTN, arrangements will need to be put in place to return the relevant Record of In-Training Assessment (RITA) "Record of Out-of-Programme Experience" form at least once a year (*see Section 12*). This seeks information about the likelihood of them returning to the programme and the estimated date for the eventual award of the CCST. Postgraduate deans will need to maintain contact with research trainees, and their supervisors, and use RITA to monitor any clinical experience they gain and ensure that their return to the training programme can be properly planned. The manpower planning process relies heavily on estimates of outputs from CCST programmes. It is therefore vital that individual estimates of CCST dates are regularly updated on the Dean's databases.

CAREER PATHWAYS FOR UK HIGHER SPECIALIST TRAINEES UNDERTAKING RESEARCH



10

Note

1. it is also open to doctors to train flexibly or to take career breaks. They would retain their NTN/VTNs.

Assessment of progress

Paragraph

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Assessment of progress

Introduction

1. Training in the specialist registrar grade requires steady progress through planned programmes designed to meet the curricular requirements of the Royal Colleges and Faculties and delivered to standards set by them. Other than for those pursuing a Type II programme (FTTA) agreed with the postgraduate dean, the goal is the award of a Certificate of Completion of Specialist Training (CCST) which indicates that a doctor has reached a standard compatible with independent practice and eligibility for consultant appointment. The process of reviewing the progress of trainees through programmes should be competency based, structured and interactive, with opportunities for discussion between the assessor and the trainee. It demands a planned, managed and open approach.

2. The purpose of assessment is to judge progress against defined criteria based on relevant curricula. In respect of the SpR grade, trainees have to meet an agreed standard to be able to proceed from year to year and to achieve a CCST (see paragraph 6) or, for those in Type II programmes, the goal agreed with the postgraduate dean for their FTTA. The procedures applied aim to provide both trainers and trainees with a picture, at regular intervals, of the individual's progress. Effective assessment ensures that public interest in the quality of training is recognised. It should, however, also provide feedback to trainees and enable support to be directed to those areas of training most needed by individuals to ensure that they move through the grade as quickly and as smoothly as possible.

3. In contrast to assessment, appraisal provides a complementary or parallel approach focusing on the trainee and his or her personal and professional needs. In practice a supervising consultant or educational supervisor may provide, through constructive and regular dialogue, feedback on performance and assistance in career progression. Ordinarily such a dialogue should not inform the assessment process. However, where to do so is believed to be in the interests of the trainee then he or she must be informed and agreement sought (*see also paragraph 15*). Appraisal has many strengths. It can:

- i. help identify educational needs at an early stage;
- ii. assist in the skills of self-reflection and self-appraisal that will be needed throughout a trainee's career;
- iii. enable learning opportunities to be provided quickly that will be helpful to the trainee;
- iv. provide a mechanism for reviewing progress at a time when remedial action can be taken quickly;
- v. provide a mechanism for giving feedback on the quality of the training provided; and
- vi. make training more efficient and effective.

This Section and the one following are concerned with assessment.

Note 1: *There are two helpful references worth consulting:*

- *"Appraising doctors and dentists in training" The Standing Committee on Postgraduate Medical and Dental Education, 1996; and*
- *"The Good Assessment Guide" The Joint Centre for Education in Medicine, 1997.*

What does the assessment strategy comprise?

4. The minimum requirement for an assessment strategy applied within the grade is that it must include:

- i. a formal and clear description of the strategy, including the methods of assessment and the levels to be achieved within the grade, together with information on formal College examinations where they apply. This description must be available to trainees before they enter the grade;
- ii. an initial discussion between trainee and educational supervisor, as soon after taking up a programme placement as possible, to discuss the trainee's personal and professional aspirations, the training opportunities of the placement and the requirements of the programme;
- iii. information on and provision for an annual review of progress with feedback to trainees;
- iv. written arrangements for an end of programme assessment including the evidence required for recommendation for an award of a CCST;
- v. an appeals procedure.

5. To take forward such a strategy there will require to be guidance from Royal Colleges, Faculties and postgraduate deans for both assessors and trainees on the operation of the assessment process for each specialty training programme and a set of formal documents which record the process. It is important that those concerned with assessing trainees are able to discharge their responsibilities and that the assessment process is monitored. While a proportion of the activity to train assessors could reasonably be undertaken within deaneries under the auspices of postgraduate deans, there will also be need for specialty-specific training organised by Royal Colleges and their Faculties.

6. In addition, working with Royal Colleges and their Faculties, postgraduate deans must ensure that clear guidance is provided to members of annual review panels to ensure their effective operation. This should include identifying the criteria that

1 The standing Committee on Postgraduate Medical and Dental Education, 1 Park Square west, London NW1 4LJ
2.The Joint Centre for Education in Medicine, 33 Millman Street, London WC1N 3EJ

might inform the process for allocating an SpR to each of the possible outcome categories of the annual review (*see also paragraph 9*).

6. In addition, working with Royal Colleges and their Faculties, postgraduate deans must ensure that clear guidance is provided to members of annual review panels to ensure their effective operation. This should include identifying the criteria that might inform the process for allocating an SpR to each of the possible outcome categories of the annual review (*see also paragraph 9*)."

How will assessments be conducted: what is an annual review? (*see also Section 12, RITA*)

7. Royal Colleges and Faculties must publish the curriculum for each specialty training programme leading to the award of a CCST. These are available to all trainees before entering a programme. They establish the goals or training objectives against which progress will be assessed and set out the arrangements for assessment.

8. Informal discussions, which may be taken as part of appraisal, should occur regularly so that trainees know clearly where they stand. These may be informed by the results of the assessments which are applied throughout the year. It is important to achieve a proper balance between the necessary arrangements to monitor progress and the time and resources needed to carry them out.

9. While in the grade specialist registrars are normally reviewed towards the end of each year of their programme. The assessment methods which will inform the annual review (*as conducted in paragraph 11*) are determined by individual Royal Colleges and Faculties and will vary between specialties, eg: some may take into account reports or a structured questionnaire completed by the supervising consultant; others may review trainees' logbooks, training records or case books. They should fit the purpose of the assessment. The criteria that should be considered when allocating trainees to each of the possible outcome categories at the annual review should be stated in broad terms and provided as guidance for the annual review panel by the Royal Colleges in consultation with the postgraduate deans.

10. The assessments used and the review itself have also an educational function and are intended to act as a guide for trainees and to identify their further training needs eg study leave. Trainees will also be party to an annual training agreement which, where practicable, will include future training needs and which therefore supports the assessment process.

11. A small specialty-based panel, accountable to the postgraduate dean and operating on behalf of the deanery Specialty Training Committee, undertakes the annual review. It takes advice from Colleges, Faculties and SACs and decides on trainees' progress and training needs at their annual review. The composition of the panel should be agreed by the deanery Specialty Training Committee, taking account of the requirements of the relevant Royal College or Faculty. Where required, provision should be made to include members external to the deanery. The recommendations made by the review panel will be based on the results of assessments and the expert judgement of the panel. Formal determination is

confirmed by the chairman of the deanery Specialty Training Committee and is essential if the trainee is to progress through the programme. Other than in exceptional circumstances trainees will participate in their annual review and will be provided with copies of all the documents that have been taken into account in reviewing progress. The results of this review will be recorded in the trainee's training record folder and a copy given to the trainee (*see Section 12 - forms C, D or E*). Further copies of the trainee's record form(s) are (if required) forwarded to the relevant Royal College and Faculty. If it is decided that trainees have not made satisfactory progress they have review and appeal rights (*see paragraph 17 below and Section 13*).

12. Trainers, programme directors and postgraduate deans will also wish to receive feedback from trainees and educators on their perception of training programmes - including the assessments employed. All training programmes must make provision for such evaluation.

What about Royal College or Faculty examinations?

13. In publishing their curricula and requirements for the assessment of trainees' progress, Royal Colleges and Faculties also explain the arrangements and rationale for any formal examinations which they require trainees to pass. Most Royal Colleges or Faculties stipulate that, among the minimum requirements for entry to the SpR grade, a particular examination must have been passed. In addition, some Royal Colleges and Faculties require trainees to pass an examination taken towards the end of training as part of the evidence they consider when recommending the award of a CCST. Where such exit examinations are required, they should be scheduled and taken either just before or during the final year of the programme and there must be time to allow trainees to re-take the examination if necessary. In a few programmes Royal Colleges and Faculties require trainees to pass an examination shortly after entering or part way through a training programme. Preparation for examinations, where relevant, are part of the specialist registrar training programme. However, the outcome of an examination should not by itself determine progress from one part of the programme to another but it will inform the annual review.

What will happen if progress is unsatisfactory?

14. For the great majority of trainees the annual reviews will confirm that they are on course to complete training. For those who do not progress as expected additional help and support will be given to enable them to fulfil the requirements of the programme. The need for any additional help should become apparent at an early stage through the normal confidential appraisal process. This might involve extra supervision, counselling or specially focused training. Those involved in the annual review should also take account of any relevant external factors put forward by the trainee which may have affected progress in training.

15. Trainees should be aware that the outcome of meetings with their supervising consultants or educational supervisors may exceptionally, with their knowledge, inform the assessment process and may be included in the annual review (*see also paragraph 3*). Such information should be recorded.

16. Where, as a result of an annual review, progress is not judged satisfactory there are three levels or stages of action that may follow (*see also Sections 12 and 13 for a more detailed explanation*):

Stage 1 *A recommendation for targeted training.* This would involve closer than usual monitoring and supervision and would provide specific training experiences to address particular needs and a more regular feedback on progress. Targeted training will not usually mean that progress in the grade will be delayed.

Stage 2 *A recommendation for intensified supervision or repeat experience.* Normally, but not necessarily, Stage 2 would follow where Stage 1 proved unsuccessful. The annual review panel might consider that, after discussion with the trainee, it is necessary for the trainee to repeat a section of the programme. This could be at another location if this was beneficial. A key principle of effective supervision is that it depends on openness and a shared knowledge of problems: therefore the programme director will have discretion to decide how far the trainee's problems are shared with a new trainer.

Stage 3 *Withdrawal from the programme.* This may occur on occasions (which should be rare) where formal and informal action have not succeeded in helping a trainee to reach a satisfactory standard of progress and it is clear that there is no reasonable prospect of achieving this. This process should involve support and counselling to ensure that appropriate career choices are made.

What are the procedures for review and appeal?

17. The panel's recommendations on progress are endorsed by the Chairman of the deanery Specialty Training Committee. Trainees have a right to ask for the panel's recommendations under Stage 1 to be reviewed. An adverse assessment which might lead to a repeat training experience or to withdrawal from a training programme (stages 2 and 3) attracts a right of appeal (*see Section 13 for a detailed explanation, including appeals procedures relating to the STA*).

What are the arrangements for locum appointments - training (LATs) and fixed-term training appointments (FTTAs)?

18. For LAT formal annual review is required when appointments exceed one year. Shorter appointments will need a formal end-of-placement review which should be documented.

19. Formal review arrangements are required when fixed-term training appointments (FTTA) exceed one year through the RITA system (see Section 12). In shorter placements local arrangements should be made to assess progress and should also be documented (see Section 5).

Record of In-Training Assessment (RITA)

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Record of In-training Assessment (RITA)

What is RITA?

1. RITA the **Record of In-Training Assessment** provides a record of the annual review (see Section 11) and therefore of the Specialist Registrar's (SpR) progress through his training programme and the Grade. It should normally be completed by the trainee and the postgraduate dean or his staff each year. **It is not in itself a means of assessment** but has been designed to fulfil the following functions:

- i to provide a simple and effective mechanism for recording and managing trainees' progress towards their training goal and through the SpR grade;
- ii to provide a device which enables assessment, however it is to be carried out;
- iii to provide a framework to link the responsibilities of the Royal Colleges and Faculties for assessment to those of the postgraduate deans;
- iv to enable assessment of out-of-programme clinical work; and
- v to provide a final statement of the trainee's successful completion of the training programme.

2. It is applicable to all specialist registrars whose progress through a training programme is assessed and can be tailored to meet the needs of those on Fixed-Term Training Appointments (FTTA) or Locum Appointments - Training (LAT).

3. There are seven forms which comprise RITA - each contained on a single page:

- Form A: **Core Information on the Trainee**
- Form B: **Changes to Core Information**
- Form C: **Record of Satisfactory Progress within the Specialist Registrar Grade**
- Form D: **Recommendation for Targeted Training - Stage 1 of "Required Additional Training"**
- Form E: **Recommendation for Intensified Supervision/Repeated Experience - Stage 2, "Required Additional Training"**
- Form F: **Record of Out-of-Programme Experience**
- Form G: **Final Record of Satisfactory Progress**

The maximum number of forms that can be completed at any one review is two - a Form B (where required) and one of Forms C, D, E, F or G.

4. All parties to the annual review must be familiar beforehand with the procedures and the documentation involved. A parallel set of forms is used in Scotland, Wales and Northern Ireland.

What is the role of the Postgraduate Dean?

5. The postgraduate dean is responsible for the operation of the RITA system including the provisions for further review and appeal (*see Sections 11 & 13*). Each RITA annual review is carried out by a panel under the aegis of the deanery Specialty Training Committee taking advice from the local College or Faculty specialty adviser (*see Section 11, paragraph 9*). For smaller specialties there is provision for the annual RITA review to be coordinated nationally although it remains the responsibility of the postgraduate deans.

6. The postgraduate dean should maintain a Training Record Folder for each SpR in which completed RITA forms are stored. For security purposes a photograph of the SpR should be attached to this folder. The folder, RITA forms and support documentation must be available at each annual review. The postgraduate dean's staff will provide administrative support for the annual review.

7. On appointment or entry to the training programme (*see also Section 7, paragraph 9*) the postgraduate dean should:

- i forward a copy of *Form A: Core Information on the Trainee* to the relevant Royal College or Faculty;
- ii give a copy of the Form to the trainee; and
- iii place a further copy in the Training Record Folder to enable the dean's database to be updated.

Likewise at the end of each annual review the postgraduate dean should:

- i forward copies of those RITA forms, which have been completed and confirmed, to the relevant Royal College and Faculty;
- ii provide a copy for the trainee; and
- iii place a copy in the Training Record Folder to enable the dean's database to be updated. Postgraduate deans should ensure that the relevant details on each trainee are added to their databases at the time that copies of trainees' RITA forms are placed in the Training Record Folders (*see also paragraphs 8 & 14*).

8. It is clear that the information required, recorded and validated at each review will be common to some of that stored on the dean's database. As such the review provides an easy mechanism for both updating and validating such information. Indeed *Form A: Core Information on the Trainee* may, of course, be generated by the database as part of the arrangements for calling the SpR to interview.

What is required of the SpR?

9. All SpRs must first confirm on entering the training programme or grade that the information on *Form A: Core Information on the Trainee* is accurate. Confirmation

signals that the doctor has registered with the Deanery; initiates the RITA process; and triggers the allocation of a Training Number (*see Section 7, paragraph 9*). Core information must be kept up to date. It is the responsibility of the SpR to inform the postgraduate dean of any changes to the information recorded on *Form A*. Failure to do so may result in the loss of the Training Number (*see Section 7 on "Training Numbers" and Section 13 on appeals against removal of a Training Number*). Accurate information is needed not only for the deanery but also to support the requirements of the Royal Colleges and the Specialist Training Authority. Core information will be checked and amended as an integral part of each annual review and SpRs will be asked to confirm the amendments listed on *Form B: Changes to Core Information*.

How does the annual review process operate?

10. The annual review will be carried out by a small specialty-based panel. Its composition should be agreed by the deanery Specialty Training Committee taking account of the views of the local College or Faculty specialty adviser (*see Section 11, paragraph 11*). Where required provision should be made to include members external to the deanery. Membership of any associated appeals committee will exclude members of this committee (*see Section 13 on "Review and appeal procedures"*).

11. Individual specialty assessment documentation noted or considered by the RITA review should be made available to the SpR and may be stored and handled separately from the RITA record forms. The types of document which may be listed as evidence of satisfactory progress include: log books; case books; reports from supervisors, training programme directors (TPD) and other colleagues etc; results of formal tests/examinations or certificates or courses attended; and portfolio material collected by the SpR which may include audit and research reports. Each Royal College and Faculty will identify for the postgraduate dean the nature of the documentation which it requires and will provide deanery Specialty Training Committees with copies of the relevant forms, logbooks etc.

12. All SpRs must accept and move through those placements or training slots which have been designated as parts of the training programme. In placing SpRs, postgraduate deans should take account of College assessments of progress and of individual trainees' educational needs and personal preferences, including domestic arrangements. The permission of the postgraduate dean must be obtained before the SpR undertakes any other placement or attachment, including those outside the training programme (*see Section 14 on "Training agreements"*).

13. Details of placements, training modules etc. completed must be recorded on successive *Form Cs: Record of Satisfactory Progress* or where relevant on *Forms D and E: Stages 1 or 2 of Required Additional Training* and must cover all dates from the time of allocation of the Training Number and entry to the training programme. Periods where the SpR is "*out of training*" but still holding his/her Training Number must also be clearly recorded see *Form F: Record of Out-of-Programme Experience* (*see also paragraphs 22 and 23*).

14. **At the annual review factors which may cause a revision of the expected date of the award of the CCST should be considered, for example:**

change to or from flexible training; leave of absence from the programme to pursue research (unless this is accepted as counting towards the CCST); breaks in training for illness and maternity leave where this exceeds the allowable guidelines; etc (*see Section 1, paragraph 13*). The expected date for the award of the CCST is important information, essential for effective national workforce planning, and must be considered and amended at *annual review*. The *annual review* also provides the opportunity to validate information on the trainee held by the postgraduate dean, for the Training Number to be confirmed and, subject to satisfactory progress, for registration to be continued (*see Section 7*).

15. ***Form C: Record of Satisfactory Progress within the Specialist Registrar Grade:*** must be obtained for each year of the programme and should be forwarded to the relevant Royal College or Faculty, Higher Training Committee or College Specialist Advisory Committee (SAC) to enable progress through the Grade to be recorded. Other than for exceptional reasons the RITA *Form C* should normally be completed towards the end of each year of training. In the final year of training the same principle applies where the final RITA *Form G* must be completed.

16. ***Form D: Recommendation for Targeted Training - Stage 1 of Required Additional Training:*** This form should be used where the annual review has revealed general areas in which the SpR requires additional training but not in a particular specialist unit or placement. For example the SpR may require additional training in the general professional competencies of communication skills, record keeping, etc. - which may be practised in any placement/training slot or module. The supervisor for the period of targeted training must be made aware of the nature of the deficiencies and should take steps to ensure that the SpR is provided with extra guidance and supervision in these aspects of training. Progress to the next year of training is not withheld.

17. ***Form E: Recommendation for Intensified Supervision/Repeated Experience - Stage 2 of Required Additional Training:*** This form should be used when the SpR has failed to acquire or reach a satisfactory level of specific skills or competencies. It is essential for the SpR to return to and repeat that situation in order to acquire the necessary competencies. An SpR returning to placement, attachment etc. should be treated as a new entrant and assessed in the same way.

18. **Trainees undertaking training following a *Form D* or *Form E* recommendation must subsequently complete a *Form C* for that part of the programme (be it for example 3, 6 or 12 months) for which they have been undertaking required additional training. In the final year *Form G* instead of *Form C* will be required.**

19. Failure to pass a Royal College or Faculty examination should not be a bar to progression from one year of the programme to another although it will inform the RITA annual review. An exit examination, when required, should be scheduled and taken either before or in the final year but in any case in time to allow it to be re-taken if necessary.

20. ***Form G: Final Record of Satisfactory Progress:*** specifically signals the

successful conclusion of a training programme leading to the award of the CCST. It is issued following a successful final annual review taken towards the end of the training programme published by the Royal College or Faculty. At the final review the provisions for Targeted Training (*Form D*) or for Intensified Supervision/Repeated Experience (*Form E*) may rarely require to be invoked. *Form G* states the date on which the formal training programme will conclude. Copies should be forwarded by the postgraduate dean to the relevant Royal College or Faculty to enable the eventual award of the CCST and given to the trainee. The Form also records the trainee's intention once training has concluded and specifically whether the Training Number will be required. Exceptionally, a few doctors will undertake further specialist training after their CCST has been awarded. In such cases, the doctor concerned will relinquish their existing NTN and be allocated an FTN (*see Section 8*).

What are the provisions for Flexible SpRs?

21. The reviews for flexible trainees will take place at the same frequency as full time SpRs. At each review particular care should be taken in checking the estimated date for the award of the CCST. Calculation of the estimated date for award of the CCST must follow national guidelines referred to in *Section 9 (Flexible Training)*. It is helpful to express flexible training time as a percentage of full time training.

What happens if the SpR holding a Training Number undertakes out-of-programme activities?

22. Where an SpR, once awarded a *Training Number*, wishes to pursue out-of-programme activities, eg research, the consent of the postgraduate dean should be sought. Trainees should also seek the agreement of the SAC or College where they wish for out-of-programme experience such as research to count towards the CCST. At intervals of no greater than one year *Form F: Record of Out-of-Programme Experience* must be forwarded by the postgraduate dean to and returned by the SpR. This requests permission to retain the Training Number and seeks information about the trainee's likelihood of returning to the programme and the estimated date for the eventual award of the CCST. It is the responsibility of the SpR to make this return annually. Failure to make a return may lead to loss of the Training Number (*see Sections 7 and 13*).

23. Where the trainee wishes the out-of-programme experience to count towards a CCST the consent of the Royal College or Faculty must be obtained prospectively. The Royal College or Faculty will wish to satisfy itself about the quality of the experience received. Postgraduate deans also will require to be informed of the trainee's progress.

What happens if the SpR does not agree with the recommendations of the deanery Specialty Training Committee made on Forms D or E and wishes to appeal?

24. Assessment procedures are explained fully in *Section 11: Assessment of Progress*. Specialist registrars will be invited to attend an annual review. At the end of the review the chairman of the review panel will ask them to sign *Form C, D, E or G* as appropriate. Their signature on the form indicates that they understand the

recommendations arising from the review, made on behalf of the deanery Specialty Training Committee. It does not imply they accept or agree with them. If the conclusion is that progress has been unsatisfactory, the chairman will explain the procedures through which they can have the recommendation reviewed as well as their rights of appeal (*see Section 13*). If an SpR decides to seek a review or make an appeal, *Form D or E* will not be signed-off by the postgraduate dean nor entered on the records until that process is complete.

25. Where an annual review panel finds it necessary to use information from previous reviews - ie where an SpR has failed to make satisfactory progress on more than one occasion, whether or not these occasions are concurrent, the matter must be brought to the attention of the postgraduate dean who will decide, with appropriate professional advice (for example, from specialty, College and employer interests) on the suitability of the SpR to continue training. *Section 11* refers to this action.

The importance of maintaining accurate records

26. **All documents which are used in the assessment procedures and at the *annual review* and any notes taken during these procedures should be clear and unambiguous. They must reflect all the issues as discussed and, where appropriate, agreed with the trainee. The records should not attract any allegation of bias.**

Summary of the RITA process of annual review

RITA Form	Description	Purpose
A	Core Information on the Trainee	Must be completed before the doctor is registered as participating in a training programme within the grade.
B	Changes to Core Information	Core information (<i>Form A</i>) must be checked at each <i>annual review</i> . <i>Form B</i> must be completed annually at the time of the <i>annual review</i> if there are changes to <i>Form A</i> . It provides an invaluable and essential source of validated information for the deans' databases without which national workforce planning cannot succeed.
C	Record of Satisfactory Progress within the Specialist Registrar Grade	Essential to permit progress through the grade - normally required annually.
D	Recommendation for Targeted Training - Stage 1 of "Required Additional Training"	Allows conditional progress through the grade. A further <i>Form C</i> will be required to progress at the end of the stipulated period of "required additional training" be it for example 3, 6 or 12 months.
E	Recommendation for Intensified Supervision/ Repeated Experience - Stage 2 of "Required Additional Training"	Requires that part or all of the period of training under review should be repeated. A further <i>Form C</i> will be required to progress at the end of the stipulated period of "required additional training" be it for example 3, 6 or 12 months.
F	Record of Out-of-Programme Experience	Essential to retain validity of an NTN or VTN and to inform the postgraduate dean of out-of-programme progress.
G	Final Record of Satisfactory Progress	Essential for the deanery to issue in order to enable the relevant College or Faculty to recommend to the STA the award of a CCST.

Note: Forms A - G follow. They are ready for use but they may be modified by the Health Departments in the light of experience. They will normally be copied to the relevant Royal College or Faculty.

Record of In-training Assessment (RITA): Specialist Registrar Grade Form A: Core information on Specialist Registrar

(to be confirmed on appointment to or on entering grade and before a Training Number is issued)

1 Region:	2 Deanery:
3 Full name:	4 Date of birth: <i>(dd mm yy)</i>
5 Sex:	6 GMC Registration No.:
7 Medical school awarding primary qualification: <i>(name and country)</i>	8 Primary qualification and date granted: <i>(dd mm yy)</i>
9 Immigration status: <i>(permit free/settled/work permit or resident (if a UK/EEA national))</i>	10 Training Number allocated: <i>(NTN/VTN/FTN)</i>
11 Primary contact address:	12 Home/other address:
13 FTN holders: <i>State specialty used to derive FTN and goal</i>	14 Date of entry to grade/ Programme: <i>(dd mm yy)</i>
15 Specialty 1 for award of CCST (as used to derive NTN/VTN)	16 Provisional date for award of CCST: <i>(mm yy)</i>
17 Specialty 2 for award of CCST: <i>(if awarded as "Dual Certification")</i>	18 Initial appointment to programme - Full/Part -Time: <i>(Express Flexible Training as a % of Full Time Training)</i>
19 Royal College/Faculty assessing training for the award of CCST:	20 College diploma or part thereof (or equivalent) and/or postgraduate academic qualification
Additional training activities if undertaken:	
21 Sub-specialty training programme 1:	22 Sub-specialty training programme 2:
23 Experience in Research/Academic medicine:	24 Other activities while holding a Training Number: <i>(please state)</i>

I confirm that the core information recorded in *Form A* is correct and that I understand the arrangements for reviewing progress within the Specialist Registrar Grade **or** while I hold a Training Number allocated by the Postgraduate Dean.

Specialist Registrar (signature) _____ Date _____

Chairman of Specialty Training Committee (signature) _____ Date _____

Date of First Annual Review (provisional): _____

NHS Executive

Record of In-training Assessment (RITA): Specialist Registrar Grade

Form B: Changes to core information (*Form A*)

(to be confirmed at each annual or equivalent review)

Region: _____

Deanery: _____

Name: _____

NTN/VTN/FTN: _____

Specialty: _____

Training programme reference: _____

Royal College/Faculty recommending award of CCST: _____

Item No	Descriptor	Amendment	Date of change	Authorisation (Chairman STC)
11	Primary contact address			
12	Other/home address			

Record of In-training Assessment (RITA): Specialist Registrar Grade

Form C: Record of satisfactory progress

Region: _____

Deanery: _____

Name: _____

NTN/VTN/FTN: _____

Specialty: _____

Training programme reference: _____

Royal College/Faculty recommending award of CCST: _____

Date of review:

Period covered: from..... to.....

Year/phase of training programme reviewed (circle): 1, 2, 3, 4, 5, 6, or other (state)

Circle if assessing the result of Stage 1 or Stage 2 of Required Additional Training: Stage 1 Stage 2

Experience gained during period of review (full details of programme should be attached):

Placement/ Post/Experience	Dates: from to	In/out of Programme	PT/FT Pt Tm as % FT
-------------------------------	-------------------	------------------------	------------------------

1

2

3

4

5

Documentation taken into account during the review and known by trainee:

1

2

3

4

5

(Name).....

has successfully completed the assessment requirements for progress to the next/final year/phase of his/her training programme (delete as required)

Chairman of Specialty Training Committee (signature)..... Date.....

I confirm that:

(circle)

- a) I intend to continue with my training programme and wish to retain my NTN/VTN/FTN **Y N**
- b) the core information *Form A* and amendments to it *Form B* are correct.

Specialist Registrar (signature).....

Date of next review (unless not relevant)

Record of In-training Assessment (RITA): Specialist Registrar Grade

Form D: Recommendation for Targeted Training - Stage 1 of Required Additional Training (to be completed only if this recommendation is made in place of a Form C satisfactory progress report)

Region: _____ **Deanery:** _____
Name: _____ **NTN/VTN/FTN:** _____
Specialty: _____ **Training programme reference:** _____
Royal College/Faculty recommending award of CCST: _____

STAGE 1: Recommendation for "targeted training". Period covered: from..... to.....	
Date Year/phase of training programme reviewed (circle): 1, 2, 3, 4, 5, 6, or other.	
Experience gained during period of review (full details of programme should be attached):	
Placement/ Post/Experience	Dates: from to
In/out of Programme	PT/FT Pt Tm as % of FT
1	
2	
3	
4	
Documentation taken into account during the review and known by trainee:	
1	
2	
3	
4	
5	
(Name)..... has failed to satisfy the assessment requirements of the current year/phase of training by displaying significant weaknesses in the following areas:	
1	
2	
3	
4	
The Specialty Training Committee has determined that the doctor may proceed to the next year/phase of training but should be closely supervised for the next 3/6/12 months (<i>delete as required</i>). H/she must be reviewed at the end of this period where a "satisfactory progress review" <i>Form C</i> will indicate if an adequate standard has been reached.	
Chairman of Specialty Training Committee (signature) Date.....	
I understand the recommendations of the Specialty Training Committee. I confirm that the core information <i>Form A</i> and amendments to it <i>Form B</i> are correct.	
Specialist Registrar (signature) Date of next review	
Postgraduate Dean (signature) Date	

Record of In-training Assessment (RITA): Specialist Registrar Grade

Form E: Recommendation for Intensified Supervision/Repeat Experience - Stage 2 of Required Additional Training

(to be completed only if this recommendation is made in place of a Form C Report)

Region: _____ Deanery: _____
 Name: _____ NTN/VTN/FTN: _____
 Specialty: _____ Training programme reference: _____
 Royal College/Faculty recommending award of CCST: _____

STAGE 2: Recommendation for "Intensified Supervision/Repeated Experience" Date
circle

Period covered: from..... to..... **Year of programme reviewed:** 1, 2, 3, 4, 5, 6 or other.

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

<i>Placement/ Post/Experience</i>	<i>Dates: from to</i>	<i>In/out of Programme</i>	<i>PT/FT Pt as a % of FT</i>
1			
2			
3			
4			

Documentation taken into account during the review and known by trainee:

1
2
3
4

(Name)..... has failed to satisfy the assessment requirements of the current year/phase of training by displaying significant weaknesses in the following areas:

1
2
3
4

The Specialty Training Committee has determined that the doctor should not proceed to the next year/phase of training but should spend an additional period of 3/6/12 months *(delete as appropriate)* or other period *(insert)*..... in training in the specific areas listed above. H/she must be reviewed at the end of that period where a "satisfactory progress review" *Form C* will indicate if an adequate standard has been reached.

Chairman of Specialty Training Committee (signature) **Date**

I understand the recommendations of the Specialty Training Committee *(delete as required)*.
 I confirm that the core information *Form A* and the amendments to it *Form B* are correct.

Specialist Registrar (signature) **Date of next review**

Postgraduate Dean (signature) **Date**

Record of In-training Assessment (RITA): Specialist Registrar Grade

Form F: Report of "out-of programme" experience

(to be completed at no longer intervals than one year in place of a Form C)

Region: _____ Deanery: _____
 Name: _____ NTN/VTN/FTN: _____
 Specialty: _____ Training programme reference: _____
 Royal College/Faculty recommending award of CCST: _____

SPECIALIST REGISTRAR'S REPORT OF OUT-OF PROGRAMME TRAINING/EXPERIENCE

Date Period covered: from..... to.....

Most recent complete year/phase of training programme reviewed (circle): 0, 1, 2, 3, 4, 5, 6, Other (state)

Experience gained during period of out-of programme:

	<i>Attachment/ Slot/Post/Experience</i>	<i>Dates: from to</i>	<i>Appointment Held</i>	<i>PT/FT Pt as a % of FT</i>
1				
2				
3				
4				

State any concurrent NHS substantive or honorary appointment if held:

I confirm that I have undertaken the above experience and that:

- i the post or experience has the prospective approval of the postgraduate dean Y N
- ii the Royal College/Faculty has recognised the post or experience as counting towards a CCST Y N Not relevant
- iii the aim of my out-of-programme experience is
- iv I intend to re-enter training (subject to adequate progress) on (insert approximate date)
- v the provisional date for the award of my CCST is
- vi I wish to retain my NTN/VTN/FTN Y N

I also confirm that the **Core Information** on *Form A* and the amendments to it on *Form B* are correct.

Specialist Registrar (signature)

I agree that (name) can retain his/her NTN/VTN/FTN.

This decision is based/is not based on interview with the SpR

Postgraduate Dean (signature)

If not returned to training, date for next return requiring authorisation for retention of NTN/VTN/FTN.....

Record of In-training Assessment (RITA): Specialist Registrar Grade

Form G: Final Record of Satisfactory Progress

(to be completed on satisfactory completion of a CCST programme and forwarded to the relevant Royal College or Faculty)

Region: _____

Deanery: _____

Name: _____

NTN/VTN/FTN: _____

Specialty: _____

Training programme reference: _____

Royal College/Faculty recommending award of CCST: _____

Date of final review:

Period covered: from..... to.....

Circle if assessing result of Stage 1 or Stage 2 of Required Additional Training: *Stage 1* *Stage 2*

Experience gained during period of review (full details of programme should be attached):

<i>Placement/ Post/Experience</i>	<i>Dates: from to</i>	<i>In/out of Programme</i>	<i>PT/FT Pt Tm as % FT</i>
---------------------------------------	---------------------------	--------------------------------	--------------------------------

1

2

3

4

5

Documentation taken into account during the review and known by trainee:

1

2

3

4

5

(Name).....

has successfully completed all the assessment requirements for his/her prescribed CCST training programme.

He/she will formally complete the required training programme on dd/mm/yy

Chairman of Specialty Training Committee (signature)..... Date.....

I confirm that:

- (circle)*
- a) I intend to remain in the grade during the six month "period of grace" and wish to retain my NTN/VTN **Y N**
- b) my training is now concluded and I no longer require a NTN/VTN **Y N**
- c) the core information *Form A* and amendments to it *Form B* are correct.

Specialist Registrar (signature).....

Date

Review and appeal procedures

Paragraph

- Introduction 1-2
- General principles 3-8
- Further Review: Stage 1 - Targeted training - (close supervision) 9-12
- Formal Appeal: Stage 2 - Intensified supervision and repeat experiences 13-14
- Formal Appeal: Stage 3 - Withdrawal from the programme 15
- Steps applying to Stage 2 and Stage 3 appeals 16-27
- Fixed-term training appointments (FTN holders) 28-29
- National appeal against a recommendation not to award a CCST or the non-award of a CCST 29-31
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- Disciplinary action 37-43
- Appeals against termination of contract for reasons other than those relating to educational progress 44-45

Introduction

1. The training arrangements in the specialist registrar (SpR) grade are designed to offer the maximum support to trainees to help them maintain good progress and to provide the chance for them to complete their training as soon as possible. The arrangements for assessment (see Section 11) will make sure that trainees are kept informed of their progress.

2. Sometimes trainees may make slower than expected progress and in consequence will need targeted or intensified training. This Section sets out the rights of review and appeal which trainees have where they disagree with the assessment of progress made by their training supervisors and the recommendations of the panel conducting their annual review.

General principles

3. Poor progress should, in the first place, be brought to the attention of trainees informally and suitable action discussed. Where informal action does not succeed in bringing progress up to the required standard, the formal procedure may be invoked. Both informal and formal action should take account of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded in writing.

4. It should never come as a surprise to trainees that formal action is under consideration since any shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress. All decisions should be recorded in writing and trainees should always be allowed to put their views in full before any decisions are made. The person or committee responsible for making the decision should hold the records of such action.

5. The first aim should be to re-establish satisfactory progress as quickly as possible through informal action during the course of a training placement. Only where this has not been possible should formal action leading to a review or appeal be contemplated.

6. The timescale within which the appeals process is conducted should be quick but not so compressed that it may compromise essential principles of fairness.

7. It is also essential that the review and appeals processes take into account any mitigating factors on the trainee's part such as ill health or domestic circumstances, or from the training environment such as changing circumstances or the supervision available.

8. Postgraduate deans may wish to set up local panels of personnel specialists in grievance/disciplinary procedures from which they may call up assistance and support in dealing with appeals.

NTN and VTN holders - Further Reviews: Stage 1- Targeted training (close supervision)

9. It is important at the outset to explain briefly the difference between a *review* and an *appeal*. A *review* is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. They may take into account the representations of the person asking for the review and any other relevant information, whether it formed part of the original considerations or has been freshly submitted. An *appeal* is a procedure whereby the decision of one individual or a group is considered by another individual or body. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant.

10. Targeted training involves closer than normal monitoring and supervision. It may also provide specific training experiences to address particular needs and more regular feedback on progress. It does not imply that trainees are unable to complete their particular training placement in the time required.

11. The panel conducting the annual review will decide whether targeted training is required during a placement and for how long it should apply. Trainees will be told at their annual review if targeted training is considered necessary. They will have the chance to discuss this with the panel and to see all the documents on which decisions are based. If they disagree with the decisions they have a right to ask for them to be reconsidered. Requests for reconsideration (further review) must be made in writing to the chairman of the annual review panel within 10 working days of the initial interview. The chairman will then arrange a further interview for the trainee (as far as practicable with all the parties of the annual review panel) which should take place within 15 working days of receipt of requests from trainees. Trainees may provide further evidence at this stage. A decision of the panel following a further review is final.

12. Trainees embarking on targeted training should be given a written statement of the programme they have to undertake and the criteria on which it will be decided whether they have reached the required standard.

NTN/VTN holders - Formal Appeal: Stage 2 - Intensified Supervision and Repeat Experiences

13. Trainees who receive an adverse assessment which may lead to a section of the training programme being repeated have a formal right of appeal. A formal recommendation to repeat experiences will be made at either the annual review or at a special formal review but will have followed significant informal action to re-establish satisfactory progress. Copies of all the documents on which the recommendation is based must be provided to trainees.

14. Trainees will be asked to indicate at their annual review that they understand the panel's recommendation. If the recommendation is to require them to repeat training experiences, they have right of appeal. Appeals should be made in writing to the

postgraduate dean within 10 working days of the initial interview. The appeal procedure has two steps.

NTN/VTN holders - Formal Appeal: Stage 3 - Withdrawal from the programme

15. There is also a right of appeal where the recommendation is that trainees should be withdrawn from the training programme.

Steps applying to both Stage 2 and Stage 3 appeals

16. **Step 1.** This step provides for discussion between trainees, regional advisers within the relevant college or faculty and programme directors to resolve matters. The purpose of this stage is to reach a common understanding of a trainee's problems and to decide on the best course of action.

17. Where, following **Step 1**, trainees accept that a section of the training programme must be repeated they should receive a programme of action and the criteria against which their progress will be assessed as well as a revised date of completion of training.

18. If trainees do not accept the outcome of **Step 1** appeals they should inform the postgraduate dean within 10 working days. Postgraduate deans will then arrange a formal, Step 2 appeal hearing which should take place within 15 working days of receipt of a request to do so.

19. Hearings will be arranged by the postgraduate dean and should be held within 15 working days of receipt of appeals. Members of the original annual review panel must not take part in the appeal interview. Trainees may support their appeals with further written evidence.

20. If the outcome of **Step 1** is that trainees should be withdrawn from the training programme, postgraduate deans should always assume that a **Step 2** hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the trainee formally withdraws from the programme at that stage. The postgraduate dean should always confirm the position in writing with the trainee where the trainee declines an appeal hearing.

21. The postgraduate dean will convene an appeals committee to hear representations from the trainee, to consider the evidence and to form a judgement. The hearing should be arranged as near local level as possible. It should include the postgraduate dean or a nominated representative as chairman, a college regional adviser from an adjacent region, two consultants from the same deanery area as the trainee - at least one of whom should be from a different specialty - and a trainee. The membership of this committee should not include any of those involved in the discussions under **Step 1** nor should it include any members of the original annual review panel. A representative from the personnel directorate of the employer or the deanery should be available to advise the chairman, for example, on equal opportunities matters.

22. Trainees also have a right to be represented at the hearing, to address it and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body. It should not normally be necessary for trainees to be legally represented. However, if they wish to be represented by a lawyer, the appeal panel chairmen should agree to their request. 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 representatives. Trainees should be notified in writing of the outcome of the hearing. If the outcome is that they must repeat a section of the training programme, they should receive a programme of action and the criteria against which their progress will be assessed as well as a revised date of expected completion of training.

23. **Step 2** is the final internal avenue of appeal. Nothing in the operation of such committees or panels removes a trainee's right to seek redress subsequently from an industrial tribunal or through arbitration.

24. Postgraduate deans should not sign-off forms D and E of the Record of In-Training Assessment (RITA) documentation until all review or appeal procedures have been completed.

25. The annual review panel or appeal committee may decide at any stage that a decision or recommendation to target training, repeat experience or to withdraw a trainee from a programme is not justified. If so, the facts of the case will be recorded and retained by postgraduate deans but the Record of In-Training Assessment should be amended to indicate only the agreed position following review or appeal.

26. It may be that the outcome of appeals under **Step 1** and **2** is to alter an earlier recommendation while 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 repeat experience. In such cases, the Record of In-Training Assessment should show only the position following appeal.

27. Where lack of progress may result in the extension or termination of a contract of employment, the employer should be kept informed of each step in the appeal process.

Fixed-term training appointments (FTN holders)

28. The review and appeals processes set out above relate to doctors who hold NTN or VTN. They also apply to FTN holders who have been awarded a CCST and who are pursuing sub-specialty training in the SpR grade and to FTN holders who benefit from European Union rights and who are pursuing part of a higher specialist programme (Type I equivalent) outside the UK.

29. The general principles apply also to overseas doctors holding FTNs who are undertaking Type II training. They should be kept informed of progress against their agreed training goals and should be given the opportunity to discuss this with their

trainers. Full records of progress and of formal reviews should always be kept. Where postgraduate deans believe that it would be inappropriate, for training reasons, to allow Type II FTN holders to move into rotational placements or where postgraduate deans are minded to think that they should remove a trainee's FTN, the trainee should be informed and offered an appeal. The arrangements and timetable for the appeal should follow either Stage 2 or Stage 3 above according to the issue at stake. Type II FTN holders also have the same right to pursue appeals under their employers' local procedures or via arbitration or tribunal as appropriate.

National appeal against a decision not to award a CCST

30. The award of the CCST is the responsibility of the STA (*see Section 1*). In relation to doctors training in the UK the STA has a responsibility to ensure that an independent effective appeal mechanism is in place to enable a doctor to appeal against a decision by the STA:

- i. not to award a CCST; or
- ii. not to approve a doctor in academic and research medicine for inclusion in the Specialist Register.

31. Doctors who wish to appeal can request an oral or written hearing but must make an application within 3 months of the STA's decision. The appeal panel will consist of a legally qualified chairman and two Fellows of a College or Faculty not in the same specialty as that of the applicant and where possible from a different College. Further details about how to appeal and an application form can be obtained from the STA.

32. An STA decision not to award a CCST or approve a doctor for entry to the Specialist Register will have been based on a recommendation from the relevant College or Faculty and doctors will be informed of whether or not the College or Faculty supported their application. Before doctors submit a formal appeal to the STA, particularly if the College or Faculty did not support their original application, they are encouraged to review their case with the College or Faculty in the first instance, particularly if they wish new evidence to be considered. Each College and Faculty has a mechanism for such appeals and if this route is chosen it will not prevent doctors from making a formal appeal to the STA at a later date; the three month time limit to appeal to the STA will, in such circumstances, run from the date of a failed appeal with the College or Faculty.

Appeals and representations against removal of a Training Number

33. Any decision, following the appeal procedure above, which results in withdrawal from a training programme automatically involves the loss of the NTN/VTN/FTN. There is no separate appeal against this.

34. Where postgraduate deans indicate their intention to remove trainees currently employed in the SpR grade (including those with honorary contracts) from the CCST training programme because of non-compliance with the terms and conditions under

which they hold the NTN/VTN (*see Section 7*), the trainees have a right of appeal to a committee constituted as set out in paragraph 21 above (the same time limits apply).

35. In some circumstances trainees will not be currently employed in the NHS or hold honorary contracts, eg. where working overseas or taking a break from employment. Where postgraduate deans, with advice from the Royal College or Faculty or Specialist Advisory Committee, where appropriate, believe that the conditions under which such trainees hold the NTN/VTN have been breached, and that the NTN/VTN should be withdrawn, they will write to NTN/VTN holders using a recorded delivery or similar service to tell them of their provisional decision.

36. The NTN/VTN holder will then have 28 days in which to state their reasons to the postgraduate dean why the NTN/VTN should not be withdrawn. Loss of the NTN/VTN in this way will mean that the place reserved in a training programme is no longer available to the trainee (*see Section 3*).

Disciplinary Action

37. In some cases the line between professional or personal misconduct and poor educational progress will be blurred and both the postgraduate dean and employer will need to agree the appropriate route for such matters to be addressed. There may be other examples where personal misconduct is wholly unconnected with training progress and employer action is clearly indicated. In all cases, the postgraduate dean should be involved from the outset.

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

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

40. 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 suspended when an employment contract ends, the postgraduate dean may decide not to arrange for further placements to be offered until the enquiry has concluded. The best course in these circumstances may be to offer 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.

41. If a trainee's practice is restricted when an employment contract ends, it would be reasonable for the postgraduate dean to arrange further placements with appropriate restrictions until the enquiry had reached a finding. It is part of the duties of a doctor registered with GMC to protect patients when they believe a colleague's conduct, performance or health is a threat.

42. 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.

43. Personal misconduct should be taken forward in accordance with the trust's agreed disciplinary procedures. However, the postgraduate deans will need to be consulted as they are responsible for the overall training rotation of a trainee.

Appeals against termination of contract for reasons other than those relating to educational progress

44. Rarely, an employer may consider it necessary to terminate the contract of a specialist registrar for reasons which are unconnected with educational progress. For example, for disciplinary reasons or through the inability of the SpR to fulfil the contract. A final decision should not be made before the postgraduate dean is consulted. In these circumstances, specialist registrars should have access to the appeal processes available to other members of the employer's workforce. They may also have statutory rights of appeal.

45. In exceptional circumstances the termination of an employment contract issued by a particular employer will not imply that SpR training automatically discontinues. On the basis of all the evidence, taking into considerations the representations by or on behalf of the SpR concerned, the postgraduate dean may seek to arrange an SpR training placement elsewhere.

**Movement between deaneries,
within the UK, or abroad**

14

Movement between deaneries, within the UK, or abroad

14

1. It is possible for specialist registrars (SpRs) to be helped to move between deaneries or within the UK. The arrangements for this apply to both full-time and part-time trainees. Movement is at the discretion of the postgraduate dean and trainees will be expected to show that they have well-founded reasons for moving.
2. Postgraduate deans will maintain as much flexibility as possible and will liaise with their colleagues to secure appropriate training places (including where appropriate subspecialty training) in other deaneries. It is important that trainees give as much warning as possible of their needs as training slots in other regions may not be available at once.
3. Trainees can also approach postgraduate deans in other regions directly to discuss transferring their training but their home deans should always be informed of this.
4. There are two principal reasons for trainees moving between deaneries.

i. Well-founded personal reasons

While movement is not an entitlement, postgraduate deans will deal sympathetically with trainees where they judge, for example, that there are family reasons which justify a move. Moves are arranged following discussion between the individual and both the releasing and receiving postgraduate deans to identify both a suitable training programme (and placement) and an appropriate date for moving. The receiving dean may not be able to accommodate the trainee within a training programme immediately, but having accepted the need, a place will be found as soon as possible.

ii. Educational grounds

There is likely to be more a limited need to move on account of educational or training grounds as most deaneries should provide a full range of programmes and placements. Generally, unless deans judge that there are overriding educational or personal reasons, movement is unlikely to be agreed if the original, host deanery has the appropriate training expertise or placements for a particular part of a published training programme.

Two other situations might arise:

iii. Secondment to a second deanery

Such moves would be planned to fit in with the agreed training programme and training availability. Clearly, there would have to be a suitable vacancy in the receiving deanery. This would be for limited and defined periods while trainees undertook a particular training module. Trainees would keep their original Training Number.

iv. Rotation between deaneries as part of a planned training programme

This arrangement applies in some, usually small, specialties - especially surgical disciplines. Here, the whole of the training programme cannot be provided within one deanery, because of lack of suitable training opportunities. These rotations would be planned as part of the whole training package. The trainee would move at a clearly defined stage in the programme to a second deanery. On transfer the original Training Number would be surrendered and a new one provided by the new deanery.

Removal expenses would be available as this would be a permanent relocation.

5. Should trainees wish to move to another deanery for any other reason, they should bear in mind that they may have to compete for a place in a programme in the receiving deanery.

6. Where trainees wish to pursue a CCST in a different specialty, that is, to transfer to a different training programme - whether in the same or a different deanery - a new NTN will only be awarded in competition with other doctors seeking entry to the training programme.

Movement Abroad

7. Movement abroad to gain further experience is also accommodated within the provisions for holding an NTN. Trainees may retain their NTNs whilst working abroad as long as the time out from the training programme has been agreed in advance by their dean, taking account of the advice of the College or Faculty. Their intention to return to complete the CCST training programme must be satisfactorily established and they must complete the necessary documentation (*see Section 12*) in order to keep the dean informed of their location and intentions. Trainees should also confirm with the relevant College or Faculty, and the postgraduate dean, that some or all of their experience abroad can be taken into account in assessing the time needed to complete the CCST training programme when they return to training in the UK. VSpRs who hold a VTN will retain this number in the circumstances described in this paragraph.

8. The Royal Colleges and their Faculties will ensure that arrangements are in place to provide effective assessments of progress where a trainee is abroad.

Study leave

15

Study Leave

Introduction

1. Trainees will require study leave during their training programme. This will include study and tuition at the training location but might equally embrace attendance at full or part-time courses elsewhere.
2. The current provisions for study leave at **paragraph 250 - 254 in all UK terms and conditions of service** are set out below.

Study Leave

250. *Professional or study leave is granted for postgraduate purposes approved by the authority, and includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences.*

Recommended standard for professional and study leave in the United Kingdom

251. *Subject to the conditions in paragraph 254, professional or study leave will normally be granted to the maximum extent consistent with maintaining essential services in accordance with the recommended standards, or may exceptionally be granted under the provisions of paragraph 252. The recommended standards are:*

a. Senior Registrar

In addition to an aggregate, normally equivalent to at least one day per week for individual study and specific research projects, professional leave with pay and expenses within a maximum of an annual rate of ten days over a period of three years; this allowance being cumulative over three years, provided that the total amount due in three years is not taken until one year of the appointment has been served. This allowance may be carried over within the three year period on promotion to a permanent post in grades listed at a. above.

b. Specialist Registrar

i. Practitioners in this grade should receive either day release with pay and expenses for the equivalent of one day a week during university terms; or leave with pay and expenses within a maximum calculated at the rate of thirty days in a year (the year for this purpose being counted from 1 October). This allowance may accumulate over the period of the training programme, provided that the total amount due in the period of the training programme is not taken until one year of the training programme has been completed.

ii. Such practitioners should, for a maximum of two occasions, also receive leave with pay and expenses (other than examination fees) for the purpose of sitting an examination for a higher qualification where it is necessary as part of a structured training programme.

iii. Such practitioners may also receive leave with pay and expenses (other than examination fees) for the purpose of sitting other examinations for a higher qualification, except that where the authority considers that this would be contrary to the interests of the individual or the service, leave may be refused (for example, repeated sitting and failing of the same examination could be held to be an unjustifiable use of the paid leave).

*c. Registrar
SHOs
HOs*

i. Practitioners in these grades should receive either day release with pay and expenses for the equivalent of one day a week during university terms; or leave with pay and expenses within a maximum calculated at the rate of thirty days in a year (the year for this purpose being counted from 1 October). This allowance may accumulate over the training period, provided that the total amount due in the training period is not taken until one year of the training programme has been completed.

ii. Such practitioners may also receive leave with pay and expenses (other than examination fees) for the purpose of sitting an examination for a higher qualification, except that, where the authority considers that this would be contrary to the interests of the individual or the service, leave may be refused (for example, repeated sitting and failing of the same examination could be held to be an unjustifiable use of the paid leave). Expenses may be paid only where taking the examination is the natural culmination of a course of study approved by the authority.

d. Pre-registration HOs should be allowed reasonable time within working hours for attending, within the hospital, clinico-pathological conferences and ward rounds with other firms.

Additional periods of professional and study leave in the United Kingdom

252. Authorities may at their discretion grant professional or study leave in the United Kingdom above the period recommended in paragraph 251 with or without pay and with or without expenses or with some proportion thereof.

Professional and study leave outside the United Kingdom

253. Authorities may at their discretion grant professional or study leave outside the United Kingdom with or without pay and with or without expenses or with any proportion thereof.

Conditions

254. *The following conditions shall apply:*

- a. where a practitioner is employed by more than one authority, the leave and the purpose for which it is required must be approved by all the authorities concerned;*
- b. where leave with pay is granted, the practitioner must not undertake any remunerative work without the special permission of the leave-granting authority;*
- c. where an application is made under paragraphs 252 or 253 for a period of leave with pay, and this exceeds three weeks, it shall be open to the authority to require that one half of the excess over three weeks shall be counted against annual leave entitlement, the carry forward or anticipation of annual leave within a maximum of three weeks being permitted for this purpose (this condition shall not be applied to practitioners attending certain courses of specialist training notified to authorities for this purpose by the Department).*

Leaving the grade

Paragraph

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Leaving the grade

Introduction

1. The essential aim of the specialist registrar (SpR) grade is to provide trainees with the training and experience they need to acquire the Certificate of Completion of Specialist Training (CCST). Once training is completed, SpRs who hold NTN's will be expected to take all necessary steps to obtain their CCSTs at the earliest date and to obtain a consultant appointment. Almost all SpRs will move on to consultant posts or follow other paths based on individual career choices. A chart summarising the options is attached as an *Annex* to this Section.

2. The process of applying for posts at the end of training may take some time and employment in the SpR grade will ***not end for a period of six months after the date of completion of training, or six months after the date on which trainees are notified formally by the postgraduate dean, taking advice from the College or Faculty, that their training is complete and that they are eligible for the award of a CCST, whichever date is the later.***

3. There is no reason, however, why trainees cannot begin to explore the prospects for post-CCST careers at an earlier date. That is, as soon as it is clear that a CCST will be awarded in the near future.

4. Similarly, trainees may choose to leave the grade at any point during the six-month period of grace following completion of training if employment opportunities arise. They will be required to work out their period of notice unless their employer, after consulting the postgraduate dean, agrees otherwise. Trainees who end their employment in this way, or who leave the grade at the end of the period of grace, automatically give up their Training Numbers at the same time.

Difficulty finding a consultant post

5. The aim of medical workforce planning is to ensure that there is a general balance between the number of likely consultant vacancies and the supply of qualified candidates for them. There may be times, however, when there is a temporary surplus of candidates over vacancies. To help safeguard a valuable resource for the NHS, special procedures are available to make sure that SpRs who have difficulty in finding a consultant post quickly can remain in the training grade for a limited period.

6. The arrangements are as follows:

- i. all SpRs who hold NTN's and who complete training will have a six-month period of grace in which to seek consultant posts as explained in *paragraph 2* above;
- ii. if postgraduate deans are satisfied that SpRs have taken all reasonable steps to secure consultant posts during this six-month period but have not been successful, they can arrange for the SpRs concerned to be offered a further contract in the SpR grade.

- iii. most SpRs holding VTNs are not expected to remain in this country once their training is completed. However, it is recognised that they too may need some time to find further employment. As such the six-month period of grace applies equally to them although the special provisions for further employment explained below apply only to NTN holders (and in some cases to UK/EEA doctors holding UK CCSTs who are undertaking post-CCST sub-specialty training).

7. The purpose of this further period of employment is to allow prospective consultants to continue to develop their skills and to take advantage of career opportunities as they arise. The period is subject to the following arrangements:

- i. postgraduate deans may arrange the offer of a further contract where the conditions in paragraph 6ii are satisfied. The deans will take into account the likely future demand for consultants in the specialty and arrange a contract which allows SpRs a reasonable opportunity to find an appropriate consultant post;
- ii. there is no specific length for this further period of employment. The length of the contract will be decided on the advice of the postgraduate dean in consultation with prospective employers and in the light of all the circumstances relating to the national supply of and demand for consultants in the specialty. This will be based on information from the specialty lead postgraduate dean and the Specialty Workforce Advisory Group (SWAG) or equivalent medical planning advisory groups in the UK*. **SpRs who accept the contract will be expected to continue to make every effort to obtain consultant posts;**

** This contract is available where necessary to SpRs working flexibly (part-time) although the fact that an SpR is working flexibly is not in itself a reason to provide a limited-term contract for a longer period than that provided to a full-time SpR.*

- iii. postgraduate deans will provide such SpRs with support and counselling and monitor them closely to ensure that their continuing experience in the grade is directed towards honing and maintaining the skills necessary in their future careers;
- iv. SpRs under these arrangements will **continue to hold NTNs** and will continue to be funded either in full (flexible trainees and public health trainees and all trainees in Scotland) or in part by postgraduate deans or be provided with an honorary contract. CCST holders issued with an FTN (*paragraph 10 refers*) have the same rights as if they continued to hold an NTN. However, if they avail themselves of the provisions set out in this paragraph and in *paragraph 6*, they retain the FTN;
- v. SpRs holding the limited-term contract should, wherever possible, be released for locum consultant posts or acting consultant duties and for other appropriate duties;

Doctors who are successful in obtaining limited-term contracts, as described above, remain as SpRs and should be seen as trainees.

Placement of specialist registrars following notification of the completion of training

8 . Under the provisions of paragraphs 6i and 6ii, SpRs can remain in the grade after they have been notified that their training is complete and are no longer pursuing either a training programme leading to a CCST or undertaking sub-specialty training. It may not be appropriate for them to remain in the final placements they occupied before the award of the CCST. Postgraduate deans will, therefore, identify appropriate locations in the grade which will allow the SpRs to maintain their skills in accordance with paragraph 7iii above. They should do this by taking into account the expressed educational needs and personal wishes of the SpR.

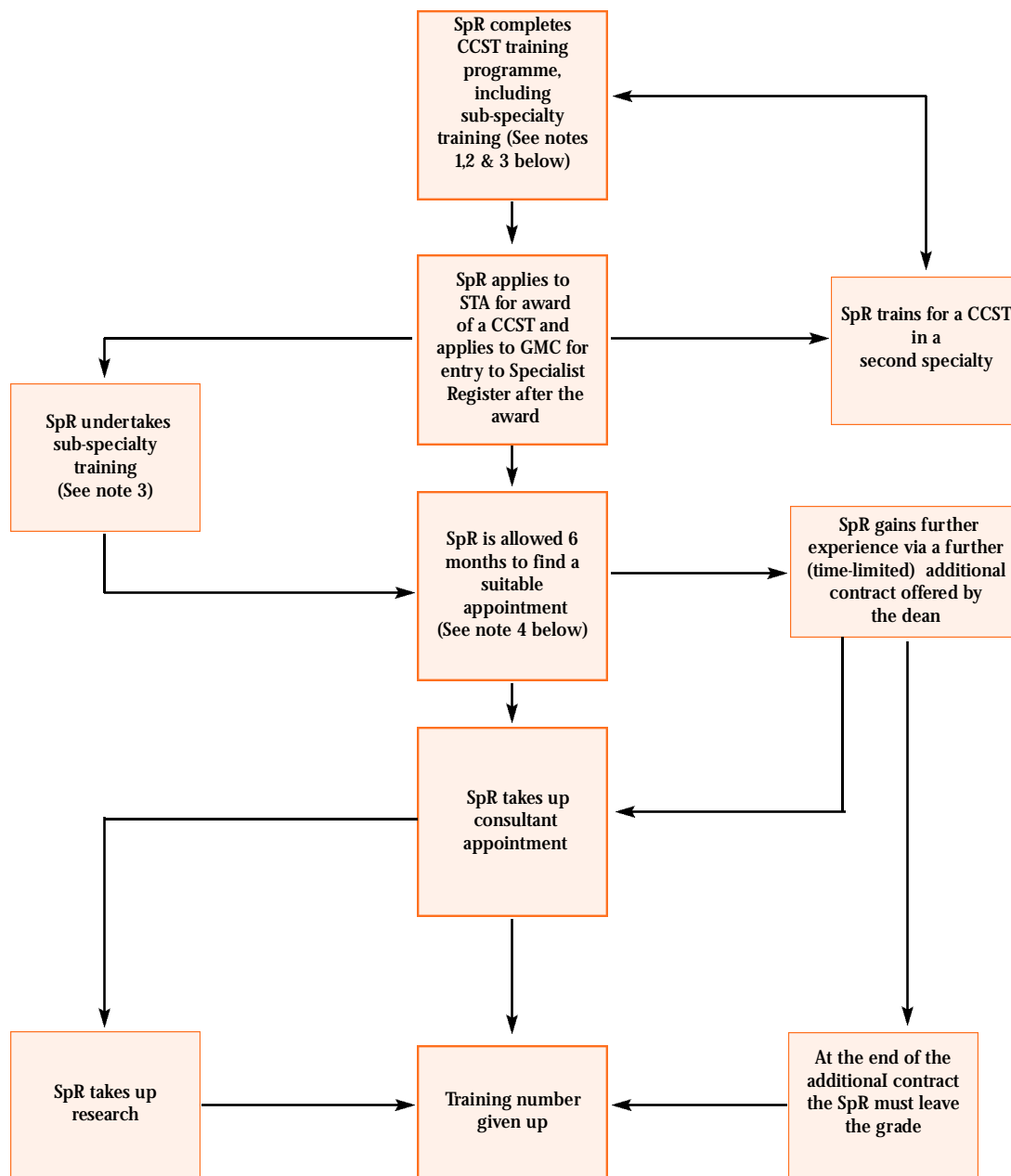
Specialist registrars who hold VTNs

9 . Trainees holding VTNs are in training to obtain CCSTs but are not generally expected to compete thereafter for consultant appointments in the UK. There is no need, therefore, for the special arrangements explained in *paragraph 7* above to apply to them. Contracts of employment for VTN holders should provide for a period of six months grace to be triggered by the date of completion of training.

UK/EEA doctors who hold a UK CCST and who are undertaking sub-specialty training

10 . These CCST holders will be issued with an FTN to allow them to complete their sub-specialty training and will retain the same rights as if they held an NTN for the duration of the sub-specialty training programme. While it is unlikely that they would need to avail themselves of the special arrangements explained in *paragraphs 6 and 7* above, the exchange of an NTN for an FTN does not affect their right of access to those provisions should they satisfy the criteria. In these circumstances, the CCST holder retains the FTN.

Leaving the SpR grade



- (1) SpRs can start applying for a consultant post as soon as it is clear that a CCST will be awarded in the near future. Since 1 January 1997, it has been a legal requirement for all doctors to be on the GMC's Specialist Register before they can take up a substantive consultant post.
- (2) Completion of a training programme is signified by the issue of RITA Form G.
- (3) Sub-specialty training will normally occur in the training period for the CCST. However, exceptionally and for a variety of reasons it may be possible to pursue sub-specialty training after the award of the CCST. It is open to SpRs to apply for sub-specialty training in which, if they are successful they will be issued with FTNs. However, the FTN confers the same rights as if they continued to hold NTNs.
- (4) The six months period begins on the date when trainees are notified formally by the dean that their training is complete or six months after completion of training, whichever date is later.

Eligibility for consultant appointments

Eligibility for consultant appointments

1. Since 1 January 1997, it has been **a legal requirement for all doctors** to be on the GMC's Specialist Register before they can take up a substantive consultant post. Candidates for consultant posts are and will continue to be assessed by an Advisory Appointments Committee (AAC) on the basis of their suitability for a particular post, taking into account their inclusion on the Specialist Register as a legal requirement. Each UK Health Department provides good practice guidance and a checklist to cover all the elements of the appointments procedure (*see Note 1*). This section deals specifically with the appointment process for SpRs aspiring to consultant posts.

2. Given the structured training programmes, and annual reviews by postgraduate deans (via the RITA process), SpRs will be fully aware of their progress through the grade and will know their expected programme completion date and the likely date for the award of a CCST. There is no reason why trainees cannot explore the possibility of post-CCST careers as soon as it is clear that a CCST will be awarded in the near future.

3. It is important to recognise that applying for and actually obtaining a consultant post can be a lengthy process. For example, there may be gaps between applications being submitted, shortlisting, interview, award of the CCST and entry to the Specialist Register. However, the date of interview for a consultant post should never be more than **three months** before a trainee's expected CCST date. Where possible the date of the interview should be included in the original advertisement for the post. Employers should always do this unless there are good reasons for omitting the date. It is also important, where the successful candidate will not be required to take up post within the usual timeframe of about three months, for the advertisement and the job/person specification to make the planned starting date explicit.

4. It is essential to the interests of the NHS that employers keep within the specified time limits on recruitment for the following reasons:

- i. an AAC should never be placed in an inappropriate position by being asked to assess a candidate significantly in advance of the completion of training;
- ii. those who train specialist registrars should not be placed in the invidious position of assessing the progress of trainees who, while having more than three months training to complete, have successfully obtained a consultant appointment on the condition that they complete training;
- iii. all potential candidates must be treated fairly and equitably - to do otherwise opens the way to legal action. Serious difficulties may arise in assessing the comparative suitability for appointment of those who have yet to complete training and those who are already on the Specialist Register.

5. It is not in the interests of employers, trainees or the NHS to make appointments to the consultant grade significantly before training is completed and, consequently, before the trainee is in a position to take up post. Exceptionally, particularly in the smaller specialties, employers may have good reason to want to interview SpR candidates who are more than three months away from their CCST. In these circumstances, approval should be sought beforehand from the appropriate UK Health Department, stating the reasons why this exception should be granted. *For contact points see Note 2 below.*

6. SpRs applying for consultant posts should include with their CV a confirmatory certificate signed by their postgraduate dean giving the date that has been issued to them by their specialist advisory or higher training committee for the completion of training. Ultimately, the AAC must be satisfied that the applicant is sufficiently near to the completion of training to enable the committee to judge the applicant's suitability for a consultant post.

Note 1: *Appointments to consultant posts in the NHS are covered by parliamentary regulations and associated guidance (for England and Wales - NHS Appointment of Consultant Regulations 1996) (for Scotland - NHS Appointment of Consultant (Scotland) Regulations 1993) (for Northern Ireland - H and SS Appointment of Consultant (Northern Ireland) Regulations 1996).*

Note 2: **England:** *NHS Pay, Room 2N35D, NHS Executive, Quarry House, Leeds LS2 7EU Tel: 0113-2545806*

Wales: *Health Professional Group (M), Health Management Division, Crown Offices, Cathays Park, Cardiff CF1 3NQ Tel: 0122-825389*

N Ireland: *Medical & Dental Unit, Room 3D, Dundonald House, Upper Newtonards Road, Belfast BT4 3SF Tel: 01232-524425*

Scotland: *In Scotland employers should seek approval from the Secretary to the National Panel of Specialists.*

Terms and Conditions of Service and Contract of Employment

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Terms and Conditions of Service and Contract of Employment

Introduction

1. The terms and conditions of service for SpRs came into effect on 1 April 1996 and apply across the UK. These were published in the Department of Health Circular AL(MD)2/96 in England (and the equivalents for other health departments) The new terms and conditions reflect the key principles that the employment arrangements for the grade should:

- i. promote the aims of the Calman Report: Hospital Doctors: *Training for the Future*
- ii. comply with all aspects of the New Deal on Junior Doctors' Hours
- iii. support and safeguard high quality education and training and ensure an appropriate balance between those and service commitments.

Note: *The following gives some guidance about, but does not replace, national terms and conditions of service.*

2. The terms and conditions for SpRs in public health medicine are outlined in *Section 19*.

3. The terms and conditions of service for SpRs in the dental specialties are not discussed in this guide.

Basis of the contract

4. The basic salary rewards 40 standard hours a week. Additional Duty Hours payments are made on the same basis as applied to the Registrar and Senior Registrar grades. There is a nine-point salary scale with automatic annual progression through the first seven points. The final two points of the scale will be paid where:

- i. on the due date, a doctor's training is not complete and the continuation of training is necessary and is not due to unsatisfactory performance

or

- ii. other circumstances at the discretion of the employer*.

* **If a doctor's progress is satisfactory, employers do not have discretion to withhold payment of the final two points where these are due under paragraph 4a above.**

Increment on first appointment to the grade

5. Starting salaries and incremental dates are decided according to paragraphs 121 - 136 of the Terms and Conditions of Service for Hospital Medical and Dental Staff and Circular PM(81)30. On first appointment as an SpR, one increment and one only shall be given for any year or part of a year in excess of two spent previously in the SHO grade.

6. Where an SpR asks for a period in research or academic medicine to be counted as SpR service it is necessary to examine the nature of the research or academic appointment and the preceding and subsequent NHS hospital appointments. If the research or academic appointment has a clinical element or was clearly related to the SpR's programme of higher specialist training, it may be counted as SpR service for incremental purposes.

Salary Protection

7. Salary protection will be provided where applicable under paragraph 132 of the Terms and Conditions of Service for Hospital Medical and Dental Staff.

Incremental Dates

8. The incremental date for higher specialist trainees who were eligible and chose to transfer into the SpR grade during a specialty's transition period remained the same as before transfer, and was not re-set to the date on which they entered the grade. For SHOs who entered the grade during a specialty's transition, their incremental date was the date of taking up their appointment. The incremental date for all doctors entering the grade, after transition was completed in the relevant specialty, is the date on which they take up their initial SpR appointment.

Flexible Trainees

9. The existing provisions relating specifically to flexible training in the terms and conditions of service will apply to the SpR grade. Details about flexible training in the grade are contained in *Section 6* of this guide.

Indemnity

10. Employing authorities and trusts should ensure that doctors in training know that while they are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence, that in certain circumstances they may not be covered. The Health Departments advice remains that doctors should maintain membership of their medical defence organisation.

Amendments to the Terms and Conditions of Service

11. Where existing terms and conditions of service provisions apply equally to the Senior Registrar and Registrar grades they also apply to the SpR grade. Where existing terms and conditions of service vary in their application to the Senior Registrar and

Registrar Grade the provisions for the SpR grade are as follows:

Annual Leave (paragraph 205)

Specialist Registrars on the third or higher incremental points on their payscale shall be entitled to leave at the rate of 6 weeks a year.

Specialist Registrars on the minimum, 1st or 2nd incremental points of their payscale shall be entitled to leave at the rate of five weeks a year:-

Contractual Minimum Period of Notice (paragraph 196)

The agreed minimum period of notice by both sides for practitioners in regular appointments shall, unless the statutory minimum periods specified in paragraph 195 are longer, be as follows:

Specialist Registrar three months

Fees for lectures to non-medical/dental staff (paragraph 165)

Fees for lectures to nurses and other non-medical and non-dental staff shall be at the rates set out in Appendix 1. Any fees shall be limited to the number of lectures authorised for the subject in question.

Tenure of Post

12. On appointment to the grade through the required appointments procedure run by the postgraduate dean an SpR will be allocated a National Training Number (NTN) guaranteeing a continued place in a training programme. Training placements will be arranged by the postgraduate dean in consultation with employers. A placement or series of placements will lead either to the award of a Certificate of Completion of Specialist Training or permanent removal from a place in a training programme. Employment in the SpR grade will not end for a period of six months after the date on which trainees are notified formally by the postgraduate dean, taking advice from the College or Faculty, that their training is complete and that they are eligible for the award of a CCST, whichever date is later. In certain circumstances the postgraduate dean may then recommend a new fixed-term contract. Section 16 refers.

13. Trainees holding VTNs are in training to obtain the CCST but are not generally expected to compete thereafter for consultant appointments in the UK. However, once training has been completed, a period of six month's grace will be triggered. *Section 16* refers.

Pay arrangements

14. The Department of Health Circular AL(MD)1/98 (or the equivalents in other health departments) published in March 1998 contains details of the pay arrangements for the SpR grade.

Arrangements for employment contract since 1 April 1996

15. Since 1 April 1996, except for public health trainees, all junior doctors' employment contracts in the UK, including those for senior registrars, SpRs and registrars, have been held by NHS Trusts. The following safeguards apply.

- i. A key role for postgraduate deans, reinforced by their ability to withdraw funding and approval if service demands threaten the provision of adequate medical education and training.
- ii. Commitment to the existing national terms and conditions of employment for junior doctors with room for local flexibility where it is demonstrated, to the satisfaction of the postgraduate dean, that variations will not adversely affect medical education and training and that they have been negotiated with local junior doctors' representatives (for example, the BMA's Local Negotiating Committee where one exists).
- iii. A national model contract conferring existing national terms and conditions of service reflecting the commitment to national terms and conditions as explained above.
- iv. Direction under the 1990 Act if necessary to safeguard education and training.
- v. An expectation that trusts in a rotational training programme agree a uniform format for their junior doctors' contracts and co-operate in the administration of those contracts.
- vi. Employment protection (Continuity of Employment of National Health Service Employees) (Modification) Order 1996 (S.I. 1996/1023)
- vii. A network of contracts tying the postgraduate deans, trusts and junior doctors into a relationship designed to safeguard educational standards and appropriate levels of training.
- viii. A review of the proportion of junior doctors salary costs funded by the postgraduate deans. This will include a review of funding for vacant posts.

16. Details of these arrangements are contained in EL(95)133 and HSG(95)61. A copy of the model contract for Type I training at *Annex A*. A copy of the model contract for Type II training for overseas doctors who do not have right of residence in the UK or EEA doctors pursuing a non-UK Type I equivalent programme is at *Annex B*. A copy of the model contract for doctors who hold a UK CCST who wish to pursue a sub-speciality training programme is at *Annex C*.

Employment Contracts

17. The employment contracts of SpRs in the UK are held by trusts.

Senior Registrars and honorary senior registrars

18. Senior registrars and honorary senior registrars have a choice about entering the SpR grade. They had an automatic right of entry during the transition period but in some cases chose not to enter the grade. Senior registrars may at any time opt to enter the SpR grade but no new senior registrar contracts will be issued except to facilitate the completion of training, or a change of employer, of an existing senior registrar.

Career registrars who did not enter the SpR grade during transition

19. Career registrars who did not meet the criteria for entry to the SpR grade during transition could retain their existing registrar employment contracts until they terminated. The existing employment contract may be extended to allow at least two years to become qualified to enter the SpR grade (two years from the end of transition in the relevant specialty or the duration of the existing employment contract if longer). No new registrar employment contracts will be issued unless required to facilitate a change of employer.

Fixed-term training appointments (FTTAs)

20. The pay and terms and conditions for doctors undertaking Fixed-Term Training Appointments are similar to those SpRs who are in training to achieve a UK CCST. A model contract is shown at *Annex B* for overseas doctors who do not have right of residence in the UK or EEA doctors pursuing a non-UK Type I equivalent programme and *Annex C* for doctors who hold a UK CCST who wish to pursue a sub-speciality training programme. *Section 2* refers. The contract reflects the fact that the training goals for FTTA appointments are not the same as for UK Type I programmes and that training programmes are of a shorter duration.

RECOMMENDED FORM OF OFFER AND ACCEPTANCE OF (TYPE D) CONTRACT FOR HOSPITAL MEDICAL AND DENTAL STAFF IN THE GRADE OF SPECIALIST REGISTRAR

[Insert: Name and address of Trust]

[Insert date]

Dear [insert name of Specialist Registrar]

1. I have been informed by *[insert name of postgraduate dean]* that you have been appointed to the grade of Specialist Registrar and issued with a National Training Number/Visiting Training Number for the duration of your participation in a training programme which is expected to last a minimum of *[insert minimum duration of training programme as notified by the postgraduate dean]* years.
2. I am instructed by *[insert name of Trust]* to [offer you]* *[confirm the offer of]** a placement as a specialist registrar at *[insert name of hospital]* starting on [insert date] for a period of *[insert period]* ending on *[insert date]** [6 months after the date of completion of training or 6 months after notification of completion of training, whichever is the later. You will be required to take all reasonable steps to secure the issue of a CCST as soon as you are notified that the College or Faculty has recommended its award]*.

[This placement is for the *[insert year of training programme]* year of your training programme.]*

[This placement is for a period of *[specify period]* which cover part of the *[insert year of training programme]* year of your training programme.]*

[This placement is for a period of *[specify period]* which covers the *[insert year of training programme]* year of your training programme and part of the *[insert year of training programme]* year in the programme.]*

[This placement is for a locum training appointment]*

3. Your employment is dependent on you continuing to hold a National Training Number or a Visiting Training Number.
4. The date of the start of your period of continuous employment is *[insert date]*. For these purposes, your employment with *[insert name of previous employer(s)]* [is]* [is not]* included in the period of continuous employment. The continuity of your employment in the Specialist Registrar grade is protected upon moving between Trust employers in accordance with the Employment Protection (Continuity of Employment of National Health Service Employees) (Modification) Order 1996 (S.I 1996/1023).
5. The placement is subject to the Terms and Conditions of Service of Hospital

Medical and Dental Staff (England and Wales)(Scotland) as amended from time to time. Any reference in those Terms and Conditions to an employing Authority shall be construed as if it were to include a reference to an employing Trust.

6. The appointment is pensionable and your salary is subject to deduction of superannuation contributions in accordance with the NHS Pension Scheme Regulations 1995 unless you opt out of the scheme. Details of the NHS scheme are given in the scheme guide, which is enclosed.

7. (a) Your duties are as defined in the attached job description.

(b) Your working pattern is described as [full shift/partial shift/on-call rota*] with controls on hours as defined in the Terms and Conditions of Service paragraph 20.

For staff contracted as full-time practitioners:

(c) Your hours of duty shall be the standard working week of 40 hours for which you will receive a standard salary (as detailed in Table 1, Appendix 1 of the Terms and Conditions of Service). [In addition you will be available for Additional Duty Hours (ADHs) payable at [Class 1]* [Class 2]* [Class 3]* rates (as defined in the Terms and Conditions of Service Para 21(a)) on average a week.]*

For staff contracted as part-time practitioners:

(c) Your hours of duty shall be hours each week payable at one fortieth of the appropriate standard weekly salary (as detailed in Table 1, Appendix 1, of the Terms and Conditions of Service) for each hour. [In addition you will be available for Additional Duty Hours (ADHs) payable at [Class 1]* [Class 2]* [Class 3]* rates (as defined in the Terms and Conditions of Service Para 21(a)) on average a week.]*

8. (a) Your standard salary will be £..... per annum, paid monthly [and will progress by annual increments of £..... to £..... per annum]* in accordance with the current national agreed salary scale for your grade. (These rates are subject to amendment from time to time by national agreement.) See Note 1.

[(b) Your incremental date will be]*

[(c) You will receive, in addition to your standard salary, a payment at the rate of £..... per annum for duty contracted at [Class 1]* [Class 2]* [Class 3]* rates as set out in Paragraph 7 above, which will be payable monthly. Each of your [Class 1]* [Class 2]* [Class 3]* hours is payable at the rate of £.....

(These rates will vary according to incremental progression and may be amended from time to time by national agreement.)*

(d) In the event of a change, which appears likely to continue, in the number of hours which, in the light of the needs of the service, you agree at the request of the *[insert name of employing authority/Trust]* to perform, the terms of

paragraphs 7c, 8a or 8c above as appropriate will be modified accordingly.

(e) In addition, you will be paid the following allowances:
[eg peripheral allowances, London Weighting]*

9. You are entitled to receive 3 months notice of termination of employment and are required to give *[insert Trust]* 3 months notice. See also Note 2.
10. You are required to be registered with [General Medical Council]* [General Dental Council]*
11. You are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Health Departments therefore advise that you maintain membership of your medical defence organisation. (Good practice guidance is issued in *NHS Indemnity - Arrangements for Clinical Negligence Claims in the NHS*). See also Note 3.
12. You agree not to undertake locum medical or dental work for this or any other employer where such work would cause your hours of work to breach the controls set out in the New Deal on Junior Doctors' Hours.
13. [The placement requires you to be resident at *[insert name of hospital]*. No charge will be made for lodgings, in accordance with the Terms and Conditions of Service. See also Note 4]*

[The placement requires you to be resident in *[insert name of hospital, house or flat]*. The terms of your occupation are set out in the enclosed tenancy agreement/licence. See also Note 4]*

[The placement does not require you to reside in hospital, but you have chosen to do so; and a deduction from salary for lodgings will accordingly be made, in accordance with the Terms and Conditions of Service. See also Note 4]*

[The placement does not require you to reside in hospital, but you have chosen to do so; and the terms of your occupation of *[insert address of hospital, house or flat]* are set out in the enclosed tenancy agreement/licence. See also Note 4]*

[It is your responsibility to ensure that when on-call you will be available by telephone and able to reach your hospital in time to meet your clinical commitments]*

14. i) You are entitled to annual leave with full pay at the rate of 5 weeks per annum. [In the current leave year [insert dates] your entitlement is *[enter part year entitlement]*.]* Full details of both annual leave and sick leave allowances and the conditions governing those allowances and study leave, are set out in the Terms and Conditions of Service
or

ii) for those on the third incremental point or above, at the rate of 6 weeks per annum.

15. *[Insert name of Trust]* accepts no responsibility for damage to or loss of personal property, with the exception of small valuables handed to their officials for safe custody. You are therefore recommended to take out an insurance policy to cover your personal property. Notwithstanding this, *[insert name of Trust]* undertakes, so far as is reasonably possible, to ensure that lodgings are maintained in a secure condition. You should, through the exercise of normal diligence, also seek to maintain the security of your lodgings.
16. *[Insert name of Trust]* undertakes that it will not make deductions from or variations to your salary other than those required by law without your express written consent.
17. Should you have any grievance relating to your employment you are entitled to discuss the matter in the first instance with the consultant (or consultants) to whom you are responsible, and where appropriate to consult, either personally or in writing, with *[insert name of Personnel Officer]*, at *[insert address of Personnel Officer]*. Following the revocation of Section 32 of the General Whitley Council Handbook local procedures for settling differences have been introduced *[insert details of local disciplinary and grievance procedures]*. You may also discuss matters relating to your training with the postgraduate dean.
18. If you agree to accept the appointment on the terms specified above, please sign the form of acceptance on the following page and return it to me [in the enclosed stamped addressed envelope]*. A second signed copy of this is attached, which you should also sign, and retain for your future reference.
- [19. *[Use for final placement in training programme]* If, when this contract terminates, you have been notified that the appropriate Royal College or Faculty has submitted your name to the Specialist Training Authority for award of CCST, but you have been unable, after reasonable effort, to secure a consultant post, a new contract for a placement in the Specialist Registrar Grade, may be made available to you. The duration of the contract will be decided by your postgraduate dean in consultation with the employing Trust.

Yours faithfully

Signature

On behalf of

NOTES

18

[]*: A square bracket followed by an asterisk indicates "delete as necessary".

1. Your salary gives years' incremental credit for previous service. If you have any enquiry about how this has been calculated, please contact *[insert name and address of Personnel Officer]*.

2. (a) The Departments and the profession have agreed that a minimum period of notice of 3 months should be applied to Specialist Registrars unless there is agreement by both parties to a contract that a different period should apply: **[insert if appropriate] **

(b) Section 86 of the Employment Rights Act 1996 provides entitlement to minimum periods of notice, dependent upon an employee's length of continuous employment. For hospital medical and dental staff these are as follows:

Period of continuous employment	Notice entitlement
1 month or more but less than 2 years	Not less than 1 week
2 years or more but less than 12 years	Not less than 1 week for each year of continuous employment
12 years or more	Not less than 12 weeks

3. Copies of HC(89)34 and the leaflet on indemnity arrangements issued in December 1989 *[are enclosed]* [may be obtained on request]**.

4. Copies of the enclosure to EL(91)82 relating to standards of residential accommodation *[are enclosed]* [may be obtained on request]**.

-----**PLEASE DO NOT DETACH**

I hereby *[accept]* [confirm my acceptance of]** the offer of placement mentioned in the foregoing letter on the terms and subject to the conditions referred to in it. I agree to exclude my right to any claim under the Employment Rights Act 1996, Section 94 in respect of the termination of this contract which consists only of the expiry of the Fixed-Term without it being renewed.

Signature

Date

This offer, and acceptance of it, shall together constitute a contract between the parties.
Annex B

RECOMMENDED FORM OF OFFER AND ACCEPTANCE OF CONTRACT FOR A FIXED-TERM TRAINING APPOINTMENT (TYPE II CONTRACT) IN THE GRADE OF SPECIALIST REGISTRAR FOR OVERSEAS DOCTORS WHO DO NOT HAVE RIGHT OF RESIDENCE IN THE UK OR EEA DOCTORS PURSUING A NON-UK TYPE I EQUIVALENT PROGRAMME.

[Insert: Name and address of Trust]

[Insert date]

Dear *[insert name of Specialist Registrar]*

1. I have been informed by *[insert name of postgraduate dean]* that your application for a Fixed-Term Training Appointment (FTTA) in the grade of Specialist Registrar has been successful. I understand that you have been issued, by the postgraduate dean, with a Fixed-term Training Number (FTN) for the duration of your participation in fixed-term [Type II*/non-UK EEA SpR placement* *delete as appropriate*] training programme which will end on *[insert date when training programme will end as notified by the postgraduate dean]*.
2. I am instructed by *[insert name of Trust]* to [offer you]* *[confirm the offer off]* a placement as a visiting specialist registrar at *[insert name of hospital]* starting on *[insert date]* for a period of *[insert period]* ending on *[insert date]*.
3. A UK Certificate of Completion of Specialist Training (CCST) is only available to trainees who have successfully completed a Type I training programme in the UK. The appointment you are being offered now is not on a Type I programme.

[delete as appropriate]

* Your training is in a Type II programme and, as such, does not have the award of a CCST in the UK as its training goal, although should you at a later date be accepted into a Type I programme, your Type II training may count towards some of the requirements of the Type I programme.

* [Non-UK EEA doctor who intends to complete a training placement in the UK as part of a non-UK Type I equivalent programme.] *Your training is intended to count towards the higher specialist training programme which you will complete in *[specify country]*. It will not lead to the award of a CCST in the UK. Should you at a later date be accepted into a Type I programme, your Type II training may count towards some of the requirements of the Type I programme.

Your employment is subject to your continuing to hold an FTN [*and your UK residential status permitting you to pursue the agreed training programme [* *delete for non-UK EEA doctors*].

4. The date of the start of your period of continuous employment is *[insert date]*.

For these purposes, your employment with *[insert name of any previous employer(s)]* [is]* [is not]* included in the period of continuous employment. The continuity of your employment in the Specialist Registrar Grade is protected upon moving between Trust employers by the Employment Protection (Continuity of Employment of National Health Service Employees)(Modification) Order 1996 (S.I. 1996/1023).

5. The placement is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales)(Scotland) as amended from time to time. Any reference in those Terms and Conditions to an employing Authority shall be construed as if it were to include a reference to an employing Trust.
6. The appointment is pensionable and your salary is subject to deduction of superannuation contributions in accordance with the NHS Pension Scheme Regulations 1995 unless you opt out of the scheme. Details of the NHS scheme are given in the scheme guide, which is enclosed.
7.
 - a. Your duties are as defined in the attached job description.
 - b. Your working pattern is described as [full shift/partial shift/on-call rota*] with controls on hours as defined in the Terms and Conditions of Service paragraph 20.

Or staff contracted as full-time practitioners:

- c. Your hours of duty shall be the standard working week of 40 hours for which you will receive a standard salary (as detailed in Table 1, Appendix 1 of the Terms and Conditions of Service). [In addition you will be available for Additional Duty Hours (ADHs) payable at [Class 1]* [Class 2]* [Class 3]* rates (as defined in the Terms and Conditions of Service Para 21(a)) on average a week.]*

Or staff contracted as part-time practitioners:

- c. Your hours of duty shall be hours each week payable at one fortieth of the appropriate standard weekly salary (as detailed in Table 1, Appendix 1, of the Terms and Conditions of Service) for each hour. [In addition you will be available for Additional Duty Hours (ADHs) payable at [Class 1]* [Class 2]* [Class 3]* rates (as defined in the Terms and Conditions of Service Para 21(a)) on average a week.]*
8.
 - a. Your standard salary will be £..... per annum, paid monthly [and will progress by annual increments of £..... to £..... per annum]* in accordance with the current national agreed salary scale for your grade. (These rates are subject to amendment from time to time by national agreement.) See Note 1.
 - [b. Your incremental date will be]*
 - [c. You will receive, in addition to your standard salary, a payment at the rate

of £..... per annum for duty contracted at [Class 1]* [Class 2]* [Class 3]* rates as set out in Paragraph 7 above, which will be payable monthly. Each of your [Class 1]* [Class 2]* [Class 3]* hours is payable at the rate of £.....
(These rates will vary according to incremental progression and may be amended from time to time by national agreement.)*

d. In the event of a change, which appears likely to continue, in the number of hours which, in the light of the needs of the service, you agree at the request of the *[insert name of employing authority/Trust]* to perform, the terms of paragraphs 7c, 8a or 8c above as appropriate will be modified accordingly.

e. In addition, you will be paid the following allowances:
[eg peripheral allowances, London Weighting]*

9. You are entitled to receive 3 months notice of termination of employment and are required to give *[insert Trust]* 3 months notice. See also Note 2.
10. You are required to be registered with [General Medical Council]* [General Dental Council]*
11. You are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Health Departments therefore advise that you maintain membership of your medical defence organisation. (Good practice guidance is issued in NHS Indemnity - Arrangements for Clinical Negligence Claims in the NHS). See also Note 3.
12. You agree not to undertake locum medical or dental work for this or any other employer where such work would cause your hours of work to breach the controls set out in the New Deal on Junior Doctors' Hours.
13. [The placement requires you to be resident at *[insert name of hospital]*. No charge will be made for lodgings, in accordance with the Terms and Conditions of Service. See also Note 4]*

[The placement requires you to be resident in *[insert name of hospital, house or flat]*. The terms of your occupation are set out in the enclosed tenancy agreement/licence. See also Note 4]*

[The placement does not require you to reside in hospital, but you have chosen to do so; and a deduction from salary for lodgings will accordingly be made, in accordance with the Terms and Conditions of Service. See also Note 4]*

[The placement does not require you to reside in hospital, but you have chosen to do so; and the terms of your occupation of *[insert address of hospital, house or flat]* are set out in the enclosed tenancy agreement/licence. See also Note 4]*

[It is your responsibility to ensure that when on-call you will be available by telephone and able to reach your hospital in time to meet your clinical commitments]*

14. a. You are entitled to annual leave with full pay at the rate of 5 weeks per annum. [In the current leave year *[insert dates]* your entitlement is *[enter part year entitlement]*.]* Full details of both annual leave and sick leave allowances and the conditions governing those allowances and study leave, are set out in the Terms and Conditions of Service; or
b. for those on the third incremental point or above, at the rate of 6 weeks per annum.
15. *[Insert name of Trust]* accepts no responsibility for damage to or loss of personal property, with the exception of small valuables handed to their officials for safe custody. You are therefore recommended to take out an insurance policy to cover your personal property. Notwithstanding this, *[Insert name of Trust]* undertakes, so far as is reasonably possible, to ensure that lodgings are maintained in a secure condition. You should, through the exercise of normal diligence, also seek to maintain the security of your lodgings.
16. *[Insert name of Trust]* undertakes that it will not make deductions from or variations to your salary other than those required by law without your express written consent.
17. Should you have any grievance relating to your employment you are entitled to discuss the matter in the first instance with the consultant (or consultants) to whom you are responsible, and where appropriate to consult, either personally or in writing, with *[insert name of Personnel Officer]*, at *[insert address of Personnel Officer]*. Following the revocation of Section 32 of the General Whitley Council Handbook local procedures for settling differences have been introduced [*insert local disciplinary and grievance procedures*]. You may also discuss matters relating to your training with the postgraduate dean.
18. If you agree to accept the appointment on the terms specified above, please sign the form of acceptance on the following page and return it to me [*in the enclosed stamped addressed envelope*]*. A second signed copy of this is attached, which you should also sign, and retain for your future reference.

Yours faithfully

Signature

On behalf of

NOTES

[]*: A square bracket followed by an asterisk indicates "delete as necessary".

1. Your salary gives years' incremental credit for previous service. If you have any enquiry about how this has been calculated, please contact *[insert name and address of Personnel Officer]*.

2. (a) The Departments and the profession have agreed that a minimum period of notice of 3 months should be applied to Specialist Registrars unless there is agreement by both parties to a contract that a different period should apply: *[insert if appropriate]*

(b) Section 86 of the Employment Rights Act 1996 provides entitlement to minimum periods of notice, dependent upon an employee's length of continuous employment. For hospital medical and dental staff these are:

Period of continuous employment	Notice entitlement
1 month or more but less than 2 years	Not less than 1 week
2 years or more but less than 12 years	Not less than 1 week for each year of continuous employment
12 years or more	Not less than 12 weeks

3. Copies of HC(89)34 and the leaflet on indemnity arrangements issued in December 1989 *[are enclosed]* [may be obtained on request]**.

4. Copies of the enclosure to EL(91)82 relating to standards of residential accommodation *[are enclosed]* [may be obtained on request]**.

PLEASE DO NOT DETACH

I hereby *[accept]* [confirm my acceptance of]** the offer of placement mentioned in the foregoing letter on the terms and subject to the conditions referred to in it. I agree to exclude my right to any claim under the Employment Rights Act 1996, Section 94 in respect of the termination of this contract which consists only of the expiry of the Fixed-Term without it being renewed.

I confirm my understanding of the provisions in paragraph 3 in the foregoing letter.

Signature

Date

This offer, and acceptance of it, shall together constitute a contract between the parties.
Annex C

18

RECOMMENDED FORM OF OFFER AND ACCEPTANCE OF A FIXED-TERM TRAINING APPOINTMENT (TYPE II TRAINING) CONTRACT FOR HOSPITAL MEDICAL AND DENTAL STAFF IN THE GRADE OF SPECIALIST REGISTRAR WHO HOLD A CCST AND ARE PURSUING A POST-CCST SUB-SPECIALTY TRAINING PROGRAMME.

[Insert: Name and address of Trust]

[Insert date]

Dear [insert name of Specialist Registrar]

1. I have been informed by *[insert name of postgraduate dean]* that you have been appointed to the grade of Specialist Registrar and issued with a Fixed-term Training Number (FTN) for the duration of your participation in a fixed-term sub-specialty training programme which is expected to last a minimum of *[insert minimum duration of training programme as notified by the postgraduate dean]* years.
2. I am instructed by *[insert name of Trust]* to [offer you]* *[confirm the offer of]* a placement as a specialist registrar at *[insert name of hospital]* starting on *[insert date]* for a period of *[insert period]* ending on *[insert date]** [6 months after the date of completion of training or 6 months after notification of completion of training, whichever is the later].
3. Your training is a post-UK CCST programme which will enable you to pursue a sub-speciality training programme. Your employment is dependent on you holding a UK CCST and a Fixed-term Training Number. The holding of a FTN confers the same rights as if you had continued to hold an NTN (Section 16 para 10 refers).
4. The date of the start of your period of continuous employment is [insert date]. For these purposes, your employment with *[insert name of previous employer(s)]* [is]* [is not]* included in the period of continuous employment. The continuity of your employment in the Specialist Registrar Grade is protected upon moving between Trust employers by the Employment Protection (Continuity of Employment of National Health Service Employees) (Modification) Order 1996 (S.I 1996/1023).
5. The placement is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales)(Scotland) as amended from time to time. Any reference in those Terms and Conditions to an employing Authority shall be construed as if it were to include a reference to an employing Trust.
6. The appointment is pensionable and your salary is subject to deduction of superannuation contributions in accordance with the NHS Pension Scheme Regulations 1995 unless you opt out of the scheme. Details of the NHS scheme are given in the scheme guide, which is enclosed.
7. (a) Your duties are as defined in the attached job description.

(b) Your working pattern is described as [full shift/partial shift/on-call rota*] with controls on hours as defined in the Terms and Conditions of Service paragraph 20.

For staff contracted as full-time practitioners:

(c) Your hours of duty shall be the standard working week of 40 hours for which you will receive a standard salary (as detailed in Table 1, Appendix 1 of the Terms and Conditions of Service). [In addition you will be available for Additional Duty Hours (ADHs) payable at [Class 1]* [Class 2]* [Class 3]* rates (as defined in the Terms and Conditions of Service Para 21(a)) on average a week.]*

For staff contracted as part-time practitioners:

(c) Your hours of duty shall be hours each week payable at one fortieth of the appropriate standard weekly salary (as detailed in Table 1, Appendix 1, of the Terms and Conditions of Service) for each hour. [In addition you will be available for Additional Duty Hours (ADHs) payable at [Class 1]* [Class 2]* [Class 3]* rates (as defined in the Terms and Conditions of Service Para 21(a)) on average a week.]*

8. (a) Your standard salary will be £..... per annum, paid monthly [and will progress by annual increments of £..... to £..... per annum]* in accordance with the current national agreed salary scale for your grade. (These rates are subject to amendment from time to time by national agreement.) See Note 1.

[(b) Your incremental date will be]*

[(c) You will receive, in addition to your standard salary, a payment at the rate of £..... per annum for duty contracted at [Class 1]* [Class 2]* [Class 3]* rates as set out in Paragraph 7 above, which will be payable monthly. Each of your [Class 1]* [Class 2]* [Class 3]* hours is payable at the rate of £.....

(These rates will vary according to incremental progression and may be amended from time to time by national agreement.)*

(d) In the event of a change, which appears likely to continue, in the number of hours which, in the light of the needs of the service, you agree at the request of the *[insert name of employing authority/Trust]* to perform, the terms of paragraphs 7c, 8a or 8c above as appropriate will be modified accordingly.

(e) In addition, you will be paid the following allowances:
[eg peripheral allowances, London Weighting]*

9. You are entitled to receive 3 months notice of termination of employment and are required to give *[insert Trust]* 3 months notice. See also Note 2.

10. You are required to be registered with [General Medical Council]* [General

Dental Council]*

11. You are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Health Departments therefore advise that you maintain membership of your medical defence organisation. (Good practice guidance is outlined in NHS Indemnity - Arrangements for Clinical Negligence Claims in the NHS). See also Note 3.
12. You agree not to undertake locum medical or dental work for this or any other employer where such work would cause your hours of work to breach the controls set out in the New Deal on Junior Doctors' Hours.
13. [The placement requires you to be resident at *[insert name of hospital]*. No charge will be made for lodgings, in accordance with the Terms and Conditions of Service. See also Note 4]*

[The placement requires you to be resident in *[insert name of hospital, house or flat]*. The terms of your occupation are set out in the enclosed tenancy agreement/licence. See also Note 4]*

[The placement does not require you to reside in hospital, but you have chosen to do so; and a deduction from salary for lodgings will accordingly be made, in accordance with the Terms and Conditions of Service. See also Note 4]*

The placement does not require you to reside in hospital, but you have chosen to do so; and the terms of your occupation of *[insert address of hospital, house or flat]* are set out in the enclosed tenancy agreement/licence. See also Note 4]*

[It is your responsibility to ensure that when on-call you will be available by telephone and able to reach your hospital in time to meet your clinical commitments]*

14. i) You are entitled to annual leave with full pay at the rate of 5 weeks per annum. [In the current leave year *[insert dates]* your entitlement is *[enter part year entitlement]*.* Full details of both annual leave and sick leave allowances and the conditions governing those allowances and study leave, are set out in the Terms and Conditions of Service
or
ii) for those on the third incremental point or above, at the rate of 6 weeks per annum.
15. *[Insert name of Trust]* accepts no responsibility for damage to or loss of personal property, with the exception of small valuables handed to their officials for safe custody. You are therefore recommended to take out an insurance policy to cover your personal property. Notwithstanding this, *[Insert name of Trust]*

undertakes, so far as is reasonably possible, to ensure that lodgings are maintained in a secure condition. You should, through the exercise of normal diligence, also seek to maintain the security of your lodgings.

16. *[Insert name of Trust]* undertakes that it will not make deductions from or variations to your salary other than those required by law without your express written consent.
17. Should you have any grievance relating to your employment you are entitled to discuss the matter in the first instance with the consultant (or consultants) to whom you are responsible, and where appropriate to consult, either personally or in writing, with *[insert name of Personnel Officer]*, at *[insert address of Personnel Officer]*. Following the revocation of Section 32 of the General Whitley Council Handbook local procedures for settling differences have been introduced *[insert details of local disciplinary and grievance procedures]*. You may also discuss matters relating to your training with the postgraduate dean.
18. If you agree to accept the appointment on the terms specified above, please sign the form of acceptance on the following page and return it to me [in the enclosed stamped addressed envelope]*. A second signed copy of this is attached, which you should also sign, and retain for your future reference.
- [19. *[Use for final placement in training programme]*. If, when this contract terminates you have been unable, after reasonable effort to secure a consultant post, a new contract for a placement in the Specialist Registrar Grade, may be made available to you. The duration of the contract will be decided by your Postgraduate Dean in consultation with the employing Trust.

Yours faithfully

Signature

On behalf of

NOTES

18

[]*: A square bracket followed by an asterisk indicates "delete as necessary".

1. Your salary gives years' incremental credit for previous service. If you have any enquiry about how this has been calculated, please contact *[insert name and address of Personnel Officer]*.

2. (a) The Departments and the profession have agreed that a minimum period of notice of 3 months should be applied to Specialist Registrars unless there is agreement by both parties to a contract that a different period should apply: **[insert if appropriate]**

(b) Section 86 of the Employment Rights Act 1996 provides entitlement to minimum periods of notice, dependent upon an employee's length of continuous employment. For hospital medical and dental staff these are as follows:

Period of continuous employment Notice entitlement

1 month or more but less than 2 years Not less than 1 week

2 years or more but less than 12 years Not less than 1 week for each year of continuous employment

12 years or more Not less than 12 weeks

3. Copies of HC(89)34 and the leaflet on indemnity arrangements issued in December 1989 *[are enclosed]* [may be obtained on request]**.

4. Copies of the enclosure to EL(91)82 relating to standards of residential accommodation *[are enclosed]* [may be obtained on request]**.

-----PLEASE DO NOT DETACH

I hereby *[accept]* [confirm my acceptance of]** the offer of placement mentioned in the foregoing letter on the terms and subject to the conditions referred to in it. I agree to exclude my right to any claim under the Employment Rights Act 1996, section 94 in respect of the termination of this contract which consists only of the expiry of the Fixed-Term without it being renewed.

Signature

Date

This offer, and acceptance of it, shall together constitute a contract between the parties.

Specialist registrars in public health medicine**Paragraph**

- Introduction 1-2
- Establishing specialist registrar training placements in public health medicine 3-5
- Appointment process for the specialist registrar grade 6
- Terms and conditions of employment 7-18
- Employment contracts 19-20
- Guidance on the management of the employment contracts Annex

Introduction

1. SpRs in public health medicine participate in rotational training programmes (as did registrars and senior registrars in public health medicine before the SpR grade was introduced). The training programme is normally of five years' duration which includes one year's academic course for an MSc or MPH in public health. During this time trainees will move between placements, for example, health authorities (health boards in Scotland), the Public Health Laboratory Service or the Common Services Agency in Scotland, NHS Trusts, and UK Health Departments and other regional offices, or be based in university academic departments - usually spending about 6 - 18 months in each placement. The educational arrangements for specialist registrar training take into account the particular needs of trainees in this specialty.

2. While the vast majority of SpR trainees and their trainers are hospital doctors based in trusts, the educational principles and training arrangements in this Guide apply equally to SpRs in public health. References to "hospitals" and "trusts" earlier in this Guide should be construed as also referring to health authorities.

Establishing SpR training placements in public health medicine

3. It is for the postgraduate dean to make the final decision, in consultation with employing health authorities and on the advice of the relevant faculty advisor, on the establishment of SpR training placements in public health medicine. The educational content of the placement will be approved by the Faculty of Public Health Medicine.

Wales

4. The STC in public health medicine will advise the PGD on the establishment of SpR placements and monitor training in public health medicine, taking into account the number of NTN's available in Wales. The educational content of the placement will be approved by the Faculty of Public Health Medicine.

5. The terms under which a training place is provided by a health authority are set out in a training contract between individual HAs and the postgraduate dean. Contracts should include, amongst other things, a commitment to provide high quality training and supervision by service and academic tutors and other senior medical staff, together with personnel support for training grade staff from health authority managers.

Appointment process for the specialist registrar grade

6. The appointment process will be the responsibility of the postgraduate dean. *Section 2* refers. The regional Faculty Advisor or a nominated deputy, (or in Scotland an appropriate member of the National Panel of Specialists), will serve on the appointment committees for public health SpRs.

Terms and conditions of employment

7. Terms and conditions of service for SpRs in public health medicine came into effect on 1 April 1997 and apply across the UK. These were published in the Department of Health Circular HSG (97)20, Northern Ireland HSS(TC8)4/97 and Scotland PCS(DD)1997/6.

Note: *The following gives some guidance about, but does not replace, national terms and conditions of service.*

Pay

8. The basic salary rewards 40 standard hours a week exclusive of out-of-hours work, but inclusive of reasonable time for meals. There is a nine-point salary scale with automatic annual progression through the first seven points. The final two points are discretionary and will be available where:

- i. on the due date, a practitioner's training is not complete and the continuation of training is deemed necessary by the postgraduate dean and is not due to unsatisfactory performance;
- or
- ii. other circumstances at the discretion of the employing authority.

9. As well as basic salary, supplements for out-of-hours commitments (including participation in an emergency rota and attendance at committees and meetings) will be payable at 15% of basic salary. The supplements form part of total remuneration and are payable during periods of annual and study leave.

Increment on first appointment to the grade

10. Starting salaries and incremental dates will be decided according to paragraphs 101-105 of the Terms and Conditions of Service for Doctors in Public Health Medicine and the Community Health Service. Excepting those receiving protection under paragraph 121 (b), credit for service in an equivalent grade under paragraph 102, shall be limited to a maximum of 4 years in respect of appointments to the grade for the purposes of Specialist Registrar training.

11. Where an SpR asks for a period in research or academic medicine to be counted as SpR service it is necessary to examine the nature of the research or academic appointment and the preceding and subsequent NHS appointments. If the research or academic appointment was closely related to the SpR's programme of higher specialist training, it may be counted as SpR service for incremental purposes. Further details are contained in *Section 10*.

Salary Protection

12. Salary protection will be provided where appropriate as specified in *paragraphs 121 and 122* of the Terms and Conditions of Service for Doctors in Public Health

Medicine and the Community Health Service.

Incremental Dates

13. The incremental date for existing registrars and senior registrars in public health medicine who were eligible and chose to transfer into the SpR grade during the transition period for public health medicine will remain the same as before transfer, and will not be re-set to the date on which they enter the new grade. Following the completion of transition in public health medicine, the incremental date for all doctors entering the grade will be the date on which they take up their first SpR appointment.

Post-transition arrangements

14. Public Health Trainees who, at the public health medicine commissioning date of 1 April 1997, met the entry criteria, will have chosen either to accept an SpR employment contract or to retain their existing employment contract and continue their training in the registrar and senior registrar grades. Where they have chosen to retain their existing contracts they will still have been issued with a National Training Number. New registrar and senior registrar contracts will now be issued only if required to enable a doctor to complete training or to change employer. If an employment contract which a trainee chose to retain expires before training is completed, the holding of a National Training number will allow the doctor to opt to enter the new grade and a Specialist Registrar contract will be offered to allow training to be completed in the new grade.

15. Registrars in public health medicine before 1 January 1997 retain the right to remain on their existing contracts. This includes allowing existing registrars to retain a contractual right to non-competitive promotion to the senior registrar grade and thereafter to complete their training in the old senior registrar grade.

16. Public Health trainees who do not meet the entry criteria retain their existing registrar or senior registrar employment contract until they terminate. The existing employment contract may be extended to a maximum of 2 years from the date the specialty ended its transition (or for the duration of the existing employment contract if this is longer).

Flexible Trainees

17. The existing provisions relating specifically to flexible training in the terms and conditions of service will apply to the SpR grade. Details about flexible training are contained at *Section 6* of the Guide.

Other Terms and Conditions Issues

18. Where existing terms and conditions of service provisions apply equally to the Senior Registrar and Registrar Grades in the Terms and Conditions of Service for Doctors in Public Health Medicine and the Community Health Service, they will also apply to the SpR grade. Where existing terms and conditions of service vary in their application to the Senior Registrar and Registrar Grades the following provisions for

the SpR grade will apply:

Contractual Minimum Period of Notice

The agreed minimum period of notice by both sides for practitioners in regular appointments shall, unless the statutory minimum periods are longer, be three months.

Annual Leave

Specialist Registrars on the third or higher incremental points on their pay scale shall be entitled to leave at the rate of 6 weeks a year;

Specialist Registrars on the minimum, 1st or 2nd incremental points of their pay scale shall be entitled to leave at the rate of 5 weeks a year.

Study Leave

Specific provision:

- i. Specialist Registrars should receive either day release with pay and expenses for the equivalent of one day a week during university terms; or leave with pay and expenses within a maximum calculated at the rate of thirty days in a year (the year for this purpose being counted from 1 October). This allowance may accumulate over the period of the training programme, provided that the total amount due in the period of the training programme is not taken until one year of the training programme has been completed. Attainment of an MSc in Public Health Medicine or other similar courses should form a separate part of the employment contract.
- ii. Specialist registrars shall, in respect of Part I and Part II of the MFPHM examination, for a maximum of two occasions in respect of each Part, also receive leave with pay and expenses (other than examination fees) for the purpose of sitting an examination for a higher qualification where it is necessary as part of a structured training programme.
- iii. Specialist registrars may also receive leave with pay and expenses (other than examination fees) for the purpose of sitting other examinations for a higher qualification or for further attempts (beyond two) at Part I or Part II of the MFPHM examination. The authority may refuse leave where they consider this would be contrary to the interests of the individual or the service, (for example, repeated sitting and failing of the same examination could be held to be an unjustifiable use of the paid leave).

Employment contracts

19. Employment contracts of public health trainees in England have been held by health authorities since 1 April 1996. Depending upon particular local circumstances,

the employment contract of a trainee in public health medicine may be held by either :

- i. a succession of health authorities or trusts where the trainee is placed during a rotational programme; or
- ii. one health authority which places trainees in training placements with other bodies including other health authorities, the PHLS or the Department of Health or in an academic programme, for the purpose of a rotational programme.

Guidance on the management of the employment contracts for public health trainees is attached as an *Annex* to this Section.

20. In Scotland employment contracts for public health trainees are held by Health Boards (MEL(1996)10 refers). In Wales, the contracts of public health trainees are held by health authorities. In Northern Ireland contracts will continue to be held by HSS boards.

GUIDANCE ON THE MANAGEMENT OF THE EMPLOYMENT CONTRACTS OF PUBLIC HEALTH TRAINEES

Contract between Postgraduate Deans and Health Authorities and Trusts

1. It is for the postgraduate dean to make the final decision, in consultation with health authorities and other employers and with the advice of the relevant faculty advisor, on the establishment of training placements, on the basis that the educational content of the placement is approved by the Faculty of Public Health Medicine and that the other relevant conditions relating to funding and staffing approval are fulfilled.
2. The terms under which a training place is provided by a health authority or other employers should be set out in a training contract between the postgraduate dean and the health authority or other employers. This contract should include, amongst other things, a commitment to provide high quality training and supervision by service and academic tutors and other senior medical staff, plus personnel support for training grade staff from health authority and trust managers.
3. The training contract and the way in which it is administered and monitored locally will form a sound foundation for the relationship between postgraduate deans, health authorities and trusts and involve a key role for tutors in the delivery of training. Any tensions between service and educational objectives should be resolved through discussion between the postgraduate dean and health authority or other employers with reference to the training contract.
4. Health authorities and other employers will identify possible effects on training when considering any changes in staffing levels or other organisational changes and discuss these with the appropriate regional training committees and/or postgraduate deans at an early stage.
5. Health authorities, other employers and postgraduate deans are expected to work closely together to jointly fulfil their responsibilities. Decisions about education and training, eg. which trainee occupies which training slot, will be made by the postgraduate dean in consultation with health authorities, other employers and with the local Faculty Adviser. Decision about non-education and training matters, eg. disciplinary action or non-medical and non-training grounds, will be made by health authorities or trusts under their disciplinary procedures with reference to postgraduate deans.
6. The postgraduate dean has the power, on the advice of the Faculty of Public Health Medicine and after appropriate consultation, to withdraw recognition and therefore funding and public health trainees from occupied placements where training is no longer adequate.

Terms and conditions of service

7. Public health trainees are employed on national terms and conditions of service.

Employment contract

8. Depending upon particular local circumstances, the employment contract of a trainee in public health medicine may be held by either:
- (i) a succession of health authorities or trusts where the trainee is placed during a rotational training programme; or
 - (ii) one health authority who places trainees in training placements with other bodies (including other health authorities, the PHLS or the Department of Health or in an academic programme), for the purposes of a rotational training programme.

Continuity of service

9. Continuity of service for public health trainees moving between successive NHS employers is assured by The Employment Protection (National Health Service) Order 1996 which was made under powers in paragraph B of Schedule 13 to the Employment Protection (Consolidation) Act 1978.
10. On appointment to a specialist registrar training programme, public health trainees will receive a National Training Number (NTN). A NTN will be held by trainees throughout training and guarantees the holder a slot in the training programme including re-entry to the training programme following out-of-programme activities.

Role of a Health Authority placing trainees in training placements with other bodies

11. There must be an explicit and written contractual relationship between the employing health authority and the trainee and a clear understanding that the employing health authority is the actual employer and that periods of training and work on the functions of other bodies are training placements who do not alter this relationship. The employment relationship must be understood by all parties involved ie. the trainee, the employer and the bodies where the trainee is placed.
12. Employing health authorities are advised to write to their public health trainees and the bodies providing them with training placements in the following format:

This training placement has been arranged by[insert name of employing health authority] on behalf of[insert name of public health trainee] under section 63(1) of the Health Services and Public Health Act 1968, and does not constitute a break in service. [insert name of public health trainee] remains an employee of[insert name of employing health authority].

13. Local agreements on the conditions of employment which will apply to each placement must be reached between the employing health authority and other bodies where the trainee is placed. Where local flexibilities exist in national terms and conditions eg. for removal expenses and paternity leave, the trainee may, with the agreement of all parties, be subject to the local agreement of the employing health authority or be subject to the local agreements of each body with which they are placed. Similarly agreement will need to be reached on the provision of lease cars. Whatever agreements apply must be made explicit in a written notification.
14. A trainee will normally be expected to follow the rules of conduct of the body with which they are placed and be subject to that body's disciplinary procedures. The body where the trainee is placed may, if circumstances warrant and after appropriate consultation with the employing health authority and postgraduate dean, terminate a training placement on disciplinary grounds. Termination of a training placement by the body where the trainee is placed does not constitute termination of employment. Responsibility for dismissal involving termination of the employment contract lies with the employing health authority.
15. Responsibility for health and safety issues and complaints would fall to the body providing the training placement.
16. Local agreements need to be reached between the employing health authority and providers of training placements on funding, indemnity and compensation issues. For example, the employing health authority is responsible for paying the trainee's salary but may wish to seek funding for that salary from the body where the trainee is placed. The employing health authority is also liable for any claims arising from a trainee's actions but may wish to share the burden of such claims with the body where the trainee is placed. The employing health authority is responsible for fulfilling the obligations placed upon them by the employment contract but may wish to require the body where the trainee is placed to fulfil some of these obligations.

Administrative arrangements

17. Where employment contracts are held by a succession of health authorities or trusts where the trainee is placed during a rotational training programme the successive employers may wish to collaborate in the administration of those contracts (eg. clerical functions including payroll, paperwork etc). It should be understood that the employment relationship would be between the trainee and the actual health authority for whom the trainee was working, not the body administering the payroll etc.

Employees of the Public Health Laboratory Service

18. Trainees who are employees of the PHLS, as distinct from public health trainees who are placed with PHLS for a spell during rotational training programmes, are not subject to this guidance but instead are covered by PHLS' own employment arrangements.

Review

19. These arrangements will be reviewed after 1 April 1998.

**Planning numbers and
future career prospects**

20

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Planning numbers and future career prospects

Introduction

1. The central aim of the UK's medical staffing policies is to secure an adequate and affordable supply of appropriately trained doctors in each sector and/or specialty to provide a cost-effective, quality service to patients. This requires action to plan and monitor the supply of doctors against future demand.

2. It is vital, therefore, that over time the numbers undertaking medical training and in particular entering the specialist registrar grade are consistent with the demand for fully-trained hospital and community doctors.

3. The UK Health Departments have their own medical workforce advisory committees and planning mechanisms. In England and Wales this is the Advisory Group on Medical and Dental Education, Training and Staffing (AGMETS). In Scotland there is the Scottish Advisory Committee on Medical Workforce Planning (SACMW), and in Northern Ireland it is the Hospital Services Sub-Committee of the Central Medical Advisory Committee.

Planning in England and Wales

4. The Specialty Workforce Advisory Group (SWAG) advises on medical and dental education, training and staffing for England and Wales. Its task is to advise the NHS Executive and the Welsh Office about the number of trainees needed in the specialist registrar grade each year. Membership includes representatives of the medical profession, Colleges, postgraduate deans and NHS management.

5. SWAG undertakes an annual cycle of specialty reviews and provides advice to the NHS Executive and the Welsh Office on the number of trainees required in each specialty. This process involves discussing workforce requirements and developments with representatives from specialty advisory committees, Regional Education and Development Groups (REDGs in England) and NHS management, plus the analysis of information from various sources.

6. The work done by SWAG in England and Wales has a close relationship with the operation of the National Training Number (NTN) system. The total number of NTN's not only indicates how many trainees there are in each specialty but also the time in the grade. The advice from SWAG helps the NHS Executive and the Welsh Office to decide whether to increase or decrease the number of new NTN's available in each specialty in the light of changing demand.

Planning in Scotland

7. Each year the NHS Management Executive in Scotland writes to health boards, Trusts and universities asking how many new consultant posts in the various medical and dental specialties they expect to establish in the next 5 years and how many consultants they expect to retire. The replies, together with other information, such

as consultant vacancies, was used until 1995 as the basis for the senior registrar establishment, updated each year. This information is now used to estimate the numbers of specialist registrars needed in the various specialties.

Planning in Northern Ireland

8 . In Northern Ireland, the medical workforce plan for each specialty or group of specialties is reviewed and updated annually by the Management Executive's appropriate Specialty Advisory Committee, of which there are eleven. These plans are co-ordinated through the Hospital Services Sub-Committee of the Central Medical Advisory Committee which advises the Management Executive on anticipated consultant needs over a 10-year period and the number of higher specialist trainees required to meet these needs.

9 . This network of central advisory committees is representative of service, postgraduate and university interests and includes junior doctor membership in all committees; it also provides advice on relevant service developments.

10 . The Province aims to be self-sufficient, training enough doctors to fill Northern Ireland consultant vacancies. In planning, an allowance is made for losses resulting from doctors moving to placements in other parts of the UK or elsewhere.

UK Planning

11. For some specialties the overall numbers are small and there is considerable movement across the borders. In future it is intended to coordinate workforce planning for these groups across the UK.

Future career prospects

12. It is very important for trainees to be able to make informed career choices taking into account the training opportunities in particular specialties and the longer term demand for consultants. House officers and senior house officers need to weigh these factors before choosing a specialty. Many specialist registrars may also want to focus their training more precisely, perhaps through sub-specialty training, in the light of consultant demand.

GLOSSARY

AAC: Advisory Appointments Committee (which appoints to the consultant grade).

Annual Review (RITA): the means by which an SpR's progress through the grade is reviewed, normally annually, by a small specialty-based panel accountable to the postgraduate dean and operating on behalf of the deanery Specialty Training Committee but taking advice from Royal Colleges, Faculties and SACs. Similar reviews apply to doctors undertaking fixed-term training appointments (FTTAs) or Locum Appointments - Training (LATs). The panel may also be asked to reconsider its recommendations as the first stage of review and appeals procedures. *See Sections 11 and 12.*

Certificate of Completion of Specialist Training (CCST): once doctors have completed a defined College training programme *successfully* they can apply to the Specialist Training Authority (see below) for the award of a CCST in the relevant specialty. *See Section 1*

Deanery: the designated area of responsibility of a postgraduate dean and who, in England, has been appointed jointly by the NHS Executive and a university.

Dual CCST Certification: in certain circumstances, and where specific provision has been made, a trainee may pursue concurrently two specialty training programmes leading to dual CCST certification. These trainees will be allocated only one Training Number (see below) relating to one of the specialty training programmes. To enable training to be completed in a shorter time than would otherwise be possible were two separate programmes to be pursued, 'double counting' of common training experience is permitted. The double counting must be transparent and relate to a published UK programme leading to a CCST. *See Section 1.*

EC Directive 93/16/EEC (the European Medical Directive): the European Council's Directive of 5 April 1993 designed to facilitate the free movement of doctors throughout the EC and the mutual recognition of their diplomas, certificates and other evidence of formal qualification.

European Economic Area (EEA): the EC provisions on training and mutual recognition of qualifications also apply in certain other European countries, which together with EC member states, comprise the European Economic Area (EEA). The EEA includes the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, The Netherlands, Norway, Portugal, Spain, Sweden, and the United Kingdom.

FTTA: Fixed-Term Training Appointment. *See Section 5.*

GMC: General Medical Council

LAS (Locum Appointment - Service): an appointment which provides cover for the service element of a placement for up to 3 months. It is implicit that because of the short-term, service-based nature of a LAS placement, there is little structured training or training benefit to be derived from such appointments which are therefore not approved for training purposes. *See Section 5.*

LAT (Locum Appointment - Training): an appointment where it is decided that CCST

training experience can be offered and prospective training recognition has been given to a locum post. *See Section 5*

"Permit-free" Training: overseas doctors who do not hold or are not entitled to a right of indefinite residence in the UK, who undertake postgraduate training in the hospital service and who intend to leave the UK on completion of training, are able to enter the UK under Immigration Rules commonly known as "permit free" training arrangements. Changes to the Immigration Rules were introduced in 1997 and enable overseas doctors in the specialist registrar grade to complete training programmes which have been agreed with the postgraduate dean. *See Section 9*

Person Specification: this is derived from the description of the first placement in a rotational programme and anticipated requirements from subsequent placements in the programme. It should set out explicitly the minimum professional qualifications required of a trainee and the skills and experience necessary for the appointment.

Postgraduate Deans' Databases: each dean is responsible for establishing and maintaining a database of their trainees for the dual purpose of education monitoring and workforce planning.

Professional References: this should verify factual information and comment on the strengths and weaknesses of a candidate as an indicator of that person's suitability for appointment. They will deal specifically with the skills and experience required on the training programme.

Programme Director: has a key role in managing the specialist registrar training programme or scheme. He also acts as a coordinator and communicator between specialist registrars, the postgraduate dean, the local specialty training committee, the appropriate Royal College and the personnel (human resources) department in the Trust or Trusts which employ the specialist registrars.

Record of In-Training Assessment (RITA): provides a record of the annual review and hence of the SpR's progress through his training programme and therefore the grade. It should normally be completed jointly by the trainee and the postgraduate dean or his staff each year. It is not a means of assessment per se. *See Section 12*.

Right of residence in the United Kingdom: this is determined by immigration and nationality law. *See Section 9*

Royal Colleges: Medical Royal Colleges and their Faculties.

SCPMDE: Scottish Council for Postgraduate Medical and Dental Education.

STN: Scottish Training Number. The Scottish equivalent of a Training Number.

SpR: designated abbreviation for Specialist Registrar.

Specialty Workforce Advisory Group (SWAG): advises on medical and dental education, training and staffing for England and Wales. Its task includes advice to the NHS Executive and the Welsh Office about the number of trainees needed in the specialist registrar grade each year. There are similar advisory bodies in Scotland and Northern Ireland. *See Section 20*.

Specialist Register: doctors with a CCST (see above) may apply to the General Medical Council for entry to the Specialist Register. This register will be maintained and published by the GMC. *See Section 1.*

Specialist Training Authority of the medical Royal Colleges: the regulatory body established in 1996, comprising representatives of the UK medical Royal Colleges and non-medical representatives, and which is designated as the UK competent authority in line with the European Medical Directive.

Specialist Advisory Committees: these are national committees which relate to the Royal Colleges or their Faculties or higher training committees. They are speciality-specific and concerned with setting standards, curriculum content and monitoring trainees' progress on behalf of the relevant College.

Specialty Training Committees: specialty-specific committees which supervise and manage the delivery of training programmes and to whom review panels report. Their membership is usually agreed with the relevant Royal College or Faculty. They are based in each deanery and are accountable to the postgraduate dean.

Terms and Conditions of Service: the Hospital Medical and Dental Staff (England and Wales) Terms and Conditions of Service and the Scottish and Northern Ireland equivalents.

Training Agreement: this is agreed between the individual trainee and the postgraduate dean or the chairman of the deanery Specialty Training Committee for programmes in all specialities. This plan will apply for one year until the annual assessment is due. It will then be reviewed in the light of progress and future training needs.

Training Number: each doctor who enters a training programme for the first time (other than a LAT) will be granted a unique, individual Training Number. This number will be issued as soon as the trainee is accepted into the training programme. It will be held by the trainee until training is completed or until it is given up for another reason. There are three types of Training Number: the National Training Number (NTN); the Visiting Training Number (VTN); and the (Fixed-Term Training Appointment) Training Number (FTN). *See Section 7.*

Training Programme: a structured period of medical training designed to culminate in the award of a Certificate of Completion of Specialist Training (CCST). They are usually managed by a programme director. Separate training programmes agreed with the postgraduate dean and which do not lead to a CCST are followed by doctors on Fixed-Term Training Appointments (Type II programmes).

Appendices

Appendix

- UK contact points 1
- Entry and transition (from the March 1996 edition of *A Guide to Specialist Registrar Training*) 2
- Dental supplement to *A Guide to Specialist Registrar Training, February 1998* 3
- Arrangements for the defence medical services 4

Please note: this is a UK guide, the main variations between England, Scotland, Northern Ireland and Wales are specified but there may also be more minor local variations which it is not possible to cover in the guide.

General Medical Council:

(for queries relating to registration arrangements and for admission to the Specialist Register):

GMC Registers Division
178-202 Great Portland Street
London W1N 6JE
Tel: 0171-915-3638 (Helpline)
and 0171-580-7642

Postgraduate Deans in England:

(for enquiries relating to local management and delivery of postgraduate medical education):

Dean Director of PGMDE
North Thames PGME
33 Millman Street
LONDON WC1N 3EJ
Tel: 0171 831 4566
Fax: 0171 831 3752

Postgraduate Dean
SW Thames PGME
33 Millman Street
LONDON WC1N 3EJ
Tel: 0171 831 6222
Fax: 0171 831 1925

Dean Director of PGMDE
South Thames PGME
33 Millman Street
LONDON WC1N 3EJ
Tel: 0171 831 6222
Fax: 0171 831 1925

Specialist Training Authority of the medical Royal Colleges:

(for general arrangements relating to the award of the CCST):

1 Wimpole Street
London
W1M 8AE

Director of Postgraduate
Medical Education & Training
Medical School Offices
The Triangle
Roosevelt Drive
Headington
OXFORD OX3 7XP
Tel: 01865 221 517
Fax: 01865 750 750

Dean of Postgraduate Medical Studies
The University of Manchester Medical
School
Gateway House
Piccadilly South
MANCHESTER
M60 7LP
Tel: 0161 237 2091
Fax: 0161 237 2108

Postgraduate Dean (Yorkshire)
The Department for Postgraduate
Medical and Dental Education
Willow Terrace Road
University of Leeds
LEEDS LS2 9JT
Tel: 0113 233 1516
Fax: 0113 233 1530

Postgraduate Dean and Director
Regional Postgraduate Institute
for Medicine and Dentistry
10-12 Framlington Place
NEWCASTLE-UPON-TYNE NE2 4AE
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Fax: 0191 222 1049

Dean of Postgraduate Medical Education
Postgraduate Office
Faculty of Medicine
University of Liverpool
PO Box 147
LIVERPOOL L69 3BX
Tel: 0151 709 3114
Fax: 0151 709 2618

Postgraduate Dean
University of Cambridge School of
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Addenbrookes Hospital, Hills Road
CAMBRIDGE CB2 2QQ
Tel: 01223 336 106
Fax: 01223 415 069

Postgraduate Dean
University of Sheffield School of
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SHEFFIELD S10 2RX
Tel: 0114 271 2668
Fax: 0114 271 3959

Postgraduate Dean
University Hospital Medical School
Queens Medical School
NOTTINGHAM NG7 2UH
Tel 0115 970 9400
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Postgraduate Dean
University of Leicester
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PO Box 65
LEICESTER LE2 7LX
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Fax: 0116 252 3123

Dean of Postgraduate Medical
Education & Training
Department of Postgraduate Medical
Education (University of Bristol)
The Academic Centre, Frenchay Hospital
Frenchay Park Road
BRISTOL BS16 1LE
Tel: 0117 975 7050
Fax: 0117 975 7060

Dean of Postgraduate Medical &
Dental Education
The Medical School
University of Birmingham
BIRMINGHAM B15 2TT
Tel: 0121 414 6958
Fax: 0121 414 3155

Postgraduate Dean
Wessex Region
South and West Regional Office
Highcroft
Romsey Road
WINCHESTER SO22 5DH
Tel: 01962 863 511 ext 568
Fax: 01962 877 663

Postgraduate Deans in Scotland:

Dean of Postgraduate Medicine
University of Glasgow
GLASGOW, Scotland
G12 8QQ
Tel: 0141 330 5273
Fax: 0141 330 4526

Postgraduate Dean of the Faculty of
Medicine
Lister Institute
Hill Square
EDINBURGH, Scotland
EH8 9DR
Tel: 0131 650 2612
Fax: 0131 662 0580

Postgraduate Dean of the Faculty of
Medicine and Dentistry
Ninewells Hospital
DUNDEE, Scotland
DD1 9SY
Tel: 01382 660 111
Fax: 01382 645 748

Postgraduate Dean of the Faculty of
Medicine
University of Aberdeen
Foresterhill
ABERDEEN, Scotland
AB9 2ZD
Tel: 01224 840 728
Fax: 01224 840 670

*Scottish Council for Postgraduate
Medical and Dental Education
(SCPMDE)*

12 Queen Street
Edinburgh
EH2 1JE

Postgraduate Dean in Northern Ireland:

Postgraduate Dean
Northern Ireland Council for
Postgraduate Dental & Medical
Education
5 Annadale Avenue
BELFAST BT7 3JH
Tel: 01232 491731
Fax: 01232 642279

Postgraduate Dean in Wales:

Director and Dean of Postgraduate
Studies
University of Wales College of Medicine
Heath Park
CARDIFF CF4 4XN
Tel: 01222 743972
Fax: 01222 754966

Copies of this guide have been sent to trust libraries and postgraduate medical libraries. Extra copies are available free of charge on request from the address below.

*Department of Health
PO Box 410
Wetherby
West Yorkshire
LS23 7LN. (Orders by fax on 01937-845381)*

Entry and transition

Part One: Launching the Grade

Implementation timetable

1. The new Specialist Registrar (SpR) grade was launched on 1 December 1995. Two *vanguard* specialties, general surgery and diagnostic radiology, began their transition on that date. All other specialties will begin their transition in the year from 1 April 1996, the *Grade Commissioning Date*. Special arrangements applied for the period between 1 December 1995 and 1 April 1996. For reference purposes, the interim guidance in force during that time is reproduced at Appendix 1.

2. *Specialty Commissioning Date*: Not all specialties will be able to begin transition on the same date. A transition programme has been agreed between the Colleges, postgraduate deans and the UK Health Departments to ensure that the administrative arrangements run smoothly and are completed in the minimum possible time. A copy of the provisional programme is at Appendix 2 and a checklist of arrangements which must be in place before transition can begin in a specialty is at Appendix 3. The specialty commissioning dates of related specialties will, where possible, be co-ordinated. The Health Departments will review progress in each specialty. The aim is to complete transition in a specialty within three months.

3. Transition will be achieved nationally, on a UK-wide basis, by specialty. A specialty will begin transition on the same date throughout the UK and, similarly, transition will end on a specified national date in each specialty. These dates will be agreed between the specialties and the Health Departments with input from the postgraduate deans. Where individual postgraduate deans have completed their own transition process, in advance of the agreed transition end-date, and find it necessary to recruit further candidates into SpR training programmes they may, after consultation with the specialty lead dean, begin to appoint SpRs on a competitive basis under the procedures set out in Section 6. The end of transition is defined more fully in Part Two of this Section.

Initial action by the postgraduate dean

4. The first step is to transfer existing career and senior registrars into the new grade. Detailed guidance for this is set out below. This will also cover research registrars/lecturers where they are eligible. It will be completed as quickly as possible. Once transition is finished in a specialty, entry will be by competition.

5. Postgraduate deans will write to all potential candidates employed in their deaneries to offer them the opportunity to apply for entry. The deans will also write to any other prospective candidates who appear on their records.

Handling applications for entry

6. All candidates will be asked to complete a short form indicating that they wish to take part in SpR training programmes (Section 6, Annex 8). This, with the postgraduate deans' and colleges' records, will form the basis for considering whether a candidate is qualified for entry. The transition entry process will concern itself with three questions:-

- a . do candidates meet the minimum educational entry requirements for the grade set by the colleges?
- b . are candidates in one of the qualifying categories appropriate for transition entry?
- c . how much more training do candidates need before they will reach CCST standard, ie taking into account their medical training history, including such periods as SHO training and research? This will be assessed by the deanery specialty training committee (STC) who will make recommendations to the dean, taking account of advice from Colleges and their Faculties and SACs. The purpose of this assessment is to decide where to slot trainees into the training programme.

7. Successful candidates will then receive an offer of employment in the Specialist Registrar grade (Section 3, Annex 2). If they believe that the point in the training programme at which they will be entered does not reflect their progress to date they can make further representations and submit evidence to support their case and ask the deanery specialty training committee, through the dean, to review its decision. The committee will take advice from Colleges and Faculties, and SACs. Candidates will also have the right to an interview with the dean and be accompanied if they wish by a representative. In other cases, where trainees feel there may be difficulties in accepting a particular training placement they may wish to discuss the matter with the dean. Once an offer of a training placement has been accepted, candidates will be allocated a National Training Number (NTN) or Visiting Training Number (VTN) which they will keep throughout training. See Section 3 on NTN. Where NTN appears in this guide it also refers to the equivalent in Scotland, Northern Ireland and Wales. In many cases it will be possible to undertake much of this assessment work before the formal Specialty Commissioning Date.

Who is eligible to enter the grade during the transition period?

8. Entry during transition is open to the following groups provided individual candidates satisfy the minimum college or faculty criteria:

- a. senior registrars and honorary senior registrars; **and**
- b. career registrars and honorary registrars who hold either a substantive career registrar appointment or an honorary registrar appointment (for example, lecturers) with staffing and educational approval (by the Royal College or Faculty) recognised by the postgraduate dean; this includes substantive career registrars in this category who are now occupying senior registrar posts on a locum basis; **and**
- c. doctors who have previously held a substantive career registrar appointment with staffing and educational approval (by the Royal College or Faculty) recognised by the postgraduate dean (or in the case of former London SHAs, the dean of the school or institute), and are currently conducting research or other activity recognised by the appropriate educational authority; **and**

- d. doctors who do not fit into category 8c above but who are currently conducting research or other recognised activity who hold or have held an honorary registrar appointment through which they occupy or occupied a registrar post with staffing and educational approval (by the Royal College or Faculty) recognised by the postgraduate dean (or in the case of former London SHAs, the dean of the school or institute).

In recognising posts in 8d above, postgraduate deans are required to take appropriate advice from the relevant Royal College or Faculty and the academic or research body responsible for supervising the candidate's research. Deans will convene a small panel (constituted as in paragraph 6c above) to review individual cases where there is uncertainty about the status of the candidate. They must be satisfied that, at the time of their appointment to their current research/honorary registrar post, candidates for transfer would have been able to conform to the criteria and conditions then in force for appointment to an NHS career registrar post.

- e. overseas doctors who satisfy the criteria set out in Part Three. This includes doctors who were formerly overseas doctors and who have, before or during transition, acquired or are entitled to a right of indefinite residence in the UK (see paragraphs 41-43).

9. Entry during transition* is not open to:-

- a. senior house officers (including those sometimes termed 'senior' SHOs)
- b. career and research registrars who do not satisfy the criteria set out in paragraph 8
- c. doctors who have never held a substantive registrar or senior registrar post, even though they hold or may have held such a post on a locum basis (see also paragraph 20)
- d. career grade hospital doctors
- e. general practitioners and GP trainees
- f. other doctors who do not fall into the groups defined in paragraph 8 above.

** In some circumstances competitive entry which includes the above groups may be available before the end of a specialty's transition period ie when a 'release date' for a given specialty is announced during its transition period, meaning that appointments under Section 6 can begin. See also Part Two of this Section.*

The position of these doctors is explained further below.

10. Very exceptionally, certain doctors pursuing a career in academic and research medicine will not require an NTN. This is because they will not need to enter specialist registrar training or acquire honorary SpR contracts nor require a CCST to enter the Specialist Register. They are referred to in Section 1, paragraph 13, bullet point 4 (Explaining the CCST) and in Section 6 (Part Two) and Section 17 and will not need to enter the specialist registrar grade.

Senior registrars and honorary senior registrars

11. Senior registrars have a choice about entering the grade. They have an automatic right of entry but in some instances may choose not to enter the grade. For example, if they are very close to completing their existing training there may be little benefit in doing so. If they choose to retain their existing contracts they will still be issued with a National Training Number (NTN), notified of the expected date of completion of training, and brought as far as possible into the SpR training programmes. Senior registrars who wish to become SpRs will have to indicate this formally in writing to the postgraduate dean. It may be advisable for senior registrars to discuss the position with their College or Faculty training advisers, programme directors or deans before making a decision. They will also wish to note the new terms and conditions of service and salary scales, which have been published separately. Senior registrars holding NTN's may opt to enter the new grade at any time, either during the transition period or afterwards. The option of automatic access to the grade following the end of transition is not open to the other groups of doctors listed in paragraph 8 above.

Career registrars

12. All career registrars who wish to enter the grade during transition will have to indicate this formally to the dean. As long as they satisfy the criteria in paragraph 8 they will have an automatic right of entry. They will receive an NTN and will be entered into the training programme at a point consistent with the time they need to achieve the CCST, following assessment by the deanery specialty training committee who will make recommendations to the dean, taking account of advice from Colleges and their Faculties and SACs. Successful candidates will be offered an SpR contract of employment. Visiting registrars who, before or during their specialty's transition, acquire or become entitled to a right of indefinite residence may also be eligible to enter the grade during that transition process. They must satisfy the requirements set out at Part 3, paragraphs 41-43.

Research registrars

13. Research registrars are defined for the purpose of these transition arrangements as those who are *currently* conducting research and are in one of the two groups defined in paragraphs 8c and 8d above. If they meet the minimum entry requirements they will have an automatic right of entry. Candidates should seek advice from their College or Faculty training advisers, programme directors or deans, and should contact their dean if they are in any doubt about their position. For example, if they are not clear whether they have held recognised career registrar posts/honorary contracts in the past. The dean will be advised by the College or Faculty representatives.

14. Many research registrars who are transitional candidates may wish to complete their research before taking up their place in a specialist registrar training programme. This is allowed under the arrangements for the SpR grade and is called time-out for research. Whether registrars want to return to training immediately or to continue in research they will have to apply for entry to the grade during the transition period and be allocated an NTN. They will also be assessed at that stage to decide on an estimated date for completion of training. Those who wish to complete their research before entering specialist registrar training, at a later date, should contact their postgraduate

deans as quickly as possible so that the administrative arrangements can be completed*.

** Because research tends to be concentrated geographically, the postgraduate dean who issues the research doctor with an NTN will not necessarily be able to provide a place on a training programme. The dean (that is, the dean who has issued the NTN to the research doctor) will, however, be responsible, with the specialty lead dean and the research doctor, for finding a suitable placement on a programme elsewhere. The local dean will also be responsible for the trainee and his or her NTN until a training placement is identified. Research doctors who may find themselves in this position should approach their dean as far in advance as possible of an intended move into a specialist registrar training programme. They may also approach other deans directly to discuss the possibilities of securing a training placement and will be free to apply for advertised vacancies when they arise and, thereby, to secure a new NTN in a new location in advance of completing their research.*

Overseas doctors who have, before or during their specialty's transition, acquired or become entitled to a right of indefinite residence and are now conducting research may also be eligible to enter the grade during transition. They must satisfy the requirements set out at Part Three.

Visiting registrars

15. The transition arrangements for visiting registrars and other overseas doctors and those former overseas doctors who have acquired or are entitled to a right of indefinite residence in the UK are explained in **Part Three** of this Section. Section 10 discusses the position of overseas doctors more generally.

Specialties where training is over-subscribed whether locally or nationally

16. Until the final number of transition candidates is known in each specialty it will not be possible to say whether any particular training programme will be over-subscribed. This will be decided by taking into account the maximum number of training places available and the likely future demand for consultants.

17. Where a training programme is over-subscribed, a number of measures will be available. The allocation of NTNs between regions or deaneries may be re-adjusted to cope with local variations in demand for places. In some cases, postgraduate deans may ask transition candidates to consider taking up a training programme in another deanery or to consider places in other closely-related CCST training programmes. This will only be done where there is no other option and candidates will have the opportunity to discuss their preferences with deans before a final decision is made. Postgraduate deans will consult Colleges and their Faculties where it is apparent that this arrangement may be a possibility. A decision to ask a candidate to take up a place in another CCST training programme will be made in the light of a candidate's experience and qualifications and the amount of higher specialist training already undertaken. The aim will be to minimise any disruption to a candidate's career progress.

Flexible (part-time) trainees

18. Those presently training flexibly or wishing to undertake flexible training will be able to enter the grade during transition on the same basis and subject to the same entry requirements as full-time trainees.

Late applications for transition

19. The formal end of transition in a particular specialty will be preceded by an announcement of the date when transition ends so that tardy candidates have a final chance to apply (at least a month before the formal end). There is also provision up to three months after the end of transition for doctors who have a legitimate reason for making a late application. See Part Two of this section.

Doctors who are not qualified to enter the new grade during transition

20. The first step in setting up the new grade is to transfer existing higher specialist trainees into the new training programmes. There will be several groups of doctors who do not qualify to enter at this stage:

- a. those who have been appointed to recognised registrar posts via appropriate appointment procedures, but who do not yet have the minimum educational requirements - see paragraphs 21 and 22;
- b. those who have the minimum educational requirements but who do not hold and have never had a substantive career or senior registrar appointment or held an honorary registrar contract with staffing and educational approval (by the Royal College or Faculty) recognised by the postgraduate dean - see paragraph 23;
- c. those defined in paragraph 9 above who may have the minimum educational requirements but who are not currently in higher specialist training - see paragraph 23;
- d. overseas doctors who do not satisfy the criteria (see paragraph 24) for entry to a Type I training programme (this is explained in Part Three below).

21. Trainees in the first category (paragraph 20a refers) will be able to retain their registrar status and will be guaranteed a further two years' employment in their existing grade (or the length of their current contract if longer). This period begins when their specialty has completed transition. The purpose of this provision is to allow these trainees time to attain the minimum educational requirements in the specialty in which they wish to attain the CCST. Trainees in this position will receive all necessary guidance, counselling and further training to ready them for entry to the grade at the earliest opportunity.

22. Doctors in this first category (paragraph 20a) can apply to enter the SpR grade

at any time during the extended contract period in paragraph 21 when vacancies are advertised. Where such candidates reach the minimum requirements before a specialty's transition period is over, they will have an automatic right of entry. Where they do not become qualified until after the transition period has ended, entry will be on a competitive basis with other candidates. Any career registrars who believe that they may not have the minimum entry requirements should discuss the position with their dean and/or College or Faculty adviser or SAC as soon as possible.

23. Doctors in the second and third categories (paragraphs 20b and 20c refer) include both those who have the minimum entry requirements and those who are in training to attain them. Once existing higher specialist trainees have been accommodated, training programmes will be opened to all doctors with the minimum entry requirements. Entry will be through competition.

24. Overseas doctors in the fourth category (paragraph 20d refers) - that is, those who are not entitled to or who do not hold a right of indefinite residence in the UK - may choose to complete their current contract of employment as explained in Part Three below - providing this falls within the period of permit-free training.

Note: where it is decided that a candidate does not qualify for entry during the transition period, he or she has the right to make representations to the dean and to an interview.

Career registrars or research registrars who do not wish to become specialist registrars

25. Career registrars who are qualified to enter under the transition arrangements but who decline, for any reason, to enter the grade during this period have the right to work out their current NHS contract of employment and to apply for entry, should they wish to do so, under the competitive recruitment arrangements applying following transition.

26. The same principle applies to research doctors who fall within the categories defined in paragraphs 8c and 8d above. Where, of course, they are not employed in the NHS, their employment status is not affected by a decision not to enter the new grade.

27. Both groups of doctors should, however, bear in mind that it will not be possible to train for a CCST unless they enter an SpR training programme.

The future of the registrar and senior registrar grades

28. At the same time as the announcement of a Specialty Commissioning Date, a further date, bringing recruitment of senior, career and visiting registrars to an end, will also be published. From that date onwards, all new appointments will be made to the specialist registrar grade. In some circumstances, new contracts will be issued to those already holding career, visiting and senior registrar appointments when a specialty begins its transition. For example, to enable a doctor to complete training or to facilitate movement between regions or a change of employer.

Protection of salary

29 The provisions of the Hospital Medical and Dental Staff (England and Wales) Terms and Conditions of Service on salary protection apply to those entering the SpR grade during the transition period and, where appropriate, afterwards. There are equivalent provisions in Scotland and Northern Ireland.

Sort term and fixed-term training appointments

30. The transition arrangements apply to appointments to training programmes leading to the award of a CCST. There is no provision as part of the transition process for transfer to Fixed-Term Training Appointments (FTTAs) as these cannot lead to the award of a CCST, although FTTA holders are part of the SpR grade. Such appointments are open only to overseas doctors who do not have right of residence in the UK and are independent of the transition arrangements. Similarly, *Locum Appointments - Training* (LATs) are also independent of the transition process. It will be possible to recruit trainees to FTTAs and LATs during the transition period of an individual specialty where the postgraduate dean, with advice from the relevant College or Faculty, judges it necessary. FTTAs and LATs are subject to the appointment procedures in Section 6 and will be available in parallel with the transition period. See also Sections 7 and 10.

Part Two

DEFINING THE END OF TRANSITION

31. There is no single criterion which can be used to define the end of transition in a specialty. In practice there are two ways in which transition ends. First, for individual deaneries it is when they reach a stage where all transition candidates have been dealt with and they are in a position to recruit under the competitive entry arrangements where this is appropriate. Second, as transition is to be done nationally by specialty, there must be a formal end when all deaneries in the UK have dealt with all transition candidates.
32. The following formula will be used to define the end of transition, and *all* elements must be met before transition can be declared to have ended:
- a. all transition candidates in a specialty and in a particular deanery must have been identified and processed. They must have been assessed and decisions made about their eligibility to enter SpR training. There are three outcomes: they are accepted into training, or it is agreed that they may continue in research and enter later on, or their applications are rejected. For transition to end, it is not necessary for all successful candidates to have entered the SpR grade or to have received an NTN - but they must have been notified of the decision;
 - b. the UK health departments will require confirmation that there is a clear mechanism in place to handle doctors undertaking research who return after the end of transition (normally not more than three years later), especially where the doctor will have to enter training in a different deanery from the one where research was conducted. This process will be co-ordinated by the specialty lead dean who will consult appropriately with all the interested parties (eg, postgraduate deans, Royal Colleges and universities);
 - c. postgraduate deans must be in a position to begin recruiting SHOs and others under the competitive, steady-state arrangements where this is appropriate. Before individual deaneries can begin competitive recruitment, they must confirm with their colleagues that there is no surplus of transition candidates in other deaneries which needs to be absorbed by them before steady-state arrangements apply. The lead dean for each specialty will act in a co-ordinating role;
 - d. a formal end to transition nationally must be agreed and announced - this will be when all deaneries (UK-wide) fulfil the requirements of paragraphs 32a to 32c. In effect, this would be the date on which the last deanery declared that it had met the criteria in paragraphs 32a to 32c;
 - e. the formal announcement (the `sign-off') must be agreed between the Health Departments, the colleges and the lead dean for the specialty.
33. This `sign-off' will be preceded by an announcement of the date when transition ends so that tardy candidates have a final chance to apply (at least a month before the formal end). There is also provision up to three months for entry under the transition arrangements for doctors who have a legitimate reason for making a late application. It is expected that transition in each specialty will be completed in three months. The position in each specialty will in any case be reviewed by the Health Departments within six months.

Part Three

Transition arrangements for overseas doctors

Introduction

34. This section explains how and in what circumstances overseas doctors can enter the specialist registrar grade during transition. The term 'overseas doctor' is explained in detail in Section 10.

35. Overseas doctors may enter one of two types of training programmes in the grade (also explained fully in Section 10):

Type I: a specialist training programme which, if completed satisfactorily, may entitle the doctor to the award of a Certificate of Completion of Specialist Training, the CCST.

Type II: a *Fixed-Term-Training Appointment*, usually lasting from six months to two years to pursue training tailored, where practicable, to meet an individual doctor's training goals. These appointments are only available to overseas doctors without a right of indefinite residence in the United Kingdom. Overseas doctors with a right of indefinite residence are candidates for *Locum Appointments - Training* (LATs) which offer similar opportunities for training (see Sections 6, 7 and 10, paragraph 15).

Note: *fixed-term training appointments (FTTAs) and Locum Appointments - Training (LATs) do not fall within the transition arrangements for either EEA or non-EEA nationals although such appointments may be made concurrent with a specialty's transition period (see paragraph 30). Eligibility for Locum Appointments - Training (LATs) or Locum Appointments - Service (LASs), is explained in Sections 6 and 7.*

Deciding between Type I and Type II training

All overseas doctors who wish to enter the grade may choose to apply for either, or both, types of training programme. Those who do not meet the transition criteria for appointment to a Type I programme, which may lead to the award of a CCST, may wish to apply for Type II (*fixed-term training appointment or FTTA*) training. Applications for fixed-term appointments can proceed concurrently with the transition arrangements. Also, overseas doctors may be eligible for Locum Appointments for Training (LATs) or for Service (LAS), explained in Sections 6 and 7. LATs are a precursor to entering a Type I programme and, therefore, the entry criteria are the equivalent to those for Type I programmes (LATs may be available during a specialty's transition period, see paragraph 30 of Part One).

Procedures for transition

36. Transition arrangements for existing senior registrars, career registrars, research registrars and visiting registrars begin when a *Specialty Commissioning Date* is announced for each specialty. These arrangements will also cover overseas doctors in those grades who may be eligible to participate in **Type I** programmes.

37. Overseas doctors who indicate that they wish to enter the grade during transition will be assessed by a deanery specialty training committee convened by the postgraduate dean and advised by the College or Faculty and SAC. The committee will advise on whether entry requirements have been satisfied and the appropriate point of entry in a training programme. Candidates have a right to ask for the decision of the committee to be reviewed and of an interview with the dean. The committee will require evidence from candidates that the relevant college or faculty have accepted their qualifications as the equivalent of the minimum requirements to enter the grade and would be compatible with award of a CCST were the programme to be completed.

38. Overseas doctors who are not eligible to enter the grade to pursue a training programme leading to a CCST may still pursue Type II training. As explained above, these are FTTAs, usually between 6 months and 2 years, designed to allow overseas doctors to receive specific training experience (see Section 10).

39. The deanery specialty training committee taking into account the views of the College or Faculty and SAC may recommend that candidates should apply for Type II training where they do not meet the entry requirements for a Type I programme or where, for immigration reasons, it is not practicable for them to complete such a programme. It is then a separate matter to assess the doctor for entry under the provisions for FTTAs or, where relevant, LATS which are not part of the transition arrangements. (See Sections 6, 7, and 10)

Transition timetable

40. Eligible overseas doctors will be transferred into the grade at the same time as all other transition candidates. Postgraduate deans will contact as many potential candidates as possible.

Overseas doctors who hold a right of indefinite residence in the UK

41. Overseas doctors who hold a right of indefinite residence in the UK are regarded in the same way as EEA doctors. The transitional arrangements applying to them have been explained in Part One of this Section. They must hold the minimum entry requirements, or equivalent, of the relevant College or Faculty. These doctors will be appointed as specialist registrars (SpRs) and be given a National Training Number (NTN).

42. Visiting registrars who have acquired a right of residence before or during transition may enter the specialist registrar grade during transition if:

- a. they hold the minimum entry requirements or equivalent of the relevant

- College or Faculty; **and**
- b. they can be assessed by the postgraduate dean, with appropriate advice from the College or Faculty, as having become visiting registrars through an appointment process which conformed to the criteria and conditions then in force for appointment to an NHS career registrar post.

These doctors will be appointed as SpRs and given an NTN.

43. Overseas doctors who have acquired a right of residence before or during transition and who are currently conducting research (or other activity recognised by the appropriate educational authority) may also enter the grade during transition provided:

- a. they hold the minimum entry requirements or equivalent of the relevant College or Faculty; **and**
- b. they have previously held a visiting registrar post to which they were appointed through an appointment process which conformed to the criteria and conditions then in force for appointment to an NHS career registrar post;

or

- c. if they do not fit into the category in paragraph 43b above but are currently conducting research or other recognised activity and hold or have held an honorary registrar appointment through which they occupy or occupied a registrar post with staffing and educational approval (by the Royal College or Faculty) recognised by the postgraduate dean (or in the case of former London SHAs, the dean of the school or institute).

In recognising research posts deans are required to take appropriate advice from the relevant Royal College or Faculty and the academic or research body responsible for supervising the candidate's research. Deans will convene a small panel (constituted as in paragraph 6c above) to review individual cases where there is uncertainty about the status of the candidate. They must be satisfied that, at the time of their appointment to their current research/honorary registrar post, candidates for transfer would have been able to conform to the criteria and conditions then in force for appointment to an NHS career registrar post.

These doctors will be appointed as SpRs and given an NTN.

Overseas doctors who do not hold a right of indefinite residence in the UK.

On entering the grade during transition the following four categories of doctors will be termed visiting specialist registrars (VSpRs) and will acquire a VTN (See Section 3):

A. Overseas doctors who do not have a right of indefinite

residence but who hold senior registrar or career registrar appointments

44. Doctors in this group will be few. They can enter the specialist registrar grade during the transitional period provided that they have the minimum entry criteria or equivalent as defined by the relevant college or faculty and occupy a career registrar or senior registrar post with educational and staffing approval recognised by the postgraduate dean. They will be appointed as visiting specialist registrars (VSpRs) and be given a Visiting Training Number (VTN). Senior registrars have the option of remaining in that grade, they would nevertheless be issued with a VTN.

B. Overseas doctors holding visiting registrar (VR) appointments and who have not been "sponsored".

45. Overseas doctors who have not been "sponsored" may enter the grade during transition if they have the minimum entry criteria or equivalent required by the College or Faculty and hold a visiting registrar appointment with staffing and educational approval (by the relevant Royal College or Faculty) recognised by the postgraduate dean. They must be able to demonstrate that they have entered the registrar grade through a selection and appointment procedure similar to that applying to visiting registrars in paragraph 43 above, they will be called visiting specialist registrars (VSpRs) and receive VTNs.

C. Overseas doctors holding visiting registrar appointments and who have been "sponsored"

46. Subject to registration and immigration status, "sponsored" visiting registrars may also be candidates for transition provided they satisfy the minimum educational entry criteria or equivalent, hold a registrar appointment with staffing and educational approval recognised by the postgraduate dean and can demonstrate that they have entered the registrar grade through a selection and appointment procedure similar to that applying in paragraph 43 above.

D. Overseas doctors who are undertaking research or other recognised activities and who do not have a right of indefinite residence

47. Subject to registration and immigration status, these doctors may also enter the grade during the transition period if they have the minimum entry requirements or equivalent and hold or have previously held a substantive registrar appointment with staffing and educational approval recognised by the postgraduate dean or hold or have held an honorary contract (for example, lecturers) through which they occupy or have occupied a registrar post with staffing and educational approval recognised by the postgraduate dean (or in the case of former London SHAs, the dean of the school or institute). In recognising posts, deans are required to take appropriate advice from the relevant Royal College or Faculty and the academic or research body responsible for supervising the candidate's research. They must be satisfied that, at the time of their appointment to their current research/honorary registrar post, candidates for transfer would have been able to conform to the criteria and conditions then in force for appointment to an NHS career registrar post. These doctors will be called visiting

specialist registrars (VSpRs) and receive VTNs. See also paragraph 43.

- Notes:**
- 1. Postgraduate deans will work closely with Colleges, Faculties and SACs to decide whether overseas doctors are appropriately qualified to enter the SpR grade during transition.**
 - 2. It is for the relevant College or Faculty to decide whether the qualifications held by overseas doctors are the equivalent of those required by UK doctors.**
 - 3. All overseas doctors entering Type I training programmes leading to the award of a CCST should have sufficient permit-free time available to them to complete the training programme required by the College or Faculty. Postgraduate deans will advise candidates on whether or not they have sufficient permit-free time. See Section 10, paragraph 5 for a full explanation.**

Overseas doctors who may not enter the grade during transition

48. Entry during transition is not open to overseas doctors in the following categories:

- senior house officers •or house officers)
- doctors who have never held a substantive registrar or senior registrar post, even though they hold or may have held such a post on a locum basis
- conducting research but who have not previously held a registrar or senior registrar appointment •or an honorary registrar or senior registrar appointment) with staffing and educational approval recognised by the postgraduate dean
- career grade hospital doctors
- general practitioners and GP trainees
- other doctors who do not fall into the groups defined in paragraphs 44-47 above.

These doctors may apply to enter the grade competitively when transition is complete.

Visiting registrars following the transition period

49. Visiting registrars who do not meet the entry requirements for the grade or who do not wish to apply to enter during transition may choose to remain as visiting registrars and may complete their contracts. Where there is a clear benefit to the

visiting registrar and to the NHS, and where it is clear that this will not jeopardise CCST training programmes for EEA doctors, visiting registrar contracts may be extended for the full period of remaining permit-free training. When a specialty's commissioning date is announced a further date, indicating when recruitment of visiting registrars will cease, will also be announced. This will be no later than the *Specialty Commissioning Date* itself. Subsequently, all overseas doctors undertaking training will be appointed either to the SpR or SHO grade via the appropriate appointment procedure.

The immigration arrangements by which overseas doctors without right of residence in the United Kingdom are granted a limited period of permit-free training to pursue postgraduate training and education in the hospital and community services are under review. Until such time as any amendments to these arrangements may be made, the present arrangements prevail.

Dental Supplement to A Guide to Specialist Registrar Training, February 1998

Introduction

1. This dental supplement has been prepared for use in conjunction with the *Guide to Specialist Registrar Training*. Its purpose is to identify and explain variance between specialist training in medical and dental specialties, where different arrangements will apply for the dental specialties.

Annex 2 of this supplement gives the commissioning dates for the SpR grades in the dental specialties and explains the process of commissioning.

Broad Principles

2. The broad principles set out in a *Guide to Specialist Registrar Training* apply to the dental specialties, as do many of the detailed arrangements.

Points of variance between Medical and Dental Specialties

3. There is only one Competent Authority for specialist dental training - the General Dental Council (GDC). References to the GMC and the Specialist Training Authority in the Guide should therefore be read as to the GDC for the dental specialties.
4. Most sections of the Guide will be readily applicable to the mainly hospital-based specialties of Oral Surgery, Restorative Dentistry, Paediatric Dentistry, the Additional Dental Specialties and to Dental Public Health. However, there will be some differences for those specialties, for which the GDC has also proposed Specialist Lists and Titles, which are practised both within and outwith the hospital service: Orthodontics, Periodontics, Prosthodontics, Endodontics and Surgical Dentistry.

Numbers of dental NTN's available for the Hospital and Community Health Services (HCHS) will continue to be controlled via the SWAG system in England and Wales and under separate arrangements in Scotland and Northern Ireland. Training for HCHS based specialties will continue to be in funded SpR posts.

However, not all trainees in the dental specialties will be employed in the HCHS. Training for these dentists may be either self funded or as sponsored postgraduate student trainees. This will continue for the present. Irrespective of the source of funding, all aspects of the appointment and training of specialist trainees should conform to the general principles of the Guide. There will be equivalent entry requirements for all dental specialist training. All trainees will have to achieve the same standards of competence in order to gain a CCST and all will hold National Training Numbers (NTNs) so that their training can be

monitored by the Specialist Advisory Committees (SACs) through the Joint Committee for Specialist Training in Dentistry (JCSTD) on behalf of the Competent Authority and in liaison with the Postgraduate Dental Deans/Directors.

5. A CCST in a dental specialty will enable the holder to apply to have his/her name entered on a GDC specialist list. The first group of lists is due to be introduced on 1 March 1998. This group comprises Restorative Dentistry, Dental Public Health and Oral Surgery. The second group comprising Surgical Dentistry, Endodontics, Periodontics and Prosthodontics is due to be introduced on 1 May 1998. The third group, due to be introduced on 1 July 1998, comprises Orthodontics and Paediatric Dentistry. No date has yet been set for the introduction of specialist lists in the Additional Dental Specialties.

Once the European Primary and Specialist Dental Qualifications Regulations have been laid before parliament, the GDC (Distinctive Branches of Dentistry) Regulations will be implemented. With effect from two years after the date on which the Regulations are made by the GDC for a particular specialty, it will be a legal requirement that only those whose names appear on such lists will be eligible to apply for a post as a substantive or honorary NHS consultant. However, although eligible to apply for such a post further training and experience may be required to satisfy the person specification and job description for a specific post (refer to the National Health Service (Appointment of Consultants) Regulations 1996 - Good Practice Guidance for further details).

The Accord

6. A copy of the Accord between the GDC (as the Competent Authority for dental specialist training), the Dental Faculties of the Royal Surgical Colleges, the Universities, Specialist Societies and Dental Postgraduate Deans/Directors accompanies this supplement as Annex 3. The Accord sets out a framework within which the SACs for each dental specialty will act through JCSTD on behalf of the GDC to ensure that training standards are monitored and maintained. The successful introduction of the new training programmes in the dental specialties will require a flexible partnership between all those involved. This Accord seeks to achieve this.

Specific Points of Variance in A Guide to Specialist Registrar Training

Section 1 The roles of the Specialist Training Authority, the CCST and the GMC's Specialist Register

- para 1 For the dental specialties the GDC is the sole competent authority. (This amendment applies throughout the Guide.) It has established a Specialist Training Advisory Committee (STAC) to advise the GDC's Education Committee on matters relating to dental specialist training. The JCSTD advises the STAC and the SACs for the individual dental specialties which report to JCSTD.

- para 2 For hospital practice in the UK read “hospital and specialist practice in the UK”. The relevant dental legislation is the European Primary and Specialist Dental Qualifications Regulations (1998). These amendments apply throughout the Guide.
- para 3 - 7 For Colleges and Faculties read “Colleges, Faculties and Universities”. For European Medical Directive(s) read “European Dental Directive(s). These amendments apply throughout the Guide.
- para 6 CCSTs can only be awarded in the specialties designated by the GDC.
- para 11-12 Not applicable.
- para 17 See para 5 of this supplement.

Section 2 *Appointments to the Grade*

Universities in selecting non-SpR specialist trainees should take into account the principles of this section.

Section 5 *Short-term and fixed-term appointments*

- para 8 ix The second sentence of this sub-paragraph does not necessarily apply to the dental specialties and is amended to read “it will not be possible to obtain a CCST without holding an NTN/VTN”. (see paragraph 4 of this supplement).

Section 6 *Flexible Training*

The arrangements in this section fully apply to SpR trainees in the dental specialties but reflect the requirements of the EEC Dental Directives. Non-SpR trainees may be trained on a “part-time” basis but the arrangements should follow the principles outlined in this section.

Section 7 *Training Numbers*

- para 5 iii Amend the second and third lines to read “the right number of dentists are trained to meet future demand for consultants and specialists”.
- paras 1, 3, 5 and 7 In addition self funded or sponsored non-SpR trainees will be issued with NTNs and may be issued with VTNs or FTNs as appropriate, by Postgraduate Dental Deans/Directors.

Section 9 *Overseas Dentists*

- paras 11-15, 30 and 31 The arrangements for dentistry are different and reference should be made to the National Advice Centre for Postgraduate Dental Education based in the Faculty of Dental Surgery at the Royal College of Surgeons of England.

Section 12 *Record of In-training Assessment (RITA)*

All trainees with Training Numbers should be so assessed including non-SpR self funded and sponsored trainees.

Section 15 *Study Leave*

Non-SpR trainees with NTN's will have to negotiate with their trainers, the SAC and Postgraduate Deans/Directors.

Section 19 *Specialist Registrars in Public Health Medicine* - amend to "Specialist Registrars in Dental Public Health".

The whole Section is amended as follows:

Introduction

1. Before the SpR grade was introduced trainees in dental public health participated in rotational training programmes, typically of 4 years duration, during which time they were provided with training in different health authorities/boards and UK Health Departments, or were based in university academic departments. The new educational arrangements for specialist registrar training take into account the particular needs of trainees in this specialty.

Establishing specialist registrar training placements in dental public health

2. The educational principles and training arrangements contained in the Guide will apply equally to trainees in dental public health.
3. It is for the postgraduate dental dean to make the final decision, in consultation with employing health authorities and on the advice of the relevant Faculty adviser, on the establishment of SpR training placements in dental public health. The educational content of the training programme will be approved by the Specialist Advisory Committee in Dental Public Health on behalf of the JCSTD.
4. The terms under which a training place is provided by a health authority should be set out in a training contract between the authority and the postgraduate dental dean. This contract should include, amongst other things, a commitment to provide high quality training and supervision by service and academic tutors and other senior dental staff, together with personnel support for training grade staff from health authority managers.

Appointment process for the specialist registrar grade

5. The appointment process will be the responsibility of the postgraduate dental dean. See Section 2. There will need to be suitable professional representation from the specialty on appointment committees for dental public health SpRs.

Terms and conditions of employment

6. Trainees in dental public health are employed on national terms and conditions of service. Senior registrars in dental public health who were in post on the commissioning date for the grade (1 October 1997) may have chosen to retain their senior registrar terms and conditions of service. New terms and conditions for SpRs in dental public health are being negotiated, which will replace *paragraphs 7 to 19 of the Annex to Section 19*.
7. In England, with effect from 1 April 1996, employment contracts of dental public health trainees have been held by Health Authorities.
8. In Scotland employment contracts for dental public health trainees will remain with Health Boards (circular MEL (1996) 10 refers). In Wales, the contracts of dental public health trainees will continue to be held by Health Authorities.

UK Contact Points for the Dental Specialties

General Dental Council:

(for enquiries relating to registration arrangements, admission to the specialist lists and general arrangements relating to the award of the CCST)

Specialist Desk
General Dental Council
37 Wimpole Street
London
W1M 8DQ
Tel: 0171 887 3800

Postgraduate Dental Deans:

(for enquiries relating to the local management and delivery of postgraduate dental education)

England

Mr D G Smith
Regional Postgraduate Institute for Medicine & Dentistry
11 Framlington Place
Newcastle upon Tyne
NE2 4AB

Dr J P Ralph
Dept for NHS Postgraduate Medicine & Dentistry
Willow Terrace Road
University of Leeds
Leeds
LS2 9JT

Professor P S Rothwell
Transitional Training Unit
Charles Clifford Dental Hospital
Wellesley Road, Sheffield
S10 2SZ

Mr G Cheney
Regional Postgraduate Office
The Clinical School
Hills Road
Cambridge
CB2 2SP

Dr J D Lilley
School of Dentistry
Pembroke Place
PO Box 147
Liverpool
L69 3BX

Mr D C Rule
Dental Postgraduate Department
Thames Postgraduate Medical and Dental
Education
33 Millman Street
London
WC1N 3EJ

Mr G O Taylor
University Department of Postgraduate
Medical and Dental Education
Dental Education
Gateway House
Piccadilly South
Manchester M60 7LP

Mr R T Reed
Postgraduate Department
South & West RHA
Highcroft
Romsey Road
Winchester
SO22 5DH

Scotland
Dental Director

Dr J S Rennie
Scottish Council for Postgraduate
Medical Education
12 Queen Street
Edinburgh
EH2 1JE

Mr R P Juniper
Department of Oral Surgery
John Radcliffe Hospital
Headington
Oxford
OX3 9DU

Northern Ireland

Mr I D F Saunders
Dept of Paediatric & Preventive Dentistry
Royal Victoria Hospital
Grosvenor Road
Belfast
BT12 6BP

Mr A Millar
Dental Postgraduate Department
Bristol Dental Hospital
Chapter House
Lower Maudlin Street
Bristol
BS1 2LY

Wales

Mr E S Nash
Director of Postgraduate Dental
Education
The Dental School
Heath Park
Cardiff

Professor J W Frame
Department of Oral Surgery
The Dental School
St Chad's Queensway
Birmingham
B4 6NN

Annex 2

Transition to the Specialist Registrar Grade in the Dental Specialties

Transitional Arrangements

Appendix 1 of the Guide sets out the arrangements for transition in medicine.

Special arrangements will be put in place by the JCSTD, within the terms of the Accord, and upon the advice of individuals SACs, to reflect the different circumstances relating to some dental specialties.

All the dental specialties (with the exception of the additional dental specialties, orthodontics and paediatric dentistry) now have defined training curricula approved by the Competent Authority (the GDC). It is hoped that the curricula for orthodontics and paediatric dentistry will also be approved in May 1998 by the full Council of the GDC.

Checklist of Requirements for Each Dental Specialty Commissioning Date for the Specialist Registrar Grade

1. Are the entry criteria for the grade clear and available for publication?
2. Are the curriculum and specialist training programmes for each specialty ready for publication?
 - these will need to be published (even if not in final format) before the Specialty Commissioning Date.
3. Training Programmes:
 - a- is each Region ready?;
 - b- are there any arrangements to ensure equivalence between regions?
4. Regional Specialist Training Committees:
 - a. have they put in place arrangements for assessment of all existing higher specialist trainees (including those appropriately appointed by an AAC and outwith the training grade at the present time doing research or other non-NHS service training) to determine what stage of a training programme they would be inserted?;
 - b. have they identified suitable placements required for each stage of the programme?;
 - c. Have sufficient placements been identified to accommodate all trainees including those in research who may wish to move immediately into the specialist registrar grade?
5. Are the criteria, arrangements, and record keeping procedures for the

assessment of trainees (which include annual reviews, professional examinations and the process for the decision to recommend the award of a CCST) in place?

Timetable for Commissioning Dental Specialist Registrar Training

1 October 1997

Restorative dentistry
Dental public health

Commissioning dates for the other dental specialties will be announced by the Department of Health as soon as possible. These will depend upon the requirements in the above checklist being fulfilled.

THE ACCORD

Between
THE GENERAL DENTAL COUNCIL
and
THE DENTAL FACULTIES OF THE ROYAL SURGICAL COLLEGES
and
OTHER EDUCATIONAL BODIES

Introduction

1. The Chief Dental Officer's Report on UK Dental Specialist Training has confirmed the status of the General Dental Council as the sole competent authority for dental specialties in the United Kingdom. As the competent authority the GDC must exercise its powers under the Dentists Act 1984 for the supervision of dental postgraduate education including its powers to visit establishments where postgraduate instruction is given.

2. The Chief Dental Officer's Report also recognises, as the GDC has always done, that the Dental Faculties of the Royal Colleges, the Universities and the Specialist Societies have played a key role in the formulation of curricula and syllabi and in the monitoring of training arrangements. The Council wishes to work closely with these bodies to ensure the promotion and maintenance of high standards of postgraduate education and training in dentistry. This will include dental specialist education and training and the continuing professional development of registered dentists. This Accord, which takes account of the present and future legal duties of the GDC and the longstanding experience and expertise of the Faculties, Universities, Specialist Societies and Postgraduate Dental Deans/Directors, should help to achieve the delivery of consistently high standards of dental care.

3. This document is specifically intended to identify the respective roles and responsibilities of the parties concerned to underpin the GDC's discharge of its duties as the competent authority for the dental specialties. The Council anticipates that the Accord will be ratified by the Joint Dental Forum, once established, by the Dental Faculties, by the Universities through the Council of Deans of Dental Schools, by the Postgraduate Dental Deans/Directors through the Conference of Postgraduate Dental Deans and Directors(UK) and by the reconstituted Joint Committee for Specialist Training in Dentistry (JCSTD), in which the Faculties, the Deans of Dental Schools, the Postgraduate Dental Deans/Directors, the Specialist Societies (by virtue of their representation on the Specialist Advisory Committees (SACs)), the Health Departments and the GDC themselves participate.

Role and Responsibilities of the General Dental Council

4. As the sole competent authority for the dental specialties the Council will have overall supervisory responsibility for courses of training leading to a diploma, certificate or other evidence of formal qualifications as a practitioner of specialized dentistry. Ultimate responsibility will also rest with the GDC for decisions on the

award of a Certificate of Completion of Specialist Training (CCST). The GDC therefore invites the Faculties, Universities, Specialist Societies and Postgraduate Dental Deans/Directors to continue their respective educational roles in developing and providing curricula and courses and coordinating training programmes so that the Council is able to:

- (a) scrutinise, and approve as appropriate, recommendations from the Faculties, for approval of curricula and examination regulations, and other training and assessment requirements, leading to the award of qualifications in special branches of dentistry and/or to recommendations for the award of CCSTs;
- (b) scrutinise, and approve as appropriate, recommendations from the Universities for approval of curricula and examination regulations leading to the award of degrees and diplomas in special branches of dentistry;
- (c) scrutinise, and approve as appropriate, recommendations from the Faculties, Universities and other educational and training bodies (through the JCSTD) as to training centres for specialist dental training;
- (d) approve any GDC regulations for the issue of CCSTs and the award of a distinctive title and entry in a related list under section 26 of the Dentists Act, 1984, and maintain all such lists;
- (e) receive applications for and decide on the issue of CCSTs, in the light of the advice of the Specialist Training Advisory Committee of the GDC, on the basis of courses of specialist training and assessment of competence conducted in accordance with the curricula, examination regulations and other arrangements indicated in subparagraphs 4(a), 4(b) and 4(c), and receive applications for and decide on entry to the appropriate list;
- (f) administer the transitional arrangements which will be set out in the proposed Department of Health European Dental Specialist Qualifications Regulations;
- (g) establish an independent appeals mechanism;
- (h) provide a central information service for potential applicants for CCSTs in cooperation with the Faculties, Universities and other educational institutions.

Role and Responsibilities of the Dental Faculties, the Universities, the Postgraduate Deans/Directors and the Joint Committee for Specialist Training in Dentistry

5. Subject to the provisions of paragraph 4 of this Accord the Dental Faculties of the UK Royal Surgical Colleges through their involvement in the JCSTD would exercise a practical role in relation to postgraduate education and training. This role would include:

- (a) development of curricula and examination regulations for the award of additional diplomas in special branches of dentistry;
- (b) provision, in liaison with relevant bodies, and assessment of training;
- (c) recommending to the GDC the approval of training institutions and training posts, in accordance with guidance from the competent authority;
- (d) making recommendations to the GDC for determination of entry qualifications, length and quality of training and conditions for flexible (part-time) training;
- (e) assessment of competence of trainees on completion of training and making recommendations to the GDC for award by the GDC of the CCST to individuals and/or entry to the appropriate list;

All these activities would be carried out by the JCSTD and the Faculties under the authority of the parent College Councils and their Charters. The input of the Royal College of Radiologists and the Royal College of Pathologists with regard to the Additional Dental Specialties is recognised.

6. The Specialist Societies will continue to contribute to development and assessment of education and training programmes through the Societies' representation on the SACs and curricular advice provided by the Societies to awarding bodies.

7. Subject to the provisions of paragraph 4 of this Accord and in liaison with the other parties to the Accord the Universities which are dental authorities would

- (a) develop curricula and examination regulations for the award of postgraduate degrees and diplomas in special branches of dentistry and make recommendations, through the JCSTD, to the GDC on curricula and on the award of CCSTs;
- (b) provide facilities for education and training leading to the award of the relevant degrees and diplomas and for other training programmes as appropriate.

8. Subject to the provisions of paragraph 4 of this Accord and in liaison with the other parties to the Accord the Postgraduate Dental Deans/Directors will, acting on behalf of the Universities and the National Health Service, organise and manage postgraduate training programmes in the dental specialties.

Joint Committee for Specialist Training in Dentistry

9. The General Dental Council is represented on the JCSTD. This Committee thus includes representatives of all the bodies covered by this Accord. It will have a valuable coordinating role in the practical implementation of the Accord which brings together the GDC, the Dental Faculties, the Specialist Societies, through their representation on the SACs, the Universities, the Postgraduate Dental Deans/Directors and the associated educational institutions and bodies.

MAY, 1996



Arrangements for the Defence Medical Services

1. The Defence Medical Service (DMS) will continue to train consultants in primary and secondary care specialties for practice in the Armed Forces. Consultants will be by qualification, training, experience and personal quality, equal to National Health Service counterparts and professional training will follow, as closely as possible, the pattern required for National Health Service trainees.
2. Candidates for consideration for specialist registrar status will be selected by the DMS from officers who satisfy the entry criteria for the grade. They will have completed basic specialist training of the required duration in posts and programmes approved by the appropriate SAC or Joint Committee and be in possession of the required diploma. These candidates will be presented to an appropriate appointment committee under the aegis of a National Health Service Regional Postgraduate Dean when the Committee on these occasions will be augmented by the presence of the Defence Postgraduate Medical Dean and two DMS Consultants. Service candidates will not be in competition with civilians for appointment but are required to meet the person specification for entry into higher professional training in that specialty.
3. Successful candidates will be awarded a National Training Number by the Defence Postgraduate Medical Dean and will hold this number until completion of specialist training, and may retain this number if they retire from the Defence Medical Services during their period in training. DMS specialist registrars will occupy posts and programmes approved by the appropriate SAC. Their progress will be monitored as with their NHS compatriots and they will appear before an NHS Regional Postgraduate Dean's Specialty-based review panel, again enhanced on these occasions by the Defence Postgraduate Medical Dean and two Armed Forces Consultants. The RITA system of recording is used.
4. Following the successful completion of specialist registrar training, receipt of a CCST and/or Specialist Registration, medical officers will be presented to Armed Service Consultant Approval Boards (ASCABs) for confirmation of NHS equivalence and suitability for consultant status.