

## Conditions of Joining a Specialty Training Programme

**(Note: This is NOT an offer of employment.)**

Dear Postgraduate Dean,

On accepting an offer to join a training programme in

[.....], I agree to meet the following requirements throughout the duration of the programme:

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

- I agree that I will only assume responsibility for or perform procedures in areas where I have sufficient knowledge, experience and expertise as set out by the GMC, my employers and my clinical supervisors.
- I will have adequate insurance and indemnity cover, in accordance with GMC guidance. I understand that personal indemnity cover is also strongly recommended.
- I will inform my Responsible Officer, HEE EoE and my employer immediately if I am currently under investigation by the police, the GMC/General Dental Council (GDC), the National Clinical Assessment Service or other regulatory body, and I will inform my Responsible Officer and HEE if I am under investigation by my employer. I also agree to share information on the progress of any investigations.
- I will inform my Responsible Officer, HEE EoE and my employer immediately if the GMC, GDC or NHS England place any conditions (interim or otherwise) on my licence, or if I am suspended or erased/removed from the Medical or Dental Register/Performers List.
- I will provide my employer and HEE EoE with adequate notice as per GMC guidance/contract requirements if I wish to resign from my post/training programme.
- I will maintain a prescribed connection with Health Education East of England work in an approved practice setting until my GMC revalidation date (this applies to all doctors granted full registration after 2 June 2014) and comply with all requirements regarding the GMC revalidation process.
- I will ensure that I comply with the standards required from doctors when engaging with social media, and I will adhere to my employer's policy on social media and GMC guidance.
- I acknowledge that as an employee in a healthcare organisation, I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes familiarity with policies, participating in employer and departmental inductions, and workplace-based appraisal as well as educational appraisal. I acknowledge and agree to the need to share information about my performance as a doctor in training with other organisations (e.g. employers, medical schools, the GMC, Colleges/training bodies involved in my training) and with the Postgraduate Dean on a regular basis.
- I acknowledge that data will be collected to support the following processes and I will comply with the requirements of the General Data Protection Regulation (GDPR):
  - a) Managing the provision of training programmes
  - b) Managing processes allied to training programmes, such as certification, evidence to support revalidation and supporting the requirements of regulators
  - c) Workforce planning
  - d) Improving patient safety
  - e) Compliance with legal and regulatory responsibilities, including monitoring under the Equality Act 2010
  - f) Research related to any of the above

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

**In addition, I acknowledge the following specific information requirements:**

1. I understand that programme and post allocations are provisional and subject to change until confirmed by HEE EoE and/or my employing organisation.
2. I understand that I will need to satisfy all requirements of the programme and curriculum to enable satisfactory sign off, and that this may require a specific time commitment.
3. I understand that my personal data is stored by Health Education England on both computer and manual systems. Where appropriate, this information may be shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function, the planning and delivery of specialist training.

Details of the information we collect and how we protect your data can be found on the [privacy notice](#) which is posted on the HEE Website.

**4. I agree to the following:**

- a) I will obtain and provide my School and HEE EoE with a professional email address.
- b) I will inform my School and HEE EoE of any change of my personal contact details and/or personal circumstances that may affect my training programme arrangements.
- c) I will keep myself up to date with the latest information available via HEE as well as via the relevant educational and regulatory websites.
- d) I will attend the minimum number of formal teaching days as required by my School/programme.
- e) Where applicable, I will fully engage with immigration and employer requirements relating to Tier 2 and Tier 4 UK visas.

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

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

Yours sincerely,

Trainee's signature

Trainee's name

Date