

**A Reference Guide for Postgraduate
Foundation and Specialty Training
in the UK**

**The Gold Guide
8th edition**

incorporating the
'Purple Guide'
for foundation training
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A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: 'The Gold Guide'

Contents

Section 1: Introduction and Background	5
Section 2: Roles and Responsibilities	8
UK health departments	8
The UK Foundation Programme Office	8
Health Education England	8
NHS Education for Scotland	9
Health Education and Improvement Wales	10
The Medical Deanery within HEIW	10
The Northern Ireland Medical and Dental Training Agency	11
Arrangements for the Defence Medical Services	11
The management of foundation and specialty training	13
The General Medical Council	13
Credentialing	15
Entry to the specialist and GP registers	15
Royal Colleges and Faculties	17
Postgraduate medical training programmes	17
Foundation schools and Foundation School Directors	18
Training Programme Directors (foundation and specialty)	19
Educational and clinical supervision (foundation and specialty)	20
Academic supervisor	20
Governance arrangements for supervision	20
Section 3: Undertaking a Foundation or Specialty Training Programme	22
Recruitment into training (foundation and specialty)	22
Trainees with disabilities (foundation and specialty)	22
Recruitment into foundation training	23
Recruitment into specialty training	24
Offers of training (foundation and specialty)	24
Training numbers (applicable to core and specialty trainees)	25
Deferring the start of a foundation or specialty training programme	26

Registering with the Postgraduate Dean	26
Maintaining a NTN: Continuing registration and remaining in foundation training.....	29
Filling gaps in training programmes: Locum appointments	30
Locum appointments for training/stand-alone foundation posts	30
Locum appointments for service (foundation and specialty)	33
Dual training	33
Sub-specialty certification during training and post-specialist registration.....	34
Applying for consultant posts	34
Removal from foundation training and withdrawal of the training number (NTN)/contract – when is the training number/contract withdrawn?	35
Doctors in specialty training employed permanently outside of the NHS	38
Less than full-time training	38
Eligibility for LTFT training	39
Prioritising requests for LTFT training.....	40
Applying for LTFT training	41
Progression in training as a LTFT trainee	42
Academic training, research and higher degrees	42
Option 1: Integrated academic and clinical programmes	43
Option 2: Taking time out of programme to undertake research.....	43
Taking time out of programme (OOP)	44
OOP in foundation training	45
OOP in specialty training	46
Time out of programme for approved clinical training (OOPT)	46
Time out of programme for clinical experience (OOPE) – not applicable to foundation doctors	47
Time out of programme for research (OOPR)	47
Time out of programme for a career break (OOPC).....	48
Training: health and disability.....	50
Absences from training and impact on certification (or completion) date	51
Movement between HEE, NES, HEIW and NIMDTA (foundation doctors)	51
Movement between HEE, NES, HEIW and NIMDTA (specialty trainees).....	52
Section 4: Progressing as a Specialty Trainee or Foundation Doctor	55
Competences/capabilities, experience and performance	55
Assessment of progression	57
Educational agreement	57
The educational supervisor and educational review.....	58
ARCP: Assessment	61

ARCP: What is its purpose?	61
ARCP: Educational supervisor’s report	65
ARCP: Collecting the evidence	66
The ARCP panel	67
How the ARCP panel works	69
Outcomes from the ARCP	70
Satisfactory completion of F1 (Outcome 1)	74
Satisfactory completion of F2 (Outcome 6)	75
Additional or remedial training	75
Pausing training for reasons other than statutory leave (not applicable in foundation training)	78
Notification of ARCP outcome.....	78
Form R and the Scottish Online Appraisal Resource	79
Quality assurance of the ARCP	80
The role of the Postgraduate Dean in the ARCP	81
The ARCP for academic foundation training programmes.....	81
The ARCP for integrated clinical and academic training programmes.....	82
Recording academic and clinical progress – academic assessment.....	83
The ARCP for trainees undertaking OOPR	83
Appeals of the ARCP outcomes.....	84
Reviews and appeals	85
Review of Outcomes 2 and 7.2.....	86
Appeal against Outcomes 3 and 4 or withdrawal of a training number/contract	86
Appeal hearing.....	87
Notification of appeal outcome	88
Appeal against a decision not to award a CCT/CESR(CP)/CEGPR(CP)	88
Section 5: Being a Trainee and an Employee	89
Postgraduate trainees (foundation and specialty)	89
Accountability issues for employers, Postgraduate Deans and trainees.....	90
Transfer of information	91
Managing absence from training other than annual leave	92
Gold Guide 8 Appendices	94

Section 1: Introduction and Background

1.1 This eighth edition of *A Reference Guide for Postgraduate Foundation and Specialty Training in the UK* (also known as the Gold Guide) sets out the arrangements agreed by the four UK health departments for specialty training programmes. It is maintained by the Conference of Postgraduate Medical Deans (COPMeD) on behalf of the four UK health departments.

1.1 i It incorporates the [Guide for Foundation Training in the UK version 2019](#) (also known as the **Purple Guide**), which sets out the arrangements agreed by the four UK health departments for foundation training programmes.

1.2 This edition is a consolidation of earlier versions of the Gold and Purple Guides, and replaces all previous versions. It aims to set out a framework with clear principles for the operational management of postgraduate foundation and specialty training to support consistent decision making by Postgraduate Deans and their support structures in a transparent way. It applies to all doctors in core and specialty training (including public health non-medical trainees) and to all foundation doctors across the UK. For the purpose of clarity, these doctors will be referred to as trainees throughout this document.

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

1.4 Throughout the Guide, any reference to specialty training includes general practice and core training. Where arrangements differ between specialty, general practice and core training, these differences are noted. [Similarly, where there are differences for foundation training, these are referenced and defined](#). Furthermore, where specialty is mentioned, this also includes GMC-approved sub-specialty programmes.

1.5 It is a requirement of the GMC that doctors who wish to enter specialty training, whether through core/specialty programmes or locum appointments for training, should apply through an open, fair and transparent application process.

1.6 All doctors recruited into GMC-approved core and/or specialty training programmes are known as Specialty Registrars (STRs), normally annotated with the year of training (e.g. ST3 for a trainee at the level of third year of the specialty training programme).¹

1.7 Where there is reference to Certificate of Eligibility for Specialist Registration (CESR), this also refers to Certificate of Eligibility for General Practice Registration (CEGPR), and the CESR combined programme (CESR(CP)) also refers to the CEGPR

¹ In accordance with the GMC's 2012 [position statement](#), **all** trainees were required to move to new curricula no later than December 2015. There are therefore no legacy trainees who would retain SpR and GPR titles.

combined programme (CEGPR(CP)). Where arrangements differ between CESR, CEGPR, CESR(CP) and CEGPR(CP), these will be noted in the Guide.

1.8 Throughout this Guide, reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf, which includes Deputy and Associate Postgraduate Deans, Foundation School Directors and Training Programme Directors for foundation and specialty training.

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

1.10 This Guide is applicable UK wide but there are some national variations in its implementation to reflect organisational structures. These have been highlighted appropriately.

1.11 The Guide is not a contractual document and will not cover every eventuality. There are occasions where it may be necessary to derogate from the guidance defined in this Guide.

1.12 The Postgraduate Dean has discretion to offer flexibility in making derogations from the Gold Guide/Purple Guide in exceptional circumstances and for sound educational reasons such as to accommodate changes and innovations in training delivery. Examples might include (but are not limited to) additional experience/competences/capabilities through credentialing programmes, and 'step in and out of training' options including *Out of Programme – Pause* (OOP Pause).

1.13 This Guide does not address issues relating to terms and conditions of employment (e.g. pay, the 'period of grace', job plans and work schedules) of doctors in foundation, specialty or general practice training.

1.14 The standards and requirements set by the GMC are extensively referenced to ensure that the Guide is underpinned by them.

1.15 The primary purpose of entry into training is to be able to progress towards and achieve either completion of a foundation programme (and obtain a Foundation Programme Certificate of Completion) or core training, or obtain a Certificate of Completion of Training or equivalent.

1.15 i If a trainee is unlikely to be able to undertake any training for whatever reason for a continuous period of more than two years, the Postgraduate Dean should review the maintenance of the training number/contract² in line with paragraph 3.106 and consider whether the training number/contract should be withdrawn (in accordance with paragraph 3.99 iii), taking into account other relevant factors that impact on suitability to continue in a training programme. This is for well-founded educational reasons (such as the need to maintain foundation competences/capabilities or to satisfy the requirements for remaining on the Medical Performers List for general practice).

² In foundation training, the correct reference is the training contract.

1.15 ii Where a trainee has been out of training for whatever reason for a continuous period of more than two years as defined in paragraph 1.15 i and wishes to return to a specialty training programme, the same principles will apply. The Postgraduate Dean will assess suitability to return to (and continue in) a specialty training programme in accordance with paragraph 3.99 iii. Academic trainees are permitted to have a maximum of four years out of programme for research (paragraph 3.174) and this time would not be included in the period under consideration in paragraph 1.15.

1.16 The Gold Guide is published in electronic format and will be available on the four UK specialty training websites as well as on the COPMeD website. This will enable updating of the Guide to ensure that it reflects developments in postgraduate medical training. The review of the Gold and Purple Guides will be aligned and synchronised biennially. Gold Guide version control is the responsibility of COPMeD; however, the UK Foundation Programme Office will maintain governance responsibility for and advise on the components of the Gold Guide relating to foundation training.

Section 2: Roles and Responsibilities

UK health departments

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

The UK Foundation Programme Office

2.2 The UK Foundation Programme Office (UKFPO) manages the national application process for the UK foundation programme, issues guidance on foundation training and promotes the consistent delivery of the foundation programme across the UK. It is funded by and is accountable to the four UK health departments. Working with partners, the UKFPO enables the sharing of good practice to help raise the standards of training.

Health Education England

2.3 Health Education England (HEE) supports the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. It has five national functions:

1. providing national leadership on planning and developing the healthcare and public health workforce
2. promoting high-quality education and training that is responsive to the changing needs of patients and local communities, including responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment
3. ensuring security of supply of the healthcare and public health workforce
4. appointing and supporting the development of Local Education and Training Boards (LETBs)³
5. allocating and accounting for NHS education and training resources, and accounting for the outcomes achieved

2.4 HEE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards, which are statutory committees of HEE. While HEE is

³ Following integration with NHS England and NHS Improvement, terminology for LETBs may be subject to change (likely to be replaced with People Boards).

accountable for English issues only, it works with stakeholders as appropriate in areas where there may be implications for the rest of the UK.

NHS Education for Scotland

2.5 NHS Education for Scotland (NES) is a national special health board, established in 2002, working in partnership with its stakeholders to provide education, training and workforce development for those who work in and with NHS Scotland. NES has a Scotland-wide role in undergraduate and postgraduate education as well as continuing professional development across all professional groups, and it maintains a local perspective through centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness with over 1,000 staff who work closely with frontline educational support roles and networks.

2.6 The overarching aim of NES is to deliver first-class medical education and training for Scotland to ensure safe, effective care for patients, both now and in future. Working with all its partners, NES aims to achieve this by:

- i. organising and providing excellent training programmes that attract high-quality doctors to Scotland
- ii. meeting and exceeding all regulatory standards through consistent application of best practice and the principles of continual improvement
- iii. supporting the ongoing education and training of Scotland's trained doctors, together with those who support their work

2.7 NES also supports the appraisal and revalidation of all doctors in Scotland as well as several cross-cutting and multi-professional programmes, including patient safety, quality improvement of patient care, and the development of Scotland's remote and rural workforce.

2.8 In addition, NES prepares professionals for practice in clinical psychology, pharmacy, optometry and healthcare science, and it provides access to education for nursing, midwifery and allied health professionals, healthcare chaplains and healthcare support workers as well as administrative, clerical and support staff.

2.9 The Scotland Deanery of NES was created on 1 April 2014 from the four extant deaneries in Scotland. The Scotland Deanery is responsible for managing the training of Scotland's postgraduate trainee doctors, who deliver care every day while in hospitals and general practices within NHS Scotland. Staff in the regional teams work closely with the wider NHS through the regional workforce planning groups.

2.10 The Scottish model also allows its four regions to work together as part of the Medical Directorate of NES, ensuring equity of recruitment and management approach. National policies and working committees, such as Specialty Training Boards, mean that Scotland can consistently deliver a high-quality approach.

2.11 Within the Scotland Deanery, Postgraduate Deans and General Practice Directors have identical roles and responsibilities for training; they provide strategic leadership and direction for postgraduate medical education and training to meet the requirements

of General Medical Council (GMC). They take advice from Colleges and Faculties to assist them.

Health Education and Improvement Wales

2.12 Established on 1 October 2018, [Health Education and Improvement Wales \(HEIW\)](#) is the only Special Health Authority within NHS Wales. HEIW sits alongside Health Boards and Trusts, and has a leading role in the education, training, development and shaping of the healthcare workforce in Wales in order to ensure high-quality care for the people of Wales.

2.13 The key functions of HEIW include:

- i. working closely with partners and key stakeholders, and planning ahead to ensure the health and care workforce meets the needs of the NHS and people of Wales, now and in the future
- ii. being a reputable source of information and intelligence on the Welsh health and care workforce
- iii. commissioning, designing and delivering high-quality, value for money education and training, in line with standards
- iv. using education, training and development to encourage and facilitate career progression
- v. supporting education, training and service regulation by playing a key role in representing Wales, and working closely with regulators
- vi. developing the healthcare leaders of today and the future
- vii. providing opportunities for the health and care workforce to develop new skills
- viii. promoting health and care careers in Wales, and Wales as a place to live
- ix. supporting professional organisational development in Wales
- x. continuously improving what HEIW does and how it does it

The Medical Deanery within HEIW

2.14 The Medical Deanery will continue to ensure the delivery of high-quality postgraduate medical education and training that supports service provision in NHS Wales by working with outside agencies to provide and recruit to sustainable high-quality medical training programmes that meet educational and curriculum requirements while maximising opportunities for access to community and rural placements, ensuring that patient safety is at the centre of training for the health service in Wales. This includes:

- i. ensuring a programme of support and assessment are in place across Wales to underpin the medical training programmes

- ii. ensuring the methods of providing medical education and training across Wales deliver to the highest standards, represent value for money and provide a range of learning methods/environments for trainees

The Northern Ireland Medical and Dental Training Agency

2.15 The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an arm's length body sponsored by the Department of Health for Northern Ireland (DoH) to train medical and dental professionals for Northern Ireland. It achieves this through:

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

2.16 NIMDTA is accountable for the performance of its functions to the Northern Ireland Assembly through the Minister of Health and to the GMC for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved.

2.17 There is a *Management Statement and Financial Memorandum* between the DoH and NIMDTA, setting out the relationship in detail.

2.18 NIMDTA was asked by the DoH in January 2019 to take on the function of being the single lead employer for doctors and dentists in training in Northern Ireland. This began in a phased fashion from August 2019.

Arrangements for the Defence Medical Services

2.19 The armed forces employ doctors in the period immediately following completion of F2 to undertake basic medical duties in a variety of home and deployed environments, known as General Duty Medical Officers (GDMOs). GDMOs are military officers who have already been selected, trained in military skills and commissioned into the armed forces. GDMOs undertaking general duties are not in formal training programmes but work under supervision in a similar way to specialty trainees, and generate an educational portfolio of their experiences and learning development as a doctor. Experience will be gained in the areas of primary care, trauma management, public health, occupational medicine and, importantly, leadership and management. Annual appraisal will be conducted, and evidence of experience will be mapped to GMC domains and the GDMO curriculum. This should be available for scrutiny at any selection interview. Time spent in these posts does not count towards a Certificate of Completion of Training (CCT).

2.20 The Defence Deanery, a part of the [Defence Medical Academy](#), will continue to train medical officers in primary and secondary care specialties for practice in the armed forces. Consultants and general practice principals in the Defence Medical Services (DMS) will be by qualification, experience and personal quality equal to their NHS colleagues. Professional training will follow (as closely as possible) the pattern required for NHS trainees as well as meeting the needs of the DMS and the GMC requirements for the relevant curriculum.

2.21 Military candidates who wish to be considered for specialty training will be selected by the Defence Deanery from those who satisfy both the entry criteria and person specification for the chosen specialty. These candidates will be presented before the relevant national specialty training selection panel as part of the national recruitment processes. They will be required to achieve at least the appointable score for that specialty but will not be in competition with civilians for NHS-funded appointments. They will be ranked accordingly along with their civilian colleagues. All such national selection panels will include representation from the Defence Deanery.

2.22 Successful military candidates for specialty training will be selected as required by the DMS. Those appointed as specialty trainees will be awarded a Defence Deanery National Training Number (NTN) by the Defence Postgraduate Medical Dean and the prefix of the NTN will remain 'TSD' to designate the trainee as a Defence Deanery trainee. They will hold this number until the completion of specialty training but those who (of their own choice) leave the armed forces through premature voluntary retirement will be required to relinquish their Defence Deanery NTN. If they wish to continue their specialty training as a civilian, they will have to seek an appropriate vacancy in a civilian training programme, for which they will have to compete.

2.23 For those who retire early for reasons beyond their control (e.g. medical reasons or because training is no longer available through the Defence Deanery in their specialty) and who still wish to continue training as a civilian (where possible in relation to any medical restrictions), the Defence Deanery will assist in applying for an inter-deanery transfer to a suitable NHS-funded specialty training programme. However, this will be subject to the availability of an appropriate NTN in a civilian training programme. The Defence Deanery NTN will then be relinquished.

2.24 All Defence Deanery specialty trainees occupy posts in specialty training programmes approved by the GMC, and their progress will be monitored as required by the GMC-approved curriculum and programmes of assessment for the relevant specialty. This could include attendance annually (or more frequently if required) before an assessment panel convened either by the host locality in HEE, NES, HEIW or NIMDTA, or the Defence Deanery as appropriate, for Annual Review of Competence Progression (ARCP). The ARCP panels will normally be attended by the Defence Postgraduate Medical Dean or their nominated deputy and, as for civilian ARCP panels, a proportion of Defence Deanery ARCP panels must include external representation.

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

The management of foundation and specialty training

2.26 HEE, NES, HEIW and NIMDTA are responsible for implementing foundation and specialty training in accordance with the GMC-approved curricula.

2.27 The day-to-day management (including responsibility for the quality management of training programmes) rests with the Postgraduate Deans, who are accountable to HEE, NES (which is accountable to the Scottish Government), the Welsh Ministers or NIMDTA (which is accountable to the DoH).

2.28 The responsible agencies above require Postgraduate Deans to have in place an educational contract (often referred to as a Learning and Development Agreement)⁴ with all providers of postgraduate medical education that sets out the standards to which postgraduate medical education must be delivered in accordance with GMC requirements and the monitoring arrangements. This includes providers of postgraduate training both in and outside of the NHS.

2.29 A range of issues will be covered in the educational contract with the responsible agencies, which has a different purpose to the education contract/agreement between the trainee and the training organisation responsible for training programme management.

The General Medical Council

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

- i. managing the UK medical register by deciding which doctors are qualified to work in the UK, and overseeing UK medical education and training
- ii. setting the standards that doctors need to follow and making sure that they continue to meet these standards throughout their careers
- iii. taking action to prevent a doctor from putting the safety of patients or the public's confidence in doctors at risk

2.31 The GMC is responsible for:

- i. issuing provisional and full registration, certifying doctors who have successfully completed a full GMC-approved training programme by awarding them a CCT, and for those whose skills, qualifications and experience are considered equivalent to a CCT, awarding them a CESR/CEGPR
- ii. establishing and overseeing standards and quality assurance in medical education and training

⁴ In Scotland, the Service Level Agreement is equivalent to the Learning and Development Agreement.

- iii. making a revalidation decision about whether a doctor should continue to hold a licence to practise and taking action to withdraw a doctor's licence if they do not engage sufficiently

2.32 Standards for the management and delivery of medical education and training are set by the GMC ([GMC | Promoting Excellence](#)). All training programmes offering postgraduate medical education must conform to these standards.

2.33 Postgraduate Deans are responsible for the quality management of their foundation and specialty training programmes. The requirements to quality manage the delivery and outcomes of foundation and specialty training through the Postgraduate Dean's sponsorship of training programmes is a key element of the GMC's [Quality Assurance Framework](#).

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

1. Approval of postgraduate curricula and programmes of assessment, the training programmes designed to deliver curricula outcomes and the locations at which those programmes can be delivered
2. Proactive quality assurance of the management and delivery of training programmes – This includes requiring the Postgraduate Deans to declare periodically that they are aiming to meet the standards of [Promoting Excellence](#) and to complete a self-assessment questionnaire. The GMC then scrutinises the questionnaire, alongside other data and intelligence, and undertakes checks (including visits) for areas of change, risk, excellence, innovation or notable practice.
3. Reactive quality assurance of the management and delivery of training programmes – Postgraduate Deans are required to use data and intelligence to monitor the local education providers they commission to deliver training and report any risks or issues above a given threshold to the GMC. If local action cannot adequately address serious risks or issues, the GMC supports the local system to resolve the issue through its enhanced monitoring process, which usually includes visits.
4. Collecting, analysing, and reporting data and intelligence – The GMC collects multiple sources of data (including data from its own national training surveys, ARCP data, College/Faculty examinations data and data on recruitment into training programmes) as well as additional intelligence on medical schools, postgraduate organisations, Colleges/Faculties and local education providers. The GMC uses this data to identify changes, risks, excellence, innovation and notable practice, which then informs its quality assurance processes. Where possible, data is published in accessible and usable formats on the GMC website for others to use.

2.35 Curricula describe outcomes as the knowledge, skills, competences/capabilities, behaviours and expected levels of performance a learner must acquire and demonstrate by the end of a period of education or training. They may be generic, shared or specialty specific. The Colleges and Faculties develop the specialty curricula and programmes of

assessment in accordance with [GMC | Excellence by Design: Standards for Postgraduate Curricula](#). These provide a framework for the approval and provision of postgraduate medical education and training across the UK. Only GMC-approved curricula can be used for delivering specialty training programmes resulting in the award of a CCT. The GMC holds and maintains the list of registered medical practitioners including the specialist and GP registers. All doctors wishing to practise medicine in the UK must be registered with the GMC and hold a licence to practise. A list of relevant legislation is available at [GMC | Mandate](#).

2.36 In order to be able to take up a substantive, fixed-term or honorary consultant post in the NHS in one of the four UK health administrations, a doctor is required to hold a licence to practise and to be listed on the GMC's specialist register. Further information is available at [GMC | Before You Apply](#). In order to be eligible to take up a post as a general practitioner, a doctor is required to hold a licence to practise, and to be on the GP register and the national Medical Performers List ([GMC | The GP Register](#)).

Credentialing

2.37 The concept of credentialing to recognise clinicians' expertise in discrete areas of practice outside of the usual training pathways has been explored to support the service and workforce development focused on patient safety.

2.38 The GMC has introduced a [framework for GMC-regulated credentials](#). This describes discrete areas of practice where gaps in training or service have raised concerns about patient safety. These are an approved way to develop doctors in an assured and educationally supervised environment, delivered flexibly outside of approved postgraduate training programmes with clear entry criteria. These approved areas of practice follow the same standards, expectations and requirements as postgraduate curricula (paragraph 2.35). Doctors who meet the outcomes of GMC-regulated credentials will be recognised as working at the same standard as the award of the CCT in that particular credentialed area of practice. The GMC will include recognition of the credential on the list of registered medical practitioners.

Entry to the specialist and GP registers

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

a) Certificate of Completion of Training (CCT)

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

b) Certificates of Eligibility (CESR/CEGPR)

The GMC has also implemented a system that assesses applications for eligibility for inclusion on the specialist or GP registers from doctors who have not completed a traditional training programme that has been prospectively approved in full by the GMC but who have gained the

same level of skills and knowledge required by the approved curriculum leading to a CCT for their specialty. There are a number of different eligibility routes, which each have a different assessment:

i. Combined programme CESR/CEGPR

The combined programme CESR/CEGPR is known as the CESR(CP) or CEGPR(CP). This route applies to trainees who enter a GMC-approved training programme (above the first year of the training programme)⁵ having undertaken training in non-approved posts prior to entry and then subsequently complete the remaining part of their training in a GMC-approved training programme. These trainees follow the same processes for award of their CESR(CP)/CEGPR(CP) as a CCT trainee.

ii. Approved programme CEGPR

If a trainee has completed all parts of the GMC-approved general practice training programme but has failed to pass either the Applied Knowledge Test (AKT) or the Clinical Skills Assessment (CSA) while in training, they will not be eligible to apply for a CCT. They may instead be eligible to apply for a CEGPR through the approved programme route (CEGPR(AP)) provided that the examination is taken within six months of leaving the training programme.⁶

iii. Full CESR/CEGPR

The CESR/CEGPR route is for doctors who have not completed a GMC-approved training programme but who can demonstrate that they have completed the equivalent through a combination of training, qualifications and experience obtained anywhere in the world, including the UK. This would include those doctors who leave GMC-approved training without completing the full programme (including the required assessments/examinations) and who are not eligible for the CESR(CP)/CEGPR(CP)/CEGPR(AP) or for those who have never been in a GMC-approved training programme. These doctors apply directly to the GMC for an assessment of their training, skills, knowledge and experience against the CCT curriculum.

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

2.41 The processes for entry to the specialist and GP registers can be found at [GMC | Specialist or GP Applications](#). It is important that potential applicants for these registers

⁵ Applies to specialty training only, not applicable to general practice

⁶ Please refer to the current MRCGP examination regulations for eligibility to sit examinations outside of training.

appreciate that there are fixed time periods for the application submission (as defined on the relevant web pages) and that these must be adhered to.

Royal Colleges and Faculties

2.42 The Academy of Medical Royal Colleges,⁷ the Colleges and the Faculties develop the curricula and programmes of assessment in accordance with [GMC | Excellence by Design: Standards for Postgraduate Curricula](#). The GMC then considers the curricula and assessments against these standards for approval. Only GMC-approved curricula and programmes of assessment can be used for delivering specialty training programmes resulting in the award of a CCT.

2.43 The Colleges/Faculties and their delegated local representatives also work closely with HEE, NES, HEIW and NIMDTA, to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training providers. Through their participation as external advisors on ARCP panels (section 4), the Colleges/Faculties also have a role in the quality management of the ARCP process.

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

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

Postgraduate medical training programmes

2.45 A programme is a formal alignment or rotation of posts that together comprise a programme of training in a given specialty or sub-specialty. Approval of training programmes and locations rests with the GMC. Postgraduate Deans submit their proposed training programmes and locations with supporting evidence. Locations within a programme **must** be approved **before** a trainee trains there in order for the time to count towards a Foundation Programme Certificate of Completion (FPCC) or CCT. A programme is not a personal programme undertaken by a particular trainee. Further guidance is available at [GMC | Programme and Site Approvals](#).

2.46 All trainees must accept and move through suitable placements or training posts that have been designated as parts of the specialty training programme prospectively approved by the GMC. When placing trainees, Postgraduate Deans or their nominated deputies will take into account (wherever possible) the trainees' specific health needs or disabilities that impact on their training. Placement providers are responsible for

⁷ The Academy of Medical Royal Colleges develops the foundation curriculum.

assessing and making reasonable adjustments if trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee. The GMC has published advisory guidance to postgraduate training organisations on supporting doctors in training with long-term health conditions and disabilities. The guidance is available at [GMC | Welcomed and Valued](#); it has a chapter dedicated to postgraduate training and there are also accompanying supporting resources.

2.47 A programme may either deliver the totality of the curriculum through linked stages in an entirety to the FPCC/CCT or it may deliver component elements of the approved curriculum. For uncoupled training (paragraph 3.2), the two elements of core training and higher specialty training are regarded as separate programmes, and both require approval.

2.48 Postgraduate Deans are responsible for developing appropriate training programmes across educational provider units that meet curriculum requirements.

2.49 Postgraduate Deans will implement a range of models to manage their training programmes overall. The models will vary but rely on senior educators managing training in foundation/specialty programmes providing advice and programme management. Various models are in existence or in development that rely on joint working with the UKFPO or the Colleges/Faculties (usually through their Specialty Advisory Committees) to support this, for example Specialty Training Committees, Specialty Schools and Specialty Training Boards.

2.50 There are two types of training programmes in **specialty training**:

1. **'Run-through'** training, where progression to the next level of training is automatic (so long as the trainee satisfies all the required competences/capabilities)
2. **'Uncoupled'** training programmes, where there are two or three years of core training followed by another open competition for higher specialty training posts and progression to completion of training (provided the trainee satisfies all the required competences/capabilities)

2.51 The type of training programme(s) available depends on the specialty. Some specialties offer run-through programmes, others offer uncoupled programmes and some are piloting programmes through both routes. Information about training pathways will be documented in the relevant specialty curricula.

Foundation schools and Foundation School Directors

2.52 Foundation schools are conceptual groups of institutions bringing together medical schools, the local educational organisation, Trusts/Boards (acute, mental health and primary care organisations) and other organisations such as hospices. They aim to offer training to foundation doctors in a range of different settings and clinical environments. The schools are administered by a central team, which is supported by the education organisation. Foundation schools deliver training according to national guidance developed by the UKFPO with variation according to national policy. The Foundation School Director is the head of the foundation school and is accountable to the Postgraduate Dean. Supported by a foundation school manager/senior administrator and

appropriate administrative staff, the Foundation School Director helps set the strategic direction of the school and is responsible for quality management in conjunction with HEE/NES/HEIW and NIMDTA quality management processes.

Training Programme Directors (foundation and specialty)

2.53 The GMC requires that training programmes are led by Training Programme Directors (TPDs), Foundation School Directors and Heads of School (or their equivalents) in accordance with the GMC standards [Promoting Excellence](#).

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

- i. participate in the local arrangements developed by the Postgraduate Dean, which may include Heads of School or Chairs of Training Boards, to support the management of the specialty training programme(s), and work with delegated College/Faculty representatives (e.g. College/Faculty tutors, regional advisors) and national College/Faculty training committees or Specialty Advisory Committees to ensure that programmes deliver the specialty curriculum, and enable trainees to gain the relevant competences/capabilities, knowledge, skills, attitudes and experience
- ii. take into account the collective needs of the trainees in the programme when planning individual programmes
- iii. with relevant Directors of Medical Education provide support for educational and named clinical supervisors in the programme
- iv. contribute to the ARCP process in the specialty
- v. help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required
- vi. ensure (with the help of administrative support) that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.
- vii. produce timely reports on the training programme, on individual trainees and on the review of information regarding the quality of training, as required by HEE, NES, HEIW and NIMDTA
- viii. have career management skills (or be able to provide access to them) and be able to provide career advice to trainees in their programme
- ix. act as positive advocates for their specialty in order to maximise recruitment (e.g. by coordinating taster sessions during foundation training, career fair representation or liaison with specialty leads and with the Colleges/Faculties)

Educational and clinical supervision (foundation and specialty)

2.55 An educational supervisor is a named trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. (Some training schemes appoint an educational supervisor for each placement.) The educational supervisor is jointly responsible with the trainee for the trainee's educational agreement.

2.56 The educational supervisor is responsible for collating evidence of the performance of a trainee in a training placement, providing feedback to the trainee and agreeing action plans to ameliorate any concerns or issues identified (paragraphs 4.35 and 4.52–4.58).

2.57 Each trainee should have **a named clinical supervisor** for each placement to ensure that educational governance requirements are met. This arrangement is distinct from the requirement for supervisory arrangements to meet local clinical governance requirements. A named clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. The purpose of the named clinical/educational supervisor meeting/review is defined in paragraphs 4.20–4.27.

Academic supervisor

2.58 Trainees in an academic programme should have an academic supervisor. The academic supervisor is responsible for overseeing a specified trainee's academic work and providing constructive feedback during an academic or related placement.

Governance arrangements for supervision

2.59 All trainees must have an educational and named clinical supervisor for each placement in their training programme. It is normal practice for these roles to be undertaken by different people but (in some elements of a rotation) the same individual may provide both educational and clinical supervision. In such a circumstance, the respective roles and responsibilities should be clearly defined. In integrated academic training, a trainee will also have a named academic supervisor.

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

2.61 Educational and named clinical supervisors should be specifically trained for their role and demonstrate their competence in educational appraisal and feedback as well as in assessment methods, including the use of the specific in-work assessment tools approved by the GMC for the specialty. Educational and named clinical supervisors

should hold a licence to practise and are required to be recognised and/or approved in line with [GMC | Recognition and Approval of Trainers](#) requirements.

2.62 Postgraduate Deans will need to be satisfied that those involved in managing postgraduate training have the required competences/capabilities. This includes TPDs, educational supervisors, named clinical supervisors and any other agent who works on behalf of HEE, NES, HEIW, NIMDTA or an employer to deliver or manage training. Postgraduate Deans must ensure quality management of such arrangements to meet the GMC framework. (More information is available in National Association of Clinical Tutors UK guidance – [NACT UK Job Roles and Descriptions](#).) There should be explicit and sufficient time in job plans for both educational and clinical supervision of trainees.

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

- i. is equitable
- ii. respects human rights
- iii. challenges unlawful discrimination
- iv. promotes equality
- v. offers choices of service and treatments on an equitable basis
- vi. treats patients/carers with dignity and respect

Section 3: Undertaking a Foundation or Specialty Training Programme

3.1 The General Medical Council (GMC)-approved foundation programme is a two-year programme consisting of an appropriate balance of placements across different specialties and in different healthcare settings. Trainees achieve their Foundation Programme Certificate of Completion (FPCC) when the foundation programme is satisfactorily completed.

3.2 Once trainees have satisfactorily completed a specialty training programme comprising either run-through or core and higher training, the whole of which has been prospectively approved by the GMC, they will be eligible for a Certificate of Completion of Training (CCT). Award of a CCT will entitle them to apply for entry to the specialist or GP registers.

3.3 Alternatively, trainees who have entered training at a higher level after attaining some competences/capabilities in training not prospectively approved by the GMC, and who have subsequently completed the remainder of the programme in approved posts, will be entitled to a Certificate of Eligibility for Specialist Registration or a Certificate of Eligibility for General Practice Registration via the combined programme route (CESR(CP)/CEGPR(CP)). Award of the CESR(CP)/CEGPR(CP) will entitle them to apply for entry to the specialist or GP registers.

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

Recruitment into training (foundation and specialty)

3.5 The NHS and the UK health departments promote and implement equal opportunities policies. There is no place for unlawful discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. Advertisements for training programmes will incorporate a clear statement on equal opportunities confirming the suitability of the programme for less than full-time (LTFT) training.

3.6 Appointment processes must conform to employment law as well as to best practice in selection and recruitment.

Trainees with disabilities (foundation and specialty)

3.7 Applicants with disabilities must be considered alongside all other applicants for training programmes. Any such applicants will be treated in line with the laws on employment and equal opportunities. More information is available at [GMC | Welcomed and Valued](#).

3.8 Following allocation to foundation or specialty schools, the TPDs must take into account the needs of applicants with disabilities. Applicants should be informed of the Health Education England (HEE)/NHS Education for Scotland (NES)/Health Education and Improvement Wales (HEIW)/Northern Ireland Medical and Dental Training Agency

(NIMDTA)/school's process to support those with a disability. Applicants should inform their school at an early stage so that a suitable programme can be identified.

3.9 Postgraduate Deans and Training Programme Directors (TPDs) are encouraged to tailor individual training programmes to help trainees with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the relevant curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment.

3.10 Employers must make reasonable adjustments if disabled appointees require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also take into account the assessments of progress and individual appointee's educational needs wherever possible.⁸

Recruitment into foundation training

3.11 In line with the GMC standards [Promoting Excellence](#), access to places on the foundation programme is through an open, fair and transparent competitive application process across the UK. All entrants to the foundation programme must demonstrate that they meet the person specification and eligibility criteria for each recruiting year as published on the [UK Foundation Programme Office \(UKFPO\) website](#).

3.12 The two-year foundation programme is not available to those who are eligible for full registration with the GMC.

3.13 Before applying for a two-year foundation programme, applicants must confirm that they are eligible to apply. UK medical schools confirm that their final year medical students meet the eligibility criteria on their students' behalf. Applicants from non-UK medical schools or from those who qualified more than two years prior to the start of the foundation programme to which they are applying must comply with the eligibility checking process and timeframe determined for each recruiting year by the UKFPO. Details of the eligibility checking process and timeframe are published each year on the UKFPO website.

3.14 The process for applying to the two-year foundation programme, including the academic foundation programme, will be published on the UKFPO website a minimum of six weeks before the application process begins.

3.15 If applicants believe that the published process was not followed in relation to their application, they may appeal against decisions made as part of the process of allocating foundation doctors. The UKFPO is responsible for publishing and managing the appeals process.

Supporting Trainees Entering Practice (STEP) in foundation training

3.16 The national Supporting Trainees Entering Practice (STEP) process is a means of supporting medical students during the transition from medical school to foundation training and during F1, and it includes the transfer of information process.

⁸ [Equality Act 2010](#)

3.17 Under the Medical Act 1983, universities have formal responsibility for confirming that doctors at the end of F1 are eligible for full registration. It is therefore essential that there is a two-way transfer of information between the university/ medical school and HEE/NES/HEIW/NIMDTA/the foundation school until the point of full registration with the GMC.

3.18 The national STEP process is managed by the Medical Schools Council and supported by the UKFPO. The STEP process is facilitated by completion of a STEP form. Every applicant, including eligibility applicants, applying for the foundation programme (via the national application process) is required to comply with the STEP process and complete a STEP form.

3.19 The student completes the STEP form. The medical school endorses the information on the STEP form and may provide further information where appropriate. STEP forms should be shared only with relevant individuals at the applicant's allocated foundation school. There are three key components to STEP:

1. information concerning health and welfare
2. information concerning educational progress
3. information concerning professional performance

3.20 The STEP form and full details of the relevant STEP processes are available on the [UKFPO website](#).

3.21 Completion of the STEP form does not replace the need to report any fitness to practise issues to the GMC or to inform the local education provider's human resources/ occupational health departments of any health issues.

Recruitment into specialty training

3.22 Theme 2 of the GMC standards [Promoting Excellence](#) requires that organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.

3.23 Guidance on recruitment is available through the following links:

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

Offers of training (foundation and specialty)

3.24 Trainees will have an educational agreement with HEE, NES, HEIW or NIMDTA that enables them to continue in a training programme subject to satisfactory progress.

3.25 An allocation offer for a training programme following the selection process is not an offer of employment. This can only be made by an employer, who will need to

ensure that the candidate who has been allocated to that employer meets the requirements of employability.

3.26 Trainees will be offered an employment contract for the placement(s) they will be working in. Some trainees will be employed by one employer throughout their period of training. This employer is known as the lead employer for that programme. Other trainees will have more than one employer so trainees may have a series of contracts of employment throughout a training programme.

3.27 The trainee's employment is separate from their training and their training number/contract will be maintained throughout their training (paragraphs 3.30–3.37).

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

- i. the employing organisation will be informed of the applicant's details by HEE, NES, HEIW or NIMDTA. Offers of training and employment will be subject to the applicant being able to demonstrate GMC registration (provisional registration for F1 doctors and full registration for F2 doctors) with a licence to practise at the advertised start date of the programme, and criminal record and barring checks carried out by the employer at the appropriate level as well as having completed all other pre-employment requirements, including references, according to current government legislation.
- ii. the employing organisation should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks. Contracts of employment remain the responsibility of the employing organisation or lead employer.

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

Training numbers (applicable to core and specialty trainees)

3.30 Following appointment to a specialty training programme, a National Training Number (NTN) or Dean's Reference Number (DRN) will be awarded. This includes trainees working in NHS and non-NHS employment.

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

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

3.33 The NTN/DRN is unique to the trainee for the period the trainee holds the number in that specialty training programme. The NTN/DRN may be changed for a given trainee if that trainee is subsequently appointed competitively to a different specialty or academic programme.

3.34 A trainee should not hold more than one training number (NTN or DRN) at the same time.

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

3.36 The NTN or DRN is a numeric code that identifies the location of training, the specialty and the GMC number of the holder with a single letter suffix (for example identifying whether the trainee is on a programme aimed at delivering a CCT or CESR(CP), CEGPR(CP) etc and whether they are an academic trainee). Detail on the configuration of the NTN/DRN and a table of permitted specialty and sub-specialty combinations can be found in the [NTN Appendix](#) available on the GMC website.

3.37 The specialty component of a NTN/DRN will consist of a concatenation of specialty/sub-specialty codes to reflect all the curricula a trainee is undertaking as part of their training programme.

Deferring the start of a foundation or specialty training programme

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

3.39 Deferral of the start of training applies equally to trainees who have returned to programme following a prior period of statutory leave as well as to applicants for whom the period of statutory leave coincides with the proposed start date of the programme. One such example would be if an applicant has had a period of statutory leave for six months during the final year of core training and thus requires an additional six months to complete the training, providing they otherwise meet the eligibility requirements for specialty recruitment, they can apply for and be appointed to a specialty post and defer the specialty training start date by six months. The period of deferral would not normally exceed one year. However, in exceptional circumstances and with the Postgraduate Dean's approval, it could be extended to a maximum of two years before the doctor would need to reapply for a training post (paragraph 1.15).

3.40 Wherever possible, applicants are asked to give as much notice as possible of the need to defer the start date. This may allow the placement to be offered to someone else.

Registering with the Postgraduate Dean

3.41 All trainees (including those in a locum appointment for training (LAT) post) must register with the appropriate Postgraduate Dean at the time that they commence

their training programme by obtaining and returning Form R ([GG8 Appendix 1](#)) or the [Scottish Online Appraisal Resource \(SOAR\)](#).

3.42 Foundation doctors (F1) must register with the appropriate Postgraduate Dean at the time that they commence their training programme by completing the Conditions of Taking Up a Training Post form. Additionally, F2 doctors must complete Form R ([GG8 Appendix 1](#)) or [SOAR](#). F1 doctors are also expected to complete Form R. F1 doctors are limited to provisional GMC registration and therefore are not subject to the GMC revalidation requirement.

3.43 At this point (for F2 doctors and specialty trainees), their Postgraduate Dean will become their Responsible Officer for revalidation purposes. (*The references to Form R in relation to registration with the Postgraduate Dean in paragraph 3.44 **do not apply to NES**, where SOAR replaces this form.*) This registration comes with responsibilities for the trainee.

3.44 Engagement with the Postgraduate Dean's processes is an important aspect of professionalism and is viewed alongside all other aspects of competence progression. Failure to comply with requirements such as Form R return, completion of the GMC national training survey and of other required 'local' surveys may result in an adverse training outcome.

3.45 Trainees will also need to send to the Postgraduate Dean a signed copy of the conditions for taking up a training post ([GG8 Appendix 2](#)), which reminds them of their professional responsibilities, including the need to participate actively in the assessment and revalidation processes. These obligations relate to professional and training requirements, and do not form any part of the contract of employment.

3.46 Return of Form R (or SOAR) initiates the Annual Review of Competence Progression (ARCP) process (paragraph 4.36 onwards) and triggers the allocation of a training number/contract where appropriate.

3.47 Registration with the Postgraduate Dean for training is maintained by submitting Form R (or SOAR) on an annual basis, usually integrated with the ARCP process. This form should identify any updates to personal contact details, professional qualifications etc. It reaffirms the trainee's commitment to training and also declarations required for revalidation (including full scope of work, probity, health, involvement in significant events, complaints and compliments).

3.48 In the interim, it is the responsibility of the trainee to inform the Postgraduate Dean of any changes to the information recorded. Trainees **must** ensure that HEE, NES, HEIW or NIMDTA has an up to date email address at all times and that it is one that the trainee checks regularly.⁹ Accurate information is needed not only for the training organisation but also to support the requirements of the Colleges/Faculties and the GMC.

3.49 The Postgraduate Dean will issue a training number/contract to each doctor appointed to a specialty training programme on registering with a completed Form R (or

⁹ This should normally be a professional email address (e.g. NHS.net).

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

- i. ensure the doctor is registered on the Postgraduate Dean's database
- ii. initiate the ARCP process, through which progress in training is monitored
- iii. enable the Postgraduate Dean to put in place revalidation arrangements
- iv. record the date of entry to the programme or post
- v. For those trainees with a NTN or those entering a core training programme, the Postgraduate Dean will forward a copy of the registration form to the relevant College/Faculty. This is to advise that a new trainee has been registered in HEE, NES, HEIW or NIMDTA, and provide the training number and GMC programme approval number.
- vi. Foundation doctors are not issued with a NTN or DRN as outlined herein.

3.50 Before a training number/contract is issued, trainees will also be required to indicate formally that they accept the conditions for taking up a training post ([GG8 Appendix 2](#)). In addition, trainees awarded a training number/contract must agree to:

- i. engage in activities approved by and agreed with the Postgraduate Dean that are compatible with their training programme. (This includes trainees taking agreed time out of training for research, leave of absence for a career break etc.)
- ii. If time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dean/TPD is informed of their proposed plans/timescale to return to the training programme.
- iii. ensure that employer, Postgraduate Dean and College/Faculty processes are followed in relation to the reporting of absences
- iv. engage in the training and assessment process (e.g. participate in setting educational objectives; participate in appraisal; attend training sessions; ensure that documentation required for the assessment process, revalidation and maintenance of the GMC licence to practise is submitted on time and in the appropriate format)
- v. ensure that all activity undertaken that requires a licence to practise is included in the annual full scope of practice declaration for appraisal/ARCP
- vi. not undertake medical locum or other work activities that compromise their training or make them non-compliant with UK Working Time Regulations. Any locum activities or other medical activities must be documented and reported within the revalidation scope of practice

declaration. Foundation doctors should note that locum work is only possible with full GMC registration.

- vii. be aware that if they are employed outside of the NHS and cease to pursue (for any reason) the research or other activity that the Postgraduate Dean (taking account of advice from research supervisors and the Colleges/Faculties) has agreed is compatible with the retention of the training number/contract, they must inform the Postgraduate Dean, who will then decide whether it is appropriate for them to retain their training number/contract
- viii. be aware that if they hold a training number/contract, are employed outside of the NHS in a post that is not part of a training programme and wish to begin or return to a training programme in the NHS, they will need to discuss their return with the relevant TPD. They cannot be guaranteed a particular placement but their needs will be taken into account with the rest of the trainees in the programme.

3.51 Failure to comply with these requirements may result in the **removal from foundation training** or the withdrawal of the training number/contract by the Postgraduate Dean (paragraphs 3.99 iii and iv). The arrangements for appealing against the withdrawal of a training number/contract are described in paragraphs 4.166–4.172.

Maintaining a NTN: Continuing registration and remaining in foundation training

3.52 Trainees in foundation and specialty training programmes will remain in foundation training/retain their training number/contract through satisfactory progress and performance. They should also continue to comply with the conditions for taking up a training post ([GG8 Appendix 2](#)).

3.53 Trainees can maintain their training number/contract and therefore continue registration with HEE, NES, HEIW or NIMDTA even when they take time out for research (and may no longer be employed by the NHS) or when they take an agreed career break as long as they adhere to the protocol set out in paragraph 3.54.

3.54 In advance of leaving a training programme for a period of time, in accordance with the guidance for time out of programme (paragraphs 3.149–3.182), trainees must agree:

- i. with the Postgraduate Dean the period of the time out of programme
- ii. to complete the appropriate out of programme document, which sets down the agreed terms of leave from the programme
- iii. that where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the named academic and educational supervisor

- iv. that they intend to return to complete their training to FPCC, CCT or CESR(CP)/CEGPR(CP)
- v. to provide the Postgraduate Dean with an up-to-date email address and to respond to any communication from the Dean
- vi. to maintain their GMC registration with a licence to practise

3.55 Foundation doctors must check with the GMC regulations regarding provisional and full registration. When taking time out of training before gaining full registration, foundation doctors should seek advice from the GMC regarding the time limit on provisional registration. Taking time out of training while provisionally registered with the GMC will only be supported in exceptional circumstances.

Filling gaps in training programmes: Locum appointments

3.56 It is inevitable that there may be gaps in training programmes as a result of incomplete fill at recruitment, trainees taking time out of programme, trainees leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur.

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

3.58 These will be specified as LATs, stand-alone foundation posts or locum appointments for service (LASs), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.

3.59 The employer and HEE, NES, HEIW or NIMDTA should consult on the filling of locum posts in order to fill gaps or vacancies in training programmes/posts where these are required for service provision.

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

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

Locum appointments for training/stand-alone foundation posts

3.62 Any F1 or F2 vacancies that arise outside of the national application process will be filled using local recruitment processes agreed between the foundation school and the local employer(s). These will be advertised on the relevant websites.

3.63 Doctors appointed to LATs/stand-alone F2 programmes and LAS/non-training service posts must have appropriate workplace supervision.

3.64 Only LATs/stand-alone F2 programmes offer approved training. By definition, locally appointed posts are time-limited (i.e. fixed-term) unless the employer decides to make a permanent appointment.

3.65 Foundation LATs/stand-alone foundation programmes are usually one-year fixed-term appointments. Appointments will be by the same recruitment processes as for foundation training, adhering to the same national person specifications and in open competition. Where LATs/stand-alone foundation appointments are made outside of the national recruitment windows, there will be representation on the appointments panel from the Postgraduate Dean/Deputy.

3.66 The foundation school must be involved in the recruitment of doctors to LATs/stand-alone F2 programmes.

3.67 Doctors appointed to LATs/stand-alone F2 programmes must follow the curriculum, have a named educational supervisor/clinical supervisor and, subject to satisfactory performance including ARCP, will be eligible for the FPCC/ARCP Outcome 6. However, LATs/stand-alone F2 programmes will not necessarily be extended if the foundation doctor does not meet the requirements for satisfactory completion of the foundation programme within the fixed-term appointment. Further information regarding LATs/stand-alone F2 programmes is available via the national F2 recruitment framework.

3.68 LAT/stand-alone foundation appointments offer formal, approved training and can be used by doctors:

- i. in completing the requirements of the foundation programme
- ii. as an employment opportunity with the potential to gain further experience and capabilities where it is appropriate and possible to do so

3.69 A record of capabilities achieved by LAT/stand-alone foundation doctors will also be retained by HEE, NES, HEIW and NIMDTA through the ARCP process.

Locum appointments for specialty training

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

3.71 LATs appointments are undertaken only in posts that have been approved for specialty training by the GMC. They are managed within specific specialty training programmes approved by the GMC, under the auspices of a specialty TPD.

3.72 LAT posts offer formal, approved specialty training, usually (but not exclusively) in the early years of a specialty curriculum, and can be used by doctors:

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

3.73 They are not usually available to provide formal training in advanced elements of the specialty curriculum. The four UK health departments with the advice of their Postgraduate Deans will each determine the extent of the availability of (and access to) such curricular elements. LATs do not confer a right of entry to core, higher or run-through specialty training.

3.74 As for trainees in core, higher and run-through training, LAT appointees are required to register with the appropriate College/Faculty in order to access the educational portfolio and assessment documentation for the specialty, and for the post to count towards specialty training. Retrospective credit for LAT posts previously undertaken will not be granted.

3.75 LAT trainees must have an educational supervisor with whom educational objectives are set, with regular appraisal, and a programme of workplace-based assessments relevant to the curriculum being followed as well as full clinical supervision. Training and assessment must be provided on an equivalent basis to that provided in specialty training programmes.

3.76 At the end of each post, LAT trainees should participate in the ARCP (section 4) and receive the appropriate annual assessment outcome documentation. LAT trainees are responsible for retaining copies of their ARCP outcomes as evidence of the competences/capabilities they have obtained. A record of competences/capabilities achieved by LAT trainees will also be retained by HEE, NES, HEIW and NIMDTA through the ARCP process.

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

3.78 LATs are undertaken in approved training posts, which can contribute towards a CCT once a trainee has been competitively selected for a relevant training programme. Evidence from these posts can also be used by doctors in submitting their CESR application.

3.79 Enrolled LAT appointments of three months' whole time equivalent or more should automatically count towards training where satisfactory progress is confirmed through the demonstration of achievement of competences/capabilities (usually by ARCP), or unless otherwise notified by the host locality in HEE, NES, HEIW or NIMDTA.

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

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

Locum appointments for service (foundation and specialty)

3.82 Doctors undertaking a LAS post may be appointed by employers in consultation with HEE, NES, HEIW or NIMDTA and are usually short-term service appointments.

3.83 Discussion with HEE, NES, HEIW or NIMDTA is required to ensure that the responsibility for filling the short-term gap is clear between the employer and HEE, NES, HEIW or NIMDTA. Since these appointments are for service delivery and will not enable appointees to be assessed for competences/capabilities required in a GMC-approved curriculum, employers may use local person specifications. Doctors in these posts will not be able to demonstrate educational progression.

3.84 Doctors undertaking a LAS post must have appropriate clinical supervision but do not require an educational supervisor since they will not normally be able to gain documented relevant training competences/capabilities through the appointment. However, competences/capabilities attained from undertaking a LAS post may count towards progressing to a Certificate of Readiness to Enter Specialty Training or CESR(CP). Whether these competences/capabilities can be taken into account would usually be assessed early after entry to a training programme and at the latest by the first ARCP.

3.85 LAS/non-training service posts are used for service delivery and will not enable appointees to meet the requirements for satisfactory completion of F1 or the foundation programme. LAS/non-training service posts must not be undertaken by provisionally registered doctors.

Dual training

3.86 The GMC approves which specialties can be undertaken as 'dual training' leading to dual specialist registration. The list of approved dual specialties can be found at [GMC | Approved Dual CCT Pairings](#).

3.87 In most cases, trainees are competitively appointed to 'dual training' specialties through a single recruitment process. Some trainees may 'pick up' intensive care medicine as a 'dual programme' through a separate process. Trainees applying from an existing dual training programme such as 'Acute Internal Medicine and General Internal Medicine' will be required to drop general internal medicine. Where trainees are competitively appointed to a training programme leading to dual specialist registration, trainees are expected to complete the programmes in full and obtain the competences/capabilities set out in both curricula. Application to the GMC for a CCT/CESR(CP) should only take place when both programmes are complete. The two certificates should be

applied for and awarded on the same date, and the expected end of training date for both specialties therefore becomes the same date.

3.88 Where a trainee wishes to curtail the programme leading to dual specialist registration and to apply to the GMC for a single CCT/CESR(CP), the trainee must apply to the Postgraduate Dean for agreement to do so. If the Postgraduate Dean agrees, the dual specialist registration programme will terminate and the trainee will continue training within the remaining single specialty. Similarly, if the trainee has received an ARCP Outcome 4 in one of the limbs of a dual training programme (paragraph 4.88), the trainee can only continue with the second limb of that programme with the approval of the Postgraduate Dean.

3.89 Dual training is not available for those training in general practice; however, trainees can apply for and be appointed a second specialty on completion of the general practice training programme.

Sub-specialty certification during training and post-specialist registration

3.90 In certain specialties, it is possible to be awarded a sub-specialty certificate and have this sub-specialty indicated on the specialist register against a doctor's name.

3.91 This applies when a doctor has successfully completed a sub-specialty programme approved by the GMC and the award is dependent on the applicant also having completed training in the 'parent' CCT specialty and gaining entry to the specialist register. This training may be undertaken at the same time as the parent specialty training programme.

3.92 It is possible to pursue sub-specialty training after the doctor has been entered on the specialist register, usually after competitive entry to an approved sub-specialty training programme. Details of the sub-specialty training programmes currently approved by the GMC can be found at [GMC | Sub-specialties](#).

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

Applying for consultant posts

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

3.95 There may be instances when the six-month period is interrupted by statutory leave. In those circumstances, it is a decision for the potential employer as to whether the trainee is eligible for the consultant post.

3.96 Once a doctor has been entered on the specialist register, they are able to take up a substantive, fixed-term or honorary consultant or general practitioner post in the NHS. There are different arrangements for Foundation Trusts, which can be found at [GMC | The Specialist Register](#).

3.97 Where ARCP Outcome 6 is not subsequently issued and the trainee has already been appointed to a consultant post, the trainee will need to inform the employer immediately to discuss the possibility of deferring the start of employment to follow award of a CCT/CESR(CP).

3.98 There may be exceptional circumstances where there is a requirement for tailored training within the approved curriculum towards a specific post. The rural track in the general surgery curriculum is a good example, where the GMC has approved the tailored training. An advance appointment longer than six months can then be justified where particular training requirements for the post have been identified that would need to be met in the latter stages of training leading to CCT/CESR(CP). Such circumstances would require authorisation by the appropriate health department, and must be outlined in the recruitment documentation and agreed by the Postgraduate Dean. As an alternative approach, consideration could be given to achieving these competences/capabilities within a post-CCT fellowship.

Removal from foundation training and withdrawal of the training number (NTN)/contract – when is the training number/contract withdrawn?

This section sets out the Gold and Purple Guides’ directive to the Postgraduate Dean for withdrawal of the training number/contract or removal from foundation training if the criteria in paragraphs 3.99 i–viii are met.

- 3.99 The training number/contract will be withdrawn when a trainee:
- i. has completed their training programme and has received an ARCP Outcome 6 (including a period of grace where relevant)
 - ii. has received an Outcome 4 from the ARCP panel, and the appeals process (where relevant) has been concluded and the appeal rejected
 - iii. is assessed by the Postgraduate Dean as not being suitable for returning to or continuing training in the specialty/foundation programme in HEE, NES, HEIW or NIMDTA
 - iv. does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean, as set out in [GG8 Appendix 2](#)
 - v. does not hold GMC registration with a licence to practise
 - vi. has their name erased or suspended from the medical register, or where restrictions are applied to their registration and where such

measures are incompatible with continuing in a medical training programme at their level of training

- vii. is dismissed by an employer, which may be an individual employer or the lead employer, and the appeal against the dismissal (where relevant) has been concluded and the appeal rejected
- viii. resigns their place in a training programme

3.100 In all cases where a training number/contract is withdrawn or a trainee is removed from foundation training, the Postgraduate Dean will inform the trainee in writing of the reasons for this decision and (where necessary) their right of appeal.

3.101 Should a training number/contract be withdrawn or a trainee be removed from foundation training under paragraphs 3.99 iii, iv, vi or vii, then the trainee will have the right of appeal (paragraphs 4.166–4.172). If the training number/contract is removed under paragraph 3.99 vii, while this is subject to appeal, the appeal is restricted to the educational process under the governance of the Gold Guide and the appeal panel does not have authority to overturn employment/contractual decisions and the appeal against the dismissal (where relevant) has been concluded and the appeal rejected.

3.102 In relation to paragraphs 3.99 ii–vi, the relevant employing organisations need to be informed of any decision for withdrawal of a training number/contract as this will normally also mean that their employment contract will be terminated but the decision for the training number/contract to be withdrawn on educational grounds rests with the Postgraduate Dean.

3.103 If a foundation doctor resigns from their employment, they should also inform HEE/NES/HEIW/NIMDTA/the foundation school, which will normally terminate the training contract and notify the medical school. HEE/NES/HEIW/NIMDTA/the foundation school must inform the foundation doctor's current and any known future employer as part of the foundation programme when terminating a training contract.

3.104 If a trainee is dismissed by an employer, other than at the end of their fixed term, HEE/NES/HEIW/NIMDTA/the foundation school will normally remove the training number/contract. The employer is responsible for publishing and managing the appeals process against dismissal. Removals under paragraph 3.99 vii are therefore not subject to further appeal against the dismissal but focus on the educational grounds for removal of the training number/contract (paragraph 3.101).

3.105 For foundation doctors, HEE/NES/HEIW/NIMDTA/the foundation school should discuss with the GMC's Fitness to Practise Directorate if it thinks there may be fitness to practise concerns unless a referral has already been made by the employer or representative of the employer responsible for the dismissal.

3.106 The provision in paragraph 3.99 vi relates to decisions of the Medical Practitioners Tribunal Service (MPTS) after their full and formal Medical Practitioners Tribunal (MPT) process. This may also relate to decisions of MPTS Interim Orders Tribunals (which are temporary arrangements pending the decision of a full MPT) where such measures are assessed by the Postgraduate Dean as being incompatible with continuing in a training programme for a period likely to be in excess of two years (in accordance with paragraph 1.15).

3.106 i If a doctor has their training number/contract withdrawn following an Interim Orders Tribunal decision and this decision is subsequently revoked and registration reinstated (within the two-year period defined in paragraph 1.15), the trainee may request that the Postgraduate Dean restores their training number/contract; and

3.106 ii providing there are no outstanding fitness to practise issues or unresolved concerns (paragraph 3.108), the Postgraduate Dean will make a decision taking into account all the relevant factors, including any outstanding fitness to practise issues or other unresolved concerns that impact on suitability to continue in or return to a training programme.

3.107 In some circumstances, a trainee will neither be currently employed in the NHS nor hold an honorary contract with an NHS organisation (e.g. they will be working overseas or taking a break from employment). Where the Postgraduate Dean believes that the conditions under which such a trainee holds the training number/contract have been breached and that the training number/contract should be withdrawn, the Postgraduate Dean will write to the training number/contract holder to tell them of their decision. The trainee will have the right of appeal through the process, as set out in paragraphs 4.166–4.172.

3.108 Foundation and specialty training posts and programmes are not normally available to trainees who have previously relinquished or been released/removed from a training post/programme in that specialty or in foundation training. However, provided there are no outstanding fitness to practise issues, unresolved concerns or factors that impact on suitability for foundation or specialty training, it is open to those who have had their training number/contract/foundation programme place withdrawn or have given their training number/contract up voluntarily to reapply to specialty/foundation training at a later date.

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

3.108 ii **In order to reapply for foundation training**, where a trainee has previously been removed or resigned, they must have the support of the Postgraduate Dean/Deputy in the locality in HEE, NES, HEIW or NIMDTA where foundation training was previously undertaken. Applications will only be considered if a trainee provides a 'Reapplication to Foundation Training' form. No other evidence will be accepted. Re-entry in such cases will be by competitive process with other applicants. **Where the applicant has not practised medicine for more than two years, they will have to undergo an approved assessment of their clinical skills.**

Doctors in specialty training employed permanently outside of the NHS

3.109 In some specialties (e.g. occupational medicine and pharmaceutical medicine), it is anticipated that most specialty trainees will enter and complete their training with employers outside of the NHS. In such circumstances, trainees will not hold either substantive or honorary NHS contracts. They must, however, hold a NTN(I) (I for Industry). The programme should comply with the GMC standards [Promoting Excellence](#) (paragraph 2.29).

3.110 Before a NTN(I) is issued, the Postgraduate Dean must be satisfied that these specialty trainees have a contract with an approved education provider.

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

Less than full-time training

3.112 HEE, NES, HEIW and NIMDTA have a strong commitment to helping all doctors in training to reach their full potential. All doctors in training can apply for LTFT training.

3.113 This guidance is drawn from the NHS Employers document [Principles Underpinning the New Arrangements for Flexible Training](#) (2005) and is supported by the GMC's position statement on [LTFT training](#) (2017).

3.114 Those in LTFT training must meet the same requirements in specialty and general practice training as those in full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week.

3.115 The aims of LTFT training are to:

- i. retain in the workforce doctors who are unable or do not wish to continue their training on a full-time basis
- ii. promote career and personal development as well as work/life balance for doctors training in the NHS
- iii. ensure continued training in programmes on a time equivalence (pro rata) basis

3.116 A balance needs to be maintained between LTFT training arrangements, the educational requirements of both full-time and LTFT trainees, and service need.

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

- i. using full-time posts for LTFT training placements
- ii. using slot shares
- iii. ensuring equity of access to study leave

- iv. developing permanent LTFT training placements and programmes in appropriate specialties

3.118 In exceptional circumstances, the Postgraduate Dean may consider the establishment of personal, individualised placements that are additional to those funded through routine contract arrangements, subject to training capacity, GMC approval and resources.

3.119 Trainees will:

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

3.120 Trainees on LTFT placements are not precluded from undertaking other work although they should ensure that in undertaking this work, they practise according to the GMC's standards in [Good Medical Practice](#) and that this does not impact negatively on their training. By utilisation of their annual Form R or SOAR submission, they should ensure that the Postgraduate Dean as their designated Responsible Officer is aware of all additional work undertaken within their remit of holding a licence to practise. Further information is available on the Conference of Postgraduate Medical Deans (COPMeD) website ([COPMeD | Guidance on Undertaking Additional Work](#)).

3.121 Decisions by HEE, NES, HEIW and NIMDTA only relate to educational support for the application. Employers/host training organisations must make a separate decision about the employment aspects of any request, including the proposed placement and any associated out-of-hours work. Contractual provisions are addressed in the NHS Employers document [Equitable Pay for Flexible Medical Training](#) (2005) and on their webpages regarding [terms and conditions of service](#) (2016 contract in England).

Eligibility for LTFT training

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

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

Prioritising requests for LTFT training

3.124 The only requirement to be permitted to train less than full time is a well-founded individual reason. In practice, COPMeD has agreed the following categories, which serve as guidelines for prioritising requests for LTFT training. However, these categories are not exhaustive. It should be noted that requests to undertake LTFT training cannot be guaranteed and will be dependent on the capacity of the programme. The needs of trainees in Category 1 will take priority. Applications for LTFT training under Category 2 would usually be for a fixed time period. For trainees on dual CCT programmes, classified as less than full time in each specialty, the time period will be determined locally and aligned to the curriculum requirements for each CCT programme.

3.125 **Category 1** comprises:

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

3.126 **Category 2** comprises:

- i. **Unique opportunities:** A trainee is offered a unique opportunity for their own personal/professional development and this will affect their ability to train full time (e.g. training for national/international sporting events, or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training).
- ii. **Religious commitment:** A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
- iii. **Non-medical development:** A trainee is offered non-medical professional development (e.g. management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.

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

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

Applying for LTFT training

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

- i. All trainees can apply for LTFT training either at the point of application for entry into training or at any time once they have been accepted into training. As for all other applicants wishing to enter specialty training, competitive appointment to training is required but must not be affected or influenced by the applicant's wish to be considered for LTFT training.
- ii. The trainee will need to first submit their application for LTFT training to HEE, NES, HEIW or NIMDTA, which will be assessed and prioritised based on the categories above. HEE, NES, HEIW or NIMDTA will consider the application in the context of its effect on the training available to other trainees in the programme.
- iii. Trainees must inform their College/Faculty of their arrangements for LTFT training and ensure their TPD or Head of School is aware.
- iv. Approval of the training plan will normally be given for the duration of the placement but will be subject to annual review. The LTFT placement and funding will also be subject to agreement with the employer/host training organisation before the placement can be approved.

3.130 LTFT trainees who wish to increase or decrease their working hours (subject to the minimum requirements for recognition of training set by the GMC's 2017 [position statement](#)) should contact their relevant LTFT training lead for approval and will have their application subjected to the above process. If a LTFT trainee wishes to move to a different placement other than the planned movement on rotation or by inter-deanery transfer, a request to continue training on a LTFT basis at the new place of work will be needed. This will be subject to the normal application process as described above.

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

3.132 The administration of an application will normally take three months and applicants must not expect to be placed immediately. The inability of HEE, NES, HEIW or NIMDTA to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and as a result, LTFT training cannot always be guaranteed.

3.133 Further details of the application and appeals processes can be found on the individual websites of HEE, NES, HEIW and NIMDTA.

Progression in training as a LTFT trainee

3.134 As for all trainees, LTFT trainees will need to meet the requirements for progression in training as set out by GMC-approved curricula for training and they will be assessed in accordance with the ARCP process set out in paragraphs 4.36–4.154. For clarity, key points with regard to progression in training for LTFT trainees have been set out below.

3.135 LTFT trainees should have an ARCP not less than annually but may also need an ARCP at points where decisions relating to progression in training are required.

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

3.137 Should an extension to training be required following the award of ARCP Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met. However, the option remains open to LTFT trainees to complete on a fixed-term basis if there are sound educational reasons to do so.

3.138 As for all trainees and set out in paragraphs 3.94–3.98, LTFT trainees may apply for a consultant post and can be interviewed up to six months prior to their anticipated CCT date; this is on a fixed-term basis and not pro rata.

3.139 As for all trainees and set out in paragraph 3.166, LTFT trainees may apply for a period of acting up as a consultant. For LTFT trainees, the period of acting up will be pro rata of the three months but may be extended with the agreement of all parties, including the employer.

Academic training, research and higher degrees

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

[National Institute for Health Research Integrated Academic Training](#)

[NHS Scotland | Scottish Academic Training \(SCREDS\)](#)

[HEIW | Academic Medicine](#)

[NIMDTA | Academic Training](#)

[Academy of Medical Sciences](#)

3.141 Such opportunities are available through two main routes.

Option 1: Trainees can compete for opportunities to enter integrated combined academic and clinical programmes.¹⁰ Those who are appointed to such posts will need to meet the clinical requirements for appointment if they are not already in specialty training, as well as the academic requirements.

Option 2: Trainees can take time out of their specialty training programme for a period of time entirely focused on research leading to either an MD or PhD (time out of programme for research (OOPR), paragraphs 3.170–3.178), with the agreement of the TPD and Postgraduate Dean. Trainees will continue to hold their training number/contract during this time out of their clinical programme. (Other routes may be available to trainees in certain specialties such as public health.)

Option 1: Integrated academic and clinical programmes

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

3.143 Trainees in integrated academic programmes will be assessed through a joint academic and clinical annual assessment process as described in paragraphs 4.138–4.142.

3.144 If it is recommended at any point through the ARCP process that an integrated academic programme trainee should leave the academic programme but should still continue with their clinical training, then the trainee will be facilitated back into the clinical training programme by the Postgraduate Dean, given due notice.

3.145 Where a trainee is undertaking an academic programme within an uncoupled programme that confers the right to automatic access to higher medical training (currently only in England), if they leave the academic programme during core training, they will forfeit their access to automatic run-through training.

3.146 In these programmes, the period of academic research is integrated with the clinical component and the appropriate proportion of these periods would normally be designated prospectively. It is accepted practice to count periods of research in an integrated academic programme towards any time-based requirement for the associated clinical CCT.

Option 2: Taking time out of programme to undertake research

3.147 Trainees will need to seek the prospective agreement of the Postgraduate Dean to take time out of programme to undertake research or an appropriate higher degree. Those taking time out of programme for research purposes will retain their NTN as long as they have the agreement of the Postgraduate Dean to do so. The process for this is described in paragraphs 3.170–3.179.

¹⁰ Examples of integrated academic training include academic foundation programmes.

3.148 Trainees undertaking research with no clinical care component should also note paragraph 4.154 regarding maintaining clinical skills.

Taking time out of programme (OOP)

3.149 There are a number of circumstances when a trainee may seek to spend some time out of the training programme to which they have been appointed. All such requests need to be agreed by the Postgraduate Dean or nominated deputy in advance so trainees are advised to discuss their proposals as early as possible. Normally, trainees would be approved for one OOP period per training programme (including dual CCT programmes). However, the Postgraduate Dean has discretion to consider exceptional circumstances and approve more than one OOP period for trainees where there are sound educational reasons (e.g. academic trainees may be required to undertake time out of programme for clinical experience (OOPE) in preparation for OOPR to undertake a PhD degree).

3.150 The purpose of taking OOP is to support the trainee in:

- i. undertaking clinical training that is not a part of the trainee's training programme (OOPT)
- ii. gaining professional skills that would enhance their future practice (OOPE) – This could include enhancing skills in medical leadership, academia, medical education or patient safety, or enhancing clinical skills related to but not part of the curriculum. Such experience may benefit the doctor (e.g. working in a different health environment/country) or may help support the health needs of other countries (e.g. with Médecins Sans Frontières, Voluntary Service Overseas, global health partnerships). **OOPE is not applicable in foundation training.**
- iii. undertaking a period of research (e.g. leading to an MD or PhD) (OOPR)
- iv. taking a planned career break (OOPC)

3.151 OOP can only be agreed if it has the formal approval of the Postgraduate Dean. Guidance for the processes for application for OOP can be found on the websites of HEE, NES, HEIW and NIMDTA. The trainee should give their Postgraduate Dean and their employer (current and/or next) as much notice as possible, and this would normally be six months so that the needs of patients are appropriately addressed.

3.152 Trainees will also need to ensure that they keep in touch with HEE, NES, HEIW or NIMDTA, and renew their commitment and registration to the training programme with the Postgraduate Dean on an annual basis. This process also requests permission for the trainee to retain their training number/contract and provides information about the trainee's likely date of return to the programme as well as the estimated date for completion of training and revalidation documentation. For trainees undertaking approved training out of programme, it should be part of the return for the annual review process. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.

3.153 Trainees must maintain their licence to practise while on OOP as well as their connection with HEE, NES, HEIW or NIMDTA for the purposes of revalidation and might be at risk of training number/contract withdrawal (paragraph 3.99 v) if they do not.

3.154 Trainees undertaking LAT posts cannot request time out of their post. Where time needs to be taken away from work (e.g. following bereavement or for illness), the service gap may be filled but the trainee's fixed-term appointment contract will not be extended.

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

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

OOP in foundation training

3.157 Occasions where OOP is granted to foundation doctors are likely to be exceptional given the length and nature of their training. The duration of time out of the foundation programme will usually be 12 months to avoid foundation doctors becoming out of phase with the foundation programme. Foundation schools will typically only approve OOP at the end of F1 so that the time out is taken between the end of F1 and the beginning of F2. Time out during F1 or F2 placements will only be considered in exceptional circumstances.

3.158 **Foundation doctors** who want to take OOP should first discuss this with their educational supervisor and Foundation Programme Training Director.

3.159 **F1 doctors** should be aware that the GMC has made an important change to the way doctors can use their provisional registration. From 1 April 2015, the length of time doctors are allowed to hold provisional registration is limited to a maximum of 3 years and 30 days. Further information can be found at [GMC | Provisional Registration](#).

3.160 **Foundation doctors** who take time out of the foundation programme during F1 to undertake training outside of the UK will require a Certificate of Experience from their medical school confirming that they have successfully completed the requirements of F1 in order to apply for full GMC registration. No other evidence will be accepted. If the foundation doctor cannot provide the evidence for the Certificate of Experience, they are not eligible for full registration and will be limited to applying for provisional registration

on their return to the UK. Further guidance can be found at [GMC | Provisional Registration](#).

3.161 If the **foundation doctor** does not contact the Foundation School Director (FSD) as agreed, the foundation school is no longer required to hold a F2 programme and the foundation doctor would need to apply for a vacant F2 appointment in open competition.

OOP in specialty training

3.162 OOP will not normally be agreed until a trainee has been in a training programme for at least one year of specialty training (unless at the time of appointment, deferral of the start of the programme has been agreed for leave on statutory grounds). Occasions where OOP is granted to core trainees are likely to be exceptional given the length and nature of their training.

Time out of programme for approved clinical training (OOPT)

3.163 The GMC must prospectively approve clinical training out of programme if it is to be used towards a FPCC, CCT or CESR(CP)/CEGPR(CP) award ([GMC | Out of Programme \(OOP\)](#)). This could include overseas posts or posts in the UK that are not already part of a GMC-approved programme in the same specialty. Further approval from the GMC is not required if the OOPT is already part of a GMC-approved programme in the same specialty. If OOPT is being taken in a programme managed by another UK region, trainees must ensure that the programme is already approved for training. (See [GMC | Programme and Site Approvals](#).)

3.164 The Postgraduate Dean is required to submit an application for prospective GMC approval for any OOP that is to count towards a FPCC, CCT or CESR(CP)/CEGPR(CP) on behalf of the trainee and this application is required to include support from the relevant College/Faculty. If prospective approval for OOP is not sought from the GMC, then it cannot count towards a FPCC, CCT or CESR(CP)/CEGPR(CP). Where the OOPT is in a GMC-approved programme in the same specialty, an application for further GMC approval is not required.

3.165 Trainees will retain their training number/contract while undertaking an approved clinical training opportunity as long as the OOPT has been agreed in advance by the Postgraduate Dean and trainees continue to satisfy the requirement for annual review, including revalidation. OOPT will normally be for a period of up to one year.

3.166 Trainees may be able to take OOP to act up as a consultant and may be able to credit this time towards a CCT or CESR(CP) if there is specific provision for this in their specialty curriculum. This would normally be undertaken in the final year of training. Trainees acting up as consultants will need to have appropriate supervision in place. If the experience afforded by this post is in a location already approved for training in the relevant specialty by the GMC, additional prospective approval for OOPT is not required from the GMC. If acting up as a consultant is undertaken in another location, prospective approval will only be necessary if the acting up placement is relevant and contributes to gaining the competences/capabilities, knowledge, skills and behaviours required by the curriculum. In these circumstances, OOPT will normally be for a period of three months or pro rata for LTFT trainees. However, length of periods approved for acting up as a

consultant may be specified in the relevant curricula and where referenced in a curriculum, specific provisions around acting up roles need to be adhered to.

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

Time out of programme for clinical experience (OOPE) – not applicable to foundation doctors

3.168 Trainees may seek agreement for OOP to undertake clinical experience that has not been approved by the GMC and that will not contribute to award of a CCT or CESR(CP)/CEGPR(CP). In these circumstances, it is likely that the CCT date will need to be extended. The purpose of such OOPE could be to:

- i. gain professional skills that would enhance a trainee’s future practice. This could include enhancing skills in medical leadership, academia, medical education or patient safety.
- ii. enhance clinical experience and skills related to but not part of the curriculum for the individual so that they may experience different working practices or gain specific experience in an area of practice
- iii. support the recommendations in Global Health Partnerships: The UK Contribution to Health in Developing Countries (2007), which recommends that:

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

3.169 The request to take OOPE must be agreed by the Postgraduate Dean following the same rules as outlined above for OOPT (other than the requirement for prospective approval from the GMC). The OOP document must be used to make the request, and this should detail the rationale for the application and the specific competences/capabilities to be acquired during the period of OOPE. This document must be returned on an annual basis to HEE, NES, HEIW or NIMDTA while the trainee is out of programme. OOPE will normally be for up to one year.

Time out of programme for research (OOPR)

3.170 Trainees should be encouraged and facilitated to undertake research where they have an interest and aptitude for doing so. Options are limited for foundation doctors because of the short programme duration. Owing to the nature and duration of

foundation training, OOPR will be approved only in exceptional cases. It will usually be restricted to one year and generally only be taken between F1 and F2.

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

3.172 Time spent out of a specialty training programme for research purposes will be recognised towards the award of a CCT or CESR(CP)/CEGPR(CP) when the relevant curriculum includes such research as an optional element. Under such circumstances, the GMC is not approving the research but is approving any training (including research) that is deemed to be appropriate and relevant to the curriculum in question. Both the College/Faculty and HEE, NES, HEIW or NIMDTA need to support the application for prospective approval.

3.173 Once prospective approval of the posts and programmes has been obtained, it is still for Colleges/Faculties to confirm whether the training (including relevant research) has been completed satisfactorily and satisfies the requirements of the curriculum when the College/Faculty makes recommendations to the GMC for the award of a CCT or CESR(CP)/CEGPR(CP).

3.174 Time taken out for research purposes is normally for a higher degree (e.g. PhD, MD or Master's degree) and will not normally exceed three years. The Postgraduate Dean has discretion to consider exceptional circumstances and give specific prospective approval to extend the OOPR normally to a maximum of four years in total.

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

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

3.177 Many individuals undertaking such research retain a clinical element, which will allow them to maintain their existing competences/capabilities while on OOP. The extent of this clinical element will guide HEE, NES, HEIW or NIMDTA and the relevant College/Faculty in making a recommendation to the GMC on whether the clinical and research competences/capabilities attained during OOPR should be used to contribute towards the award of a CCT or CESR(CP)/CEGPR(CP). The trainee should seek advice from their TPD and academic supervisor to ensure that the proposed clinical element is appropriate.

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

Time out of programme for a career break (OOPC)

3.179 Planned OOPC will permit a trainee to step out of the training programme for a designated and agreed period of time to pursue other interests (e.g. domestic responsibilities, work in industry, developing talents in other areas and entrepreneurship).

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

Who is eligible to apply for OOPC?

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

- i. the ability of the programme to fill the resulting gap in the interests of patient care and others on the training programme
- ii. the capacity of the programme to accommodate the trainee's return at the end of the planned break
- iii. evidence of the trainee's ongoing commitment to and suitability for training
- iv. the impact of a gap in training on deskilling and any subsequent need for remedial training

Planning and managing OOPC

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

- i. OOPC may be taken after a training programme has been started.
- ii. OOPC is not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training.
- iii. The needs of the service must be considered in agreeing a start date.
- iv. The duration of OOPC will normally be a period of up to one year. There are good educational and training reasons why an overall period out of training should be no longer than two years (paragraph 1.15). Consequently, The Postgraduate Dean has discretion to consider a second year of OOPC in exceptional circumstances. The Postgraduate Dean may take into account prior OOP periods for other reasons. Any further extension beyond a two-year period out of training would not normally be approved.
- v. Trainees wishing to take longer OOPC will normally need to relinquish their NTN/training contract and reapply in open competition for re-entry to the training programme. Trainees should be aware of the [GMC's expectations about the currency of examinations](#) when relinquishing their NTN.
- vi. The trainee should plan their return to work with their Postgraduate Dean. Although the returning trainee will be accommodated in the next available suitable vacancy, there is no guarantee of return date and it may take time for a suitable vacancy to arise.

- vii. Trainees will normally need to participate in a 'Return to Work' package at the end of OOPC. After a prolonged absence from clinical practice, a period of additional support may be beneficial on return. Employers may not have been aware or have considered the implications of prolonged absence and this may have implications for patient safety. Trainees returning to clinical practice should access support by way of an appraisal of their needs to ensure a safe and timely return to training, whether this is full-time, LTFT or a phased re-introduction to clinical practice.
- viii. Although trainees on a career break will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement. Since this is not prospectively approved training, it cannot be counted towards a FPCC, CCT or CESR(CP)/CEGPR(CP) but it may be used as part of an application for full CESR/CEGPR.
- ix. Trainees on OOPC must maintain their licence to practise throughout their period away from a training programme.
- x. Trainees on OOPC must keep their Postgraduate Dean (as their Responsible Officer) updated on any activity or work that they undertake within their remit of holding a licence to practise, and they must also complete Form R (or SOAR) on an annual basis and submit this to the ARCP panel in order to continue to register their interest in staying in the programme. The information provided should include their intended date of return to the programme to facilitate the planning process.
- xi. Trainees undertaking a period of time on a career break should consider any impact that this would have on their continuous NHS service.
- xii. Trainees must ensure that they are able to respond to any requests for updates from the Postgraduate Dean.

Training: health and disability

3.183 Postgraduate Deans, programme directors and FSDs are encouraged to tailor individual foundation and specialty training programmes to help doctors with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment.

3.184 Employers must make reasonable adjustments if disabled appointees require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also take into account the assessments of progress and individual appointee's educational needs wherever possible.¹¹

¹¹ [Equality Act 2010](#)

3.185 Applicants should inform their programme director/FSD and employer at an early stage so that a suitable rotation can be identified.

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

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

3.188 All trainees with a full licence to practise, including those who are unable to train or work on health grounds, must comply with the requirements for revalidation and submit Form R (or SOAR) annually.

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

3.189 Absences from training (including OOP not approved towards training), other than for study leave or annual leave, may have an impact on a doctor's ability to demonstrate competence/capability and progression through the curriculum. The GMC has therefore determined that within each 12-month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), a review will be triggered of whether the trainee needs to have their core training programme end date or CCT/CESR(CP)/CEGPR(CP) date extended. This review would normally occur at the ARCP.

3.190 Where trainees returning from statutory leave (e.g. maternity/paternity/adoption leave) have been able to account for unused annual leave, in accordance with the GMC's 2012 position statement on [time out of training](#), this may impact on the core training programme end date or CCT/CESR(CP)/CEGPR(CP) date when this is reviewed at the ARCP.

3.191 For foundation doctors, where a trainee has been absent for **both statutory (e.g. maternity/paternity/adoption) and non-statutory reasons** for a total of 20 working days or more within each 12-month period, an early review will be triggered with regard to whether the trainee needs to have their F1 or F2 year extended.

3.192 The GMC's [Good Medical Practice](#) states that it is the responsibility of each individual trainee to be honest and open, and to act with integrity. As such, trainees should ensure that HEE, NES, HEIW or NIMDTA are aware of their absences through the relevant reporting processes. This information will be shared with the relevant College/Faculty and the GMC.

Movement between HEE, NES, HEIW and NIMDTA (foundation doctors)

3.193 Foundation doctors can change from one foundation school to another through the **inter-foundation school transfer (IFST)** process:

3.194 The specific criteria for IFSTs are aligned to the criteria set for pre-allocation to a particular foundation school on the grounds of special circumstances. Foundation

doctors who believe they meet the nationally agreed criteria for transferring to a different foundation school once they have been accepted on to the foundation programme should discuss the matter with the FSD of their allocated foundation school if they have not yet taken up their appointment or with their Foundation Programme Training Director if they are already in the training programme.

3.194 Apart from exceptional circumstances, transfers will only take place either at the start of foundation training (F1) or at the start of the F2 year. Arrangements for IFSTs must meet the requirements of the national process and in the case of exceptional circumstances, can only be agreed between the two FSDs involved. All IFSTs must satisfy both of the following criteria:

- i. There are places available in the receiving foundation school.
- ii. Both foundation schools agree that the foundation doctor needs to transfer because of a relevant change in their circumstances since they originally applied to the foundation programme.

3.196 National guidance regarding the IFST process and copies of the relevant form(s) are available on the UKFPO website.

3.197 The UKFPO will consider appeals relating to the national process and in the case of exceptional circumstances, the originating foundation school is responsible for managing any appeals against decisions to reject IFSTs. The appeal will consider whether the agreed national process was followed. It is not possible to appeal against the unavailability of places in the receiving school. Both schools must abide by the decision of the appeal panel.

Movement between HEE, NES, HEIW and NIMDTA (specialty trainees)

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

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

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

3.201 Transfers are contingent on the availability of a funded training post and a training number/contract in the receiving locality in HEE, NES, HEIW or NIMDTA. Post funding and the training number/contract do not follow the trainee.

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

3.203 Start dates for posts will be agreed between the transferring/receiving locality in HEE, NES, HEIW or NIMDTA and the trainee. Requests to transfer will not be considered outside of these windows except in very exceptional circumstances. It would be expected that any trainee transferring as part of this process would have appropriate educational review normally in the form of an ARCP prior to transfer.

3.204 There are situations where trainees will move across national or local office boundaries without requiring an IDT:

i. Educational or training reasons

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

ii. Secondment to a different locality in HEE, NES, HEIW or NIMDTA

This would normally be undertaken as OOPT, and such moves would be planned to fit in with the agreed training programme and training availability. Trainees would keep their original training number/contract.

iii. Rotation between HEE, NES, HEIW and NIMDTA as part of a planned training programme

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

iv. Undertaking research in a different locality in HEE, NES, HEIW or NIMDTA

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

v. Undertaking sub-specialty training in a different locality in HEE, NES, HEIW or NIMDTA

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

to a grid training programme in paediatrics may, however, result in a transfer to a different locality in HEE, NES, HEIW or NIMDTA.

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

3.206 Where trainees wish to pursue a CCT or CESR(CP)/CEGPR(CP) in a different specialty (i.e. transfer to a different training programme whether in the same or a different location in HEE, NES, HEIW or NIMDTA), they will have to apply for a place in the different specialty training programme through the normal competitive application process.

Section 4: Progressing as a Specialty Trainee or Foundation Doctor

Competences/capabilities, experience and performance

4.1 The curricula approved by the General Medical Council (GMC) for foundation and specialty training programmes define the standards of competences/capabilities, knowledge, skills and behaviours that must be demonstrated to achieve progressive development towards the award of the [Foundation Programme Certificate of Completion \(FPCC\)](#), the Certificate of Completion of Training (CCT), the Certificate of Eligibility for Specialist Registration combined programme (CESR(CP)), the Certificate of Eligibility for General Practice Registration combined programme (CEGPR(CP)) and the Certificate of Eligibility for General Practice Registration approved programme (CEGPR(AP)). The outcomes for provisionally registered doctors determined by the GMC have been mapped to the curriculum. Curricula are mapped to the GMC's standards in [Good Medical Practice](#) and to the GMC's [Generic Professional Capabilities Framework](#), which forms the basis of all medical practice.

4.2 Competences/capabilities, knowledge, skills and behaviours take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence-based programme of training must be an understanding of the minimum frequency of practice, level of experience and time required to acquire competence and to confirm performance in the specialty.

4.3 The foundation programme (including the academic foundation programme (AFP)) is time and outcome-based. Provisionally registered doctors with a licence to practise must complete one year (full-time equivalent) in an approved foundation programme to be eligible to apply for full registration with the GMC. A complete foundation programme takes two years (full-time equivalent) to complete.

4.4 The assessment frameworks should deliver a coherent approach that supports the trainee in developing their competences/capabilities in a sustainable way through a combination of workplace-based assessments, both formative and summative. This approach is designed programmatically so that the clinical and professional performance of trainees in everyday practice is assessed.

4.5 The emphasis on workplace-based assessments aims to address this through assessing performance and demonstration of the standards and competences/capabilities in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments, and that educational supervisors must ensure that appropriate opportunities are provided to enable this to happen effectively.

4.6 Trainees develop their competences/capabilities at different rates, depending on their own abilities, their determination and their exposure to situations that enable them to develop their skills. The expected rate of progress in acquisition of the required competences/capabilities is defined in the curricula. This is important so that in Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW), and the Northern Ireland Medical and Dental Training Agency (NIMDTA), trainers, trainees and employers are clear as to what is acceptable progress in training. This will enable reasonable timeframes and resources for support

and remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered.

4.7 Curricula and programmes of assessment evolve and develop over time. In order to ensure that trainees receive the most relevant and up-to-date training and so that they are assessed appropriately, they will be required to move to the most recent foundation curriculum and use the most recent forms of assessment. As part of any developments, implementation plans for the transition of trainees to new curricula will be published. (See the GMC's 2012 position statement on [moving to the current curriculum](#).)

4.8 While GMC-approved curricula are competence/capability-based, some curricula have time and outcome-based objectives contained within them, and there might be specific periods of training defined and required within a curriculum.

4.9 All postgraduate medical training curricula developed in the UK and approved by the GMC may quote either absolute minimum training durations (which reflect the European requirement) or an indicative training time or range of time that the training programme is expected to take ([Postgraduate Medical Education and Training Legislation](#)).

4.10 This is important for two reasons:

1. to define a 'full' programme of prospectively approved training that entitles an individual who successfully completes it the award of the CCT
2. to make sense of a competence/capability-defined programme of educational progression within a framework of 'time required' to enable breadth of experience and practice to ensure that the competences/capabilities gained are sustainable and part of everyday practice

4.11 There will be occasions when a trainee progresses more rapidly than the expected rate of progress and in such cases, the award of an Annual Review of Competence Progression (ARCP) Outcome 6 can be brought forward. However, this can only occur if:

- i. the trainee has gained all the relevant competences/capabilities required within the curriculum
- ii. the trainee has completed all the necessary examinations and assessments
- iii. the trainee has spent the minimum time in training as required by the EU directive on the [recognition of professional qualifications](#)

4.12 The early achievement of CCT needs to be planned via the ARCP process and would not normally be advanced by more than one year.

4.13 There are occasions where progress in training cannot be achieved because of events external to training and even though the trainee has remained in the workplace. This would result in a shorter period of time than expected having been available for training since the previous ARCP. In this situation, consideration would need to be given

to training time being paused and the prospective FPCC date, core training programme end date or CCT/CESR(CP)/CEGPR(CP) date being extended following review at the ARCP (paragraph 4.113). The decision to pause training time is an important one and needs to be formalised with written agreement from the Postgraduate Dean. Reference should also be made to the GMC's 2012 position statement on [time out of training](#) and [foundation doctors should also refer to the GMC's information on registration](#).

Assessment of progression

4.14 Structured postgraduate medical training is dependent on having curricula that are mapped to the GMC's standards in [Good Medical Practice](#) and the [Generic Professional Capabilities Framework](#). These curricula clearly set out the competences/capabilities of practice, an assessment framework to know whether those competences/capabilities have been achieved and an infrastructure that supports a training environment in the context of service delivery.

4.15 The three key elements that support trainees in this process are formative assessments and interactions (e.g. supervised learning events and other supervisor discussions), summative assessments (e.g. foundation supervisor reports, assessments of performance and examinations) and triangulated judgement made by an educational supervisor. These three elements are individual but integrated components of the training process. While the formative elements are for use between trainee and educational supervisor, engagement with them will aid the supervisor in making their informed judgement so that together with the other elements they contribute to the ARCP.

4.16 Assessment is a formally defined and approved process that supports the curriculum. A trainee's progress in their training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress.

4.17 An ARCP results in an 'Outcome' following evaluation of the written evidence of progress and determines the next steps for the trainee. A satisfactory outcome confirms that the required competences/capabilities, together with ongoing conformance with the GMC's standards in [Good Medical Practice](#), have been achieved.

Educational agreement

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

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

- i. awareness of the trainee's responsibility to initiate workplace-based assessments
- ii. awareness of the requirement to maintain an up-to-date educational portfolio
- iii. understanding of the need to address areas identified in the trainee's educational portfolio including undertaking and succeeding in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum
- iv. awareness of the need to engage in processes to support revalidation

The educational supervisor and educational review

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

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

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

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

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

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

– a strategy for ensuring that there is no conflict of interest in undertaking educational review and assessment for an individual trainee.

4.26 The purpose of educational review is to:

- i. help identify educational needs at an early stage and agree educational objectives that are **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound)
- ii. provide a mechanism for reviewing progress, and implementing and monitoring any remedial requirements
- iii. assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career
- iv. enable learning opportunities to be identified in order to facilitate a trainee's access to these
- v. provide a mechanism for giving feedback on the quality of the training provided
- vi. make training more efficient and effective for a trainee
- vii. consider matters around fitness to practise and revalidation
- viii. document the judgement about whether a trainee has met the requirements and has provided documentary support for the satisfactory progress
- ix. document recommendations about further training and support where the requirements have not been met

4.27 During their educational review discussion with their educational supervisor, trainees must be able to raise concerns without fear of being penalised.

4.28 Patient safety issues would normally be identified utilising clinical incident reporting mechanisms as well as being reported through organisational procedures.

4.29 Demonstrating reflection: [GMC | The Reflective Practitioner](#)

- i. Trainees should discuss the experiences they are planning to reflect on (or have already reflected on) with their clinical and educational supervisors. Discussion assists with the learning aspect of the reflective process to make it more meaningful. It also helps to demonstrate engagement in reflective thinking as an educational and professional tool.
- ii. Trainees should include insights gained and any changes made to practice in their learning portfolio. Supervisors should confirm in the learning portfolio that the experience has been discussed, and agree appropriate learning outcomes and what actions are planned.

- iii. Sharing original, non-anonymised information with supervisors is important but factual details should not be recorded in the learning portfolio.

4.30 Medical professionals have ethical and professional responsibilities to raise concerns about matters that may harm patients or colleagues. Within the NHS and social care sector, these issues have the potential to undermine public confidence in these vital services and patient safety. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Such concerns should usually be raised by the trainee to their employer or an appropriate regulator. However, HEE, NES, HEIW and NIMDTA recognise that a trainee may feel it is not appropriate for them to raise a concern with their employer, or may be concerned that they will suffer detriment from their employer or others as a result of raising such concerns. In these circumstances, HEE, NES, HEIW or NIMDTA will offer appropriate guidance and signposting to support any trainee wishing to raise concerns.

4.31 Where it is in the interests of patient or trainee safety, the trainee must be informed that the relevant element of the educational review discussion will be raised through appropriate clinical governance/risk management reporting systems. This will usually be with the Director/Lead of Medical Education in the local education provider (LEP) and the Postgraduate Dean/Responsible Officer (RO) (and employer where this is not the LEP). Trainees also need to be aware that any such discussions should be reported as part of the required self-declaration for revalidation.

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

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

4.34 The educational review process is the principal mechanism whereby there is an opportunity to identify concerns about progress at the earliest opportunity. (Further guidance on identification and management of concerns is available on individual HEE, NES, HEIW and NIMDTA websites.)

4.35 Concerns should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances) and these should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns are considered serious at the outset, persist or increase, further action should be taken and this should not be left to the ARCP process. Direct contact should be considered with the TPD, the lead for professional support, trainee support groups (if appropriate), the employer and the Director of Medical Education for the LEP, alerting them to these concerns. As the RO, the Postgraduate Dean will need any information that may affect future revalidation. The trainee should be informed of any such action taken following an educational review.

ARCP: Assessment

4.36 This section deals with how ARCP panels review supporting evidence enabling them to arrive at a judgement of progress (known as an 'Outcome') (paragraph 4.43).

4.37 A detailed summary of the assessments that should be undertaken is included in paragraphs 4.44, 4.46 and 4.58.

ARCP: What is its purpose?

4.38 The ARCP provides a formal process that reviews the evidence presented by the trainee and their educational supervisor relating to the trainee's progress in the training programme. It enables the trainee, the Postgraduate Dean and employers to document that the competences/capabilities required are being gained at an appropriate rate and through appropriate experience.

4.39 It should normally be undertaken on at least an annual basis for all trainees and with no more than a maximum interval of 15 months to facilitate revalidation. The process may be conducted more frequently if there is a need to deal with performance and progression issues or, where appropriate, to facilitate acceleration of training outside of the annual review.

4.40 The ARCP fulfils the following functions:

- i. It provides an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme or in a recognised training post (e.g. locum appointment for training (LAT)).
- ii. At a minimum, it must incorporate a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the specialty curriculum) and achievements.
- iii. It provides a means whereby the evidence of the outcome of formal assessments, through a variety of GMC-approved workplace-based assessment tools and other assessment strategies (including examinations that are part of the programme of assessment), is coordinated and recorded to present a coherent record of a trainee's progress.
- iv. It provides an effective mechanism for the review of out of programme experience and recording its contribution (where approved) to progress.
- v. It considers any time out of training during the assessment period and from entry to the programme (see the GMC's 2012 position statement on [time out of training](#)), and determines whether the training duration needs to be extended.
- vi. As long as adequate documentation has been presented, it makes judgements about the competences/capabilities acquired by trainees and their suitability to progress to the next stage of training.

- vii. As long as adequate documentation has been presented, it makes judgements about the competences/capabilities acquired by trainees in a LAT post and documents these accordingly.
- viii. It provides advice to the RO about revalidation of the trainee across their full scope of work to enable the RO to make a recommendation to the GMC when required and ensures that any unresolved concerns about fitness to practise are acted on.
- ix. It provides a final statement of the trainee's successful attainment of the curriculum competences/capabilities including fulfilment of the GMC's standards in the [Generic Professional Capabilities Framework](#) for the programme and thereby the completion of the training programme.
- x. It enables the Postgraduate Dean to present evidence to the relevant College/Faculty so that it can recommend the trainee to the GMC for award of the CCT or CESR(CP)/CEGPR(CP).
- xi. It enables the Postgraduate Dean to present evidence to the GMC for full registration at the end of F1 and for the recommendation of award of the FPCC at the end of F2.
- xii. Where applicable, it provides comment and feedback on the quality of the structured educational supervisor's report.

4.41 **The ARCP process is applicable to:**

- i. all trainees (including foundation, core and specialty trainees, those in less than full-time (LTFT) training and trainees in academic programmes)
- ii. trainees who are out of programme with the agreement of the Postgraduate Dean
- iii. LAT trainees
- iv. Where a trainee has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the programme occurred within three months of the last ARCP). The trainee will need to complete Form R ([GG8 Appendix 1](#)) or the Scottish Online Appraisal Resource ([SOAR](#)) for the purposes of informing the revalidation process. The ARCP panel should document any relevant competences/capabilities that have been achieved by the trainee; however, no outcome will be awarded, and the N21 and N22 codes should be utilised ([GG8 Appendix 3](#)). It is expected that trainees will engage in this process.

4.42 **ARCP: Assessment** – In accordance with GMC requirements, the Academy of Medical Royal Colleges, Colleges and Faculties have developed assessment strategies that are blueprinted against the curricula approved by the GMC and the requirements of the GMC's standards in [Good Medical Practice](#). Further information about these

requirements is available at [GMC | Excellence by Design: Standards for Postgraduate Curricula](#).

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

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

- i. well-constructed and fit-for-purpose professional examinations that explicitly map back to the curriculum
- ii. direct observation of procedural skills (DOPS)/clinical examination and procedural skills (CEPS)
- iii. case note reviews
- iv. case-based discussion (CBD)
- v. multi-source feedback (MSF)
- vi. team assessment of behaviour (TAB)
- vii. observed video assessments
- viii. assessments in clinical skills facilities
- ix. clinical evaluation exercises (mini-CEX)
- x. direct observation of non-clinical skills (DONCS)
- xi. self-reflective learning logs (which should not contain the full details of experiences or events – the focus should be on learning outcomes and action plans)

4.45 Workplace-based assessments are increasingly being grouped into **formative** supervised learning events as assessments **for** learning and **summative** assessments **of** performance/learning.

4.46 A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. It would be expected that assessments are spread throughout the time period under review. These summaries will be provided as part of the educational supervisor's report to the ARCP panel (paragraph 4.58).

4.47 Logbooks, audit or quality improvement reports/projects, research activity and publications document other sorts of experience and attainment of skills that trainees may need to demonstrate. They are not in and of themselves assessment tools but are a valid record to demonstrate progress. Information about these areas should be retained in an educational portfolio, which all trainees must maintain to record their evidence about training and performance in training. The portfolio will also form the basis of the

educational and workplace-based assessment process as well as of the annual planning process. These documents also provide important evidence in support of revalidation.

4.48 Trainees should familiarise themselves with the relevant training curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the programme of assessment or expectations for trainees, it is the responsibility of the Academy of Medical Royal Colleges through the UK Foundation Programme Office/ College/Faculty to notify HEE, NES, HEIW, NIMDTA, trainees and trainers of the new requirements so that the changes can be implemented.

4.49 Trainees must also familiarise themselves with the requirements of the GMC's standards in [Good Medical Practice](#). Trainees need to undertake ARCP as it is the vehicle for revalidation as well as for educational progression. Trainees must:

- i. maintain a portfolio of information and evidence, drawn from the scope of their medical practice
- ii. reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation
- iii. take part in regular and systematic clinical audit and/or quality improvement
- iv. respond constructively to the outcome of audit, appraisals and the ARCP process
- v. undertake further training where required by the Postgraduate Dean
- vi. engage with systems of quality management and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the national training survey ([GMC | National Training Surveys](#)))
- vii. participate in discussion and any investigation around serious incidents in the workplace, discuss these experiences with their clinical and educational supervisors, and include insights gained and any changes made to practice in their educational portfolio
- viii. inform the GMC of their RO for revalidation
- ix. inform their Postgraduate Dean/RO if they self-report to the GMC and if they receive a criminal or civil conviction or a police caution, or if they are bailed, they must inform the RO, including any bail conditions applied.

4.50 The minimum requirements for satisfactory completion of F1 and F2, with guidance notes, are set out in the Foundation Operational Guide. HEE/NES/HEIW/NIMDTA should make the requirements clear at the beginning of the F1 and F2 years.

4.51 If genuine and reasonable attempts have been made by the trainee to arrange for workplace-based assessments to be undertaken but there have been logistic

difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace-based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the TPD. Between them, they must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

ARCP: Educational supervisor's report

4.52 A structured report should be prepared by the trainee's educational supervisor. This should include the evidence that the trainee and supervisor agreed should be collected to reflect the educational agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the curriculum (e.g. logbooks, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors and trainees should familiarise themselves with the GMC's guidance as well as with the relevant curriculum and assessment framework ([GMC | Approved Postgraduate Curricula](#)).

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

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

4.54 The educational supervisor is the crucial link between the trainee's educational progress, workplace-based formative assessment processes (e.g. supervised learning events) and summative assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process. The revalidation process is further supported by self-declaration evidence from the trainee as an employee about any relevant conduct or performance information.

4.55 At the end of each placement in foundation training, the educational supervisor should complete the educational supervisor's end of placement report and towards the end of the year, the educational supervisor's end of year report. The educational supervisor must only confirm satisfactory performance if the foundation doctor has participated in the educational process and met the required foundation professional capabilities.

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

4.57 If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns and they should be documented in their educational portfolio. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments and given the opportunity to address any shortcomings.

4.58 Trainees are responsible for listening, raising concerns or issues promptly and taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion (on portfolio).

ARCP: Collecting the evidence

4.59 HEE, NES, HEIW and NIMDTA will make local arrangements to receive the educational portfolio from trainees, and they will give them and their trainers at least six weeks' notice of the date by which it is required so that trainees can obtain all necessary components. The educational portfolio must be made available to HEE, NES, HEIW or NIMDTA at least two weeks before the date of the ARCP panel meeting.

4.60 The foundation school should publish its timeline for the review of progress. The Foundation Programme Training Director (FPTD), acting on behalf of HEE/NES/HEIW/NIMDTA/the foundation school, should make clear the local arrangements to receive the necessary documentation from foundation doctors.

4.61 It is up to the trainee to ensure that the documentary evidence that is submitted, including their educational portfolio, is complete. This must incorporate all required evidence (including that which the trainee may view as negative). All assessments of performance should be included in the evidence available to the ARCP panel and retained in the trainee's educational portfolio.

4.62 The FPTD will not chase foundation doctors who have not updated their e-portfolios by the specified date. Foundation doctors should be aware that if they fail to complete their e-portfolio and submit any additional evidence on time, the panel will consider what has been submitted but with no satisfactory outcome at that time.

4.63 As part of their documentary evidence for each ARCP, trainees must submit an updated documentation form giving accurate demographic details for use in the HEE, NES, HEIW or NIMDTA database. This would be via Form R ([GG8 Appendix 1](#)) or [SOAR](#).

4.64 It is important to ensure that all relevant supporting evidence around revalidation is provided to the ARCP panel (in England and Northern Ireland) or in the relevant reports in Scotland and Wales. This includes details of all areas in which the trainee has worked as a doctor (including voluntary) across their full scope of practice, which should include all activities that require GMC registration with a licence to practise as well as details of any investigations that have yet to be completed. This evidence

assists the Postgraduate Dean/RO in making a recommendation to the GMC about revalidation (when required). Should a FPCC/CCT/CESR(CP)/CEGPR(CP) date need to be extended such that the CCT date is significantly extended, it has the potential to impact on the revalidation date, which is normally aligned to the CCT date.

4.65 Trainees may submit as part of their evidence to the ARCP panel a response to their trainer's report, or to any other element of the assessment documentation for the panel to take into account in its deliberations. While it is understood that for timing reasons, such a document will only be seen by the ARCP panel in the first instance, it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the TPD/FPTD and/or HEE, NES, HEIW, NIMDTA and/or the employer.

4.66 The ARCP panel is constructed to look at matters of educational performance, to assess progression in training and to provide an opinion to the RO in relation to revalidation. However, the evidence provided to the panel may relate to other issues and concerns such as clinical safety or perceived undermining within the LEP. While the panel is not in a position to investigate or deal with allegations of this nature, it will bring such matters to the immediate attention of the Postgraduate Dean for further consideration and investigation as necessary. HEE, NES, HEIW, NIMDTA and employers of trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements, and must follow these policies, including reporting their concerns. LEPs must make such policies known to trainees as part of their induction.

The ARCP panel

4.67 The ARCP panel is convened to deliver the requirements of an ARCP as set out in paragraphs 4.36 and 4.37.

4.68 **Composition of the ARCP panel for foundation training:** The ARCP panel has an important role, which its composition should reflect. It should consist of at least three panel members, which should typically comprise the TPD and two others. The additional members could include a postgraduate centre manager or other senior administrator, a specialty training doctor (ST4 or above), a clinical supervisor/educational supervisor, a lay representative, an external trainer, an employer representative or an external HEE/NES/HEIW/NIMDTA/foundation school representative.

4.69 **Composition of the ARCP panel for core and specialty training:** The ARCP panel has an important role, which its composition should reflect. It should consist of at least three panel members appointed by the training committee or an equivalent group of which one must be either the Postgraduate Dean (or their nominated deputy), the Head of School or a TPD. The Chair of the Specialty Training Committee, TPDs, College/Faculty representatives (e.g. from the Specialty Advisory Committee), educational supervisors and Associate Deans/Directors are all appropriate panel members. Where more than one specialty is being assessed in the same panel (e.g. dual training or sub-specialty training in parallel with main specialty training) or where the trainee is on an integrated academic programme, the panel will include relevant specialist/sub-specialist/academic input. The panel could also have a representative from

an employing organisation to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

4.70 The Chair of the panel must ensure that there is no declared conflict of interest between any member of the panel and the trainee being assessed.

4.71 The Postgraduate Dean should nominate a deputy to be present at any panel meeting involving cases where it is possible that a trainee could have an ARCP Outcome 3 or 4.

4.72 The panel should have input from a lay advisor (foundation, core and specialty ARCP panels) and an external advisor (core and specialty ARCP panels). They should review at least a random 10% of the outcomes and evidence supporting these, and any recommendations from the panel about concerns over performance (paragraph 4.128).

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

4.74 The external advisor may be a College/Faculty representative who is external to the programme and who has expertise in the relevant curriculum being assessed. **This is not applicable in foundation training.**

4.75 If either the lay advisor or the external advisor has concerns about the outcomes from the panel, these will be raised with the Postgraduate Dean for further consideration.

4.76 In that event (paragraph 4.75), the Postgraduate Dean may decide to establish a different panel to consider further the evidence that has been presented and the recommended outcomes.

4.77 Where an ARCP panel meeting is being held for an individual undertaking an AFP, clinical fellowship or lectureship, or for a clinical scientist, the panel should be in receipt of the named academic supervisor's report (paragraphs 4.138–4.142). If unsatisfactory progress is anticipated, either clinical or academic, then the panel should include at least one academic representative.

4.78 All members of the panel (including the lay advisor and those acting as an external advisor) must be trained for their role. This training should be kept up to date and refreshed every three years.

4.79 Educational and named clinical supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member. Where there are any concerns about satisfactory educational progress, they should withdraw temporarily from the process while their trainee is being considered and the panel should be constituted such that in that situation it remains quorate in accordance with panel

composition as set out in paragraphs 4.67–4.79. *If this occurs in foundation training, there will need to be an alternative panel member involved.*

How the ARCP panel works

4.80 The ARCP panel will be convened by HEE, NES, HEIW or NIMDTA. The panel will normally be chaired by the Head of School, the Chair of the Specialty Training Committee, or one of the TPDs or Associate Deans/Directors.

4.81 The process is a review of the documented and submitted evidence that is presented by the trainee. As such, the trainee is not required to attend the panel.

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

4.83 Where the TPD, educational supervisor or named academic supervisor has indicated that there may be an unsatisfactory outcome through the ARCP process (Outcomes 2, 3 or 4), the trainee should normally be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgement, if an unsatisfactory outcome is recommended, the trainee must meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity. The purpose of this meeting is to discuss the recommendations for focused or additional remedial training if these are required.

4.84 For practical and administrative reasons, HEE, NES, HEIW or NIMDTA may wish to discuss other issues (e.g. the trainee's views on their training or planning of future placements) on the same occasion as the annual panel meeting. However, the review of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must not be present at the panel considering the outcomes.

4.85 At the ARCP, the FPCC end date, the core training programme end date or provisional CCT/CESR(CP)/CEGPR(CP) date should be reviewed and adjusted if necessary, taking into account such factors as:

- i. *statutory leave or other absence of more than 20 (normal working) days in any year for foundation doctors*
- ii. clinical statutory leave, sickness or other absence of more than 14 (normal working) days in any year for core and specialty trainees
- iii. prior agreement with the Postgraduate Dean for training time to be paused
- iv. a change to or from LTFT training
- v. time out of programme for experience (OOPE), time out of programme for research (OOPR) or time out of programme for a career break (OOPC)
- vi. rate of acquisition of competences/capabilities that might bring forwards the CCT/CESR(CP)/CEGPR(CP) date

- vii. for dual trainees or trainees undertaking sub-specialty training alongside main specialty training, whether both should continue to be pursued
- viii. the academic component of joint clinical/academic core or specialty programmes
- ix. failure to demonstrate achievement of competences/capabilities (Outcome 3) as set out in the GMC-approved curriculum
- x. where there have been significant deficits in the training environment beyond the control of the trainee
- xi. where a change in the curriculum results in a trainee requiring additional training time to complete a programme

4.86 The adjusted date should be entered in the supplementary documentation section of the ARCP outcome form ([GG8 Appendix 3](#)). The expected date for the successful completion of training at whatever level is important information since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty.

Outcomes from the ARCP

4.87 The ARCP panel will recommend an outcome described below for each foundation/specialty/sub-specialty for each trainee, including those on integrated clinical/academic programmes.

4.88 For dual training or main specialty and sub-specialty training, the GMC requires a separate outcome per specialty and sub-specialty.

4.89 It should be noted that there is no Outcome 2, 6 or 7 for F1 and no Outcome 1, 2 or 7 for F2. It is recommended that members of the panel use a checklist to confirm that they have considered all the requirements and add any comments to explain the judgement.

4.90 While the ARCP panel must recommend the outcome for an individual trainee on the basis of the submitted evidence, it must also take into account any mitigating factors on the trainee's part such as personal circumstances.

4.91 When an Outcome 3 or 4 recommendation is made by the ARCP panel, the Postgraduate Dean will confirm this in writing to the trainee, including where relevant their right to review or appeal the decision (paragraphs 4.155–4.172).

Outcome 1

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

Satisfactory progress is defined as achieving the competences/capabilities in the curriculum approved by the GMC at the rate required.

In foundation training, satisfactory progress is defined as achieving the foundation professional capabilities for F1, leading to award of the Foundation Year 1 Certificate of Completion (F1CC). In foundation training, if less than full time or out of synchronisation and progressing as expected, the trainee will be given the outcome 'Other'.

The rate of progress should be defined in the specialty curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc). It is possible for trainees to achieve competences/capabilities at a more rapid rate than defined and this may affect their CCT/CESR(CP)/CEGPR(CP) date (paragraph 4.13).

Outcome 2 (not applicable in foundation training)

Development of specific competences/capabilities required – Additional training time not required

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

Outcome 3

Inadequate progress – Additional training time required

The panel has identified that a formal additional period of training is required that will extend the duration of the training programme (e.g. FPCC end date, core training programme end date or anticipated CCT/CESR(CP)/CEGPR(CP) date).

Outcome 4

Released from training programme – With or without specified competences/capabilities

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress despite having had additional training to address concerns over progress. The panel should document relevant competences/capabilities that have been achieved by the trainee and those that remain outstanding. The trainee will have their National Training Number (NTN)/Dean's Reference Number/training contract withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training, service-focused career pathway.

Where an Outcome 2, 3 or 4 has been recommended, the panel should record the supplementary information required for the GMC in these circumstances (U codes, [GG8 Appendix 3](#)).

Outcome 5

Incomplete evidence presented – Additional training time may be required

The panel can make no statement about progress or otherwise where either no information or incomplete information has been supplied and/or is available to the ARCP panel.

The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome.¹²

If the panel considers that an Outcome 1 is likely on the basis of the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 1. However, if the Chair does not receive the agreed evidence to support an Outcome 1 or if the panel considers that an Outcome 2, 3 or 4 is likely on the basis of the evidence available, then a panel will be reconvened. This reconvened panel could be undertaken 'virtually'.

An Outcome 5 should also be recommended as a consequence of failure to submit Form R or SOAR (paragraphs 4.126 and 4.127).

Recommendation for completion of training:

Outcome 6

Gained all required competences/capabilities – Will be recommended as having completed the training programme (foundation, core or specialty). If in foundation training, will be recommended for award of a FPCC. If in a run-through training programme or higher training programme, will be recommended for award of a CCT or CESR(CP)/CEGPR(CP).

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

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

Outcome 7 (not applicable in foundation training)

Fixed-term posts (e.g. LATs)

Trainees in fixed-term training posts will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed-term appointment. This

¹² An Outcome 5 might be viewed as a 'holding position' to allow the missing evidence to be provided for the ARCP panel to review; that review would normally be **no more than 8 weeks from the date of the ARCP Outcome 5.**

evidence will be considered by the ARCP panel and will result in one of the following outcomes:

<p>Outcome 7.1</p>	<p>Satisfactory progress in or completion of the post</p> <p>The trainee has demonstrated that they have acquired the competences/capabilities expected of a trainee undertaking a placement of this type and duration at the level specified.</p>
<p>Outcome 7.2</p>	<p>Development of specific competences/capabilities required – Additional training time not required</p> <p>The trainee’s progress has been acceptable overall; however, there are some competences/capabilities not fully achieved, which the trainee needs to develop either before the end of their current placement or in a further post to achieve the full competences/capabilities for this period/year of training. The panel will need to specifically identify in writing the further development required. The rate of overall progress is not expected to be delayed, nor will the prospective date for completion of this period of training be extended as this is a fixed-term post. At the next review of progression, it will be essential to identify and document that these competences/capabilities have been met.</p>
<p>Outcome 7.3</p>	<p>Inadequate progress by the trainee</p> <p>The trainee has not made adequate progress for this period of training for it to be formally recognised towards either the CCT/CESR(CP)/CEGPR(CP) or full CESR/CEGPR. If the trainee wishes to attain the described competences/capabilities, they will be required to repeat this period of training (not necessarily in the same post, with the same employer or in the same locality in HEE, NES, HEIW or NIMDTA). If trainees move to a new post, employer or locality in HEE, NES, HEIW or NIMDTA, they must declare their previous ARCP outcome.</p>
<p>Outcome 7.4</p>	<p>Incomplete evidence presented</p> <p>The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel.</p> <p>The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome. If the panel considers that an Outcome 7.1 is likely on the basis of the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 7.1. However, if the Chair does not receive the agreed evidence to support an Outcome 7.1 or if the panel considers that an Outcome 7.2, 7.3 or 4 is likely on the basis of the</p>

evidence available, then a panel will be reconvened. This reconvened panel could be undertaken 'virtually'.

An Outcome 7.4 should also be recommended as a consequence of failure to submit Form R or SOAR (paragraphs 4.126 and 4.127).

Outcome 8

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

The panel should receive documentation from the trainee on the required form ([GG8 Appendix 4](#)) indicating what they are doing during their OOP time, if the OOP is not recognised for training.

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

When an outcome is not issued

There are circumstances when the ARCP panel would not issue an outcome, such as when the trainee is absent on statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the panel will record the reasons for this. (Refer to N codes, [GG8 Appendix 3](#).)

Satisfactory completion of F1 (Outcome 1)

4.92 The Foundation School Director (FSD) (or any other authorised signatory) should only complete a F1CC if satisfied that the foundation doctor has met the

requirements for satisfactory completion of F1, subject to any quality management process. An electronic signature is acceptable.

4.93 Universities/medical schools or their designated representative in HEE/NES/HEIW/NIMDTA/the foundation school will use the F1CC when completing the Certificate of Experience to certify that a provisionally registered doctor has satisfactorily completed a programme for provisionally registered doctors.

4.94 For foundation doctors who graduated outside of the UK, the Postgraduate Dean/Deputy with responsibility for the foundation school where the doctor is currently training is responsible for completing the Certificate of Experience.

Satisfactory completion of F2 (Outcome 6)

4.95 The FSD (or any other authorised signatory) should only complete a FPCC if satisfied that the foundation doctor has met the requirements for satisfactory completion of F2, subject to any quality management process. An electronic signature is acceptable. A copy of the FPCC may be printed by HEE/NES/HEIW/NIMDTA/the foundation school.

Additional or remedial training

4.96 If the foundation ARCP panel decides that a foundation doctor has not met the requirements for satisfactory completion, it should award an Outcome 3 as an Outcome 2 does not exist for foundation training. Owing to the need to satisfactorily complete F1 to move from provisional to full registration, it is not possible to allow a trainee who has further training requirements to proceed to F2. In this situation, a trainee requires additional training time to complete F1 requirements and hence an Outcome 3 is issued.

4.97 The core or specialty ARCP panel may identify the need for additional or remedial training (Outcomes 2 or 3), which may extend the indicative core training programme end date or CCT/CESR(CP)/CEGPR(CP) date.

4.98 If the panel recommends focused training towards the acquisition of specific competences/capabilities (Outcome 2), then the timescale for this should be agreed with the trainee.

4.99 If additional remedial training time is required (Outcome 3), the panel should indicate the intended objectives and proposed timescale. The framework of how a remedial programme will be delivered will be determined by the Postgraduate Dean. The remedial placement will be planned by the TPD, taking into account the needs of other trainees in the programmes, and it must be arranged with the full knowledge of the employer to ensure that clinical governance aspects are addressed.

4.100 This additional training must be agreed with the trainee, trainers and employer. Full information about the circumstances leading to the additional training requirement must be transmitted by HEE, NES, HEIW or NIMDTA to the employer and LEP(s) for that period of training, including the reason for the remediation. The information transmission will be shared with the trainee. Agreement to it being shared with the new employer/LEP and trainers is a requisite of joining and continuing in the training programme.

4.101 Remedial training may be required as a result of a recommendation from the GMC or other body (e.g. [NHS Resolution](#), formerly the National Clinical Assessment Service). When such remedial training is requested, the supporting Postgraduate Dean will establish a specific educational agreement with the relevant LEP, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the doctor receives the training that has been identified as well as respecting the clinical governance/risk management arrangements of the LEP.

4.102 The educational progress of the trainee during any additional or remedial training will be reviewed by the ARCP panel, which may seek to take further and external advice from other senior clinicians. The panel will decide whether the outcome of the additional training is that the trainee can continue in their training programme, requires further additional training, or has not met or cannot meet the standards required. If it is decided that the trainee is unable to meet the standards, this will lead to the recommendation that the trainee leaves the programme. Trainees will be provided with documentary evidence of the competences/capabilities that they have achieved.

4.103 If the trainee fails to comply in a timely manner with the educational plan for the additional training, they may be required to leave the training programme before the additional training has been completed (paragraph 3.99 ii). This would normally be by means of issuing an Outcome 4.

4.104 The maximum duration of any extension to F1 training should normally be for one year (or pro rata for LTFT training). In situations where a foundation doctor is deemed not to have satisfactorily completed F1 after the first 12 months (or pro rata for LTFT training) training and is awarded an Outcome 3, HEE/NES/HEIW/NIMDTA/the foundation school should inform the medical school of graduation.

4.105 The length of time that training can be extended depends on the type of programme the trainee is following (e.g. foundation, core or run-through training). Trainees may be offered extensions to training up to the maximum limits detailed below. However, trainees should not anticipate that they will be offered the exceptional additional training time as it is dependent on the approval of the Postgraduate Dean and such approval will only be granted in exceptional circumstances.

Duration of extension to training

Programme	Extension to training time	Exceptional additional training time ¹	Total
Foundation training	As in paragraph 4.104, normally limited to 1 year	Not normally extended due to short duration of programme	1 year
Core training	6 months	6 months	12 months
Higher training	1 year ²	1 year	2 years ³
Run-through training	1 year	1 year	2 years

General practice training	1 year	6 months	18 months
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1. Exceptional additional training time must be approved by the Postgraduate Dean.
2. This would include 1 year across both core and higher specialty training where the programme is uncoupled, and may include up to 6 months for the core training programme.
3. This would include 2 years across both core and higher specialty training where the programme is uncoupled, and may include up to 12 months for the core training programme.

This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption leave.

4.106 For core and specialty training, the extension does not have to be continuous (as a block of one year) but may be divided over the course of the training programme as necessary. For foundation training, the extension must be continuous. It must be undertaken within a GMC-approved training post. For LTFT trainees, should an extension to training be required following the award of an ARCP Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met.

4.107 While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer. (See also paragraph 4.85.)

4.108 During a period of additional training time, there is an expectation that the trainee will show continuing engagement with their portfolio to demonstrate maintenance of competences/capabilities that have already been acquired.

4.109 If the panel decides that the foundation doctor should be released from the training programme, it should award an Outcome 4. For F1 doctors, HEE/NES/HEIW/NIMDTA/the foundation school and the medical school of graduation must jointly inform the GMC's Registration Directorate and discuss this with the GMC's Fitness to Practise Directorate, irrespective of whether there was an extension to F1.

4.110 In addition, the graduating UK medical school should write to the F1 doctor, setting out the process for an appeal, which will typically be heard by the graduating medical school. HEE/NES/HEIW/NIMDTA/the foundation school, in partnership with the university/medical school, should offer the F1 doctor career counselling.

4.111 However, if a F1 doctor graduated outside of the UK, HEE/NES/HEIW/NIMDTA/the foundation school where the doctor undertook the extended training should hear the appeal. The FSD should write to the doctor, setting out the process to appeal.

4.112 For F2 doctors, the medical school of graduation does not need to be informed.

Pausing training for reasons other than statutory leave (not applicable in foundation training)

4.113 The ARCP panel will also need to consider any period when the training time has been paused. This may mean that a shorter period of time than expected has been available in which to make progress and the panel decision should take this into consideration. The ARCP panel may need to issue an N code for the period being assessed owing to a training pause. [Pausing training is not a decision that is taken in foundation training because of the regulations regarding moving from provisional to full registration and the shortness of training of the F2 year.](#)

4.114 Pausing training is a decision that should normally be taken outside of the ARCP process. It is a neutral action that should be agreed with the trainee, as early as reasonably practical, and then approved by the Postgraduate Dean and documented. Pausing training should not be assumed and must be supported with suitable evidence of need. HEE, NES, HEIW and NIMDTA should ensure that they have a process for obtaining suitable evidence around such circumstances (e.g. occupational health advice) and for deciding whether to temporarily pause training. Such pausing of training time will also require an adjustment to the expected core training programme end date or CCT/ CESR(CP)/CEGPR(CP) date (paragraph 4.85).

4.115 In determining its specific recommendations with respect to any additional time that may be required, the panel should also consider aspects in the training environment such as service configuration or the supervision available, or a change to curricular requirements. This includes considering whether any training time should be discounted and the date for completion of training adjusted to reflect this.

Notification of ARCP outcome

4.116 The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel ([GG8 Appendix 3](#)) for all trainees will be made available by the Postgraduate Dean to:

a) the trainee

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

b) the TPD/FPTD

The TPD (and/or the trainee's educational supervisor) should meet with the trainee to discuss the outcome and plan the next part of their training, documenting the plan fully.

In the case of Outcome 3, the FPTD (and/or the trainee's educational supervisor) should meet with the trainee to discuss the outcome and plan the next part of their training, documenting the plan fully.

c) the trainee's educational supervisor

This should be used to form the basis of the further educational review and workplace-based assessments that the educational supervisor undertakes on behalf of the employing organisation. For LAT trainees, the ARCP outcome should be made available to the trainee's educational supervisor for that year of training, who should arrange a follow-up meeting even if the end of the appointment period/year has been reached.

d) the Medical Director (or their nominated officer)

ARCP outcomes should be sent to the Medical Director (or nominated officer) of the current employer (and of the LEP if different). For trainees working in general practice, communication should also be sent to the Medical Director of the relevant Local Area Team. This may be undertaken by exception (i.e. for Outcomes 2, 3 and 4). It is the educational supervisor's responsibility to raise any areas of concern about the trainee's performance that link to clinical governance as documented by the ARCP process with the Medical Director (or their nominated officer). If the review has been undertaken shortly before rotation to a new placement has occurred, the documentation should be forwarded by the TPD to the Medical Director where the trainee is due to start.

**e) the relevant College/Faculty
(not applicable in foundation training)**

These outcome documents are part of the minimum data set that will need to be maintained by the College/Faculty to substantiate its recommendation to the GMC for award of the CCT or CESR(CP)/CEGPR(CP).

4.117 HEE, NES, HEIW and NIMDTA submit ARCP outcomes to the GMC, which reports on the progression of doctors through key stages in their training. (See [GMC | Progression Reports](#).)

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

4.119 Trainees with Outcome 1 and 6 will receive the standard written guidance through the e-portfolio.

Form R and the Scottish Online Appraisal Resource

4.120 The references to Form R in relation to revalidation described in paragraphs 3.41–3.48 do not apply to NES, where SOAR replaces this form.

4.121 Each trainee will need to update Form R ([GG8 Appendix 1](#)) or [SOAR](#) annually (except F1 doctors). This holds the up-to-date demographic data on the trainee.

4.122 The annual return of Form R or SOAR before the ARCP with any corrections and updates (along with the self-declaration details for revalidation purposes where

appropriate) to HEE, NES, HEIW or NIMDTA together with the signed ARCP outcome(s) will enable the trainee to renew their registration on an annual basis with HEE, NES, HEIW or NIMDTA and the relevant College/Faculty (if appropriate).

4.123 When a trainee fails to submit a completed Form R or SOAR that reflects their full scope of practice since their last review, they are issued with an Outcome 5 and given two weeks to remedy the situation. In addition, the trainee should normally be called to a support meeting with their Postgraduate Dean/RO or their nominated deputy to discuss the reasons for non-submission and to clarify next steps if the situation is not rectified.

4.124 If a trainee submits or resubmits a completed Form R or SOAR within the two-week timeframe, they receive an ARCP outcome appropriate for their educational progression and alignment with the GMC's guidance in [Good Medical Practice](#).

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

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

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

Quality assurance of the ARCP

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

1. a lay advisor to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees – The lay advisor should review at least a random 10% of the outcomes and evidence supporting these as well as any recommendations from the panel about concerns over performance and training progression.
2. an external advisor from the same specialty but from outside of the local specialty training programme/specialty school ([not applicable in foundation training](#)) – The external advisor should review at least a random 10% of the outcomes and evidence supporting these as well as any recommendations from the panel about concerns over performance and training progression. All external advisors must be trained to undertake this role. The external advisor may be a College/Faculty representative if not otherwise represented on the panel. HEE, NES,

HEIW and NIMDTA should work with the relevant Colleges/Faculties to help identify senior members of the profession to support this work.

The role of the Postgraduate Dean in the ARCP

4.129 The Postgraduate Dean has responsibility for the management of the ARCP process, including the provisions for further review and appeals (paragraphs 4.155–4.172).

4.130 With the collective agreement of the Conference of Postgraduate Medical Deans, the ARCP process for smaller specialties may be coordinated nationally although it must remain the overall responsibility of a designated dean (usually the UK lead dean for the specialty).

4.131 The Postgraduate Dean is also the statutory RO for revalidation in relation to doctors in GMC-approved postgraduate training programmes. In order to discharge this function, they must make a revalidation recommendation to the GMC at intervals determined by the GMC. Information to inform this decision will come from the ARCP.

4.132 The Postgraduate Dean should maintain as part of the database a training record for each trainee, in which completed ARCP outcome forms are stored. For security purposes, a photograph of the trainee should be incorporated in this record. The training record may be physical or stored electronically with suitable measures to maintain its integrity. The supporting documentation for training progression may be held on the trainee's e-portfolio. The record of training progression of each trainee (including previous outcome forms and supporting documentation) must be available to the panel whenever the trainee is reviewed. The Postgraduate Dean's staff will provide administrative support for the panel.

4.133 Where concerns about a trainee have been raised with the Postgraduate Dean – either following an outcome from the ARCP process or through some other mechanism – the Postgraduate Dean (or their nominated deputy) should liaise directly with the Medical Director and the educational lead (e.g. Director of Medical Education) or the general practice trainer and TPD where the trainee is employed/working (depending on local arrangements) to investigate and consider whether further action is required.

The ARCP for academic foundation training programmes

4.134 Some doctors will undertake AFPs. There are important differences in the structure of AFPs in the different foundation schools. Trainees in such programmes will have to both successfully complete the full training programme and meet the requirements of the academic programme.

4.135 Individuals undertaking AFP training must have a named academic supervisor, who will normally be different from the trainee's named clinical supervisor.

4.136 On entry to the AFP, the named academic supervisor should devise a research plan with the trainee as the context against which to assess their academic progress. The educational supervisor and named academic supervisor should work together to

ensure that clinical and academic objectives are complementary. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

4.137 The academic supervisor should submit a report to the educational supervisor at the end of the academic placement, highlighting the AFP trainee's achievements, strengths and areas for development. The educational supervisor should use this report as evidence for their end of year report about the trainee, which will be used by the ARCP panel to recommend an outcome.

The ARCP for integrated clinical and academic training programmes

4.138 Some doctors will undertake integrated clinical and academic training programmes (paragraphs 3.142–3.146). There are important differences in the structure of academic programmes in the four UK countries. Trainees in such programmes will have to both successfully complete the full training programme and meet the requirements of the academic programme.

4.139 Individuals undertaking academic training must have a named academic supervisor, who will normally be different from the trainee's named clinical supervisor.

4.140 The named academic supervisor is responsible for drawing up an academic training programme with the trainee and their named clinical and/or educational supervisor so that there is a realistic/achievable timetable with clear milestones for delivery, covering both academic and clinical aspects of the programme. Research plans should be drawn up to include specific training (where required), together with plans for research experience and outputs. These targets will be summarised in the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.

4.141 On entry to specialty training, the named academic supervisor should devise a research plan with the trainee as the context against which to assess their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. A joint meeting with both named clinical and named academic supervisors should be held to ensure that both aspects of the programme are realistic. In addition, the educational supervisor and named academic supervisor should work together to ensure that clinical and academic objectives are complementary. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

4.142 Assessment of clinical progress of academic trainees should be competence/capability-based, rather than time-based. Setting a target CCT/CESR(CP)/CEGPR(CP) date should be determined flexibly and tailored to the needs of the individual academic trainee. The target date for achieving a CCT for an academic trainee who continues beyond a Doctorate degree (MD or PhD) should be determined at the first annual ARCP for clinical lecturers, when stock can be taken of initial progress at this more advanced post-doctoral academic training stage and of competences/capabilities attained during their academic programme, after which time it can only be adjusted through the usual ARCP processes.

Recording academic and clinical progress – academic assessment

4.143 At the start of the academic placement and annually thereafter, academic trainees must meet with both their named clinical and named academic supervisors to agree objectives for the coming year. There is considerable advantage in coordinating this meeting so that the trainee is able to meet both named clinical and named academic supervisors together at least annually (although there may be a need for separate meetings on other occasions). Regular meetings with the named academic and named clinical or educational supervisors should take place throughout the year to review progress, and decisions taken should be agreed and documented for later presentation to the annual assessment of academic progress.

4.144 An annual assessment of academic progress must be undertaken and should take place at least one month before the joint academic/clinical ARCP panel convenes. Those present at this assessment should include the trainee and educational supervisor, together with the director of the academic programme and other members of the academic unit as appropriate. **This does not apply to the AFP as the academic performance is considered as part of overall foundation programme ARCP.**

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

4.146 The named academic supervisor is required to complete the 'Report on Academic Trainees' Progress' form ([GG8 Appendix 5](#)), which needs to be signed by the trainee for submission to the annual joint academic/clinical ARCP panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences/capabilities achieved.

4.147 The report and any supporting documentation should be submitted to the joint academic/clinical ARCP panel as part of the evidence it receives.

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

4.149 Standard ARCP outcomes of this joint process should be recorded as described above. The academic report should be attached to the outcome document.

The ARCP for trainees undertaking OOPR

4.150 Trainees who wish to undertake full-time research out of programme must have their research programme agreed with their named academic supervisor. This should form part of the documentation sent to the Postgraduate Dean when requesting OOPR.

4.151 Trainees must submit an annual OOPR return to the ARCP panel of their base locality in HEE, NES, HEIW or NIMDTA along with a report from their named academic supervisor. All academic trainees on OOPR should have a formal assessment of academic

progress, which is submitted as part of the documentation for the ARCP panel as described above for joint clinical and academic programmes. The report must indicate whether appropriate progress in the research has taken place during the previous year and also whether the planned date of completion of the research has changed. Any request for a potential extension to the OOPR will need to be considered separately by the Postgraduate Dean.

4.152 Both the trainee and the named academic supervisor must remain aware that normally a maximum of three years is agreed for OOPR. If a request to exceed this is to be made, such a request must be made to the Postgraduate Dean at least six months prior to the extension commencing. The request must come from the named academic supervisor, who must set out clear reasons for the extension request. Adequate governance structures must be in place to allow for discussion between the academic institution and HEE, NES, HEIW or NIMDTA on such requests.

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

4.154 Trainees undertaking research with no clinical care component that is for longer than three months should participate in a 'Return to Work' package. This should include consideration of returning to clinical learning as well as to clinical practice and may include 'Keep in Touch' arrangements.

Appeals of the ARCP outcomes

4.155 While the principles for managing appeals against ARCP outcomes in foundation training are consistent with the Gold Guide and standard operating procedures (SOPs) in training organisations across the UK (HEE, NES, HEIW and NIMDTA), the governance arrangements differ because F1 doctors come under the governance of the UK university of primary medical qualification. For F2 doctors, the governance is with the foundation school.

4.156 It should not come as a surprise to trainees that action through the ARCP process is under consideration since any performance and/or conduct shortcomings should be identified on the educational portfolio and discussed with the trainee during the educational review process.

4.157 As identified in paragraph 4.80, either the ARCP panel (wherever reasonably practicable) or a senior educator in the training programme with delegated responsibility will meet with all trainees, who are judged on the evidence submitted to:

- i. require further development on identified specific competences/capabilities (Outcome 2 or 7.2)
- ii. require additional training time for all reasons other than associated with a 'training pause' (Outcome 3 or 7.3)

- iii. be required to leave the training programme before completion, with identified competences/capabilities achieved or with an identified and specified level of training attained (Outcome 4)

4.158 The purpose of the post-ARCP meeting identified in paragraphs 4.83 and 4.84 is to inform the trainee of the decision of the panel. The meeting should also plan the further action that is required to address issues of progress (in relation to Outcomes 2 and 3) or make clear to the trainee the competences/capabilities with which they will leave the programme (in relation to an Outcome 4).

4.159 However, a trainee has the right to request a review and (in some circumstances) an appeal (paragraphs 4.155–4.179) if one of these outcomes is recommended by the ARCP panel.

4.160 If the trainee requests a review or appeal, the outcome documentation from the original ARCP panel should not be signed off by the Postgraduate Dean and the training number/contract is not removed until all review or appeal procedures have been completed. Only at this stage should the Postgraduate Dean sign off the ARCP panel's outcome.

Reviews and appeals

4.161 A review is a process where an individual or a group who originally made a decision returns to it to reconsider whether it was appropriate. This does not require the panel to be formally reconvened and can be undertaken virtually. The review must take into account the representations of the trainee asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.

4.162 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. An appeal can take into account information available at the time the original decision was made, newly submitted information¹³ relevant to the appeal and the representations of the appellant. Those involved in an appeal panel must not have played a part in the original decision or the review.

4.163 Through the process of review or appeal, it may be decided that the decision to withdraw a training number/contract or issue ARCP Outcomes 2, 3 or 4 is not justified. Where this occurs for ARCP outcomes, the facts of the case will be recorded and retained but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in paragraph 4.176.

¹³ New information for an appeal might include new evidence of mitigating circumstances not available to the ARCP panel. New information would not normally include competences/capabilities or evidence from assessments acquired after the date of the ARCP subject to appeal.

Review of Outcomes 2 and 7.2

4.164 If the trainee requests a review of an Outcome 2 recommendation, this must be made in writing and with supporting evidence to the Chair of the ARCP panel or a nominated alternative within ten working days of being notified of the panel's decision. Trainees may provide additional evidence at this stage (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel's decision) and this must be received as part of the request for the review so that the panel is able to consider it in detail. The original ARCP panel will review its decision where practical within 15 working days of receipt of such a request from a trainee. This may be undertaken virtually and the Chair will endeavour to include as many panel members as possible. After the review, the panel will ensure that the trainee receives its decision with reasons in writing. If the panel considers it appropriate, it may invite the trainee to meet with a senior representative to discuss the decision of the review.

4.165 The decision of the review of Outcomes 2 and 7.2 is final and there is no further appeals process.

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

4.166 Trainees have the right of appeal if their training number/contract is withdrawn under paragraphs 3.99 iii–vii or if they receive an ARCP outcome that results in a recommendation for:

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

4.167 Appeal requests should be made in writing to the Postgraduate Dean within ten working days of the trainee being notified of the decision. The request must specifically state the grounds for appeal.

4.168 Where the training number/contract withdrawal decision relates to an external body's decision that cannot be changed (e.g. erasure from the register by the GMC, imprisonment, examination failure where the trainee has exhausted the permitted number of attempts and any related complaints process), then an appeal would normally be refused.

4.169 Where the appeal is being made against a decision to withdraw a training number/contract as defined in paragraphs 3.99 iii–vii, the Postgraduate Dean will review the decision in the light of the information contained within the trainee's appeal request. If the Postgraduate Dean decides to reverse the original decision, then the trainee will not have their number withdrawn but if the Postgraduate Dean determines that there is insufficient reason to reverse the decision, the Postgraduate Dean will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.

4.170 On receipt of an appeal request, the Postgraduate Dean will first arrange for a review of the original recommendation.¹⁴ This review will follow the process outlined in paragraphs 4.164 and 4.165. The decision of the review panel will be communicated to the trainee.

4.171 Where the review panel has modified the decision of the original ARCP panel to an Outcome 1 or 2, this completes any appeals process.

4.172 Where the review panel does not alter the decision of the original ARCP panel or where an Outcome 4 is converted to an Outcome 3, the Postgraduate Dean will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.

Appeal hearing

4.173 A formal appeal hearing should normally take place as soon as practical, without unreasonable delay and normally within 30 working days of the appeal request.¹⁵ In exceptional circumstances (e.g. outstanding disciplinary, GMC or legal proceedings that might impact on the appeal outcome), the appeal hearing might be delayed beyond the 30-day limit. However, where it has not been possible to hear an appeal within the 30-day period, appeals should normally be heard within 1 year of the decision that is subject to appeal.¹⁶ Where there have been reasonable endeavours to progress the appeal and the appeal has not taken place within one year of the decision date, then the original decision is final. The Postgraduate Dean has discretion to consider requests for a reasonable postponement of the appeal beyond a year from the decision date in exceptional circumstances.

4.174 If the trainee agrees, it is not always necessary for an appeal hearing to be face to face and an appeal can be dealt with on written submissions. Members of the original ARCP panel must not take part as members of the appeal panel. Trainees may support their appeals with further written evidence relevant to the grounds of the appeal. All documentation presented to the appeal panel must also be made available to the trainee.

4.175 HEE, NES, HEIW and NIMDTA have agreed SOPs that will define how appeals will be managed and that will take into account:

- i. the timing of the notification by the trainee of their intention to appeal, the timing at which all additional evidence will be presented and the timing for the outcome of any appeal hearing to be notified to the trainee

¹⁴ This is commonly referred to as a 'Step 1 Review' as the first stage of the appeals process. It is without prejudice and does not affect the right to proceed to a full 'Step 2' appeal hearing.

¹⁵ Appeals should normally be heard within 30 working days consistent with timescales for similar processes – NHS Employers.

¹⁶ In accordance with recommendations from NHS Improvement – Learning lessons to improve our people practices, May 2019

- ii. the membership of the panel and permitted attendees
- iii. the standard format for an appeal hearing

Notification of appeal outcome

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

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

4.178 In appeals relating to Outcomes 3 and 4 or to a decision to withdraw a training number/contract, the employer should be kept informed of progress at each step in the appeals process.

4.179 When an Outcome 4 recommendation is upheld by the appeal panel or it upholds the decision to withdraw a training number/contract under paragraph 3.99 ii, the Postgraduate Dean will be notified. The Postgraduate Dean or their nominated deputy will write to the trainee to confirm the decision and the withdrawal of the training number/contract. This will be done either ten working days after the original recommendation is made when the trainee has not requested an appeal or at the completion of the appeals process, whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the Postgraduate Dean. This will also be the date of removal of the training number/contract. For trainees working in general practice, from the date of actual removal of the training number, they are not eligible for inclusion on the Medical Performers List (in NHS England) and normally, this triggers the process for removal from the Medical Performers List.

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

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

Section 5: Being a Trainee and an Employee

Postgraduate trainees (foundation and specialty)

5.1 Foundation and specialty trainees are expected to take control of their own learning and become fully involved in the educational, supervised learning and assessment processes of their training programme.

5.2 Their responsibilities include:

- i. abiding by the conditions of taking up a training post
- ii. demonstrating professional behaviour in line with [Good Medical Practice](#)
- iii. working within the human resources policies and procedures as outlined by the local education provider
- iv. becoming familiar with the requirements for satisfactory completion of a training programme
- v. becoming fully involved in the educational, supervised learning and assessment processes, including attending core generic training sessions, meeting regularly with their educational and clinical supervisor, and maintaining an up-to-date e-portfolio
- vi. taking part in the career management process to help them match their skills, interests and ambitions with the available opportunities
- vii. taking part in systems of quality assurance and quality improvement in their clinical work and training. In particular, doctors should complete the General Medical Council's (GMC's) national training survey and other surveys required by Health Education England (HEE)/NHS Education for Scotland (NES)/Health Education and Improvement Wales (HEIW)/the Northern Ireland Medical and Dental Training Agency (NIMDTA).

5.3 All trainees should be assigned a named educational supervisor for their programme and a named clinical supervisor for each placement. Trainees must make arrangements to see their educational supervisor and named clinical supervisor as regularly as is required by their training programme.

5.4 Wherever possible, trainees should raise any difficulties with their educational supervisor and/or named clinical supervisor and keep them informed of their progress. Trainees who have difficulties arranging appointments with their educational supervisor or named clinical supervisor and/or who have concerns about the quality of their training should contact their Training Programme Director.

5.5 If a trainee has concerns about poor quality care, harassment, criminal offences, fraud or corruption, they should follow their employer's whistle blowing policy or that of HEE/NES/HEIW/NIMDTA.

Accountability issues for employers, Postgraduate Deans and trainees

5.6 The Postgraduate Dean is responsible for commissioning and managing the delivery of good quality training and education to postgraduate trainees. In the majority of cases, trainees in foundation and specialty training are employed by separate healthcare organisations. HEE and HEIW do not employ doctors in training. NES and NIMDTA do not usually employ doctors in training except where they have elected to take a lead employer role.¹⁷ The guidance below relates to doctors who are not employed by HEE, NES, HEIW or NIMDTA. Where trainees are employed by NES or NIMDTA, separate guidance will be provided.

5.7 Trainees have an employment relationship with their employer, and issues such as misconduct and ill health are subject to their employing organisation's policies, procedures and nationally agreed standards such as [Maintaining High Professional Standards in the Modern NHS](#) (in England) or the equivalent documents/processes in the other jurisdictions of the UK.

5.8 In the first instance where there are issues around conduct, poor performance and professional competence, employers and host organisations should advise the Postgraduate Dean of any trainee who is experiencing difficulties as well as the action being taken, including steps to support and remedy any deficiencies. Where appropriate, the Postgraduate Dean, employers and host organisations will work closely together to identify the most effective means of helping/supporting the trainee while ensuring that patient safety is maintained at all times. There may also be a need for early involvement of services such as the Professional Support Unit provision in HEE, NES, HEIW and NIMDTA or [NHS Resolution](#) (formerly the National Clinical Assessment Service) to provide advice about how best to support the process.

5.9 Employers must ensure that mechanisms are in place to support the training of trainees, and to manage employment-related issues in an open and supportive way. Where personal misconduct is identified, employers may need to take action. In such cases, the Postgraduate Dean should be notified from the outset. Any decision by the employer to dismiss a trainee should be communicated to the Postgraduate Dean and considered in line with paragraph 3.99 vii of this Guide.

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

5.11 Trainees should participate in an employer's 'Return to Work' package at the end of any prolonged absence from work, including maternity/paternity/adoption leave. This should include consideration of returning to clinical learning as well as to clinical practice and may include 'Keep in Touch' arrangements organised by the healthcare organisation.

5.12 Under the Responsible Officers Regulations, every doctor with a full licence to practise must have a 'designated body' and relate to a named Responsible Officer (RO). ROs are responsible for ensuring the fitness to practise of their doctors, and that

¹⁷ From August 2020, NIMDTA will be the employer for doctors in training in Northern Ireland.

appropriate systems are in place to allow effective identification, remediation and monitoring of the doctor in difficulty. For doctors in postgraduate training, their RO is their Postgraduate Dean and their designated body is the locality in HEE, NES, HEIW or NIMDTA responsible for the management of their training programme. Further guidance on the role of the RO is available at [GMC | Checklist for Responsible Officers](#).¹⁸

5.13 On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC's fitness to practise process. Trainees, in common with all doctors, may be subject to fitness to practise investigation by the GMC and adjudication by the Medical Practitioners Tribunal Service. Significant fitness to practise concerns may include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety or public confidence in the medical profession. Where there are concerns, ensuring that doctors are referred to the GMC is a key part of the role of the RO. Guidance on referring a doctor is available at [GMC | Raise a Concern or Refer Yourself to Us](#) and support is provided by the Employer Liaison Service. Where such serious issues arise, advice should be sought from the relevant regional Employer Liaison Advisor about whether the doctor is likely to meet the GMC's fitness to practise threshold.

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

5.15 Medical professionals have ethical and professional responsibilities to raise concerns about matters that may harm patients or colleagues. Within the NHS and social care sector, these issues have the potential to undermine public confidence in these vital services and patient safety. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Such concerns should usually be raised by the trainee to their employer or an appropriate regulator. However, HEE, NES, HEIW and NIMDTA recognise that a trainee may feel it is not appropriate for them to raise a concern with their employer, or may be concerned that they will suffer detriment from their employer or others as a result of raising such concerns. In these circumstances, HEE, NES, HEIW or NIMDTA will offer appropriate guidance and signposting to support any trainee wishing to raise concerns.

Transfer of information

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

5.17 The Annual Review of Competence Progression process, which incorporates educational and named clinical supervisor reports, will also be shared with employers to

¹⁸ Medical Profession (Responsible Officers) Regulations 2010 + 2013 amendments

ensure that they are aware of the progress and performance of all their doctors in postgraduate training.

5.18 Trainees in general practice must be eligible for inclusion on the Medical Performers List. (This does not apply to foundation doctors in general practice in England, Wales and Northern Ireland.) They must comply with the provision of information that is necessary for their inclusion and continuation on the List. If trainees are not included on the Medical Performers List (outside of the initial period of grace), they must discontinue clinical activity in general practice.

5.19 In situations where an employer has taken action because of concerns about a trainee's conduct or performance, it will be essential for the educational supervisor and Director of Medical Education at the trainee's placement to be made aware of the ongoing training and/or pastoral needs to ensure that these issues are addressed.

5.20 Where a trainee has significant health issues that may impact on their training, the trainee must engage with the healthcare organisation's and/or the Postgraduate Dean's requests for health assessment and information. For example, a trainee must not unreasonably refuse to engage with an employer's request for a trainee to attend an occupational health appointment. If a trainee fails to engage with the process, it may not be possible to safely continue training and removal of the training number/contract will be considered in line with paragraph 3.99 of this Guide.

5.21 It may also be essential, for the sake of patient safety and to support the trainee, that relevant information regarding any completed or outstanding disciplinary or competence issue is transferred to the next placement provider. This may make reference to any educational or supervisory needs that must be addressed, and any formal action taken against the trainee, including the nature of the incident triggering such action. Information about any completed disciplinary procedure that exonerated the trainee will not be shared unless issues relevant to the trainee's progression or training are identified.

5.22 In addition, where there are potential fitness to practise concerns or information relating to a doctor's revalidation, the Postgraduate Dean (as the trainee's RO) and the RO for the employing organisation may have a statutory responsibility to share relevant information with the GMC, the Medical Performers List and/or other external agencies.

5.23 In all of these circumstances, any information shared will comply with the principles set out in the [General Data Protection Regulation](#), implemented in May 2018, and with the Gold Guide Privacy Notice set out in [GG8 Appendix 6](#).

Managing absence from training other than annual leave

5.24 Sections 34J and 34K of the Medical Act 1983 outline the minimum training times for general practice and specialty training respectively, and section 34L outlines that for the GMC to be able to award a Certificate of Completion of Training, it must be satisfied that the trainee has satisfactorily completed the approved course of training. The course of training is based on meeting required competences/capabilities. All trainees must complete the GMC prospectively approved full course of training to be eligible for the award of a Certificate of Completion of Training. The following applies to trainees absent from training when they would be expected to be training:

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

Gold Guide 8 Appendices

GG8 Appendix 1: Form R (Parts A and B)

GG8 Appendix 2: Conditions of Joining a
Specialty Training Programme

GG8 Appendix 3: ARCP Outcome Form

GG8 Appendix 4: Out of Programme Templates

GG8 Appendix 5: Report on Academic Trainees' Progress

GG8 Appendix 6: Gold Guide Privacy Notice

GG8 Appendix 7: Glossary

The Gold Guide

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incorporating the Purple Guide

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