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Introduction

Higher Specialty Training in Occupational Medicine closely follows the rules and guidance operated by the four UK Health Departments. These Departments introduced a new postgraduate specialty training structure from August 2007. From that date entry into specialty training at the grade of Specialist Registrar (SpR) ceased and all doctors recruited into specialty training programmes from that date are known as Specialty Registrars (StRs). A Guide to Postgraduate Specialty Training (the “Gold Guide”) replaced the Guide to Specialist Registrar Training (the “Orange Book”) for new appointees.

SpRs in Occupational Medicine who were appointed prior to August 2007 had the option to continue to train using the curriculum to which they were appointed, or to switch to the new curriculum (the option to switch was available until the end of December 2008). The “Orange Book” will continue to apply to those who remain on the old curriculum, as will the rules/guidance set out by the Specialist Training Authority (STA). Thus, for a transitional period, the old and new training requirements will run in parallel and two Specialty Training Handbooks will exist, relating to old and new provisions.

The guidance herewith relates to training beginning after 31 July 2007 and to trainees who switch to the new scheme before January 2009. It summarises information in the Gold Guide as well as special arrangements in relation to training in occupational medicine. For a more detailed account of some of the rules (e.g. those relating to the formal conduct of annual appraisals by Deaneries and mechanisms for appeal), please refer to the Gold Guide.
1. Bodies responsible for Specialty Registrar (StR) training in Occupational Medicine

1.1 General Medical Council

The General Medical Council is the independent regulator for doctors in the UK. Its statutory purpose is 'to protect, promote, and maintain the health and safety of the public by ensuring proper standards in the practice of medicine'. The GMC’s powers and duties are set out in the Medical Act 1983. Its job is to ensure that patients can have confidence in doctors. It does this in the exercise of its four main functions:

i) setting and securing specific standards for UK undergraduate medical education and for the first year of the Foundation Programme leading to full registration and entry to the medical register
ii) keeping up to date registers of qualified doctors. All doctors wishing to practise medicine in the UK must be on the List of Registered Medical Practitioners and since 1st January 1997 it has been a legal requirement that, in order to take up a consultant post (other than a locum consultant appointment) in a medical or surgical specialty in the NHS, a doctor must be included in the specialist register.
iii) determining the principles and values that underpin good medical practice
iv) dealing firmly and fairly with doctors whose fitness to practise is in doubt.

On 1 April 2010 the GMC merged with PMETB (see 1.2 below).

1.2 Postgraduate Medical Education and Training Board (PMETB)

The Postgraduate Medical Education and Training Board (PMETB), was established by the General and Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2003 to develop a single, unifying framework for postgraduate medical education and training and was the competent authority (statutory regulator) for postgraduate medical education from 30 September 2005 until 31 March 2010. It took over the responsibilities of the Specialist Training Authority of the medical Royal Colleges (STA) and the Joint Committee on Postgraduate Training for General Practice.

PMETB’s statutory functions were: (i) to establish standards of postgraduate medical education and training; (ii) to secure these standards; and (iii) to develop and promote postgraduate medical education and training. Its statutory objectives were to safeguard service users and to ensure the needs of trainees and employers were met.

These responsibilities resulted in a body that defined high level principles (e.g. standards for curriculum development and the specification of training competencies; generic standards for training; principles of quality assured training and assessment); approved the curricula and assessment arrangements of Royal Colleges and Faculties; approved individual training posts and programmes; inspected Postgraduate Deaneries; conducted periodic national surveys of trainees and trainers. These activities are now carried out by the GMC.

For more information about the merger visit this GMC webpage.
1.3 Faculty of Occupational Medicine

Only approved curricula can be used for delivering Specialty Training programmes resulting in the award of a CCT. In accordance with the principles of training and curriculum development established by PMETB and continued by GMC, the Faculty of Occupational Medicine, along with the other Medical Royal Colleges and Faculties, has developed a specialty specific curriculum for Occupational Medicine training including a list of competencies trainees are expected to acquire (mapped to the headings of Good Medical Practice). This has been approved by GMC and forms the basis of all Occupational Medicine specialty training.

It can be found at FOM Curriculum.

The GMC also approves the assessment framework linked with an approved curriculum, and the systems by which trainees are assessed as they progress towards CCT. The Faculty of Occupational Medicine is responsible for developing, monitoring and reviewing the assessment framework – i.e. the sets of examinations and other assessments and appraisals confirming the acquisition of specialist competencies. This framework forms a cornerstone of Occupational Medicine specialty training.

Training is organised in training posts and programmes that are locally managed. The Faculty, through its delegated local representatives (Regional Specialty Advisors and their Deputies) and the Faculty's Specialty Advisory Committee (SAC), works closely with Postgraduate Deaneries to support the quality management of training delivery and to ensure that the curriculum is delivered effectively at a local level.

In particular the Faculty is responsible for setting the standards for and administering the first year (ST3) and final exit (ST6) examination, and for developing appropriate workplace-based assessments to confirm the acquisition of the training curriculum competencies. Further details of these examinations and workplace-based assessments are available separately from the Faculty office or via the Faculty's website.

All doctors in training in Occupational Medicine are required to enrol/register with the Faculty of Occupational Medicine so that:

i) progress in their training can be kept under review and supported where required

ii) eligible trainees can be recommended to GMC for consideration of award of a CCT at the end of specialty training.
1.4 Specialist Advisory sub-Committee of the Faculty

The Specialist Advisory sub-Committee of the Faculty (SAC) is chaired by the Director of Training and is accountable to the Faculty Executive Committee. Its terms of reference (as of April 2008) are:

(i) To define, monitor and amend where required an approved curriculum and assessment framework for specialty training in occupational medicine (for recommendation to GMC).

(ii) To recommend the entry and exit criteria for trainees in Occupational Medicine.

(iii) To advise on standards in higher specialty training and the Faculty’s training requirements.

(iv) To identify suitable external assessors to support the post graduate medical deaneries.

(v) To approve the appointment of Regional Specialty Advisers and Deputies and to ensure they receive training and support.

(vi) To recommend standards in relation to the appointment of educational supervisors.

(vii) To prepare and co-ordinate documentation to support the process of specialty training and the assessment of trainee competence and performance.

(viii) To advise on the earliest dates for individuals to be eligible for their Certificate of Completion of Training (CCT).

(ix) To monitor the Annual Review of Competency Progression (ARCP) outcome records, recognising that the decision on outcome should be based on:
- assessments made in training and in the workplace throughout the whole year
- performance in Faculty examinations (where relevant)
- progress towards the production of the required dissertation or thesis

(x) To support the production of such reports on ARCP outcomes as are required by GMC.

(xi) To recommend to GMC the award of a CCT and to advise on CESR applications.

(xii) To advise on the emerging role of postgraduate Schools of Occupational Medicine.

(xiii) To adjudge the suitability of experience and training in occupational medicine of applicants for Membership who are not enrolled in a UK-based specialty training post or programme.

The SAC is able to give advice to trainees at all levels, although the first port of call in every case should be their Educational Supervisor, or if necessary their Programme Training Director, Deanery Specialist Training Committee Chair or Postgraduate Dean. An enquiry to the SAC should be addressed to the Director of Training. Further details are available on the Faculty’s website.

1.5 Regional Postgraduate Deaneries

Postgraduate Deans are responsible for the delivery and quality management of specialty training in accordance with GMC approved specialty curricula and standards. In this capacity they are accountable to the Strategic Health Authorities in England, the
Welsh Ministers, NHS Education for Scotland, (which is accountable to the Scottish Executive), and, in Northern Ireland, to the Department of Health, Social Services and Public Safety (DHSSPS).

The Postgraduate Deaneries (or equivalents) work closely with Royal Colleges/Faculties and local healthcare providers/employers to develop appropriate specialty training programmes that meet GMC approved curriculum requirements. They are required to have in place educational contracts with all educational providers which set out the number of training posts within the provider unit, the standards to which postgraduate medical education must be delivered in accordance with GMC requirements and the monitoring arrangements of the contract. This includes providers of postgraduate training both in and outside of the NHS (including the Armed Forces and industry).

All trainees must accept and move through suitable placements or training posts which have been designated as parts of the specialty training programme prospectively approved by PMETB. In placing trainees, Postgraduate Deans or their representatives must take into account the needs of trainees with specific health needs or disabilities. Employers must make reasonable adjustments if disabled trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee. They should also take into account the assessments of progress and individual trainees’ educational needs and personal preferences, including relevant domestic commitments wherever possible.

1.6 Deanery Specialty Training Committee

Postgraduate Deans manage specialty training programmes through a range of organisational structures – such as Specialty Training Committees (STCs), Specialty Schools, and Transitional Specialty Boards.

Usually the Deanery STC consists of representatives of the Postgraduate Dean and practicing specialists in Occupational Medicine from the region. The committee and its Chair are appointed by the Postgraduate Dean to advise and assist in all matters relating to the delivery of postgraduate Occupational Medicine training, within guidelines supported by the Faculty and the GMC. The Faculty RSA and Deputy RSA will usually be members of the committee, and the RSA often chairs the Committee. Whichever the structure, the advice and input of the Faculty and their delegated representatives will usually be sought on specialty training issues, such as the local content of programmes, assessments of trainees, remedial training requirements and training the trainers.

GMC requires that training programmes are led by Training Programme Directors (TPDs) (or their equivalent), who will have responsibility for managing specialty training programmes as well as certain career management roles (see the Gold Guide) In practice, in the small specialty of Occupational Medicine, the roles of RSA, STC Chair and Programme Director are often combined. But it must be noted that the RSA reports to, and represents the interests of, the Faculty, while the STC Chair and Programme Director represent and report to the Postgraduate Dean.
2. Entry requirements and recruitment procedures for Specialty Registrar-grade trainees in Occupational Medicine

2.1 Entry requirements and General Professional Training

Entry into Occupational Medicine normally takes place by competitive entry at the ST3 level. Applicants must therefore demonstrate that they have achieved the Foundation competences, as set out in the latest edition of the Foundation Curriculum. The most straightforward way of achieving the competences is through completion of Foundation training. Doctors who have not undertaken a Foundation programme will have to provide evidence that they have achieved the Foundation competences in another way.

They must also demonstrate certain other competencies, as listed in the Faculty’s curriculum. Specifically, there must be evidence of achievement of the end competencies of any one of the following:

i) Core Medical Training or
ii) Psychiatry in General or
iii) Phase 1 of the Faculty of Public Health training curriculum or
iv) General practice training to the ST3 level.

The standards and competencies are defined in the GMC-approved curricula of these other specialties – further details are given in the approved curriculum. The person specification can be downloaded from the Modernising Medical Careers website.

The most straightforward way of achieving the competences is through time spent in a GMC prospectively approved training post or programme in the feeder specialty. Evidence from the Annual Review of Competence Progression (ARCP) panels and other assessment systems of the specialty will then provide the necessary evidence that these competencies have been signed off as attained. Doctors who have not undertaken such training will need to provide evidence that they have achieved the qualifying competences in another way.

2.2 Indicative length of training

Under GMC arrangements, specialist accreditation is now based on competencies acquired rather than “time served”. However it is anticipated that in most cases the minimum duration of a training programme in Occupational Medicine will be six years – e.g. two years of core medical training (ST1 & ST2) followed by four years of specialist Occupational Medicine training (ST3 to ST6). Under the European Order, specialty training cannot take less than four years.
2.3 Routes of entry to the Specialist Register

There are several routes to achieving entry on to the Specialist Register as of 1/8/07:

i) Successful completion of a training programme by an SpR who entered training prior to 1st August 2007.
ii) Successful completion by an StR of a training programme, each element of which has been prospectively approved by GMC.
iii) Successful completion by an StR of a training programme in Occupational Medicine from ST3 onwards, prospectively approved by GMC, with ST1 and ST2 experience (ST1 to ST3 for general practice) gained through approved educational posts or programmes in the UK pre-dating PMETB’s establishment.
iv) Equivalent competencies and experience gained through training, a part of which falls outside the framework of 2) and 3).

Routes i), ii) and iii) will lead to a CCT, while route iv) will require an application to the GMC under Article 14 of the Order for a Certificate Confirming Eligibility for Specialist Registration (CESR).

We have agreed with PMETB and then GMC, and our approved curriculum states, that: “Trainees who enter Occupational Medicine training after ST1, having acquired the requisite competencies elsewhere, will be awarded a CCT on successful completion of training if:

(a) their entire training in posts and programmes in Occupational Medicine (ST3 onwards) is prospectively approved by GMC;
AND
(b) their ST1 and ST2 experience (ST1 to ST3 for general practice) have been gained either through (i) GMC prospectively approved training posts or programmes, or through (ii) approved educational posts or programmes in the UK that pre-dated PMETB’s establishment and which provided equivalent supervised training experience.

If any part of the training (ST1 to ST6) is not undertaken in an educationally approved post or programme, trainees may be eligible for specialist registration, but through the award of a CESR (Certificate Confirming Eligibility for Specialist Registration).”

Guidance to selection panels:
Historically many trainees in Occupational Medicine have entered training either from General Practice or from other medical specialties and this is likely to continue. Prior to short listing, it will be necessary to assess candidates’ applications to confirm that they have gained the necessary competencies to enter training at the ST3 level for Occupational Medicine, as outlined in section 2.1. Candidates who have completed Vocational Training in General Practice prior to 1st August 2007 will be deemed to meet this requirement, as will candidates who have completed ST3 training in General Practice Training after August 1st 2007. Other candidates will need to demonstrate equivalence. Provided they are able to do this then they may be eligible for interview (assuming the other criteria are met) and, if appointed, will be eligible to apply for a CCT or CESR as advised above.
2.4 Recruitment to StR posts in the NHS

The NHS and UK Health Departments promote equal opportunities and anti-discrimination policies. Advertisements for specialty training programmes must include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.

The person specification should be used for short listing and by appointment panels. This can be downloaded from Modernising Medical Careers.

The procedures and requirements for becoming a Specialty Registrar are set out in Section 6 of the Gold Guide.

2.5 Recruitment to ‘Industry’ Training Posts or NHS Posts Funded Through Income Generation

It has been accepted that it will not be practicable to apply the NHS recruitment model to non-NHS Occupational Medicine training posts, as terms and conditions of employment will vary and employers will have their own recruitment procedures.

However, GMC has set out the principles that need to be applied when recruiting to StR posts and these will apply to non-NHS recruitment. In brief:

i) The selection process must be fair to all candidates who may apply, whether UK, European Economic Area or international medical graduates.

ii) It must be competitive and designed to identify the candidates most likely to complete the programme successfully.

iii) Candidates must be able to demonstrate the competences required at the end of the Foundation programme, either by successfully completing that programme or demonstrating that they have gained those competences in another way.

iv) They must demonstrate any competencies required for the level of entry, as defined in the curriculum approved by GMC for that specialty (generally ST3).

Whilst most trainees will enter at ST3 level, and will need to meet the entry criteria in 2.1, a candidate may be admitted at a higher level if they can demonstrate the competencies required for that level of entry, as defined in the GMC-approved curriculum for Occupational Medicine. Further details are available in Section 6 of the Gold Guide.
In practical terms:

i) Posts will require GMC approval before recruitment begins.

ii) Posts must be advertised, to ensure open ‘competitive entry’ to the training programme.

iii) Recruitment procedures must conform to good employment practice, and must not discriminate directly or indirectly on grounds of ethnic origin, country of graduation, gender, age, disability, religion or sexual orientation.

iv) Short-listing should be based on the Faculty’s person specification.

v) At least two references should be sought for each candidate, with specific reference to the areas outlined in the person specification form, and ideally using a structured reference process. Appropriate checks for criminal convictions should be made.

vi) The appointments board or interview panel will be the responsibility of the employing organisation.

vii) However, to ensure that StR trainees appointed to approved non-NHS training posts are of an equivalent standard to their NHS counterparts, arrangements should be made for both the Faculty and the Regional Postgraduate Dean to be represented on the employer’s appointment board or at one of the appointment interviews if a sequential process is involved. This will be essential to confirm eligibility of entry. If such arrangements cannot be made, the successful applicant must attend an Appointments Committee with representation of the Faculty and Postgraduate Dean, as soon as possible. Entry into specialty training is conditional upon the agreement of the Postgraduate Dean and the Faculty representative, and failure to attend an appropriate Appointments Committee will lead to a delay in admitting the candidate into higher specialty training. In view of the size of the specialty, it may be necessary for the applicant to attend an Appointments Committee in a neighbouring region, or for an ad hoc committee to be set up by the Deanery. In those circumstances, the employer may wish to make the appointment ‘subject to the approval of the Postgraduate Dean and the assignment of a NTN(I)’; the decision to appoint any particular applicant lies with the employer, but the decision to assign a national training number (NTN(I)) lies with the Postgraduate Dean.

2.6 Recruitment into Training of a Doctor Already Working Within an Organisation (Creation of a Training Post)

Given the requirement for all specialty training posts to be subject to open competition the past practice of recruiting a doctor who is already working within a non-NHS organisation to a Specialty Training programme will no longer be supported and such posts will need to be open to all prospective trainees on a competitive basis.

2.7 Registration with the Faculty

All StRs are required to register with the Faculty no later than the calendar month after receipt of the NTN from the Postgraduate Deanery. A registration form (Form M1) is available from the Faculty office.
The completed form should be returned to the Faculty with the appropriate fee.

A Training Record will be issued by the Faculty for a registered trainee to log all training activities and workplace assessments for the purposes of the ARCP. A registered trainee will become an StR member of the Faculty. He/she will receive the Training Newsletter, the Faculty Newsletter, the Occupational and Environmental Medicine journal and other regular mailings of the Faculty.

2.8 Arrangements for the Defence Medical Services

The Defence Medical Services (DMS) trains medical officers in Occupational Medicine for practice in the Armed Forces. Consultants in Occupational Medicine 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.

Candidates for consideration for training in Occupational Medicine will be selected by the DMS from officers who satisfy the entry criteria for the grade at ST3. Service candidates will not be in competition with civilians for appointment but are required to meet the person specification for entry into Occupational Medicine training in the same way as all other prospective trainees in the specialty.

DMS StRs will occupy posts and programmes approved by GMC, which follow the approved Faculty curriculum and assessment strategies. This will include ARCP panel review by the host Deanery or DPMD as appropriate. Host Deanery assessment panels will normally be attended by the Defence Postgraduate Medical Dean or a nominated representative. Defence Postgraduate Medical Deanery (DPMD) assessment panels will normally include external representation.

Following the successful completion of a full programme of specialty training and receipt of a CCT and/or Specialist Registration, any Service medical officer seeking accreditation as a DMS consultant will be presented to an Armed Services Consultant Approval Board for confirmation of NHS equivalence and suitability for consultant status.

2.9 Allocation of National Training Numbers (NTNs)

NTNs in the NHS. Trainees in the NHS will normally have a NTN. The allocation of such a number has three main purposes within the NHS:

i) **Educational planning:** to enable Postgraduate Deans to keep track of the location and progress of trainees selected into specialty training programmes.

ii) **To act as a "passport" for trainees:** as long as the NTN is held a trainee has, subject to acceptable progress and performance, a guarantee of a continued place in a training programme for the specialty or group of designated specialties to which the NTN relates, for the duration of the programme.

iii) **Workforce information:** to document how many doctors are in each specialty training programme at any time and provide indicative evidence as to when their training is likely to be completed.
SpRs who hold a National Training Number (NTN), Visiting Training Number (VTN) or Fixed Term Training Appointment Number (FTN) issued before August 2007 will continue to hold these numbers, with arrangements unchanged.

From 1/8/07, a NTN will be awarded only to a candidate who has successfully competed for entry into a specialty training programme. The NTN is unique to the trainee and, subject to progress, a trainee will hold the number until training is completed or it is relinquished. If a trainee is later appointed competitively to a different specialty a new number will be issued.

When appointed to a specialty training programme the new StR must register with the Postgraduate Dean using a registration form obtained from the Deanery. This procedure, which must be completed within one month of appointment and will:

i) trigger the issuing of the NTN
ii) ensure the doctor is registered on the Dean's database
iii) initiate the ARCP process through which progress in training is monitored
iv) result in the Deanery forwarding a copy of the registration form to the Faculty and to GMC advising that a new trainee has been registered within a specialty training programme in the Deanery and giving the NTN and GMC programme/post approval number. [If a trainee moves from one specialty group to another through competitive selection, an amended registration form will be sent to the relevant College and to GMC by the Deanery]
v) enable the Dean to confirm for the new employer the relevant details of the new trainee and their NTN
vi) record the date of entry into the programme.

For more information about NTNs see Gold Guide – paragraphs 6.8 to 6.16.

Registration for specialty training and the NTN will be confirmed each year by the Postgraduate Dean. Subject to a satisfactory assessment of progress by the ARCP and confirmation that the conditions for holding the NTN have been met, registration will be maintained. If a trainee is undertaking approved additional or remedial training, the NTN will be retained. Trainees can also maintain their NTN and registration with the Deanery when they take time out for research or an agreed leave of absence or career break, as long as they adhere to conditions set out in the Gold Guide (see Gold Guide – Section 6).

The Gold Guide sets out some (rare) circumstances under which an NTN can be withdrawn. These include a failure to progress despite attempts at remediation and dismissal by an employer. For further information and appeal arrangements please refer to the Gold Guide - Section 7.

Each NTN is an alpha-numeric code which contains four elements:

i) 3 letters which identify the Deanery, e.g. "WMD" (West Midlands Deanery)
ii) 3 digits for the specialty or core specialty in which the CCT training programme
iii) 3 digits to identify the individual holder
iv) 1 letter suffix which enables identification of other elements (e.g. whether registered for a CCT (C) or CESR (E), old style arrangements (N), or a switch to the new arrangements (S).

Note: see below for further information concerning suffixes applying to NTNs for trainees who are employed outside of the NHS or employed in the Armed Forces.

When a trainee moves from a core feeder specialty (e.g. medicine, General Practice) into Occupational Medicine they relinquish their original NTN and are allocated a new Occupational Medicine NTN (or equivalent as set out under the next two headings).

**NTNs in the Armed Forces.** Those appointed as StRs in the Armed Forces will be awarded a DPMD National Training Number (NTN) by the Defence Postgraduate Medical Dean (the prefix of which is TSD). They will hold this number until completion of specialty training, but those who leave the Armed Forces through premature voluntary retirement will have to relinquish their DPMD NTN. (If they wish to continue specialty training as a civilian, they must seek a vacancy within a civilian Deanery in open competition). Under some circumstances (e.g. early retirement for medical reasons that do not debar training as a civilian), DPMD will endeavour to arrange an inter-deanery transfer subject to availability of vacancies, but with relinquishment of the DPMD NTN and secure a civilian NTN instead.

**Training Numbers in Industry.** Trainees employed outside the NHS in Industry, and who do not hold a substantive or honorary NHS contract, will be issued with a special NTN, with the suffix I (NTN (I)). Receipt of an NTN(I) is for planning purposes, and does not trigger the same rights as for NTNs issued to NHS employees. In particular it confers no right to a placement in the NHS or to a place in any particular rotation with a non-NHS employer as a part of run-through training.

**Changes of Training Number.** The Deanery must maintain clear up-to-date records of the programme that a trainee is undertaking, as reflected by the NTN. If this changes during training (e.g. a trainee commences on a CCT programme but decides to undertake and count non-approved experience, requiring them to pursue a CESR) the Deanery needs to inform the Faculty.

Trainees who hold an NTN, are employed outside the NHS and wish to begin or return to a CCT training programme, will need to discuss their return with the relevant Programme Director, as no particular placement can be guaranteed.

### 2.10 Deferring the Start of a Specialty Training Programme - NHS

The start of NHS specialty training may only be deferred on statutory grounds (e.g. maternity leave, ill health), or to enable the doctor to complete research for a registered higher degree which they have already commenced or for which they have already been accepted at the time of being offered their clinical placement. Trainees appointed to FTSTAs cannot defer the start of their fixed term appointment for the purpose of undertaking a higher degree.

### 2.11 Approval of Training Posts and Programmes

These procedures are set out in Section 5.
3. Temporary appointments, absences, transfers and special circumstances

3.1 Fixed Term Specialty Training Appointments (FTSTAs)

FTSTAs are stand-alone (not part of "run through" training) but educationally equivalent training posts. They offer formal, approved specialty training, usually, but not exclusively, in the early years of a specialty curriculum and can be used by those:

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 or
iv) as an employment opportunity with the potential to gain further experience and competences.

They are one-year fixed-term appointments that usually follow the same recruitment process as for run-through training. Appointment to an FTSTA, however, carries no entitlement to entry into a run-through training programme in any specialty.

To count towards a CCT, all FTSTAs must be approved for specialty training by GMC and managed by Postgraduate Deaneries under the auspices of a specialty Training Programme Director (TPD). Training and assessment must be on an equivalent basis to that provided in run-through specialty training programmes. In particular such posts must have a named educational supervisor with whom educational objectives are set, with regular appraisal, and a programme of work-place based assessments relevant to the curriculum must be followed, as well as full clinical supervision. At the end of each FTSTA the trainee should participate in the ARCP process and receive the associated annual assessment outcome documentation confirming achievement of specified competences (although Deaneries will keep records, trainees should retain copies of their ARCP assessments in their folder of evidence).

Trainees appointed to FTSTAs need to return to the Postgraduate Dean a signed copy of the document "Conditions for taking up a fixed term specialty training appointment" prior to commencing their post (see Gold Guide). They will not be allocated a NTN since these are only allocated to trainees who have successfully competed for entry into run-through training. However, their names will be recorded on Deanery databases.

Doctors undertaking FTSTAs in Occupational Medicine will need to register with the Faculty to access the Faculty's learning/professional portfolio and assessment documentation. Advice should be sought from both the Regional Postgraduate Dean and the Faculty should a FTSA be suggested.

Note that while FTSTAs can count towards a CCT, a doctor cannot obtain a CCT solely by undertaking FTSTA appointments: they must secure an NTN (or NTN(I)) by competitive appointment to a training programme designed to lead to the award of a CCT for their FTSA experience to be recognised. FTSTAs can also be counted towards a CESR application.
3.2 Locum Appointments

Inevitably that there will be gaps to fill in training programmes as a result of people taking time out of programme, leaving programmes at variable rates after completion of training, and variations in the timing of appointments.

Vacancies in training programmes, including FTSTAs, will be specified as “Locum Appointments for Training” (LATs) or “Locum Appointments for Service” (LASs), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes. Both types of locum appointments can be made by employers but they must have the agreement of the Deanery to do so. Doctors applying for locum positions may come from a variety of sources e.g. doctors who wish to gain “top-up training” as part of a recommendation from GMC to meet the requirements for a CESR. Appointment to a LAT or a LAS carries no future entitlement to appointment into a specialty training programme leading to a CCT.

**Locum Appointments for Training (LAT).** LATs must be competitively appointed using the agreed person specification for the appropriate level of the post (ST3, ST4, ST5, or ST6). A Deanery nominated representative from the specialty and normally from outside the employing authority must sit on the appointment panel.

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

If a doctor is subsequently appointed to an occupational medicine training programme through open competition, the documented competences achieved through a LAT or LATs may be taken into account when assessing their level of entry.

GMC does not set time limits on LATs except that such experience can only be counted towards a CCT if the doctor subsequently enters an approved training programme. Deaneries should keep a careful record of these appointments on the trainee’s file. A doctor cannot obtain a CCT with only LAT appointments. They can, however, use LATs towards a CESR application.

**Locum Appointments for Service (LAS).** Locum appointments for service (LASs) may be appointed by employers in consultation with the Deanery and are usually short-term service appointments.

Since these appointments are for service delivery and will not usually enable appointees to be assessed for competences required in a specialty CCT curriculum, employers may use local person specifications. Doctors undertaking a LAS must have appropriate clinical supervision but do not require an educational supervisor, since
they will not normally be able to gain documented relevant specialty training competences through the appointment. LAS posts cannot count for CCT award but may be used as part of the evidence for a CESR application.

3.3 Flexible Training (less than full-time training)

GMC has issued guidelines on flexible training based on Principles underpinning the new arrangements for flexible training (NHS Employers, 2005). More recently they have issued position statements on less than full-time training. These statements can be found on the GMC website.

Further information is also contained in the Gold Guide paragraphs 6.47 to 6.57.

3.4 Academic Training, Research and Higher Degrees

The GMC-approved curriculum for specialty training in Occupational Medicine requires trainees to understand the value and purpose of medical research and to develop the skills required to critically assess research evidence. Submission of a research dissertation or other substantial published work comprises one of the standard elements of assessment.

In addition, some trainees may be interested in developing a career in academic medicine, and may therefore 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:

Academic Medicine NCCRCD. Trainees interested in doing this should refer to the Gold Guide section 6.58 to 6.65. Additionally, some Academic and research Centres offer training posts or programmes linked with rotational attachments. For further details contact the Faculty Offices.

3.5 Taking Time Out of Programme (OOP)

Trainees may sometimes seek to spend time out of the specialty training programme to which they have been appointed – e.g. to undertake a period of research, take a planned career break, or gain a clinical experience other than that related to specialty training. Such requests need to be agreed by the Postgraduate Dean and the employer, so trainees are advised to discuss their proposals as early as possible. Time out of programme (OOP) will not normally be agreed until a trainee has been in a training programme for at least one year. Time out of programme may be in GMC prospectively approved training posts or for other purposes. If the period is to count towards the award of a CCT, prospective approval must be sought from GMC.

If out of programme time is agreed the relevant OOP documentation must be submitted to and signed by the Postgraduate Dean see Gold Guide, Appendix 4. The trainee should give their Postgraduate Dean and their employer as much notice as possible, and in any event at least three months. Trainees will also need to submit the OOP document annually, ensuring that they keep in touch with the Deanery and renew their commitment and registration to the training programme. This process also
requests permission for the trainee to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.

3.6 Time out of Programme for Approved Clinical Training (OOPT)

GMC must prospectively approve clinical training out of programme if it is to be used towards a CCT award. This might include overseas posts which have prospective training approval. **It is the trainees' responsibility to ensure that such approval is obtained and confirmed before commencing any period of OOPT.**

Trainees will also be able to take time out of programme and credit time towards training as an "acting up" consultant if this has been prospectively approved by GMC. Trainees acting up as consultants will need to have appropriate supervision and approval will only be considered if the placement is relevant to gaining the competences, knowledge, skills and behaviours required by the approved curriculum.

The Postgraduate Dean will advise trainees about obtaining prospective approval in these circumstances. Clinical training which has not been prospectively approved cannot contribute towards a CCT and may be appropriate as out of programme experience (OOPE) – see below.

Trainees may retain their NTN whilst undertaking a clinical approved training opportunity, as long as the OOPT has been agreed in advance by the Postgraduate Dean and they continue to satisfy the requirement for annual review. OOPT will normally be for a period of one year in total but exceptionally, can be up to two years.

**Trainees must check with their Deanery what documentation is required to be submitted prior to and during their OOPT and ensure that such documentation is submitted and received by the Deanery. Failure to do so could result in their NTN being withdrawn and/or their OOPT not counting towards their CCT. This includes the submission of any assessments required by the specialty curriculum.**

3.7 Time out of Programme for Clinical Experience (OOPE)

Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by GMC and which will not contribute to award of a CCT. The purpose might be to gain specific experience in, say, the medical system of a developing country.

The request to take time out for such experience must be agreed by the Postgraduate Dean. The OOP document should be completed initially and then returned on an annual basis to the Deanery whilst the trainee is out of programme. OOPEs will normally be for one year in total, but can be extended for up to two years with the agreement of the Postgraduate Dean.

Trainees may also take time out of programme to gain experience as a locum consultant (OOPE) which cannot be credited towards training. Such experience can
however be used to support an application for entry to the specialist register through the CESR route.

3.8 Time out of Programme for Research (OOPR)

There are two options for trainees wishing to undertake research: (i) compete at entry for GMC approved combined academic and clinical programmes (those which include both research and clinical elements by prior agreement – identified with an NTN(A)); or (ii) take time out of the Deanery specialty training programme once admitted to undertake research or a higher degree (Out of Programme for Research OOPR – not allocated an NTN(A)).

GMC has made clear that time spent for research purposes will be recognised towards a CCT when the relevant curriculum includes such research as an optional element. Under such circumstances, GMC is not approving research per se, but curriculum training. Both the Faculty and Deanery must support the application for prospective approval.

OOPR will need the agreement of the Postgraduate Dean. It may be prospectively approved by GMC following a suitable application and contribute to a CCT. When OOPR does not count towards CCT requirements, GMC approval is not required.

Trainees who undertake OOPR must check with their Deanery what documentation is required to be submitted prior to and during their OOPR and ensure that such documentation is submitted and received by the Deanery. Failure to do so could result in their NTN being withdrawn and/or their OOPT not counting towards their CCT. This includes the submission of any assessments.

3.9 Time out of Programme for Career Breaks (OOPC)

Specialty training in Occupational Medicine requires trainees to commit up to four years of specialty training on top of the Foundation and core training needed to enter the grade. Requests for career breaks should therefore be considered sympathetically.

A planned OOPC may permit a trainee to step out of training for an agreed period of time to pursue other interests (e.g. domestic responsibilities, work in industry, developing talents in other area), or take a career break to deal with a period of ill health.

OOPC can be taken with the agreement of the Postgraduate Dean and the employer, but will depend on several factors – e.g. the ability of the programme/employer to fill the resulting gap and maintain service delivery; the capacity of the programme to accommodate the trainee’s return; evidence of the trainee’s on-going commitment and suitability. Priority will be given to trainees with health issues and caring responsibilities. Normally, OOPC may only be taken after at least one year of the programme has been successfully completed and the duration of the OOPC will normally be limited to two years. Certain other conditions and limitations may be applied as described in the Gold Guide. The trainee should give at least six months notice of their planned return to work and a period of refreshment of skills may be necessary before the trainee can return formally to the programme.
3.10 Movement between Deaneries

Inter-Deanery Transfers. There may be occasions when trainees wish to move to another Deanery for well-founded personal reasons. Examples include direct caring responsibilities or transfers on grounds of ill health. For NHS trainees, such requests will only be considered where there has been a significant change in a trainee’s situation since their original appointment and normally only after the trainee has been in programme for one year. Trainees should ensure that any request is made through their current Postgraduate Dean to the Deanery of transfer after reference to paragraphs 6.89 to 6.96 of the Gold Guide. Postgraduate Deans will do their best to deal sympathetically with justifiable requests. Trainees should give as much warning as possible to their current Postgraduate Dean that they are seeking a transfer. The transfer must have the support of the current Deanery, taking into account the notice given, the needs of the service and the progress of the trainee to date, and that of the receiving Deanery, recognising constraints on their training capacity. The receiving Deanery may require the trainee to attend a Deanery specialty interview and the Trainee may be required to wait until the next appointment process for the interview to take place. Trainees will be required to accept a reasonable offer of a placement which can facilitate the transfer. When an inter-deanery transfer is agreed the trainee will be allocated a training number from the receiving Deanery or a temporary NTN.

NB: The above arrangements only apply to those trainees holding NHS NTNs. If trainees holding non-NHS NTN(I)s wish to transfer to another Deanery they will need to apply for posts in that Deanery on a competitive basis.

Inter-deanery transfers are not appropriate in a number of circumstances, which are specified in the Gold Guide – section 6.94.

Moving Training Post. In Occupational Medicine it is not unusual for trainees to move between training posts and areas in order to enhance their training and experience. To some extent this is to be encouraged. Where a trainee has competed for, and been offered, a non-NHS or NHS training post in another Deanery it unlikely that either Postgraduate Dean will object to the move provided that:

(i) there is no impact on NHS programmes in the current Deanery (NB This may include NTN(I) holders whose training posts include rotation through an NHS training programme); and
(ii) the receiving Deanery is able to cater for the trainee entering at the appropriate level.

Following such a move the trainee will surrender their existing NTN/NTN(I) and be issued with a new NTN/NTN(I) by the receiving Deanery. The appointments panel for the new post will assess the trainee’s log book and ARCP outcomes as part of the recruitment process; if progress has been satisfactory, entry will be agreed at the appropriate level of training (e.g. ST5 for a trainee in the third year of occupational medical training).
Trainees are strongly advised to seek advice from both their current Dean and the receiving Dean at the earliest opportunity, and certainly before accepting a Non-NHS training post in another Deanery, to ensure that both Deaneries support the move and that the new Deanery is willing to issue a new NTN(I).
4. Educational and clinical supervision

4.1 Educational Contracts and Educational Agreements

Postgraduate Deans have responsibility for the management of training posts and programmes and therefore for the approval and quality assurance of educational and clinical supervisors, in partnership with the Faculty and local specialty representatives. Postgraduate Deans will need to be satisfied that those involved in delivering or managing postgraduate training (e.g. Training Programme Directors, educational and clinical supervisors, and any other agents working on behalf of Deaneries or employers) have the required competences. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements between GMC and Deaneries, supported by the Faculty.

A key way in which Deaneries will discharge their responsibilities will be by entering into Educational Contracts with trainers and training organisations. Such contracts will address questions of support and resources for training, the core responsibilities of training organisations, the level of supervision and educational input, the responsibilities of trainees (who are co-signatories to the educational contract), provisions for study leave, for remedial training, for resolving disputes and other matters of importance underpinning the training environment. As such they are similar to the Learning Agreements made under the previous training arrangements.

In addition to the Educational Contract, Educational Supervisors and trainees will be required to draw up an Educational Agreement for each stage of their training outlining the key learning objectives that will be achieved. This will form a key part of the appraisal and assessment process (see below).

4.2 Appraisal versus Assessment

There is sometimes confusion over the two terms ‘appraisal’ and ‘assessment’.

**Assessment** is a formally defined process within the curriculum in which a trainee’s progress is measured using a range of defined and validated assessment tools, along with professional and triangulated judgements about their rate of progress. It results in an ‘outcome’ following evaluation of the written evidence of progress and is essential if the trainee is to progress and to confirm that the required competences are being achieved.

**Appraisal** is a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/requirements of the employer (‘workplace-based’ or governance appraisal).

Supervisors may be involved in both activities, but assessment is broader, covering formal examinations and annual external review by representatives of the local STC – the **ARCP**. Appraisal is a central local mechanism for learning, supported by the educational supervisor.
The roles of educational and clinical supervisor are also sometimes confused, as are the distinction between educational and governance appraisals. The next few pages clarify some of these issues and describe arrangements for supervision and appraisal, while a later section (section 7) considers assessment, the ARCP and progression.

4.3 Educational Supervision

Educational appraisal is a developmental, formative process which is trainee-focused. It should enable the training for individual trainees to be optimised, taking into account the available resources. Appraisal should be viewed as a continuous process. It is the main mechanism for identifying concerns about progress at an early stage.

All trainees must have a named and formally appointed educational supervisor for each placement in their specialty programme or each post. Where possible, trainees will have the same educational supervisor for the whole of their programme. The educational supervisor should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

Educational supervisors should:
- be Members or Fellows of the Faculty
- on the Specialist Register under occupational medicine
- be compliant with the Faculty’s CPD Programme
- participate in audit
- themselves undergo regular appraisals
- be adequately prepared for the role and trained to offer educational supervision, appraisal and feedback (e.g. have undertaken formal facilitated training or an on-line training programme or participate in relevant training the trainers programmes)
- have dedicated time allowed for training in their current job plan

Such training is typically available in generic form through Deaneries or may be delivered in a range of other ways e.g. facilitated programmes, on-line learning programmes or self-directed learning programmes. The Faculty is in the process of developing resource information on training in educational appraisal skills. Further details will follow.

The training relationship between trainee and educational supervisor is supported by:
- An educational agreement for each training placement, setting out the aims and learning outcomes for the next stage of training (this forms the basis of appraisal discussions).
- A learning portfolio (or Training Record – see Section 4), which the trainee must maintain, and which the educational supervisor must support and help to grow through regular help and advice.
- Regular feedback from supervisor to trainee on progress.
- Two-way professional discussions, which should enable a trainee to air the merits or otherwise of their training experience and share worries and mistakes without fear of being penalised. (The detailed content of discussion within appraisal sessions will normally be confidential.)
- An agreed **written summary** of discussions recording agreed actions (appraisal summaries should be part of the trainee’s portfolio).

- A formal **structured annual report** for the ARCP (Annex 2) which looks at the evidence of progress in training.

Educational supervisors have very important responsibilities, through their supervision of trainees, to support the delivery of the educational contract between employer, trainee and Postgraduate Deanery. Specifically, they should:

- meet regularly (**at least monthly**) with their trainees and conduct educational appraisals at the beginning, middle, and end of each placement;

- provide help to their trainees in identifying learning opportunities and educational needs, and agreeing educational objectives which are SMART (Specific, Measurable, Achievable, Realistic, Time-bound);

- encourage self-reflection and self-appraisal;

- give regular feedback and appraisal summaries;

- undertake annual planning and discuss feedback from annual assessments, including the outcome of the annual ARCP panel;

- review progress and intervene early on if remediation is needed;

- encourage trainees to maintain a learning portfolio – the Training Record (see Section 5C);

- formulate an explicit learning agreement for each placement with aims and planned outcomes stipulated;

- ensure their trainees are inducted at the beginning of a post/programme;

- provide an annual structured report of progress (Annex 2) to the ARCP review panel;

- contact the Postgraduate Dean if the level of performance of a trainee gives rise for concern;

- be able to advise the trainee about access to career management;

- be responsible for their educational role to the Training Programme Director and STC.

Concerns arising in relation to performance should be brought to a trainee’s attention during appraisal meetings. Any relevant factors which might affect progress (e.g., health or domestic circumstances) should be recorded and considered. An action plan to address the concerns should be agreed and documented between educational supervisor and trainee. If concerns persist or increase, further action may need to be taken, either through the ARCP process or through contact with the STC Chair/Training Programme Director or employer.

The **Gold Guide** also envisages that educational supervisors will be responsible for **Clinical Governance Appraisals** of the kind now required by NHS and other employers and likely to be required by the GMC for revalidation. This is separate to educational appraisal, and aimed at ensuring employers are aware of the performance of doctors employed within their organisations. Confusingly, in the Gold Guide, it is called “workplace based appraisal” (unrelated to workplace-based assessments or workplace visits to assess health risks!). The workplace-based appraisal documentation should form a permanent part of the trainee’s learning portfolio. Educational supervisors should keep copies of the appraisal.
The system and paperwork are likely to be dictated by the employer; but we recommend that such reviews of performance are based on the principles and standards of Good Occupational Medical Practice 2010 (available from the Faculty):

Educational supervisors should demonstrate their competence in appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools developed by the Faculty and approved by GMC for Occupational Medicine. As well as being competent in these matters, they must have dedicated time for the role in their job plan.

At a local level it should be clear:

- who is providing educational supervision
- what information is being shared with the employer
- how matters of clinical concern and professional performance about a trainee can be raised.

**NB:** GMC has developed standards for trainers.

### 4.4 Clinical Supervision

Each trainee should also have a named clinical supervisor for each placement. The clinical supervisor is usually a senior occupational physician who will be a Member or Fellow of the Faculty, on the Specialist Register, compliant with the Faculty's CPD Programme, participating in regular clinical audit and undergoing regular appraisal.

Typically, in the small specialty of Occupational Medicine, the role of educational supervisor is shared with that of clinical supervisor – i.e. the same consultant undertakes both duties. However, trainees on rotational appointments or secondments are likely to require on-the-job clinical supervision in their new place of work, as well as continuing educational supervision from their base employer.

The clinical supervisor will be responsible for ensuring that appropriate clinical supervision of the trainee’s day-to-day clinical performance occurs at all times, with regular feedback. All clinical supervisors should:

- hold a licence to practice
- be up to date with Faculty CPD
- understand their responsibilities for patient safety
- be fully trained in the specific area of occupational medicine
- offer a level of supervision appropriate to the competences and experience of the trainee. During the first year of training this will involve the provision of close supervision (preferably face to face) at least daily together with formal instruction on at least one half day per week. Provided the trainee makes good progress, the degree of supervision should decrease progressively over the next three years. By the final year the trainee will be expected to practise with considerable independence, meeting the clinical supervisor for formal discussion and/or instruction for at least half a day each month in addition to the normal contacts of the working day.
• ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do (both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care)
• be appropriately trained to teach, provide feedback and undertake competence assessment to trainees
• have time within work activities to clinically supervise trainees
• be trained in equality and diversity and human rights best practice

4.5 The Trainee’s Role

On appointment to a specialty training programme or to FTSTA trainees must fully complete Form R (Appendix 2 of the Gold Guide: and return it to the Deanery with a coloured passport size photograph. The return of this form confirms the trainee is signing up to the professional obligations of the programme. Form R has to be updated as necessary and signed annually basis to indicate that the trainee re-affirms their commitment to training and remains registered for training.

Trainees will also need to send the Postgraduate Dean a signed copy of the Conditions of Taking up a Training Post (Appendix 3 of the Gold Guide) or a signed copy of Conditions for Taking up a Fixed Term Specialty Training Appointment for those appointed to an FTSTA.

Return of Form R triggers the annual assessment outcome process and the allocation of a training number.

In addition, by signing the training agreement, the trainee undertakes to comply with the conditions and responsibilities of training, including obligations to maintain an up-to-date learning portfolio, to lay educational learning objectives, to participate fully in educational appraisal, to initiate workplace-based assessments, to commit proper time and effort to self-directed learning, and so on. To be effective, learning must be trainee-led.

Annual planning

Section 6.1 sets out the possible Outcomes of the formal annual review by the ARCP panel. Once this is known, the trainee should meet face-to-face with their educational supervisor to plan the next phase of training. The plan should be laid in the context of the objectives to be met and the curriculum requirements. The agreed plan should be documented in the trainee’s learning portfolio. Annual planning is very important.
5. Approved Curriculum for Specialty Training in Occupational Medicine

The Faculty, along with all other specialties, has developed a detailed curriculum for specialty training in Occupational Medicine, which has been approved by the GMC. Details can be found on the Faculty website:

Extracts of the Curriculum appear below.

5.1 Purpose of the Curriculum

The aim of the curriculum is to produce specialist occupational physicians capable of independent practice in any industry sector by the end of the training programme. However, it is not envisaged that the completion of specialty training marks the end of training, nor that new Members will be experts in any particular industry sector. Further training will be required as part of a commitment to life-long learning. Training for super-specialisation and continuing professional development will be required. The specialty training programme will equip occupational physicians to accommodate further professional growth.

5.2 Content of the Curriculum

The curriculum contains a set of core competencies that must be acquired by all trainees. It is a so-called, "spiral curriculum" in that trainees revisit these core competencies in each year of training as they progress from a basic to a specialist level. The level at which trainees are assessed will increase, as their ability to manage more complex occupational health scenarios develops. In addition, trainees are encouraged to pursue aspects of training relevant to their intended careers that takes them beyond the boundaries of core competencies. The training content of programmes will adhere to the principle of "core plus". Student selected option are permissible in the final year of training with additional study in, for example, research, teaching, management or law.

The competencies can be found by following the links above. Trainees and supervisors are strongly recommended to study and note this training syllabus. They describe what an occupational physician will be able to do by the end of training, and are broken down into knowledge, skills and attitudes, to emphasise that being competent is not simply about having the appropriate knowledge or about acquiring a particular skill. Effective practice in occupational medicine also requires appropriate attitudes and behaviours towards many parties.

5.3 Progressing as a Specialty Registrar

The standards of knowledge, skills and behaviours that must be demonstrated to achieve progression towards CCT are set out in the approved curriculum.

Section 4 of this Handbook suggests some targets, activities and milestones to aid educational planning.

Competences take time and systematic practice to acquire and to become embedded as part of regular performance. The Faculty has set the normal duration of training
needed to acquire the competencies needed to practise as a consultant occupational physician as four years. This is important for two reasons:

1) to define a “full” programme of prospectively approved training which entitles an individual who successfully completes it, award of the CCT

2) to make sense of a competence defined programme of educational progression within a framework of “time required” to enable breadth of experience and practice to ensure that the competences gained are sustainable and part of everyday practice.

Progression, however, will depend on demonstrating acquisition of the curriculum competencies. Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations that facilitate personal development. Some suggested milestones at different key stages (at the end of ST3, ST4, ST5, ST6) are given in Section 4 of this Handbook as a guide to trainees, trainers, Deaneries, and employers, and so that reasonable limits for remediation can be set and understood.

Success in progression in Higher Specialty Training is mainly determined by the Annual Review of Competence Progression (ARCP) panel, informed by a variety of assessment inputs and other evidence. The following sections describe the operation of the Panel and the framework for assessment and collecting evidence on progression in Occupational Medicine.

NOTE: Under the previous training arrangements up to three months absence due to sickness, maternity or paternity leave did not require the extension of the CCT date provided that no essential training elements were missed. Under the new system training is competency not time based and it will therefore be for the ARCP panel to consider whether any absence due to illness, paternity or maternity leave has impacted on the attainment of the necessary competencies and if so what remedial action is required.
6. Annual Reviews and Other Assessments

6.1 The Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP) process replaces the former Record of In-Training Assessment (RITA). It applies to all specialty trainees (StRs), trainees in combined academicclinical programmes, trainees who are out of programme with agreement, trainees in Fixed Term Specialty Training Appointments (FTSTAs), and trainees in Locum Appointments for Training (LATs).

The ARCP review panel will be convened by the Deanery and will consist of at least three members appointed by the Deanery STC, of which one must be either the Postgraduate Dean (or their deputy), the Chair of the STC or a Training Programme Director (TPD). Other typical panel members are RSAs and educational supervisors. Panels may also have a representative from an employing authority. Their decisions are subject to external scrutiny by a lay member and external trainer from within the specialty (for a random sample of outcomes). All members are trained in equality and diversity issues. Educational supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member and should withdraw temporarily whilst their trainee is being considered.

The process is not an assessment of the trainee per se, but an assessment of the evidence presented by the trainee. (It has been compared to a consideration of university examination results by an external panel). The aim is to ensure that the trainee, the Dean and the employer can document that the required competences are being gained at an appropriate rate. Review is normally undertaken once a year but can be more frequent if problems are identified. Provided that adequate documentation has been presented, the panel will make a judgement about the trainee’s suitability to progress to the next stage of training (or confirm training has been satisfactorily completed). Such a panel may also assess out of programme clinically approved training or FTSA/LATs training and their contribution to achieving the required competences.

At a minimum the documentary evidence must consist of a structured report (Annex 2) from the educational supervisor, synthesising the evidence in the trainee’s learning portfolio, including the trainee’s workplace-based assessments, experience and additional learning activities. The report must be discussed with the trainee prior to submission. It should be evidence based, timely, open and honest, and should:
- reflect the learning objectives developed between trainee and supervisor
- be supported by evidence from the workplace-based assessments planned in the learning agreement
- take into account any modifications to the learning agreement or remedial action taken during the training period

The Faculty believes that ARCP panels will find it useful also to see a copy of the Training Record (Section 4) itself, as this is designed to include an annual summary of the workplace-based assessments and also various other audits and reports. These are not, in and of themselves, validated assessment tools, but are a useful record of progress in relation to many supplementary activities that do not lend themselves to measurement by a validated workplace-based assessment but are relevant to practice
(e.g. reports related to workplace visits, environmental impact assessments, evaluations of surveillance programmes).

**The process and its possible outcomes.** Deaneries will make local arrangements to receive the necessary papers from trainees and will give them at least 6 weeks notice so that their supervisors can organise a structured report.

Trainees must submit the evidence request, including an updated Registration Form (Form R) for Deanery use. They will not be “chased” to provide the paperwork by the required date. **The trainee must ensure that the evidence submitted on time and is complete.** It should not omit evidence which the trainee may view as negative. (Unsuccessful workplace-based assessment outcomes need not be included but should be retained in the trainee’s portfolio and be available for discussion with educational supervisors during educational appraisal.) Where the evidence submitted is incomplete, no decision will be taken about performance or progression.

The trainee may also submit a response to the trainer’s report or to any other element of the assessment documentation. Such a commentary will be considered “privileged” and viewed only by the panel in the first instance; but some circumstances (e.g. serious allegations of bullying, harassment or inappropriate conduct by a trainer) will trigger further formal inquiries the confidentiality of which cannot be guaranteed.

It may occasionally be necessary for the Training Programme Director or STC Chair to provide an additional report, for example detailing events that led to a negative assessment by the trainee’s educational supervisor. If so, the trainee must see the report prior to submission (not to agree the content but to ensure openness). Where a report indicates that there may be a risk to patients arising from the trainee’s practice, this view must be shared with the Dean and current employer and the trainee notified.

Outcome possibilities are as follows:

**Outcome 1: Satisfactory Progress** - achieving progress and the development of competences within the curriculum approved by GMC at the expected rate. No meeting needed.

**Outcome 2: Development of specific competences required, additional training time not required.** Acceptable progress overall, but with some competences not achieved; the prospective date for completion of training should not need to be extended. The trainee should appear before the panel, which will specify in writing the further development required.

**Outcome 3: Inadequate progress, additional training time required.** Additional training is required which will extend the duration of the programme (e.g. the anticipated CCT or CESR date). The trainee should appear before the panel, which will specify in writing the additional training required and circumstances (e.g. level of supervision). The extension to training should not normally exceed a year in total.

**Outcome 4: Released from training programme with or without specified competences.** This outcome follows insufficient and sustained lack of progress despite additional training. The trainee must give up their NTN but can seek further career advice from the Dean.
Outcome 5: Incomplete evidence presented, additional training time may be required. The panel can make no statement about progress without more information. The trainee has to supply the panel with a written explanation within 5 working days and there may be a delay to training.

Outcome 6: Recommendation for completion of training. Gained all required competences and recommended for award of a CCT or CESR.

Outcome 7: For trainees in FTSTAs, out of programme, or undertaking “top-up” training. Trainees in FTSTAs will submit evidence as for specialty trainees and the evidence will be considered by the ARCP panel.

Outcome 8 - Out of programme for research, approved clinical training or a career break (OOP/R/OOPT/OOPC). If the trainee is out of programme in a GMC prospectively approved training placement contributing to the programme competences, then an OOPT document as well as in-work assessments of acquired competences should be made available to the panel in the usual way. If the purpose of the OOP is research the trainee must produce a research supervisor’s report along with the OOPR indicating that progress in research is being made. If a doctor is taking a career break, a yearly OOPC request should be sent to the panel, indicating the intended date of return.

Outcome 9: For doctors undertaking top-up training in a training post. Some doctors undertake top-up training, as required by GMC following an application for entry to the Specialist Register through article 14. They are appointed competitively to approved training programmes for a limited period (e.g. where a gap appears in a programme). The doctor should submit the appropriate in-work assessments and documentation to the panel.

The Outcome recommended by the panel will be made available by the Postgraduate Dean to:

- The Faculty (these outcome documents are part of the minimum data set which must be sent to GMC from the Faculty with the recommendation for award of CCT; trainees appointed to a programme intended to lead to the award of a CESR will also need to submit these documents with their application to GMC); and
- The Training Programme Director (TPD)/STC Chair. The TPD will receive 3 copies of the outcome form; one copy to be sent to the trainee’s educational supervisor and used in further educational appraisal; one to be given to the trainee, who must sign it and return it to the Deanery within ten working days, retaining a copy of the signed form in their portfolio; and a third copy for the TPD’s records.

When remedial training is required, the Dean will establish a specific educational agreement with the training organisation. The outcome of any additional or remedial training will be reviewed by ARCP for the specialty.

Further details of the ARCP process, including the role of the Postgraduate Dean, the flow of paperwork between Deanery and other parties, and the involvement of the Training Programme Director are set out in the Gold Guide.
Reviews and Appeals. The Gold Guide also sets out the mechanisms for review and appeal of an Outcome. In brief, the trainee will have the opportunity to see all the documents on which the decision about the Outcome was based. If they disagree with the decision they have a right to ask for the decision to be reviewed. Requests must be made in writing to the Chair of the ARCP Panel within 10 working days of being notified of the panel’s decision. The Chair will arrange a further interview for the trainee (as far as practicable with all the parties of the panel), which should take place within 15 working days of receipt of such a request. The trainee can provide additional evidence at this stage an there is opportunity for discussion between trainee, RSAs and Programme Directors to reach a shared understanding of the problems and the best course of action. If the trainee accepts that competences have not been achieved, an action plan will be developed; if not, they should inform the Postgraduate Dean within 10 working days and the Dean will arrange a formal, appeal hearing which should normally take place within 15 working days of receipt of a request for an appeal. Members of the original panel will not take part in the appeal. Trainees have a right to be represented at the appeal, to address it and to submit written evidence beforehand. All documentation considered by the appeal panel will be made available to the trainee. Further details, including the composition of the appeal panel and possible outcomes, are given in the Gold Guide.

6.2 Other elements of the assessment framework

Although the main vehicle for progression will be the ARCP, progress will be assessed and monitored in a variety of additional ways. The system is presented in outline in this section and illustrated in Figure 1. This overview should be read in conjunction with the revised regulations for Membership (Section 3).

The approved curriculum of higher specialty training is linked with an approved assessment framework – defined in terms of a grid of curricular competencies and the methods by which these are assessed. See Assessment Matrix.

Figure 1 shows the elements of assessment, which comprise:
1. Regular on-the-job workplace-based assessments (WBA) throughout all of the training years.
2. Annual assessment of certain WBAs by a Faculty-appointed external assessor.
3. The annual educational supervisor’s report, as described above.
4. Two Faculty-administered external examinations in ST3 (Part 1 MFOM examination) and during ST6 (Part 2 MFOM examination).
5. A research dissertation or similar substantial work.

Thus, there will be locally administered components (1, 2, 3, and the ARCP) and centrally administered examinations (4,5).
6.3 Revalidation for doctors in training

Revalidation will apply to all trainees. The process to revalidate for trainees will be built around, and run alongside, appraisal within the existing educational supervision/ARCP system.

Upon Completion of training, those who work outside the NHS or with an employer which is not a Designated Body would need to use the Faculty’s Responsible Officer, to revalidate. The doctor must be a member of the Faculty to formalise the prescribed connection.
Entry at ST3

Core Medical Training or ACCS(M) (JRCPTB)
(Alternatives: General Practice, Psychiatry, Public Health, Surgery)

Higher Specialist Training in Occupational Medicine

Specialist Accreditation

Phases:
- Phase 1
- Phase 2

ARCP

EA WBA

Dissertation

CCT

F2 ST1 ST2 ST3 ST4 ST5 ST6

= workplace based assessment (WBA) - Mini-CEX, CBD, MSF, SAIL, DOPs

= external assessment, WBAs
The Faculty proposes five WBA instruments applied in each of the training years:

1. **The Mini-clinical examination (Mini-CEX):** sitting in on, and formally scoring a trainee’s consultation with a patient – at least four per year.

2. **Case-based discussions (CBD):** eight per year by a supervisor and two by the Faculty external assessor of WBAs.

3. **Multi-source feedback (MSF):** a form of 360 degree appraisal – one per year.

4. **Sheffield Assessment Instrument for Letters (SAIL):** a tool for assessing the quality of a trainee’s letters – at least four per year by a supervisor and two by the Faculty external assessor of WBAs.

5. **Directly observed procedures (DOPS):** marks the trainee’s ability to perform commonly required procedures [this element is least developed in planning, but probably will have a target of four per year].

The Part 1 MFOM examination (normally taken in ST3) will comprise a multiple choice question (MCQ) paper, designed to assess factual knowledge to a level appropriate to the trainee’s stage of training. This will be the same examination as set for the MCQ component of the Diploma in Occupational Medicine. It will assess the same knowledge base and use the same question sets and there will be a common pass mark across both the Diploma MCQ and the Part 1 examination. (The Part 1 Membership, however, will not include the portfolio and oral defence components of the Diploma, which are tested by other means and at a different level during the specialist training programme.)

The Part 2 MFOM examination (normally taken in ST6) will comprise (i) an MCQ paper of a more detailed nature; (ii) a structured short question paper; and (iii) an OSPE (observed structure practical examination) covering such topics as ethics, law, occupational hygiene, and perhaps involving actors playing a mental health or disability case.

Research competencies, which are integral to occupational medicine, will be demonstrated through a dissertation on a subject approved by the Faculty and assessed by two Faculty-appointed external examiners. The competency may be met alternatively by peer-review publications or the assessed degree of a university (e.g. PhD/MD), submitted to the Faculty examiners. Further guidelines in relation to the dissertation are listed in Section 4.

Although progression will usually depend on the local ARCP review, additionally, progression from ST3 to ST4 will normally require a pass in the Part 1 MFOM examination. Normally, too, the research component will have to have been submitted in full before progressing from ST5 to ST6.

Normally, before applying to sit the Part 2 MFOM examination a candidate must have passed their Part 1 examination. If enrolled in an approved post or programme recognised for higher specialist training in occupational medicine in the UK, the candidate must also provide evidence, following local Annual Review of Competency Progression (ARCP) panel review, of having achieved the end competencies of ST4.
training, and cannot sit the examination until six months after the date on which this ARCP review outcome was determined.

Completion of the CCT depends on success in the centrally administered examinations (Part 1, Part 2, research dissertation) and confirmation by the ARCP panel that the final ST6 competencies have been achieved.

It is strongly recommended that all trainees and educational supervisors familiarise themselves with the assessment processes.

1. The rules relating to the three centrally examined components are set out in the Membership Regulations (Section 3).

2. As the Part 1 MFOM is based on the MCQ component of the Diploma in Occupational Medicine examination, written guidelines (including sample exam questions) on the MCQ section of the Diploma will be relevant to StRs. These are published separately – follow the links from: http://www.fom.ac.uk/education/non-specialist-qualifications-and-training/diplomas/docmed

3. Guidelines on the research dissertation appear in Section 3, together with a Question and Answer sheet on recent changes to this component of assessment.

4. The Part 2 MFOM regulations, entry form and related guidance can be found at http://www.fom.ac.uk/education/speciality-training/part-2-mfom-examination

5. The guidelines on workplace-based assessments (WBAs) – overview, details of each assessment tool, instructions for assessors and trainees, recording and summary forms, frequently asked questions – all appear online. See: http://www.fom.ac.uk/education/speciality-training/work-based-assessments/forms-support-materials-assessor-training
7. Completion of training and entry onto the Specialist Register

7.1 Award of the CCT

This takes place through the following process:

i. When a doctor is within six months of completion of their specialty programme the Postgraduate Dean will notify the Faculty of the final annual assessment outcome and that the trainee has satisfactorily achieved the required competences.

ii. If the Faculty believes that all the requirements of the CCT curriculum will be met by the time the trainee is due to complete the training programme, the Faculty will notify the GMC of the trainee’s completion of training date.

iii. The GMC will invite the trainee to make an application for entry onto the Specialist Register, around four months before the completion of training date.

iv. On completion of training the trainee should complete an Application for Membership / Completion of Training form and return it to the Faculty. Upon approval of the application for membership, the Faculty will send a recommendation to the GMC.

v. Once the GMC has received the recommendation and the application from the trainee they will issue a CCT certificate and the trainee’s status on the GMC Register will be updated.

vi. If the application and recommendation is received before the completion of training date, then a certificate will be granted on the completion of training date. If the application or recommendation is received after the completion of training date, then the certificate will be granted on the date it is processed.

Membership (MFOM) is awarded by a parallel and complementary process, and follows the successful completion of the three centrally assessed components (Part 1 and Part 2 examinations and research dissertation). As the Part 2 examination is taken before the end of ST6, award of Membership may thus precede award of the CCT by a few months.

7.2 CESR Award through the Combined Programme

This takes place through the following process:

(i) If a trainee is eligible to apply for entry onto the Specialist Register with a CESR through the Combined Programme, CESR (CP), the Faculty will notify the GMC of the trainee’s completion of training date during the final year of training. The GMC will then invite the trainee to make an application for entry onto the Specialist Register around four months before the completion of training date.

(ii) Doctors who have successfully completed UK training programmes should have the necessary documentation in their portfolios (e.g. annual assessment outcomes, College examination outcomes) to enable them to demonstrate that they have met the required standards to apply for a CESR. It is anticipated that application time for a CCT or a CESR in these circumstances will be broadly similar.
7.3 Applying for Consultant Posts

Once a doctor has entered the Specialist Register they become eligible to apply for a consultant post. However, a trainee may apply and be interviewed for a consultant post within six months of the anticipated CCT/CESR date if progress has been satisfactory and it is anticipated that the outcome of the final ARCP will recommend that training will be completed by the time the recommended CCT/CESR date is reached.
8. When things go wrong: appeals and complaints

8.1 Appeal against a decision not to award a CCT/CESR
The award of the CCT or CESR is the responsibility of GMC and therefore all appeals on this account should be directed to GMC.

8.2 Appeals against Deanery/local STC decisions
Details of how to appeal following an ARCP review or the decision to remove a Training Number are set out in the Gold Guide.

8.3 Appeals against a Faculty examination
The Faculty offers specific written feedback to candidates failing its formal examinations and/or research dissertation component. This includes written details of a formal appeals procedure (see link below) and as well as suggestions for remediation.

Appeals rules:

If a candidate is considering lodging an appeal, before doing so, the Faculty recommends that the Faculty Board Appeals rules and rules F22-F27 of the General Faculty Examination Regulations (see link below) are read carefully.

Examination regulations:

A summary of the appeals procedures is outlined below.

The Faculty Board Appeals rules set out the grounds for appeals. Briefly, there must be genuine evidence that a) an examination result is manifestly incorrect, or that b) an administrative irregularity or procedural failure has occurred, with reasonable grounds to believe the examination was affected. See Appeals Rules, section B.

If a candidate is dissatisfied with a decision relating to his or her examination, he or she should write to the Chief Examiner in question. An initial inquiry must be received by the Faculty within 21 days of the date on which the decision the appeal relates to was issued. The Chief Examiner, or an appointed deputy, will write one letter of response and the candidate is not able to enter into extended communication. See Appeals Rules, page 9.

If after receiving the Chief Examiner’s response, the candidate continues to be dissatisfied, he or she can make a formal appeal, to the Academic Dean of the Faculty. The pro-forma, called ‘Notice of Formal Appeal’ should be completed and returned to the Faculty. See Appeals Rules, Annexe 2.

The Academic Dean will consider the notice of formal appeal, other relevant material and then decide whether prima facie grounds for appeal have been established, in accordance with Appeals Rules, Rule 3.
No fee will be charged for the initial inquiry. However, a candidate who wishes to serve notice of a formal appeal must lodge an appeal fee, complete an application form and submit the necessary support documentation, as set out in the rules. Candidates have the option of lodging a written appeal or an oral hearing and the fees vary accordingly. See Annex 1, schedule of Appeal Fees, Appeals Rules.

The Appeal panel is nominated by the Faculty’s Academic Dean. It would consist of, as a minimum, a Chairman and three other members, including a Fellow of the Faculty. See Appeals Rules ‘The Appeal Panel’, p4.

8.4 Complaints about an assessment
The mechanism of appeal depends on the mode of assessment. If a candidate wishes to raise any enquiry about their performance related to a Faculty-administered examination (ST3 or ST6 examination or research dissertation), this will be directed in the first instance to the Examination Co-ordinator at the Faculty Offices who will ensure referral to an appropriate officer (e.g. the respective chief examiner). If after informal representation of this kind, a candidate remains dissatisfied with the conduct the examination, he or she may make a formal appeal to the Faculty’s Academic Dean. Appeals are then dealt with under the Board’s appeal procedures as outlined above.

Complaints about the formative workplace-based assessments should be raised in the first instance with the educational supervisor. However, if the trainee perceives a difficulty in raising such a complaint directly, they can contact the Training Programme Director or Faculty Regional Specialty Advisor or STC Chair. Contact details of RSAs are provided in Section 7.

The Faculty SAC intends monitoring complaints as part of its ongoing evaluation of the assessment system. Feedback questionnaires will be sought from trainees, educational supervisors, Programme Directors, RSAs and ARCPs and these will consider complaints among other issues. Chief examiners monitor all informal and formal complaints and their outcome and report on this to the SAC and Chief Examiner of Quality Assurance at the Faculty.

8.5 Other complaints
Trainees should raise other matters of concern with their educational supervisor in the first instance. However, if their concern is with their educational supervision, their relationship with their supervisor, or their training facilities, then they are encouraged to talk in confidence with the Training Programme Director or Deanery STC Chair. Advice can also be sought from the Faculty Regional Specialty Advisor (Contact details are provided in Section 6).
Annex 1: Registration Checklist

Name of Trainee: ____________________________

Name of STC Chair: ____________________________

Name of RSA: ________________________________

Name of Training Programme Director (where appropriate): ________________________________

Name of Training Organisation: ________________________________

Date Started: _________________

Type of Programme:

Run Through☐ Stage of Entry ST3 ☐ ST4 ☐ ST5 ☐ ST6 ☐

FTSTA ☐ Duration: _____ GMC

LAT ☐ Duration: _____ GMC

GMC Prospective Approval Confirmed ☐

Form R returned to PGD ☐

"Conditions of joining a specialty training programme" signed by Trainee and returned to PGD ☐

Educational Contract signed by

Training Organisation ☐

Trainee ☐

PGD/STC Chair ☐

And returned to PGD ☐

Training Number issued: ☐ Enter No> ____________

Registration with Faculty sent off and Confirmed ☐

Name of Educational Supervisor: ________________________________

Name of Clinical Supervisor (if different to above): ________________________________
Annex 2: Educational Supervisor’s Structured Report
(Indicative template – may vary by specialty/Deanery)

Educational Supervisor’s Structured Report: Submission to the Annual Review of Competence Progression Panel by the Trainee’s Current Educational Supervisor, Summarising the Trainee’s Learning Portfolio Since the Previous Assessment

Name of person submitting report: Training unit

Position

Trainee’s name GMC number

GMC Programme/Post approval number

Training number (if applicable)

Previous annual assessments ands

Dates Outcome

1.
2.
3.
4.
5.

Previous placements in programme

Training Unit Clinical supervisor Dates (to-from)

1.
2.
3.
4.
5.

Current placement

Clinical supervisor

Dates of placement
**Workplace based assessments (WBAs) in current placement/s**  
(Only successful WBAs should be included here)

<table>
<thead>
<tr>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX</td>
</tr>
<tr>
<td>DOPs</td>
</tr>
<tr>
<td>CbD</td>
</tr>
<tr>
<td>MSF (360 degree)</td>
</tr>
<tr>
<td>Patient survey</td>
</tr>
<tr>
<td>Other (please describe)</td>
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</table>

**Experiential outcomes**

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<thead>
<tr>
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<th>Date/s</th>
<th>Outcomes</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Log-book</td>
<td></td>
<td>expected activity</td>
<td>achieved/not achieved</td>
</tr>
<tr>
<td>2. Audits</td>
<td></td>
<td>completed/not completed</td>
<td>had impact/no impact</td>
</tr>
<tr>
<td>3. Research projects</td>
<td></td>
<td>work in progress/</td>
<td>completed</td>
</tr>
<tr>
<td>4. Publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Teaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Presentations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Courses attended</td>
<td></td>
<td>relevant/not relevant/</td>
<td>impact/no impact</td>
</tr>
</tbody>
</table>

**Other outcomes**

<table>
<thead>
<tr>
<th>Date/s</th>
<th>Outcome</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reported adverse incidents</td>
<td>resolved/ pending no case to find/ accountable</td>
<td></td>
</tr>
<tr>
<td>2. Complaints</td>
<td>resolved/ pending no case to find/ accountable</td>
<td></td>
</tr>
<tr>
<td>3. Other</td>
<td>any further comments/ observations</td>
<td></td>
</tr>
</tbody>
</table>
I confirm that this is an accurate description/summary of this trainee’s learning portfolio, covering the time period from __/__/____ to __/__/____

Signed by: _________________________ (Educational Supervisor)
Date: ____________________________

Signed by: _________________________ (Trainee)
Date: ____________________________
Annex 3: Glossary of Terms

**ARCP Annual Review of Competence Progression** The process whereby trainees in specialty training have the evidence of their progress reviewed by an appropriately convened panel so that a judgment about their progress can be made and transmitted to the training programme director, the trainee and the trainee’s employer.

**CCT Certificate of Completion of Training.** Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by GMC

**CESR Certificate confirming Eligibility for Specialist Registration.** Awarded after an applicant has successfully applied for entry to the specialist register through Article 14 of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003

**Clinical Supervisor** The professional responsible for teaching and supervising the Trainee

**CMT Core Medical Training.** The early years of training in medicine. Trainees appointed into CMT will have the right to complete specialty training, subject to satisfactory progress, in one of the outcome specialties described in the Guide but training in a particular specialty is not guaranteed

**CPT Core Psychiatry Training** The early years of training in psychiatry. Trainees appointed into CPT will have the right to complete specialty training, subject to satisfactory progress, in one of the 6 psychiatry outcome specialties described in the Guide, but training in a particular specialty is not guaranteed.

**CST Core Surgical Training** The early years of training in surgery in general. Trainees appointed into generic programmes of CST will have the right to complete specialty training, subject to satisfactory progress, in one of the outcome surgical specialties described in the Guide, but training in a particular specialty is not guaranteed.

**Competence** The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from **performance**, which denotes what someone is actually doing in a real life situation. (from the *Workplace Based Assessment Subcommittee of PMETB*)

**Competences** The skills that doctors need (after *The New Doctor, transitional edition, 2005*).

**COPMeD** Conference of Postgraduate Medical Deans in the UK.
Curriculum  A *curriculum* is a statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organization, processes and methods of teaching, learning, assessment, supervision, and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme (from the *Workplace Based Assessment Subcommittee of PMETB*).

Educational agreement  A mutually acceptable educational development plan drawn up jointly by the trainee and their educational supervisor (from the *Workplace Based Assessment Subcommittee of PMETB, 2005*).

Educational appraisal  A positive process to provide feedback on the trainee’s performance, chart their continuing progress and identify their developmental needs (after *The New Doctor transitional edition, 2005*).

Educational contract  The Postgraduate Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dean has a legitimate interest in matters arising that relate to the education and training of postgraduate trainees within the employing environment.

Educational supervisor  The doctor responsible for making sure that the trainee receives appropriate training and experience through developing clear objectives based on the relevant specialty curriculum. The educational supervisor is responsible through the Postgraduate Dean’s educational contract both for educational and workplace based appraisal of the trainee.

Foundation Training  The first two years of postgraduate training following graduation from medical school in the UK. The first year (F1) leads to registration with the GMC whilst the successful completion of the two year programme enables the trainee to apply for specialty training programmes.

FTSTA  *Fixed Term Specialty Training Appointment*. These are up to one year appointments, usually in the early years of training in a specialty. Appointments can only be made for up to one year.

FTTA  *Fixed Term Training Appointment*. These were made during specialist training (pre January 2007) for a fixed period of time, with defined learning outcomes.

LAS  *Locum Appointment for Service*, short-term appointment used to fill a service gap in a training programme.

LAT  *Locum Appointment for Training*, appointment to fill a gap in a training programme.
NTN National Training Number. Only trainees who have competed successfully for entry into a run-through specialty training programme are awarded an NTN.

**OOP Out of programme** Where trainees take time out of their training programme to undertake a range of activities, with the agreement of their Postgraduate Deanery by the trainee and the agreement by the postgraduate trainee for the trainee to take time out their Deanery specialty training programme.

**OOPC Out of programme for a career break**

**OOPE Out of programme for experience** which has not been prospectively approved by GMC and which cannot be counted towards training for a CCT but may be suitable for a CESR or CEGPR.

**OOPR Out of programme for research** which can be counted towards training if it is prospectively approved by GMC. Research can also be considered for a CESR or CEGPR.

**OOPT Out of programme for clinical training** which has been prospectively approved by GMC and can be counted towards a CCT.

**PMETB Postgraduate Medical and Education Training Board.** The competent authority for both hospital specialties and general practice from September 2005 until April 2010 when it merged with the GMC. It was an independent body with responsibility in law for setting standards and quality assuring postgraduate medical education in the UK.

**Programme** A managed educational experience.

**Run-through training** The term used to describe the new structure of specialty training in which trainees are competitively selected into specialty training curricula which cover both the early and more advanced years of specialty training. Once selected into a run-through specialty training programme, a trainee will be able to complete specialty training in the broad specialty group or specialty, subject to progress.

**SAC Specialty Advisory Committee** is the usual (but not the only) name used for the committee which advises the College or Faculty on training issues and sets the specialty specific standards within the context of the generic standards of training set by GMC.

**STC Specialty Training Committee** is the usual (but not the only) name used for the committee which advises and manages training in a specialty within a Postgraduate Deanery.
Specialist training  The description of postgraduate training marked by the reforms to postgraduate medical training which began in 1996 under the Chief Medical Officer. Trainees appointed to these programmes are known as specialist registrars

Specialty training  The description of postgraduate training following the current reforms to postgraduate medical training and marked by trainees who are entering training from August 2007 to undertake the new specialty training curriculum approved by GMC.

SpR Specialist Registrar is the title given to trainees who were appointed into specialist training prior to January 2007

STA Specialist Training Authority  Prior to the establishment of PMETB and GMC, the competent authority for specialist training

StR Specialty Registrar is the title given to trainees who are appointed into specialty training from August 2007

SpT Specialist Trainee is the title given to non-medically qualified trainees in Public Health Medicine who were appointed into Public Health specialist training prior to January 2007. Trainees appointed from August 2007 will be known as specialty registrars (StRs)

Workplace based (NHS) appraisal  The process whereby trainees are appraised by their educational supervisors on behalf of their employers, using the assessments and other information which has been gathered in the workplace

Workplace based assessments are the assessment of working practices on what trainees may actually do in the workplace and predominantly carried in the workplace itself (from the Workplace Based Assessment Subcommittee of PMETB, 2005).