Approval of Training Programmes

1.0 Introduction

Since 1 April 2010 the GMC has taken over responsibilities from PMETB (which had legal responsibility under the Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2003 for the approval & re-approval of all postgraduate medical training programmes). All decisions on post and programme approval must therefore be made by GMC. This includes:

- new posts and programmes (including ad personam/flexible programmes)
- applications for re-approval, where conditional approval was originally given.

GMC has published generic training standards with which all applications for post and programme approval must comply, and which inform GMC's general quality assurance activities. The Standards cover the following Domains:

Domain 1. Patient Safety

The duties, working hours and supervision of occupational medicine specialist trainees must be consistent with the delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Domain 2. Quality Assurance, Review and Evaluation

Occupational Medicine training must be quality controlled locally by Deaneries, working with the Faculty, other stakeholders and training deliverers.

Domain 3. Equality, Diversity and Opportunity

- Postgraduate training must be fair and based on principles of equality. This domain deals with equality and diversity matters pervading the whole of the training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.
- Responsibility: Postgraduate Deans and organisations providing training, trainers and trainees, other colleagues working with trainees, other stakeholders and the Faculty RSAs.
- Evidence: Surveys, outcome data, Deanery quality control data and visits.

- Mandatory requirements:

- at all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.

- information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and GMC websites.

- Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full- time to work flexibly within the requirements of GMC Standards' Rules. Deaneries must take appropriate action to encourage Trusts and other training providers to accept their fair share of doctors training flexibly.

- appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.

Domain 4. Recruitment, Selection and Appointment

Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.

Domain 5. Delivery of Curriculum Including Assessment

The requirements set out in the Faculty GMC approved curriculum must be delivered.

Domain 6. Support and Development of Trainees, Trainers and Local Faculty

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.

Domain 7. Management of Education and Training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

Domain 8. Educational Resources and Capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

Domain 9. Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards

Further guidance on Training Standards can be found on GMC's website.

The standards cover all postgraduate training programmes after the Foundation Years, for all specialties and to all places where postgraduate medical training is provided. This will include all occupational medicine training posts both within and outside the NHS. All training posts in occupational medicine will therefore need to meet these generic standards. The standards will be reviewed on a regular basis and the current version will be available on the GMC's website.

GMC will hold Postgraduate Deans responsible for meeting these standards across the UK and when making decisions on programme approval the GMC will take advice from Deaneries. Chairs of Deanery Specialist Training Committees and the Faculty's Regional Specialty Advisers (RSAs) will be key to the approval process.

GMC will normally approve training at the level of a programme, which is a series of posts (or rotation) that together enable a doctor undergoing training to acquire the competencies they need for the award of a Certificate of Completion of Training (CCT). Each post in a rotation must meet the generic standards. Where this is not the case, the problems will be addressed at post, programme or Deanery level, as appropriate. Posts within a single organisation are permissible, but it will need to be shown that all competences can be acquired within that post.

When GMC approves a post or programme it does not set a time limit on that approval and approvals are therefore open ended.

2.0 Basic Requirements of a Training Programme in Occupational Medicine:

A Training Post/Programme should provide a balanced and adequate range of instruction and experience in the principles of occupational medicine within a structured programme covering the GMC approved curriculum, with rotations and/or attachments as appropriate. In particular it will provide:

a. a wide range of defined practical experience;

b. increasing clinical and managerial responsibility with experience;

c. protected training time during working hours to prepare for and undertake workplace based assessments and examination preparation;

d. suitable and sufficient facilities to conduct a supervised dissertation project by research which is obligatory for the completion of training and award of MFOM;

The first year should be an introduction to occupational medicine and the functions of management and employee representatives in the workplace. The trainee should not be expected to spend more than 50% of their time in clinics.

The second year is concerned with enlarging experience and theoretical knowledge. The subject for research/dissertation should be chosen and started. **An initial research proposal should be submitted and accepted by the Faculty before the end of ST4 (i.e. normally by the 24th month of full-time training in occupational medicine, or the part-time equivalent). It is therefore essential that trainees identify a suitable project and submit an initial proposal as early as possible in their training programme.**

The third year consolidates the experience gained already and complements any deficiencies by secondments or visits to other industries and occupations.

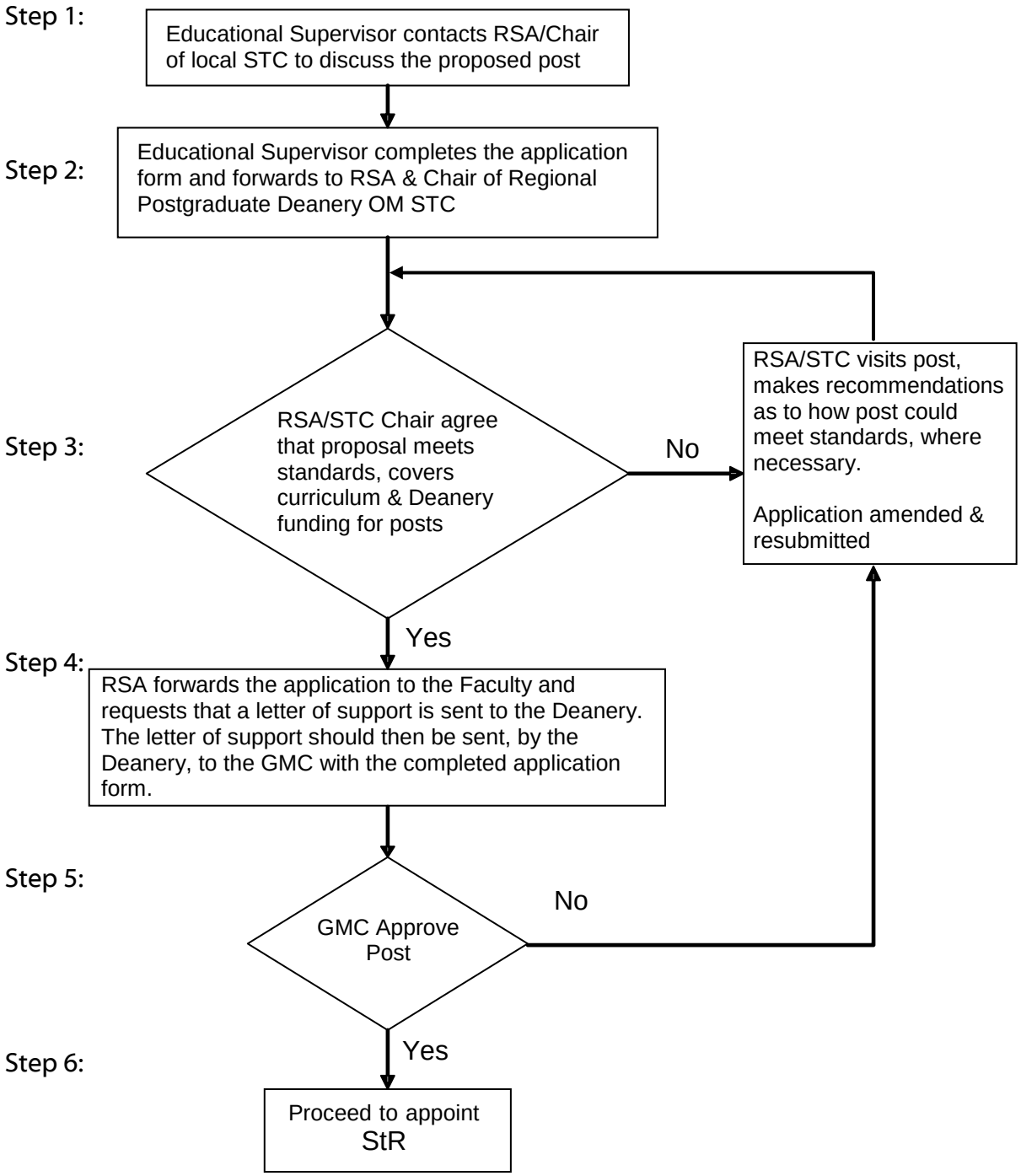
In the final year, if not already achieved, individual responsibility should be taken for some aspect of the management of an occupational health service. The research project should continue and the dissertation.

3.0 Applications for Approval of a Training Post or Programme

a. Applications for approval of a training post or programme in occupational medicine should be made by the educational supervisor(s) to the Regional Postgraduate Deanery who will then apply to the GMC using the application form which can be downloaded from the GMC Website. **This application form should be submitted along with a letter of support from the Faculty.**

b. A training programme must be approved by GMC prior to recruitment of an StR. **Time spent in a non-approved post cannot count toward training for CCT.**

c. The educational supervisor is responsible for preparing the initial application. The flow chart below outlines the steps that need to be taken when seeking approval of a training post:


Step 1:
Educational Supervisor contacts RSA/Chair of local STC to discuss the proposed post
Step 2:
Educational Supervisor completes the application form and forwards to RSA & Chair of Regional Postgraduate Deanery OM STC
Step 3:
RSA/STC Chair agree that proposal meets standards, covers curriculum & Deanery funding for posts
No
RSA/STC visits post, makes recommendations as to how post could meet standards, where necessary.
Application amended & resubmitted
Yes
Step 4:
RSA forwards the application to the Faculty and requests that a letter of support is sent to the Deanery. The letter of support should then be sent, by the Deanery, to the GMC with the completed application form.
Step 5:
GMC Approve Post
No
Yes
Step 6:
Proceed to appoint StR

Notes:

i) A check list for use by RSAs when considering an application for post approval is given in Appendix 1.

ii) The RSA will seek the opinion of the local Postgraduate Dean (PGD) on whether or not the programme should be given educational approval. In the first instance this is likely to involve discussion with the Chair of the Deanery's Occupational Medicine Specialist Training Committee (STC) who will then discuss further with other members of the Committee and/or the Deanery as required. In the case of NHS programmes, the PGD is also responsible for approving funding for the programme. The RSA may also seek the opinion of the Faculty Training Director.

iii) If the programme is satisfactory, and the training organisation has prior experience and a good record of training, the RSA and Deanery may be able to endorse an application without the need for the RSA to undertake an inspection. However, in the case of a new post/programme in an organisation without prior training experience, or if the RSA has any concerns about the post/programme, the RSA will arrange to visit the organisation to carry out an inspection. Such inspection will involve the RSA and the educational supervisor, and will be an opportunity for the RSA to confirm that training arrangements do conform with details on the application, or to address any issues or concerns that have arisen.

iv) Once satisfied that the programme meets the necessary standards the RSA should inform the Faculty that an application is being prepared and that they support the application. A copy of the application form should be sent to the Faculty. A letter of support will then be sent to the Deanery, by the Faculty, which should be forwarded with the completed application form, by the Deanery, to the GMC.

v) If the RSA is unable to recommend approval of the programme, the reasons for this decision should be clearly explained in writing to the educational supervisor. A copy of the application with reasons for the decision should also be forwarded to the Chair of the local deanery STC and to the Faculty.

vi) The educational supervisor may appeal a decision by the RSA not to recommend approval of a training programme. The appeal should be made to the Faculty Specialty Advisory Committee, who will consider the appeal at the next routine meeting and offer advice to the local Deanery. For information about appealing against a GMC decision, e-mail education@gmc-uk.org.

4.0 Length of Approval

a. A training programme will be approved by GMC for an indefinite period of time. However the Faculty and Deanery will normally reconsider the programme every five years, as part of their joint quality control process. If problems arise in the programme the Faculty and Deanery will inspect the programme in the interim.

b. At the five-year point an updated application form should be submitted as per section 1 following the standard approval process.

c. There is no longer any requirement for routine programme visits after specified durations.

5.0 Programme Visits

Formal visits by the GMC will not normally be required for the approval of training posts. Instead GMC quality assures postgraduate medical training programmes in two key ways:

5.1 GMC Deanery-wide Visits

The primary purpose of these visits will be to ensure that the GMC training standards are being met and to enable them to approve training programmes in a range of different specialities within a Deanery. Visits will also have a number of other objectives, namely:

- to identify good practice in training and the Deanery;
- to enthuse the training establishment in the Deanery to improve and help to identify and address poor performance;
- to function as a peer review of the Dean and his/her senior team;
- to report on the state of the Deanery's quality management of the specialities being visited;
- to assist cross-fertilisation of ideas across specialities and deaneries.

Further details of Deanery wide visits can be found on the GMC website.

Their future programme of visits is published on their website and this lists the specialties which will be included as part of the visits. Visit reports are also published on this site and are open to the public.

Not all specialties will be reviewed during these visits but if Occupational Medicine is one of those included the Deanery will arrange for one or a number of Occupational Medicine Training posts/programmes to be visited as part of the visit. This will include both NHS and non-NHS establishments. The visiting team will include a consultant occupational physician from a panel appointed by GMC.

In addition to GMC visits it is anticipated that as part of their quality assurance processes PGDs will also have their own regular visiting programme which will include Occupational Medicine.

5.2 Triggered Visits

Triggered visits are visits arranged by GMC in partnership with the Faculty and the Deanery and are outwith the GMC or Deanery regular visiting programme. They will be undertaken where there may be possible serious educational failures which need urgent investigation and where concerns cannot be satisfied in any other way. They will not be used as a means of following up whether conditions attached to an approval have been met, which will be the role of the local Deanery.

A request will not usually, in itself, be sufficient for GMC to arrange a visit and GMC will normally first ask the Deanery to conduct a preliminary investigation if not already done so. It is expected that RSAs and STC Chairs will be involved both at this preliminary stage and during such visits to provide appropriate support to the Deanery and/or visiting teams.

On receipt of a request for a triggered visit and supporting evidence from the relevant Deanery, college and training provider a GMC approvals panel will consider the request and may authorise a visit. GMC will ask the Faculty to set up a visit to the training provider and to select medical members for the visiting team. GMC will also allocate a lay visitor. The medical members of the team of visitors will be appointed by the Faculty SAC and will normally comprise two specialists in occupational medicine, one of whom will act as chairman. The RSA and the postgraduate dean (or his/her representative, usually the Chair of the STC) should also be in attendance.

5.3 Hosting a Visit

The educational supervisor will be responsible for arranging a convenient date with the visitors and others who will be attending. He/she must also provide them with a programme for the day.

The visitors will determine the nature of the visit and the areas they need to cover but in general terms the likely elements of the programme will include:

- A presentation by the educational supervisor describing the workplace in broad terms including management structure, workforce numbers, type of work and associated hazards; the work of the occupational health service and the trainee; and the training programme. (Visitors may require documentary evidence of the work pattern and any proposed visits or secondments.)

- Discussion with the educational supervisor (and StR, should one be in post).

- Visit to occupational health service facilities.

- Visit to work sites (but extensive tours are neither necessary nor desirable).

- Visitors' discussions initially in private and then with the trainee and the educational supervisor to discuss and agree recommendations and conclusions and to outline their report. Visitors should take the opportunity to discuss with the educational supervisor any area, which does not come up to Faculty and/or GMC standards and any recommendations for change or addition they intend to make. This may enable the educational supervisor to undertake to make appropriate changes. Any commitment to change should be noted in the report.

- The Visit report must be in the approved GMC format, and submitted to the Faculty and the GMC within the specified time frame.

- Arrangements should be made for the sponsoring organisation to reimburse the reasonable travel and subsistence expenses of the visitors, the RSA and the Deanery representative.

a. While the visitors may advise the educational supervisor of their conclusions and recommendations they must emphasise that the final decision lies with GMC who will seek advice from the Faculty SAC and the Deanery as appropriate.

6.0. Quality Assurance

a. The Faculty SAC will work with the Deanery to ensure that the programme approval process is subject to quality assurance.

b. The first level of QA will be the routine overview by the Faculty SAC of RSA activity. All programme approval applications will be considered by the SAC, to ensure that decisions are made only after full consideration of the programme and inspections where appropriate.

c. The second level of QA will be the establishment of a panel of 'expert visitors' who can undertake random programme inspections and report to the SAC.

d. Deanery responsibility in this process will be developed over time and in accordance with guidance issued by the GMC.

ANNEX 1

OCCUPATIONAL MEDICINE TRAINING POST CHECK LIST FOR VISITORS, EDUCATIONAL SUPERVISORS AND RSAs

This *aide memoire* should be read in conjunction with the post application details

ORGANISATION OF THE POST

Check title

Check code number

Full or part time (If part time, record number of sessions)

Company/organisation (If several, record details.)

Site(s) (If several, record details and distribution of time between each.)

To whom in the management structure does the trainee report?
(If appropriate, record for different companies and/or sites.)

With whom in the management structure does the trainee liaise on matters such as safety, welfare, environmental affairs?
(If appropriate, record for different companies and/or sites.)

What staff are responsible to the trainee?
(Record if different from shown on application.)

With whom does the trainee liaise externally on matters such as safety, welfare, environmental affairs, primary and secondary medical care of employees by others?
(If appropriate, record for different companies and/or sites.)

THE PLACE OR PLACES OF WORK

Number of employees
Type of work involved
Main hazards

THE TRAINING PROGRAMME DIRECTOR
(ie. Individual with overall responsible for the Training Programme)

Name

MFOM/FFOM and on Specialist Register (Obligatory)

Aware of duties and committed to undertaking them?

CLINICAL SUPERVISORS
(Individual(s) who will provide day to day supervision during each stage/placement on the programme – N.B. the educational and clinical supervisor may be the same person).

Name(s)

MFOM/FFOM and on Specialist Register (Obligatory)

Aware of duties and committed to undertaking them?

Do they work in same place as the trainee?
(If not, record place and access trainee has to him/her.)

Willing and able to oversee work of the trainee on a daily basis?

EDUCATIONAL SUPERVISORS
(Individual who will provide day to day educational supervision during each stage/placement on the programme – N.B. the educational and clinical supervisor may be the same individual).

Names

MFOM/FFOM and on Specialist Register (Obligatory)

Aware of duties and committed to undertaking them?

Do they work in same place as the trainee?
(If not, record place and access trainee has to him/her.)

Willing and able to oversee the education of the trainee on a daily basis and teach for half day per week during the first year, gradually reducing over the years to at least a minimum of half day each month in final year?

OPPORTUNITIES FOR ON-JOB TRAINING

Does the post have opportunities for training across the curriculum?

Essential elements of training include:

a. Surveillance of individuals or groups of workers at risk in a range of industrial technologies - What are the hazards, risks and specific medical problems? What surveillance is done, is it appropriate, and if so is its continued validity audited?

b. Management of workers developing disease or injury in the course of their work - Is accident and emergency cover provided? Does the trainee have responsibility for first aiders and/or contribute to their instruction? Does he/she have involvement in long term management of chronic diseases and/or links with NHS, eg Clinical Assistant in "Chest Clinic"?

c. Assessment of disability and fitness for work. Personal involvement in rehabilitation and assessment of workers - Are specialists in rehabilitation and/or physiotherapy employed on site and what are their links with the trainee? Is the trainee to visit rehabilitation and physiotherapy departments for instruction?

d. Assessment and advice on various physical and psychological aspects of the working environment - What is done and by whom? Who initiates investigations? Is an occupational hygienist, ergonomist, occupational psychologist available and can the trainee gain instruction and experience from them?

e. Involvement with all elements of industrial organisation including managers, educational supervisors, other employees, employees' representatives - What are daily links between the trainee and these people? What committees does the trainee sit on and in what capacity (executive or advisory)? What are management and union attitudes to medical services?

f. Personal responsibility for the management of a department or some aspect of a department of occupational medicine, this responsibility to include aspects of audit and liaison with authorities responsible for environmental and community health - What are the responsibilities? What methods are used for clinical and business audit and what changes have been introduced as a result of audit?

FACILITIES

Are the clinical facilities adequate?

Is the secretarial assistance adequate?

Is there adequate provision of textbooks, journals and other library services?

Is there adequate information technology and instruction in its use?

THE TRAINING PROGRAMME

Is there a definitive training programme detailing what the trainee will do in each of the years in post?

Is the programme realistic?

Does this programme make good use of the on-job training opportunities?

Do you recommend any changes to make better use of these opportunities? Detail these changes.

Does the programme provide adequate facilities and resources for the Workplace Based Assessments?

Does the programme include adequate preparation for the end of Year 1 and final year examinations including where appropriate participation in an academic course?

Is there sufficient study time allowed?

Does the programme make good any deficiencies you identified in the on-job training opportunities by arrangements for visits and/or secondments to other industries or places of employment?

Has the Educational Supervisor undertaken to act on the recommendations which you have told him and will be included in your report?

THE DISSERTATION

Have arrangements been made to select and progress a suitable investigation under appropriate supervision?