



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

**The Gold Guide  
10<sup>th</sup> edition**

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# A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: The Gold Guide

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## Section 1: Introduction and background

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

1.2 It aims to set out a framework with clear principles for the operational management of postgraduate foundation and specialty training to support consistent decision making by Postgraduate Deans and their support structures in a transparent way. It applies to all doctors in core and specialty training (including individuals from non-medical careers training in public health), and to all foundation doctors across the UK. For clarity, these individuals will be referred to as postgraduate doctors in training throughout this document.

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

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

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

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

1.7 Where there is reference to Certificate of Eligibility for Specialist Registration (CESR), this also refers to Certificate of Eligibility for General Practice Registration (CEGPR). Where arrangements differ between CESR and CEGPR, these will be noted in the Guide.<sup>1</sup>

1.8 Throughout this Guide, reference to Postgraduate Deans includes those nominated by Postgraduate Deans to act on their behalf, which includes Deputy and

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<sup>1</sup> Postgraduate doctors in training completing a combined programme will be eligible for award of a Certificate of Completion of Training on completion, rather than a CESR(CP) or CEGPR(CP).

Associate Postgraduate Deans, Foundation School Directors, Heads of School, and Training Programme Directors for foundation and specialty training.

1.9 The contribution of the four UK countries in the development of this Guide is gratefully acknowledged.

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

1.11 The Guide will not cover every eventuality. There are occasions where it may be necessary to derogate from the guidance defined in this Guide where the derogations are within the remit of the Postgraduate Dean.

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

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

1.14 The standards and requirements set by the GMC are extensively referenced to ensure that the Guide is underpinned by them; the Gold Guide does not replace or derogate from these requirements.

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

1.15 if a postgraduate doctor in training is unlikely to be able to undertake any training **for whatever reason** for a continuous period of more than two years, the Postgraduate Dean should review the maintenance of the training number/contract<sup>2</sup> in line with paragraph 3.107 and consider whether the training number/contract should be withdrawn (in accordance with paragraph 3.100 iii), taking into account other relevant factors that affect suitability to continue in a training programme.<sup>3</sup> This is for well-founded educational reasons such as the need to maintain foundation capabilities or other capabilities in practice.

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<sup>2</sup> In foundation training, the correct reference is the training contract.

<sup>3</sup> The decision to withdraw the training number/contract under paragraph 1.15 is at the discretion of the Postgraduate Dean and is not 'automatic' if the criteria for paragraph 1.15 are met. However, the reasons for flexibility must be stated clearly in a decision letter in accordance with the principles set out in paragraph 3.100.

1.15 ii where a postgraduate doctor in training has been out of training **for whatever reason** for a continuous period of more than two years as defined in paragraph 1.15 i and wishes to return to a specialty training programme, the same principles will apply. The Postgraduate Dean will assess suitability to return to (and continue in) a specialty training programme in accordance with paragraph 3.100 iii. Academic postgraduate doctors in training are permitted to have a maximum of four years out of programme for research (paragraph 3.168) and this time would not be included in the period under consideration in paragraph 1.15.

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

1.17 Paragraph 1.2 describes the process by which the Gold Guide is supportive and formative. It is important that the use of language reflects that and is not pejorative. Progression is always described with respect to the stage of training as defined by the GMC-approved curriculum relevant to foundation or specialty training. Phrases such as 'insufficient' or 'unsatisfactory' must only be used in this context.<sup>4</sup> Ideally, they should not be used to describe Annual Review of Competence Progression outcomes (paragraph 4.94).

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<sup>4</sup> The terms 'must' and 'should' are used in accordance with [Good Medical Practice](#). 'Must' is used for an overriding duty or principle (mandatory) and 'should' to describe or explain how an overriding duty will be met (advisory).

## Section 2: Roles and responsibilities

### The UK health departments

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

### The UK Foundation Programme Office

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

### NHS England Workforce, Training and Education

2.3 [NHS England Workforce, Training and Education \(NHSE WTE\)](#) supports the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. It has the following national functions:

- i. NHSE WTE provides national leadership on planning and developing the healthcare and public health workforce.
- ii. It promotes high-quality education and training that is responsive to the changing needs of patients and local communities via NHSE WTE's Quality Strategy and Quality Framework.
- iii. As a multi-professional organisation, NHSE WTE has equally important but differing responsibilities to the different clinical professions.
- iv. As with all statutory education bodies, NHSE WTE has clear responsibilities to deliver postgraduate medical education as defined by the Medical Act 1983 and it also has responsibility for ensuring the effective delivery of important national functions such as recruitment of postgraduate doctors in training.
- v. NHSE WTE ensures security of supply of the healthcare and public health workforce.
- vi. It allocates and accounts for NHS education and training resources, and accounts for the outcomes achieved.

2.4 NHSE WTE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training. While NHSE WTE is



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

## NHS Education for Scotland

2.5 [NHS Education for Scotland \(NES\)](#) is the national health board with statutory responsibilities to effect sustainable change through workforce development, education and training across the health and social care system in Scotland while working at UK level with partner organisations.

2.6 Since its creation in 2002, NES has led in educational design, delivery and quality management, and has provided wide-ranging support to workforce development. NES is the official provider of workforce statistics for NHS Scotland and supports national workforce planning. NES also designs and develops digital technologies supporting innovation and transformation.

2.7 The purpose of NES is to drive change and improve the quality of care experienced by citizens across Scotland by ensuring that it has the right staff, with the right skills, in the right place at the right time. NES is integral to improving outcomes for people, and to ensuring that a skilled and capable workforce underpins the design and delivery of services. As an organisation, it recognises the significant contribution it can make to improving population health, reducing inequalities and economic development.

2.8 NES has a Scotland-wide role in undergraduate and postgraduate education as well as in continuing professional development across all professional groups, and it maintains a local perspective through centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness with over 1,000 staff who work closely with frontline educational support roles and networks.

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

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

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

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

2.12 The [Scotland Deanery of NES](#) is responsible for managing the training of Scotland's postgraduate doctors in training, who deliver care every day while working in hospitals and general practices in NHS Scotland.

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

2.14 In the Scotland Deanery, Postgraduate Deans in both primary and secondary care provide strategic leadership and direction for postgraduate medical education and training to meet the requirements of the General Medical Council (GMC). They take advice from Colleges and Faculties to assist them.

## **Health Education and Improvement Wales**

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

2.16 The key functions of HEIW include:

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

## The Medical Deanery in HEIW

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

- i. ensuring that a programme of support and assessment are in place across Wales to underpin the medical training programmes
- ii. ensuring that the methods of providing medical education and training across Wales deliver to the highest standards, represent value for money and provide a range of learning methods/environments for postgraduate doctors in training

## The Northern Ireland Medical and Dental Training Agency

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

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

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

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

2.21 NIMDTA was asked by the DoH in January 2019 to take on the function of being the single lead employer for postgraduate doctors and dentists in training in Northern Ireland. NIMDTA is currently the single lead employer for all Postgraduate Doctors in Training, with the exception of specialty trainees placed in posts in general practice.

## Arrangements for the Defence Medical Services

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

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

2.24 Military candidates who wish to be considered for specialty training will be selected by the Defence Deanery from those who satisfy both the entry criteria and the person specification for the chosen specialty. These candidates will be presented before the relevant national specialty training selection panel as part of the national recruitment processes. They will be required to achieve the minimum score at all stages of the specialty national selection processes (i.e. minimum MSRA score (or self-assessment score and MSRA) to be invited to interview and where successful in being invited to interview, at least the appointable score for that specialty). They will not be in competition with civilians for NHS-funded appointments when applying only for a DMS training post. They will be ranked accordingly along with their civilian colleagues. All such national selection panels will include representation from the Defence Deanery.

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

2.26 For those who retire early for reasons beyond their control (e.g. medical reasons or because training is no longer available through the Defence Deanery in their specialty) and who still wish to continue training as a civilian (where possible in relation to any

medical restrictions), the Defence Deanery will assist in applying for an inter-deanery transfer to a suitable NHS-funded specialty training programme. However, this will be subject to the availability of an appropriate NTN in a civilian training programme. The Defence Deanery NTN will then be relinquished.

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

2.28 Following the successful completion of either a full programme of specialty training or a combined programme and an award of a CCT, any service medical officer seeking accreditation as a DMS consultant will be presented to an Armed Services Consultant Appointment Board for confirmation of NHS equivalence and suitability for consultant status in the armed forces.

## **The management of foundation and specialty training**

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

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

2.31 The responsible agencies above require Postgraduate Deans to have in place an education agreement (often referred to as a Learning and Development Agreement)<sup>5</sup> with all providers of postgraduate medical education that sets out the standards to which postgraduate medical education must be delivered in accordance with GMC requirements and the monitoring arrangements. This includes providers of postgraduate training both in and outside of the NHS.

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

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<sup>5</sup> In Scotland, the Service Level Agreement is equivalent to the education contract.

## The General Medical Council

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

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

2.34 The GMC is responsible for:

- i. issuing provisional and full registration, certifying doctors who have successfully completed a full GMC-approved training programme or a combined programme by awarding them a CCT
- ii. establishing and overseeing standards and quality assurance in medical education and training
- iii. making a revalidation decision about whether a doctor should continue to hold a licence to practise and taking action to withdraw a doctor's licence if they do not engage sufficiently

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

2.36 Postgraduate Deans are responsible for the quality management of their foundation and specialty training programmes.<sup>6</sup> The requirements to quality manage the delivery and outcomes of foundation and specialty training through the Postgraduate Dean's sponsorship of training programmes is a key element of the GMC's [http://www.gmc-uk.org/education/qaf.aspquality assurance framework](http://www.gmc-uk.org/education/qaf.aspquality%20assurance%20framework).

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

1. Approval of postgraduate curricula and programmes of assessment, the training programmes designed to deliver curricula outcomes and the locations at which those programmes can be delivered
2. Proactive quality assurance of the management and delivery of training programmes – This includes requiring the Postgraduate Deans to declare periodically that they are aiming to meet the standards of

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<sup>6</sup> Postgraduate Deans do not have governance responsibility for undergraduate medical training and education; consequently, it is not covered by the Gold Guide.

[Promoting Excellence](#) and to complete a self-assessment questionnaire. The GMC then scrutinises the questionnaire, alongside other data and intelligence, and undertakes checks (including visits) for areas of change, risk, excellence, innovation or notable practice.

3. Reactive quality assurance of the management and delivery of training programmes – Postgraduate Deans are required to use data and intelligence to monitor the local education providers they commission to deliver training and report any risks or issues above a given threshold to the GMC. If local action cannot adequately address serious risks or issues, the GMC supports the local system to resolve the issue through its enhanced monitoring process, which usually includes visits.
4. Collecting, analysing, and reporting data and intelligence – The GMC collects multiple sources of data (including data from its own national training surveys, ARCP data, College/Faculty examinations data and data on recruitment into training programmes) as well as additional intelligence on medical schools, postgraduate organisations, Colleges/Faculties and local education providers. The GMC uses this data to identify changes, risks, excellence, innovation and notable practice, which then informs its quality assurance processes. Where possible, data is published in accessible and usable formats on the GMC website for others to use.

2.38 Curricula describe outcomes as the knowledge, skills, capabilities, behaviours and expected levels of performance a learner must acquire and demonstrate by the end of a period of education or training. They may be generic, shared or specialty specific. The Colleges and Faculties develop the specialty curricula and programmes of assessment in accordance with the GMC's standards in [Excellence by Design](#). These provide a framework for the approval and provision of postgraduate medical education and training across the UK. Only GMC-approved curricula can be used for delivering specialty training programmes resulting in the award of a CCT. The GMC holds and maintains the list of registered medical practitioners including the specialist and GP registers. All doctors wishing to practise medicine in the UK must be registered with the GMC and hold a licence to practise. A list of relevant legislation is available at [GMC | Our Role and the Medical Act 1983](#).

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

## Credentialing

2.40 Credentialing offers a way to recognise clinicians' expertise in discrete areas of practice outside of the usual training pathways, in support of service and workforce development, and enhanced patient safety.

2.41 The GMC has introduced a [framework for GMC credentials](#), providing consistent standards in areas of practice where concerns about patient safety may arise owing to gaps in training or service, where patients are at risk, or to meet future service needs. GMC credentials will follow the same standards, expectations and requirements as specialty and sub-specialty training wherever possible. The four UK statutory education bodies are responsible for the delivery of training and recognition routes for GMC credentials. Credentialing development bodies are responsible for the design and development of the curricula and programmes of assessment for GMC credentials in line with the requirements of the GMC standards set out in [Excellence by Design](#).

## Entry to the specialist and GP registers

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

### a) **Certificate of Completion of Training (CCT)**

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

#### i. **Full programme of prospectively approved training**

A doctor who has successfully completed a full programme of prospectively approved training is entitled to the award of a CCT.

#### ii. **Combined programme**

The combined programme route applies to postgraduate doctors in training who enter a GMC-approved training programme (above the first year of the training programme) having undertaken training in non-approved posts prior to entry and who then subsequently complete the remaining part of their training in a GMC-approved training programme. These postgraduate doctors in training follow the same processes for award of their CCT.

### b) **Certificates of Eligibility (CESR/CEGPR)**

The GMC has also implemented a system that assesses applications for eligibility for inclusion on the specialist or GP registers from doctors who have not completed a traditional training programme that has been prospectively approved by the GMC but who have demonstrated that they have met outcomes to the same level of knowledge, skills and experience required by the approved curriculum leading to a CCT for their specialty. There are different eligibility routes, which each have a different assessment.



**i. Approved programme CEGPR**

If a postgraduate doctor in training has completed all parts of the GMC-approved general practice training programme but has not been successful in passing the curriculum-required examinations while in training, they will not be eligible to apply for a CCT. They may instead be eligible to apply for a Certificate of Eligibility for General Practice Registration (CEGPR) through the approved programme route (CEGPR(AP)) provided that the examination is taken within six months of leaving the training programme.<sup>7</sup>

**ii. Full CESR/CEGPR**

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

2.43 All routes to the specialist and GP registers are equal both as a matter of law and in confirming that the doctor holds the necessary knowledge, skills and experience to work as a senior doctor. All doctors entered on the specialist and GP registers hold the same practising rights and privileges in the UK.

2.44 The processes for entry to the specialist and GP registers can be found at [GMC | Specialist or GP Applications](#). It is important that potential applicants for these registers appreciate that there are fixed time periods for the application submission (as defined on the relevant web pages) and that these must be adhered to.

## The Colleges and Faculties

2.45 The Academy of Medical Royal Colleges,<sup>8</sup> the Colleges and the Faculties develop the curricula and programmes of assessment in accordance with the GMC's standards in [Excellence by Design](#). The GMC then considers the curricula and assessments against these standards for approval. Only GMC-approved curricula and programmes of

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<sup>7</sup> Please refer to the current MRCGP examination regulations for eligibility to sit examinations outside of training.

<sup>8</sup> The Academy of Medical Royal Colleges develops the foundation curriculum.

assessment can be used for delivering specialty training programmes resulting in the award of a CCT.

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

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

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

## **Postgraduate medical training programmes**

2.48 A programme is a formal alignment or rotation of posts that together comprise a programme of training in a given specialty or sub-specialty. Approval of training programmes and locations rests with the GMC. Postgraduate Deans submit their proposed training programmes and locations via GMC Connect. Support from the relevant Colleges/Faculties is required before approval of new programmes. Locations in a programme must be approved by the GMC before postgraduate doctors in training can be placed there. A programme is not a personal programme undertaken by a particular postgraduate doctor in training. Further guidance is available at [GMC | Programme and Site Approvals](#).

2.49 All postgraduate doctors in training must accept and move through suitable placements or training posts that have been designated as parts of the specialty training programme prospectively approved by the GMC. When placing a postgraduate doctor in training, the Postgraduate Dean or their nominated deputy will consider (wherever possible) the specific health needs or disabilities that affect the training of that individual. Placement providers are responsible for assessing and making reasonable adjustments if a postgraduate doctor in training requires these. The Postgraduate Dean or their nominated deputy will consider any reasonable adjustments in relation to placement allocation or educational processes, though noting that the Postgraduate Dean generally cannot amend or disapply the requirements set out in GMC-approved curricula or other requirements/standards set by external bodies. The need to make adjustments should not be a reason for not offering an otherwise suitable placement to a postgraduate doctor in training. The GMC has published advisory guidance (including supporting resources) to postgraduate training organisations on supporting postgraduate doctors in training with long-term health conditions and disabilities. The guidance is available at [GMC | Welcomed and Valued](#).

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

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

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

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

1. **'Run-through'** training, where progression to the next level of training is automatic (so long as the postgraduate doctor in training satisfies all the required capabilities) and open competition recruitment only occurs at the outset of the programme
2. **'Uncoupled'** training programmes, where core training is followed by another open competition recruitment process for higher specialty training posts and progression to completion of training (provided the postgraduate doctor in training satisfies all the required capabilities)

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

## **Foundation schools and Foundation School Directors**

2.55 Foundation schools are conceptual groups of institutions bringing together medical schools, the local educational organisation, Trusts/Boards (acute, mental health and primary care organisations) and other organisations such as hospices. They aim to offer training to foundation doctors in a range of different settings and clinical environments. The schools are administered by a central team, which is supported by the education organisation. Foundation schools deliver training according to national guidance developed by the UKFPO with variation according to national policy. The Foundation School Director is the head of the foundation school and is accountable to the Postgraduate Dean. Supported by a foundation school manager/senior administrator and appropriate administrative staff, the Foundation School Director helps set the strategic direction of the school and is responsible for quality management in conjunction with NHSE WTE/NES/HEIW/NIMDTA quality management processes.

## Training Programme Directors

2.56 Training programmes are led by Training Programme Directors (TPDs), who can work at a local educational organisation (e.g. with foundation doctors) or at a system level (e.g. with specialty postgraduate doctors in training), working with Foundation School Directors and Heads of School (or equivalent).

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

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

during foundation training, career fair representation or liaison with specialty leads and with the Colleges/Faculties)

## Educational and clinical supervision

2.58 An educational supervisor is a named trainer who is selected and appropriately trained to be responsible for the overall supervision and management of the educational progress of a specified postgraduate doctor in training during a training placement or series of placements. Some training schemes require an educational supervisor for each placement. The educational supervisor is jointly responsible with the postgraduate doctor in training for their educational agreement. Educational and named clinical supervisors are not normally employed by the statutory education bodies.

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

2.60 Each postgraduate doctor in training should have **a named clinical supervisor**<sup>9</sup> for each placement to ensure that educational governance requirements are met. This arrangement is distinct from the requirement for supervisory arrangements to meet local clinical governance requirements. A named clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing the clinical work of a specified postgraduate doctor in training and for providing constructive feedback during a training placement. The purpose of the educational/named clinical supervisor meeting/review is defined in paragraphs 4.20–4.27.

## The academic supervisor

2.61 Postgraduate doctors in training in an academic programme should have a named academic supervisor. The named academic supervisor is responsible for overseeing the academic work of a specified postgraduate doctor in training and providing constructive feedback during an academic or related placement.

## Governance arrangements for supervision

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

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<sup>9</sup> In addition to having educational and named clinical supervisors, some specialties may include additional defined formal supervision arrangements for specific stages of training or modules in their curriculum.

integrated academic training, a postgraduate doctor in training will also have a named academic supervisor.

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

2.64 Educational and named clinical supervisors should be trained specifically for their role, and should demonstrate their competence in educational appraisal and feedback as well as in assessment methods, including the use of the specific in-work assessment tools approved by the GMC for the specialty. Educational and named clinical supervisors should hold a licence to practise, and are required to be recognised and/or approved in line with [GMC | Approval of Trainers](#) requirements.

2.65 Postgraduate Deans will need to be satisfied that those involved in managing and delivering postgraduate training have the required capabilities. This includes TPDs and others directly linked with NHSE WTE, NES HEIW or NIMDTA but also extends to those involved in training on behalf of a placement provider, employer and/or College such as educational supervisors, named clinical supervisors and College tutors. Postgraduate Deans must ensure quality management of such arrangements to meet the GMC framework. More information is available in Medical Education Leaders UK guidance – [Job Roles and Descriptions](#). There should be explicit and sufficient time in job plans for both educational and clinical supervision of postgraduate doctors in training.

2.66 Trainers and postgraduate doctors in training must demonstrate an understanding of human rights and equality legislation. They must embed in their practice behaviours that ensure that patients and carers have access to medical care that:

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

## Section 3: Undertaking a foundation or specialty training programme

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

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

3.3 Postgraduate doctors in training who have entered training at a higher level after attaining some capabilities in training not prospectively approved by the GMC, and who have subsequently completed the remainder of the programme in approved posts, will be eligible for the award of the CCT via the combined programme route. Award of the CCT will entitle them to apply for entry to either the specialist or GP register, as appropriate.

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

### Recruitment into training

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

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

### Postgraduate doctors in training with disabilities

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

3.8 Following allocation to foundation or specialty schools, the Training Programme Directors (TPDs) must consider the needs of applicants with disabilities. Applicants should be informed of the NHS England Workforce, Training and Education (NHSE WTE)/ NHS Education for Scotland (NES)/Health Education and Improvement Wales (HEIW)/

Northern Ireland Medical and Dental Training Agency (NIMDTA)/school's process to support those with a disability. Applicants should inform their school at an early stage so that a suitable programme can be identified as the information provided during the application process is not routinely shared for data protection reasons.

3.9 Postgraduate Deans and TPDs are encouraged to tailor individual training programmes to help postgraduate doctors in training with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the relevant curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment. It should be noted that the Postgraduate Dean/NHSE WTE cannot amend or disapply the requirements set out in GMC-approved curricula or other requirements/standards set by external bodies.

3.10 Employers must consider reasonable adjustments if appointees with disabilities require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also consider the assessments of progress and the individual appointee's educational needs wherever possible.<sup>10</sup>

### Recruitment into foundation training

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

3.12 Those eligible for full registration with the GMC can only participate in the second year of the foundation programme via the national F2 stand-alone application process.

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

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

3.15 If applicants believe that the published process was not followed in relation to their application, they may appeal against decisions made as part of the process of

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<sup>10</sup> [Equality Act 2010](#) (applicable in England, Wales and Scotland) and equivalent [anti-discrimination legislation](#) (in Northern Ireland)



allocating foundation doctors. The UKFPO is responsible for publishing and managing the appeals process.

### ***Supporting Trainees Entering Practice (STEP) in foundation training***

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

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

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

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

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

3.20 The STEP form and full details of the relevant STEP processes are available on the UKFPO website.

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

### **Recruitment into specialty training**

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

3.23 Guidance on recruitment is available through the following links:

<b>England</b>	<a href="#">Medical Specialty Recruitment</a>
<b>Scotland</b>	<a href="#">Medical Training</a>
<b>Wales</b>	<a href="#">Recruitment in HEIW</a>

## Offers of training

3.24 Postgraduate doctors in training will have an educational agreement with NHSE WTE, NES, HEIW or NIMDTA that enables them to continue in a training programme subject to satisfactory progress and compliance with the Gold Guide and other required standards.

3.25 An allocation offer for a training programme following the selection process is not an offer of employment. This can only be made by an employer, who will need to ensure that the candidate who has been allocated to that employer meets the requirements of employability.

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

3.27 The employment of the postgraduate doctor in training is separate from their training and their training number/contract will be maintained throughout their training (subject to paragraphs 3.30–3.37).

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

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

3.29 An offer of a place on a training placement is not an offer of employment. If an applicant is selected and offered a placement on a training programme by NHSE WTE, NES, HEIW or NIMDTA, these offers are subject to satisfactory pre-employment checks carried out by the relevant employing organisation, which ultimately has the right to refuse employment although it should have valid reasons for doing so. The Postgraduate Dean cannot compel employing organisations to accept an applicant as an employee. If the employing organisation is unwilling to offer employment and no other employment with an alternative employing organisation is feasible or appropriate in the relevant training authority (the locality in NHSE WTE, NES, HEIW or NIMDTA) that would allow

the postgraduate doctor in training to commence the training placement, then the offer of a place on a training programme to the applicant is likely to be withdrawn.<sup>11</sup>

## Training numbers (core and specialty)

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

3.31 NTN's will only be awarded to postgraduate doctors in specialty training programmes that have an end point of the award of a CCT.

3.32 Core postgraduate doctors in training will not be awarded NTN's but will be awarded DRN's. These training numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

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

3.34 A postgraduate doctor in training should not hold more than one training number (NTN or DRN) at the same time. Those on dual or triple CCT programmes must only hold one NTN.

3.35 Where an NTN/DRN has been issued, it will be held so long as the postgraduate doctor in training is in specialty training, or is not currently training on statutory grounds or for out of programme activity that has been agreed with the Postgraduate Dean. Retention of an NTN in these circumstances is subject to any other aspect of the Gold Guide that may be relevant or applicable.

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

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

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<sup>11</sup> Where the employing organisation withdraws the offer of employment, in line with paragraph 4.170, there is no right of appeal against any decision of NHSE WTE, NES, HEIW or NIMDTA to withdraw the training offer.

## Deferring the start of a foundation or specialty training programme

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

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

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

## Registering with the Postgraduate Dean

3.41 All postgraduate doctors in training (including those in a locum appointment for training (LAT) post) must register with the appropriate Postgraduate Dean at the time that they commence their training programme by obtaining and returning Form R ([GG10 Appendix 1](#)) or the [Scottish Online Appraisal Resource \(SOAR\)](#).

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

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

3.44 Engagement with the Postgraduate Dean's processes is an important aspect of professionalism and is viewed alongside all other aspects of competence progression.

3.45 Postgraduate doctors in training will also need to send to the Postgraduate Dean a signed copy of the conditions for taking up a training post ([GG10 Appendix 2](#)), which reminds them of their professional responsibilities, including the need to participate

actively in the assessment and revalidation processes. These obligations relate to professional and training requirements, and do not form any part of the contract of employment.

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

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

3.48 It is the responsibility of the postgraduate doctor in training to inform the Postgraduate Dean of any changes to their contact details in a timely way. Postgraduate doctors in training **must** ensure that NHSE WTE, NES, HEIW or NIMDTA has an up-to-date email address at all times and that it is one that the postgraduate doctor in training checks regularly.<sup>12</sup> Accurate information is needed not only for the training organisation but also to support the requirements of the Colleges/Faculties and the GMC.

3.49 The Postgraduate Dean will issue a training number to each individual appointed to a specialty training programme on registering with a completed Form R (or SOAR). This will be an NTN for each doctor appointed to a run-through programme or higher specialty training programme culminating in a CCT and a DRN for each doctor appointed to a core programme or LAT. This procedure should be completed within one month of the start date. This will:

- i. ensure that the postgraduate doctor in training is registered on the Postgraduate Dean's database
- ii. initiate the ARCP process, through which progress in training is monitored
- iii. enable the Postgraduate Dean to put in place revalidation arrangements
- iv. record the date of entry to the programme or post
- v. For those postgraduate doctors in training with an NTN or DRN, the Postgraduate Dean will forward a copy of the registration form to the relevant College/Faculty. This is to advise that a new postgraduate doctor in training has been registered in NHSE WTE, NES, HEIW or NIMDTA, and to provide the training number and GMC programme approval number.

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<sup>12</sup> This should normally be a professional email address (e.g. nhs.net, nhs.scot, wales.nhs.uk or hscni.net).

- vi. Foundation doctors are not issued with an NTN or DRN as outlined herein.

3.50 Before a training number/contract is issued, postgraduate doctors in training will also be required to indicate formally that they accept the conditions for taking up a training post ([GG10 Appendix 2](#).) In addition, those awarded a training number/contract must agree to:

- i. engage in activities approved by and agreed with the Postgraduate Dean that are compatible with their training programme. This includes taking agreed time out of training for research and leave of absence for a career break, where postgraduate doctors in training should undertake the necessary steps to maintain their professional registration.
- ii. If time out of the training programme is agreed, the postgraduate doctor in training must ensure that the Postgraduate Dean/TPD is informed of their proposed plans/timescale to return to the training programme.
- iii. ensure that employer, Postgraduate Dean and College/Faculty processes are followed in relation to the reporting of absences
- iv. engage in the training and assessment process (e.g. participate in setting educational objectives; participate in appraisal; attend training sessions; ensure that documentation required for the assessment process, revalidation and maintenance of the GMC licence to practise is submitted on time and in the appropriate format)
- v. ensure that all activity undertaken that requires a licence to practise is included in the annual full scope of practice declaration for appraisal/ ARCP
- vi. not undertake medical locum or other work activities that compromise their training or make them non-compliant with UK Working Time Regulations. Any locum activities or other medical activities must be documented and reported in the revalidation scope of practice declaration. The GMC has issued the requirements for undertaking locum activity while holding provisional registration ([GMC | Purpose and Limitations of Provisional Registration](#)).
- vii. be aware that if they are employed outside of the NHS and cease to pursue (for any reason) the research or other activity that the Postgraduate Dean has agreed is compatible with the retention of the training number/contract, they must inform the Postgraduate Dean, who will then decide whether it is appropriate for them to retain their training number/contract
- viii. be aware that if they hold a training number/contract, are employed outside of the NHS in a post that is not part of a training programme and wish to begin or return to a training programme in the NHS, they will need to discuss their return with the relevant TPD and give

appropriate notice. They cannot be guaranteed a particular placement but their needs will be taken into account with the rest of the postgraduate doctors in training in the programme.

3.51 Where a postgraduate doctor in training does not comply with these requirements, this may result in their removal from foundation training or the withdrawal of their training number/contract by the Postgraduate Dean (paragraphs 3.100 iii and iv). The arrangements for appealing against the withdrawal of a training number/contract are described in paragraphs 4.169–4.175.

### **Maintaining an NTN/DRN/training contract: Continuing registration and remaining in foundation training**

3.52 Postgraduate doctors in training in foundation and specialty training programmes will remain in foundation training/retain their training number/contract through satisfactory progress and performance. They must also continue to comply with the conditions for taking up a training post and the current version of the Gold Guide ([GG10 Appendix 2](#))

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

3.54 In advance of leaving a training programme for a period of time, in accordance with the guidance for time out of programme (paragraphs 3.143–3.176), postgraduate doctors in training must agree:

- i. with the Postgraduate Dean the period of the time out of programme
- ii. to complete the appropriate out of programme document, which sets down the agreed terms of leave from the programme
- iii. that where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the named academic and educational supervisor
- iv. that they intend to return to complete their training to FPCC or CCT
- v. to provide the Postgraduate Dean with an up-to-date email address and to respond to any communication from the Dean
- vi. to maintain their GMC registration with a licence to practise

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

## **Filling gaps in training programmes: Locum appointments**

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

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

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

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

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

3.61 Appointment to a LAT or a LAS post carries no future entitlement to appointment to a specialty training programme leading to a CCT.

## **Locum appointments for foundation training/stand-alone foundation posts**

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

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

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

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

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

3.67 Those appointed to LATs/stand-alone F2 programmes must follow the curriculum, have an educational supervisor/named clinical supervisor and, subject to satisfactory performance including ARCP, will be eligible for the FPCC/ARCP Outcome 6. However, LATs/stand-alone F2 programmes will not necessarily be extended if the



foundation doctor does not meet the requirements for satisfactory completion of the foundation programme within the fixed-term appointment. Further information regarding LATs/stand-alone F2 programmes is available via the national F2 recruitment framework.

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

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

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

### **Locum appointments for specialty training**

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

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

3.72 LAT posts offer formal, approved specialty training, usually in the early years of a specialty curriculum, and can be used by doctors:

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

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

3.74 As for postgraduate doctors in training in core, higher and run-through training, LAT appointees are required to register with the appropriate College/Faculty in order to access the educational portfolio and assessment documentation for the specialty, and for the post to count towards specialty training.

3.75 LAT postgraduate doctors in training must have an educational supervisor with whom educational objectives are set, with regular appraisal, and a programme of

workplace-based assessments relevant to the curriculum being followed as well as full clinical supervision. Training and assessment must be provided on an equivalent basis to that provided in specialty training programmes.

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

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

3.78 LATs are undertaken in approved training posts, which can contribute towards a CCT once a postgraduate doctor in training has been competitively selected for a relevant training programme. Evidence from these posts can also be used by doctors in submitting their Certificate of Eligibility for Specialist Registration (CESR) application.

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

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

3.81 The number of LAT posts undertaken by a postgraduate doctor in training has no GMC limits except that they can only count towards a CCT if the individual subsequently enters an approved specialty training programme via open competition. NHSE WTE, NES, HEIW and NIMDTA should keep a careful record of these appointments in the file of the postgraduate doctor in training. Those capabilities will be assessed at the first ARCP in the specialty training programme and the CCT date adjusted accordingly. Doctors **cannot** obtain a CCT with only LAT appointments. They can, however, use evidence of capabilities gained in LATs towards a full CESR application.

### Locum appointments for service

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

3.83 Discussion with NHSE WTE, NES, HEIW or NIMDTA is required to ensure that the responsibility for filling the short-term gap is clear between the employer and NHSE WTE, NES, HEIW or NIMDTA. Since these appointments are for service delivery and will not enable appointees to be assessed for capabilities required in a GMC-approved curriculum, employers may use local person specifications. Doctors in these posts will not be able to have the capabilities demonstrated or gained in a LAS post assessed and credited towards educational progression in a foundation or specialty training programme.

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

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

## Dual and triple training

3.86 Postgraduate doctors in training can train concurrently in more than one specialty to be awarded a CCT and specialist registration in each. They must complete each programme in full and achieve the capabilities set out in each curriculum. The GMC approves which specialties can be undertaken as 'dual training' and maintains a list of approved dual CCT pairings. Triple accreditation is supported only in exceptional circumstances. The list of approved dual specialties can be found at [GMC | Dual CCTs](#).<sup>13</sup>

3.87 Training in both specialties in the majority of dual programmes is started and completed at the same time. However, it is possible to start training in a second specialty at a later date. Irrespective of the start date of the second programme, relevant outcomes achieved in the first specialty can be counted towards the second specialty. The second specialty in a dual specialty programme may be started at any point, except where a cut-off point is clearly described in the person specification (for example, no later than ST5 or when the difference between start dates is greater than two years). It might not be appropriate to accept a postgraduate doctor in training to a second specialty if they are towards the end of their programme in their first specialty or there are performance issues in the first specialty.

3.88 Where a dual programme crosses two Colleges/Faculties, it must be clear which College/Faculty is the lead for recommendations for award of the CCT. Recommendations

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<sup>13</sup> Triple accreditation is not normally supported but Intensive Care Medicine and certain group 1 physician specialties (e.g. General Internal Medicine and Respiratory Medicine, Renal Medicine and Acute Internal Medicine) are approved as an exception by the GMC.

to the GMC for a CCT should only take place when all programmes are complete. The certificates should be applied for and awarded on the same date, and the expected end of training dates for both specialties therefore become the same date. It is not possible to hold a training and consultant post simultaneously.

3.89 Where a postgraduate doctor in training wishes to curtail the programme leading to dual specialist registration and to apply to the GMC for a single CCT, they must apply to the Postgraduate Dean for agreement to do so. If the Postgraduate Dean agrees, the dual specialist registration programme will terminate and the postgraduate doctor in training will continue training in the remaining single specialty. Similarly, if the postgraduate doctor in training has received an ARCP Outcome 4 in one of the limbs of a dual training programme (paragraph 4.89), they can only continue with the second limb of that programme with the approval of the Postgraduate Dean.

3.90 On completion of a general practice training programme, postgraduate doctors in training can apply for and be appointed to a subsequent specialty training programme.

### **Sub-specialty certification during training and post-specialist registration**

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

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

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

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

### **Applying for consultant posts**

3.95 UK statutory education bodies and training organisations must comply with and implement relevant health department guidance; consequently, postgraduate doctors in training must ensure that they are eligible to apply for a consultant post before submitting the application. Postgraduate doctors in training must not be interviewed more than six calendar months prior to their anticipated CCT date. They must only apply

if progress has been satisfactory (Outcome 1 at last ARCP) and if it is anticipated that the final ARCP outcome will recommend that training is completed by the time the suggested CCT date is reached.

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

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

3.98 Where an ARCP Outcome 6 is not subsequently issued and the postgraduate doctor in training has already been appointed to a consultant post, they will need to inform the employer immediately to discuss the possibility of deferring the start of employment to follow award of a CCT.

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

### **Removal from foundation training and withdrawal of training number/contract – when is the training number/contract withdrawn?**

**This section sets out the Gold Guide’s directive to the Postgraduate Dean for withdrawal of the training number/contract or removal from foundation training if the criteria in paragraphs 3.100 i–viii are met.**

3.100 The training number/contract will be withdrawn when a postgraduate doctor in training:

- i. has completed their training programme and has received an ARCP Outcome 6 (including a period of grace where relevant)
- ii. has received an Outcome 4 from the ARCP panel, and the appeals process (where relevant) has been concluded and the appeal rejected
- iii. is assessed by the Postgraduate Dean as not being suitable for returning to or continuing training in the specialty/foundation programme in NHSE WTE, NES, HEIW or NIMDTA

- iv. does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dean, as set out in [GG10 Appendix 2](#)
- v. does not hold GMC registration with a licence to practise
- vi. has their name erased or suspended from the medical register, or where restrictions are applied to their registration and where such measures are incompatible with continuing in a medical training programme at their level of training
- vii. is dismissed by an employer, which may be an individual employer or the lead employer, and the appeal against the dismissal (where relevant) has been concluded and the appeal rejected
- viii. resigns their place in a training programme

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

3.102 Should a training number/contract be withdrawn, or a postgraduate doctor in training be removed from foundation training under paragraphs 3.100 iii, iv, vi or vii, then they will have the right of appeal (paragraphs 4.169–4.175). If the training number/contract is removed under paragraph 3.100 vii, while this is subject to appeal, the appeal is restricted to the educational process under the governance of the Gold Guide. The appeal panel does not have authority to overturn employment/contractual decisions.

3.103 In relation to paragraphs 3.100 ii–vi, the relevant employing organisations need to be informed of any decision for withdrawal of a training number/contract as this will normally also mean that their employment contract will be terminated but the decision for the training number/contract to be withdrawn on educational grounds rests with the Postgraduate Dean.

3.104 If a foundation doctor resigns from their employment, they should also inform NHSE WTE/NES/HEIW/NIMDTA/the foundation school, which will normally terminate the training contract and notify the medical school (where the foundation doctor is in F1). NHSE WTE/NES/HEIW/NIMDTA/the foundation school must inform the foundation doctor's current and any known future employer as part of the foundation programme when terminating a training contract.

3.105 If a postgraduate doctor in training is dismissed by an employer, other than at the end of their fixed term, NHSE WTE/NES/HEIW/NIMDTA/the foundation school will normally remove the training number/contract. The employer is responsible for publishing and managing the appeals process against dismissal. Removals under paragraph 3.100 vii are therefore not subject to further appeal against the dismissal but focus on the educational grounds for removal of the training number/contract (paragraph 3.102).

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

3.107 The provision in paragraph 3.100 vi relates to decisions of the Medical Practitioners Tribunal Service (MPTS) after their full and formal Medical Practitioners Tribunal (MPT) process. This may also relate to decisions of MPTS Interim Orders Tribunals (which are temporary arrangements pending the decision of a full MPT) where such measures are assessed by the Postgraduate Dean as being incompatible with continuing in a training programme for a period likely to be in excess of two years (in accordance with paragraph 1.15).

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

3.107 ii providing that there are no outstanding fitness to practise issues or unresolved concerns (paragraph 3.109), the Postgraduate Dean will make a decision on restoration of the training number/contract, taking into account all the relevant factors, including any outstanding fitness to practise issues or other unresolved concerns that affect suitability to continue in or return to a training programme.

3.108 In some circumstances, a postgraduate doctor in training will neither be currently employed in the NHS nor hold an honorary contract with an NHS organisation (e.g. they will be working overseas or taking a break from employment). Where the Postgraduate Dean believes that the conditions under which such a postgraduate doctor in training holds the training number/contract have been breached and that the training number/contract should be withdrawn, the Postgraduate Dean will write to the training number/contract holder to tell them of their decision. The postgraduate doctor in training will have the right of appeal through the process, as set out in paragraphs 4.169–4.175.

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

3.109 i **In order to reapply for training in the same specialty**, where a postgraduate doctor in training has previously been removed or resigned, they must have the support of the Postgraduate Dean in the locality in NHSE WTE, NES, HEIW or NIMDTA where training in this specialty was previously undertaken. Applications will only be considered if the applicant provides a 'Support for Reapplication to a Specialty Training Programme' form. No other

evidence will be accepted. Re-entry in such cases will be by competitive process with other applicants.

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

## Postgraduate doctors in specialty training employed permanently outside of the NHS

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

3.111 Before an NTN(I) is issued, the Postgraduate Dean must be satisfied that these specialty postgraduate doctors in training have a contract with an approved education provider.

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

## Less than full-time training

3.113 NHSE WTE, NES, HEIW and NIMDTA have a strong commitment to help all postgraduate doctors in training reach their full potential. All postgraduate doctors in training including those in academic programmes can apply for LTFT training.

3.114 This guidance is drawn from the NHS Employers document *Principles Underpinning the New arrangements for Flexible Training* (2005)<sup>14</sup> and is supported by the GMC's 2017 position statement on [LTFT training](#).

3.115 Those in LTFT training must meet the same requirements as those who train on a full-time basis to achieve a CCT.

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<sup>14</sup> NHS Employers guidance and policy is only applicable in England; devolved nations may have similar guidance.



3.116 The aims of LTFT training are to:

- i. retain doctors in the workforce who are unable to continue their training on a full-time basis for a well-founded individual reason
- ii. promote career and personal development as well as work/life balance and wellbeing
- iii. ensure continued training in programmes on a time equivalence (pro rata) basis

3.117 LTFT postgraduate doctors in training will:

- i. reflect the same balance of work as their full-time colleagues. Daytime working, on-call and out-of-hours duties will normally be undertaken pro rata to those worked by full-time postgraduate doctors in training at the same training grade in that specialty.<sup>15</sup> The educational and legal requirements of training must always be met.
- ii. normally move between placements within rotations on the same basis as full-time postgraduate doctors in training. Where this is not possible, employers should ensure that appropriate and timely induction takes place to support the individual.

3.118 LTFT postgraduate doctors in training are not precluded from undertaking additional work although they should ensure that in undertaking this work, they practise according to the GMC's standards in [Good Medical Practice](#) and that there is not a negative impact on their training. They should ensure that the Postgraduate Dean, as their designated Responsible Officer, is aware of all additional work undertaken by use of their annual Form R or SOAR submission. Further information is available on the Conference of Postgraduate Medical Deans website ([COPMeD | Guidance on Undertaking Additional Work](#)).

3.119 A balance needs to be maintained between the LTFT training arrangements, the educational needs of both full-time and LTFT postgraduate doctors in training, and the needs of the service.

3.120 Decisions made by NHSE WTE, NES, HEIW and NIMDTA only relate to educational support for a LTFT training application. Employers/host training organisations must make a separate decision about the employment aspects of any proposal including the placement and any associated out-of-hours work.<sup>16</sup>

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<sup>15</sup> There is extra guidance in the NHS Employers (England only) [Good Rostering Guide](#) (2018) if a pro rata arrangement is not practicable in the employing organisation.

<sup>16</sup> Contractual provisions are set out by NHS Employers in the [2018 junior doctor contract refresh](#).

## Eligibility for LTFT training

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

3.122 Building on the NHS Employers document *Principles Underpinning the New Arrangements for Flexible Training* (2005), the Gold Guide should be considered as providing separate guidance to this legislation, reflecting the tripartite nature of supporting a LTFT postgraduate doctor in training between the postgraduate doctor in training, the four UK statutory education bodies and the employer/host training organisation.

## Managing requests for LTFT training

3.123 All postgraduate doctors in training can apply for LTFT training, the only requirement being a well-founded individual reason.

3.124 All well-founded reasons will be considered. However, support to progress the application may be dependent on the capacity of the programme and available resources as well as compliance with relevant legislation relating to CCT requirements (paragraphs 3.119 and 3.120).

3.125 Those appointed to LAT posts may apply for LTFT training and must complete the process in the usual way. However, a placement may not be immediately available. Owing to the fixed-term nature of such appointments, if the LAT post is undertaken less than full time, there is no entitlement to an extension of the fixed-term period of training on a pro rata basis.

## Applying for LTFT training

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

- i. All postgraduate doctors in training can apply for LTFT training either at the point of application for entry to training or at any time once they have been accepted for training. As for all other applicants wishing to enter foundation or specialty training, competitive appointment to training is required but must not be affected or influenced by the applicant's wish to be considered for LTFT training.
- ii. Postgraduate doctors in training will need to first submit their application for LTFT training to NHSE WTE, NES, HEIW or NIMDTA, which will be assessed and (where necessary) prioritised according to the provisions of the Equality Act relating to protected characteristics. NHSE WTE, NES, HEIW or NIMDTA will also consider the application in the context of its effect on the training available to other individuals in the training programme.

- iii. Postgraduate doctors in training must inform their College/Faculty of their arrangements for LTFT training and ensure that their TPD or Head of School is aware.
- iv. Approval of the training plan will normally be given for the duration of the placement and be subject to annual review around renewal. The LTFT placement and funding will also be subject to agreement with the employer/host training organisation before the placement can be approved.

3.127 LTFT postgraduate doctors in training will require the approval of the Postgraduate Dean if they wish to increase or decrease their working hours (subject to the minimum requirements for recognition of training set by the GMC's 2017 position statement on [LTFT training](#)).

3.128 If a LTFT postgraduate doctor in training moves to a different placement other than the planned movement on rotation or moves by inter-deanery transfer (or inter-foundation school transfer), a new request to continue training on a LTFT basis will be required.

3.129 LTFT postgraduate doctors in training who wish to revert to full-time training must first inform the Postgraduate Dean. A suitable full-time placement may not be immediately available, and will depend on the current LTFT arrangements for that individual and post availability in the training programme. NHSE WTE, NES, HEIW or NIMDTA must be informed of the planned start date for a return to full-time training.

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

3.131 Further details of the application and appeals processes can be found on the individual websites of NHSE WTE, NES, HEIW and NIMDTA.<sup>17</sup>

### **Progression in training as a LTFT postgraduate doctor in training**

3.132 All postgraduate doctors in training, full-time or LTFT, need to meet the requirements for progression in training as set out in the relevant GMC-approved curriculum. LTFT postgraduate doctors in training will be assessed in accordance with the ARCP process as described in paragraphs 4.36–4.157.

3.133 Key points relating to LTFT postgraduate doctors in training are:

- i. LTFT postgraduate doctors in training should have an ARCP not less than annually but at intervals of no more than 15 months (to comply

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<sup>17</sup> LTFT training appeals to NHSE WTE, HEIW, NES or NIMDTA will only relate to educational decisions, not employment.

with the revalidation requirement) but may need an ARCP at a critical progression point in training.

- ii. LTFT postgraduate doctors in training will be expected to demonstrate the capabilities relevant to their stage of training as described in their relevant curriculum. Any workplace-based assessments/supervised learning events should be spread evenly across a training placement.
- iii. Should a training extension be required after the award of an ARCP Outcome 3/10.2, this extension will be on a pro rata basis. There is the option of a fixed-term time extension should there be sound educational reasons for this.
- iv. LTFT postgraduate doctors in training can apply and be interviewed for a consultant post six months prior to their anticipated CCT date; this is on a fixed-term time basis and not pro rata.
- v. LTFT postgraduate doctors in training can apply for a period of acting up as a consultant in their final year of training. The period of acting up is normally three months and can be extended pro rata to reflect the LTFT training percentage. It can be extended for longer periods with the agreement of all parties, including the employer.

## Academic training, research and higher degrees

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

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

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

[HEIW | Academic Medicine](#)

[NIMDTA | Academic Recruitment](#)

[Academy of Medical Sciences](#)

3.135 Such opportunities are available through two main routes.

**Option 1:** Postgraduate doctors in training can compete for opportunities to enter integrated combined academic and clinical programmes.<sup>18</sup> Those who are appointed to such posts will need to meet the clinical requirements for

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<sup>18</sup> Examples of integrated academic training include specialised foundation programmes.

appointment if they are not already in specialty training, as well as the academic requirements.

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

### **Option 1: Integrated academic and clinical programmes**

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

3.137 Postgraduate doctors in training in integrated academic programmes will be assessed through a joint academic and clinical annual assessment process as described in paragraphs 4.141–4.145.

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

3.139 Where a postgraduate doctor in training is undertaking an academic programme within an uncoupled programme that confers the right to automatic access to higher specialty training (currently only in England), if they leave the academic programme during core training, they will forfeit their automatic access to higher specialty training.

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

### **Option 2: Taking time out of programme to undertake research**

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

3.142 Postgraduate doctors in training undertaking research with no clinical care component should also note paragraph 4.155 regarding maintaining clinical skills.

## Taking time out of programme (OOP)

3.143 There are a number of circumstances when a postgraduate doctor in training may seek to spend some time out of the training programme to which they have been appointed. All such requests need to be agreed by the Postgraduate Dean or nominated deputy in advance so postgraduate doctors in training are advised to discuss their proposals as early as possible. Postgraduate doctors in training may be approved for more than one OOP per training programme (including dual and triple CCT programmes). Postgraduate Deans will oversee and manage OOPs to ensure that the period of time out does not compromise clinical skills and currency (paragraph 1.15), and there should be adequate planning for the return to training and a programme supporting restoration of clinical skills where there may have been skills fade due to the time out of clinical practice. Normally, OOPs that run consecutively would not be approved. However, the Postgraduate Dean has discretion to consider exceptional circumstances and approve OOPs where there are sound educational reasons to do so. (For example, academic postgraduate doctors in training may be required to undertake time out of programme for clinical experience (OOPE) in preparation for OOPR to undertake a PhD degree.)<sup>19</sup>

3.144 The purpose of taking OOP is to support the postgraduate doctor in training in:

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

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

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<sup>19</sup> OOP is normally fixed term for the maximum defined periods outlined in the Gold Guide; exceptions might include but are not limited to OOPT postgraduate doctors in training acting up as a consultant (paragraph 3.159).

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

3.147 Postgraduate doctors in training must maintain their licence to practise while on OOP as well as their connection with NHSE WTE, NES, HEIW or NIMDTA for the purposes of revalidation and might be at risk of training number/contract withdrawal (paragraph 3.100 v) if they do not.

3.148 Postgraduate doctors in training undertaking LAT posts cannot request time out of their post. Where time needs to be taken away from work (e.g. following bereavement or for illness), the service gap may be filled but the fixed-term appointment contract of the postgraduate doctor in training will not be extended.

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

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

### **OOP in foundation training**

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

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

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

3.154 **Foundation doctors** who take time out of the foundation programme during F1 to undertake training outside of the UK will require a Certificate of Experience from their medical school confirming that they have successfully completed the requirements of F1 in order to apply for full GMC registration. No other evidence will be accepted. If the foundation doctor cannot provide the evidence for the Certificate of Experience, they are not eligible for full registration and will be limited to applying for provisional registration on their return to the UK. Further guidance can be found at [GMC | Provisional Registration](#).

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

### **OOP in specialty training**

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

### **Time out of programme for approved clinical training (OOPT)**

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

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

3.159 Postgraduate doctors in training will retain their training number/contract while undertaking an approved clinical training opportunity as long as the OOPT has been agreed in advance by the Postgraduate Dean and they continue to satisfy the



requirement for annual review, including revalidation, and comply with the current version of the Gold Guide. OOPT will normally be for a period of up to one year.

3.160 Postgraduate doctors in training may be able to take OOP to act up as a consultant and may be able to credit this time towards a CCT if it is explicitly allowed by the College/Faculty. This would normally be undertaken in the final year of training. Those acting up as consultants will need to have appropriate supervision in place. If the experience afforded by this post is in a location already approved for training in the relevant specialty by the GMC, additional prospective approval for OOPT is not required from the GMC. If acting up as a consultant is undertaken in another location, prospective approval will only be necessary if the acting up placement is relevant and contributes to gaining the capabilities, knowledge, skills and behaviours required by the curriculum. In these circumstances, OOPT will normally be for a period of three months or pro rata for LTFT postgraduate doctors in training. However, length of periods approved for acting up as a consultant may be specified in the relevant College/Faculty guidance. Specific provisions around acting up roles need to be adhered to.

3.161 Postgraduate doctors in training who undertake OOPT must continue to participate in the ARCP process of their home locality in NHSE WTE, NES, HEIW or NIMDTA. This is necessary to confirm the provisional period of OOPT permitted to count towards the FPCC or CCT. The period of recognition may be reduced if the training placement did not provide the expected capabilities.

### **Time out of programme for clinical experience (OOPE) – not applicable in foundation**

3.162 Postgraduate doctors in training may seek agreement for OOP to undertake clinical experience that has not been approved by the GMC and that will not contribute to award of a CCT. In these circumstances, it is likely that the CCT date will need to be extended. The purpose of such OOPE could be to:

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

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

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

### **Time out of programme for research (OOPR)**

3.164 Postgraduate doctors in training should be encouraged and facilitated to undertake research where they have an interest and aptitude for doing so. Options are limited for foundation doctors because of the short programme duration. Owing to the nature and duration of foundation training, OOPR will be approved only in exceptional cases. It will usually be restricted to one year and will generally only be taken between F1 and F2.

3.165 Postgraduate doctors in training who undertake OOPR must continue to participate in the ARCP process of their home locality in NHSE WTE, NES, HEIW or NIMDTA and would be expected to return at the end of the period of OOPR.

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

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

3.168 Time taken out for research purposes is normally for a higher degree (e.g. PhD, MD or master's degree) and will not normally exceed three years. The Postgraduate Dean has discretion to consider exceptional circumstances and give specific prospective approval to extend the OOPR normally to a maximum of four years in total. For postgraduate doctors in training undertaking OOPR on a LTFT basis, this would normally be pro rata. The postgraduate doctor in training should give consideration to maintaining clinical skills during this period.

3.169 When OOPR does not count towards CCT requirements, GMC approval is not required.

3.170 If there is prospective approval from the GMC for the OOPR to contribute to the CCT, then formal assessment documentation must be submitted annually to the ARCP panel.

3.171 Many individuals undertaking such research retain a clinical element, which will allow them to maintain their existing capabilities while on OOP. The extent of this clinical

element will guide NHSE WTE, NES, HEIW or NIMDTA and the relevant College/Faculty in making a recommendation to the GMC on whether the clinical and research capabilities attained during OOPR should be used to contribute towards the award of a CCT. The postgraduate doctor in training should seek advice from their TPD and named academic supervisor to ensure that the proposed clinical element is appropriate.

3.172 Postgraduate doctors in training in their final training year will not normally be granted OOPR.

### **Time out of programme for a career break (OOPC)**

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

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

### ***Who is eligible to apply for OOPC?***

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

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

### ***Planning and managing OOPC***

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

- i. OOPC may be taken after a training programme has been started.
- ii. OOPC is not an acceptable reason for deferring the start of a programme. In such cases, the individual should defer making an application until ready to begin training.
- iii. The needs of the service must be considered in agreeing a start date.
- iv. The duration of OOPC will normally be a period of up to one year. There are good educational and training reasons why an overall period out of

training should be no longer than two years (paragraph 1.15). Consequently, the Postgraduate Dean has discretion to consider a second year of OOPC in exceptional circumstances. The Postgraduate Dean may take into account prior OOPs for other reasons. Any further extension beyond a two-year period out of training would not normally be approved.

- v. Postgraduate doctors in training wishing to take longer OOPC will normally need to relinquish their training number/contract and reapply in open competition for re-entry to the training programme. They should be aware of the [GMC's expectations about the currency of examinations](#) when relinquishing their training number/contract.
- vi. The postgraduate doctor in training should plan their return to work with their Postgraduate Dean. Although the returning postgraduate doctor in training will be accommodated in the next available suitable vacancy, there is no guarantee of return date and it may take time for a suitable vacancy to arise.
- vii. Postgraduate doctors in training will normally need to participate in a 'return to work' package at the end of OOPC. After a prolonged absence from clinical practice, a period of additional support may be beneficial on return. Employers may not have been aware or have considered the implications of prolonged absence and this may have implications for patient safety. Postgraduate doctors in training returning to clinical practice should access support by way of an appraisal of their needs to ensure a safe and timely return to training, whether this is full-time, LTFT or a phased re-introduction to clinical practice.
- viii. Although individuals on OOPC will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement. Since this is not prospectively approved training, it cannot be counted towards an FPCC or CCT but it may be used as part of an application for a full CESR/CEGPR.
- ix. Postgraduate doctors in training on OOPC must maintain their licence to practise throughout their period away from a training programme.
- x. Postgraduate doctors in training on OOPC must keep their Postgraduate Dean (as their Responsible Officer) updated on any activity or work that they undertake within their remit of holding a licence to practise, and they must also complete Form R (or SOAR) on an annual basis and submit this to the ARCP panel in order to continue to register their interest in staying in the programme. The information provided should include their intended date of return to the programme to facilitate the planning process.
- xi. Postgraduate doctors in training undertaking a period of time on a career break should consider any impact that this would have on their continuous NHS service.

- xii. Postgraduate doctors in training must ensure that they are able to respond to any requests for updates from the Postgraduate Dean.

## **Training: Health and disability**

3.177 Postgraduate Deans, programme directors and FSDs are encouraged to tailor individual foundation and specialty training programmes to help individuals with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training and assessment. It should be noted that the Postgraduate Dean/NHSE WTE generally cannot amend or disapply the requirements or specifications set out in GMC-approved curricula.

3.178 Employers must consider reasonable adjustments if appointees with disabilities require these. The need to do so should not be a reason for not offering an otherwise suitable placement. They should also consider the assessments of progress and the individual appointee's educational needs wherever possible.<sup>20</sup>

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

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

3.181 Postgraduate Deans/Deputies will review any health matters (including occupational health advice) with/relating to postgraduate doctors in training to ensure that appropriate decisions are made regarding training.

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

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

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

3.184 Where postgraduate doctors in training returning from statutory leave (e.g. maternity/paternity/adoption leave) have been able to account for unused annual leave,

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<sup>20</sup> [Equality Act 2010](#) (applicable in England, Wales and Scotland) and equivalent [anti-discrimination legislation](#) (in Northern Ireland)

in accordance with the GMC's 2012 position statement on [time out of training](#), this may have an impact on the core training programme end date or CCT date when this is reviewed at the ARCP.

3.185 For foundation doctors, where a postgraduate doctor in training has been absent for both statutory (e.g. maternity/paternity/adoption) and non-statutory reasons for a total of 20 working days or more within each 12-month period, an early review will be triggered with regard to whether they need to have their F1 or F2 training extended. The duration of [provisional registration regulations](#) must be taken into account.

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

### **Movement between NHSE WTE, NES, HEIW and NIMDTA (foundation doctors)**

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

3.188 The specific criteria for IFSTs are aligned to the criteria set for pre-allocation to a particular foundation school on the grounds of personal circumstances. Foundation doctors who believe they meet the nationally agreed criteria for transferring to a different foundation school once they have been accepted on to the foundation programme should discuss the matter with the FSD of their allocated foundation school if they have not yet taken up their appointment or with their Foundation Training Programme Director if they are already in the training programme.

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

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

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

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

## **Movement between NHSE WTE, NES, HEIW and NIMDTA (specialty postgraduate doctors in training)**

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

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

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

3.195 Transfers are contingent on the availability of a funded training post and a training number/contract in the receiving locality in NHSE WTE, NES, HEIW or NIMDTA. Post funding and the training number/contract do not follow the postgraduate doctor in training.

3.196 Transfers will only be considered during defined time period windows each year agreed by the four UK statutory education bodies, which will be advertised in advance. Start dates will normally coincide with recognised rotation/change-over dates. It is the responsibility of the postgraduate doctor in training to apply in the relevant window so that they can comply with the agreed notice period.

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

3.198 There are situations where postgraduate doctors in training will move across national or local office boundaries without requiring an IDT:

**i. Educational or training reasons**

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

**ii. Secondment to a different locality in NHSE WTE, NES, HEIW or NIMDTA**

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

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

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

**iv. Undertaking research in a different locality in NHSE WTE, NES, HEIW or NIMDTA**

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

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

Postgraduate doctors in training who are successful in being appointed to a sub-specialty training programme in a different locality in NHSE WTE, NES, HEIW or NIMDTA will usually have no entitlement to transfer. They will remain under the management of the home locality in NHSE WTE, NES, HEIW or NIMDTA and return there after completion of the sub-specialty training. Appointment to a grid training programme in paediatrics may, however, result in a transfer to a different locality in NHSE WTE, NES, HEIW or NIMDTA.

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

3.200 Where postgraduate doctors in training wish to pursue a CCT in a different specialty (i.e. transfer to a different training programme whether in the same or a different location in NHSE WTE, NES, HEIW or NIMDTA), they will have to apply for a place in the different specialty training programme through the normal competitive application process.



## Section 4: Progressing as a specialty postgraduate doctor in training or foundation doctor

### Capabilities, experience and performance

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

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

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

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

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

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

enable reasonable timeframes and resources for support and objectives to be set so that postgraduate doctors in training are aware of the boundaries within which additional training time can and will be offered.

4.7 Curricula and programmes of assessment evolve and develop over time. In order to ensure that postgraduate doctors in training receive the most relevant and up-to-date training, and so that they are assessed appropriately, they will be required to move to the most recent foundation or specialty curriculum and use the most recent forms of assessment. As part of any developments, implementation plans for the transition of postgraduate doctors in training to new curricula will be submitted to the GMC. (See the GMC's 2021 position statement on [moving to the new curriculum](#).)

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

4.9 All postgraduate medical training curricula developed in the UK and approved by the GMC may reference indicative training time to experience the learning opportunities that will enable the required capabilities defined in the curriculum or the time that the training programme is normally expected to take.

4.10 This is important for two reasons:

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

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

- i. the individual has gained all the relevant capabilities required in the curriculum
- ii. the individual has completed all the necessary examinations and assessments

4.12 Early achievement of the CCT needs to be planned via the ARCP process and would not normally be advanced by more than one year, the final opportunity to bring forwards the CCT date would normally be at the penultimate ARCP.

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

FPCC date, core training programme end date or CCT date being extended following review at the ARCP (paragraph 4.114). The decision to pause training time is an important one and needs to be formalised with written agreement from the Postgraduate Dean. Reference should also be made to the GMC's 2012 position statement on [time out of training](#) and foundation doctors should also refer to the GMC's information on registration.

## Assessment of progression

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

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

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

4.17 An ARCP results in an 'Outcome' following evaluation of the documented evidence of progress (normally captured in the training portfolio) and determines the next steps for the postgraduate doctor in training. An outcome that reflects satisfactory progress confirms that the required capabilities, together with ongoing conformance with the GMC's standards in [Good Medical Practice](#), have been achieved.

## Educational agreement

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

4.19 The educational supervisor of the postgraduate doctor in training must ensure that they are aware of and understand their obligations as laid down in the educational agreement, including (but not exclusively):

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

## **The educational supervisor and educational review**

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

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

4.22 Appraisal is a continuous process. As a minimum, the educational section of appraisal should take place at the beginning, middle and end of each phase of training, and should be documented in the educational portfolio. However, educational review can be undertaken more frequently, directed by curricula and where there are specific educational objectives that require enhanced supervision.

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

4.24 The educational supervisor of a postgraduate doctor in training may also be their named clinical supervisor (particularly in general practice specialty training, small specialties and small training units). In such a case, the educational supervisor could be responsible for some of the workplace-based assessments and producing appropriate structured reports as well as providing the educational review for the postgraduate doctor in training.

4.25 Great care needs to be taken to ensure that these roles are not confused. Indeed, under such circumstances, the educational supervisor of the postgraduate doctor in training should discuss with the Training Programme Director (TPD) (and where

appropriate the Postgraduate Dean) a strategy for ensuring that there is no conflict of interest in undertaking educational review and assessment for an individual.

4.26 The purpose of educational review is to:

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

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

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

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

- i. Postgraduate doctors in training should discuss the experiences they are planning to reflect on (or have already reflected on) with their named clinical and educational supervisors. Discussion assists with the learning aspect of the reflective process to make it more meaningful. It also helps to demonstrate engagement in reflective thinking as an educational and professional tool.
- ii. Postgraduate doctors in training should include insights gained and any changes made to practice in their learning portfolio. Supervisors should

confirm in the learning portfolio that the experience has been discussed, and agree appropriate learning outcomes and what actions are planned.

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

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

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

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

4.33 Records of these regular educational review meetings should be made in the educational portfolio of the postgraduate doctor in training, and these must be shared between the postgraduate doctor in training and their educational supervisor.

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

4.35 Concerns should be brought to the attention of the postgraduate doctor in training during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances) and these should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and postgraduate doctor in training. If concerns are considered serious at the outset, persist or increase, further action should be taken and this should not be left to the ARCP process. Direct contact should be considered with the TPD, the lead for professional support, postgraduate

doctor in training support groups (if appropriate), the employer and the Director of Medical Education for the LEP, alerting them to these concerns. As the RO, the Postgraduate Dean will need any information that may affect future revalidation. The postgraduate doctor in training should be informed of any such action taken following an educational review.

## **ARCP: Assessment**

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

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

## **ARCP: What is its purpose?**

4.38 The ARCP provides a formal process that reviews the evidence presented by the postgraduate doctor in training and their educational supervisor relating to their progress against the objectives defined in the curriculum. It enables the postgraduate doctor in training, the Postgraduate Dean and employers to document that the capabilities required are being gained at an appropriate rate and through appropriate experience.

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

4.40 The ARCP fulfils the following functions:

- i. It provides an effective mechanism for reviewing and recording the evidence related to the progression of a postgraduate doctor in training in the training programme or in a recognised training post (e.g. locum appointment for training (LAT)).
- ii. At a minimum, it must incorporate a review of the educational portfolio of the postgraduate doctor in training including a structured report from the educational supervisor(s), documented assessments (as required by the foundation/specialty curriculum) and achievements.
- iii. It provides a means whereby the evidence of the outcome of formal assessments, through a variety of GMC-approved workplace-based assessment tools and other assessment strategies (including examinations that are part of the programme of assessment), is coordinated and recorded to present a coherent record of progress of a postgraduate doctor in training.
- iv. It provides an effective mechanism for the review of out of programme experience and recording its contribution (where approved) to progress.

- v. It considers any time out of training during the assessment period and from entry to the programme (see the GMC's 2012 position statement on [time out of training](#)), and determines whether the training duration needs to be extended.
- vi. As long as adequate documentation has been presented, it makes judgements about the capabilities acquired by postgraduate doctors in training and their suitability to progress to the next stage of training.
- vii. As long as adequate documentation has been presented, it makes judgements about the capabilities acquired by postgraduate doctors in training in a LAT post and documents these accordingly.
- viii. It provides advice to the RO about revalidation of the postgraduate doctor in training across their full scope of work to enable the RO to make a recommendation to the GMC when required and it ensures that any unresolved concerns about fitness to practise are acted on.
- ix. It provides a final statement of the successful attainment of the curriculum capabilities of the postgraduate doctor in training including fulfilment of the GMC's standards in the [Generic Professional Capabilities Framework](#) for the programme and thereby the completion of the training programme.
- x. It enables the Postgraduate Dean to present evidence to the relevant College/Faculty so that it can recommend the postgraduate doctor in training to the GMC for award of the CCT.
- xi. It enables the Postgraduate Dean to present evidence to the GMC for full registration at the end of F1 and for the recommendation of award of the FPCC at the end of F2.
- xii. Where applicable, it provides comment and feedback on the quality of the structured educational supervisor's report.

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

- i. all postgraduate doctors in training (including foundation, core and specialty postgraduate doctors in training, those in less than full-time (LTFT) training and those in academic programmes)
- ii. postgraduate doctors in training who are out of programme with the agreement of the Postgraduate Dean
- iii. LAT postgraduate doctors in training
- iv. Where a postgraduate doctor in training has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the programme occurred within three months of the



last ARCP).<sup>21</sup> The postgraduate doctor in training will need to complete Form R ([GG10 Appendix 1](#)) or the [Scottish Online Appraisal Resource \(SOAR\)](#) for the purposes of informing the revalidation process. The ARCP panel should document any relevant capabilities that have been achieved by the postgraduate doctor in training; however, no outcome will be awarded, and the N21 and N22 codes should be utilised ([GG10 Appendix 3 i](#)). It is expected that postgraduate doctors in training will engage in this process.

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

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

4.44 Assessment strategies will vary between curricula but will contain a variety of elements. These include (but are not limited to) items from the following illustrative list:

- i. well-constructed and fit-for-purpose professional examinations that explicitly map back to the curriculum
- ii. direct observation of procedural skills (DOPS)/clinical examination and procedural skills (CEPS)
- iii. case note reviews
- iv. case-based discussion (CBD)
- v. multi-source feedback (MSF)
- vi. team assessment of behaviour (TAB)
- vii. observed video assessments
- viii. assessments in clinical skills facilities
- ix. clinical evaluation exercises (mini-CEX)
- x. direct observation of non-clinical skills (DONCS)

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

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<sup>21</sup> This is to comply with appraisal and revalidation requirements where the ARCP is equivalent to the full scope of practice appraisal.

4.46 A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. It would be expected that assessments are spread throughout the time period under review. These summaries will be provided as part of the educational supervisor's report to the ARCP panel (paragraph 4.56).

4.47 Logbooks, audit or quality improvement reports/projects, research activity and publications document other sorts of experience and attainment of skills that postgraduate doctors in training may need to demonstrate. They are not in and of themselves assessment tools but are a valid record to demonstrate progress. Information about these areas should be retained in an educational portfolio, which all postgraduate doctors in training must maintain to record their evidence about training and performance in training. The portfolio will also form the basis of the educational and workplace-based assessment process as well as of the annual planning process. These documents also provide important evidence in support of revalidation.

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

4.49 Postgraduate doctors in training must familiarise themselves the GMC's standards in [Good Medical Practice](#). They need to undertake ARCP as it is the vehicle for revalidation as well as for educational progression. Postgraduate doctors in training must:

- i. maintain a portfolio of information and evidence, drawn from the scope of their medical practice
- ii. reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation
- iii. take part in regular and systematic clinical audit and/or quality improvement
- iv. respond constructively to the outcome of audit, appraisals and the ARCP process
- v. undertake further training where required by the Postgraduate Dean
- vi. engage with systems of quality management and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the national training survey ([GMC | National Training Survey](#)))
- vii. participate in discussion and any investigation around serious incidents in the workplace, discuss these experiences with their named clinical

and educational supervisors, and include insights gained and any changes made to practice in their educational portfolio

- viii. inform the GMC of their RO for revalidation
- ix. inform their Postgraduate Dean/RO if they self-report to the GMC and if they receive a criminal or civil conviction or a police caution, or if they are bailed, they must inform the RO, including any bail conditions applied

4.50 The minimum requirements for satisfactory completion of F1 and F2, with guidance notes, are set out in the [Foundation Programme Curriculum 2021](#).

4.51 If genuine and reasonable attempts have been made by the postgraduate doctor in training to arrange for workplace-based assessments to be undertaken but there have been logistic difficulties in achieving this, they must raise this with their educational supervisor immediately since the workplace-based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the TPD. Between them, they must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

### **ARCP: The educational supervisor's report**

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

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

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

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

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

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

4.57 Postgraduate doctors in training are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments and given the opportunity to address any developmental needs. If there are concerns about the performance of a postgraduate doctor in training, based on the available evidence, they must be made aware of these concerns, and they must be documented in their educational portfolio and discussed with them (paragraph 4.56) prior to the ARCP so that they are aware of any implications and likelihood of additional training time (Outcome 3/10.2). This discussion must also be documented in the portfolio and referenced in the educational supervisor's report.

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

### **ARCP: Collecting the evidence**

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

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

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

4.62 The FTPD will not chase foundation doctors who have not updated their e-portfolios by the specified date. Foundation doctors should be aware that they must submit any additional evidence on time. The ARCP panel will consider what has been submitted.

4.63 As part of their documentary evidence for each ARCP, postgraduate doctors in training must submit an updated documentation form giving accurate demographic details for use in the NHSE WTE, NES, HEIW or NIMDTA database. This would be via Form R or SOAR.

4.64 It is important to ensure that all relevant supporting evidence around revalidation is provided to the ARCP panel (in England and Northern Ireland) or in the relevant reports (in Scotland and Wales). This includes details of all areas in which the postgraduate doctor in training has worked as a doctor (including voluntary) across their full scope of practice, which should include all activities that require GMC registration with a licence to practise as well as details of any investigations that have yet to be completed. This evidence assists the Postgraduate Dean/RO in making a recommendation to the GMC about revalidation (when required). Should an FPCC/CCT date need to be extended such that the date is significantly extended, it has the potential to affect the revalidation date, which is normally aligned to the FPCC/CCT date.

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

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

## The ARCP panel

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

### Composition of the ARCP panel

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

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

4.70 The Chair of the ARCP panel must ensure that there is no declared conflict of interest between any member of the panel and the postgraduate doctor in training being assessed.

4.71 It is good practice for the Postgraduate Dean to nominate a deputy to be present at any panel meeting involving cases where it is possible that a postgraduate doctor in training could have an ARCP Outcome 3/10.2 or 4.

4.72 The panel should normally have input from a lay advisor (foundation, core and specialty ARCP panels) and an external advisor (core and specialty ARCP panels). They should review a random sample of the outcomes and evidence supporting these, and any recommendations from the panel about concerns over performance (paragraph 4.129).<sup>22</sup>

4.73 The lay advisor will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in the Gold Guide. The lay advisor should not be

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<sup>22</sup> Arrangements may change in exceptional circumstances (e.g. global pandemic).

asked to judge whether the ARCP outcome awarded to the postgraduate doctor in training is appropriate or whether they have made satisfactory progress. The lay advisor may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities. However, the role is to ensure that the process is followed correctly, not to give an opinion on the outcome or the progress of the postgraduate doctor in training.

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

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

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

4.77 Where an ARCP panel meeting is being held for an individual undertaking an SFP, clinical fellowship or lectureship, or for a clinical scientist, the panel should be in receipt of the named academic supervisor's report (paragraphs 4.137–4.140). If a developmental outcome is anticipated (either clinical or academic), then the panel should include at least one academic representative.

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

4.79 Educational and named clinical supervisors should declare an interest if their own postgraduate doctors in training are being considered by a panel of which they are a member. Where there are any concerns about satisfactory educational progress, they should withdraw temporarily from the process while their postgraduate doctor in training is being considered and the panel should be constituted such that in that situation it remains quorate in accordance with panel composition as set out in paragraphs 4.67–4.79. If this occurs in foundation training, there will need to be an alternative panel member involved.

### How the ARCP panel works

4.80 **The purpose of the ARCP** is to review the evidence and to assess competence and acquisition of required capabilities that inform a judgement of progress, which is captured as an outcome (defined in paragraph 4.94). Following an ARCP, there is a requirement to have a post-ARCP discussion for feedback between the postgraduate doctor in training and the TPD/educational supervisor, to discuss and agree the learning plans for the next period of training (paragraph 4.85).

4.81 Supporting information is used for two distinct and separate processes:

1. **The formative process** of educational reviews, learning needs assessments, setting educational objectives and planning the personal

development plan, and identifying and optimising learning opportunities to meet the required objectives defined in the curriculum

2. **The summative process** of making a global judgement of progression (using supporting information and assessments in the portfolio)

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

4.83 The process is a review of the documented and submitted evidence, supporting information and assessments that are presented by the postgraduate doctor in training. The postgraduate doctor in training must not be present at the panel considering the outcome (paragraph 4.86). However, following the ARCP, there will be a meeting with them to inform them of and explain the outcome, and to agree the objectives and learning plan (paragraph 4.85).

4.84 Any concerns that emerge about the fitness to practise of a postgraduate doctor in training must be reported to the Postgraduate Dean/Medical Director, as RO, for further advice and guidance.

4.85 Where the TPD, educational supervisor or named academic supervisor has indicated that there may be an Outcome 2/10.1, 3/10.2 or 4, the postgraduate doctor in training must be informed of the possible outcome prior to the ARCP panel meeting, which may be included in the pre-ARCP feedback from the educational supervisor (paragraphs 4.56 and 4.57). After the panel has considered the evidence and made its judgement, if Outcomes 2/10.1, 3/10.2 or 4 are recommended, the postgraduate doctor in training must meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity. The purpose of this meeting is to discuss the recommendations for focused or additional remedial training if this is required.

4.86 For practical and administrative reasons, NHSE WTE, NES, HEIW or NIMDTA may wish to discuss other issues (e.g. the views of the postgraduate doctor in training on their training or planning of future placements) on the same occasion as the annual panel meeting. However, the review of evidence and the judgement arising from the ARCP panel must be kept separate from these other issues. Postgraduate doctors in training must not be present at the panel considering the outcomes.

4.87 At the ARCP, the FPCC end date, the core training programme end date or provisional CCT date should be reviewed and adjusted if necessary, taking into account such factors as:

- i. statutory leave or other absence of more than 20 (normal working) days in any year for foundation doctors
- ii. clinical statutory leave, sickness or other absence of more than 14 (normal working) days in any year for core and specialty postgraduate doctors in training
- iii. prior agreement with the Postgraduate Dean for training time to be paused



- iv. a change to or from LTFT training
- v. time out of programme for experience (OOPE), time out of programme for research (OOPR) or time out of programme for a career break (OOPC)
- vi. rate of acquisition of capabilities that might bring forwards the CCT date
- vii. for dual postgraduate doctors in training or those undertaking sub-specialty training alongside main specialty training, whether both should continue to be pursued
- viii. the academic component of joint clinical/academic core or specialty programmes
- ix. being unable to demonstrate achievement of capabilities (Outcome 3/10.2) as set out in the GMC-approved curriculum
- x. where there have been significant deficits in the training environment beyond the control of the postgraduate doctor in training
- xi. where a change in the curriculum results in an individual requiring additional training time to complete a programme

4.88 The adjusted date should be entered in the supplementary documentation section of the ARCP outcome form ([GG10 Appendix 3 i](#)) The expected date for the successful completion of training at whatever level is important information since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty.

## Outcomes from the ARCP

4.89 ARCP outcomes are defined in paragraph 4.94.

4.89 i **Outcomes 1 and 6** reflect satisfactory progress in achieving the required capabilities for the stage of training as defined in the curriculum.

4.89 ii **Outcomes 2/10.1 and 3/10.2** reflect that development of capabilities is required.

Outcome 2 is used where development is required without additional training time.

Outcome 3 is used where development and additional training time are required.

Outcome 10.1 is the 'no fault' equivalent of an Outcome 2.

Outcome 10.2 is the 'no fault' equivalent of an Outcome 3.

4.89 iii **Outcome 4** is used when the postgraduate doctor in training has been unable to demonstrate that they have met previously identified educational objectives over a period of time when additional support (which may include

additional training time) has been provided and the postgraduate doctor in training is released from the training programme.

4.90 The ARCP panel will recommend an outcome described below for each foundation/specialty/sub-specialty programme for each postgraduate doctor in training, including those on integrated clinical/academic programmes.

4.91 For dual training or main specialty and sub-specialty training, the GMC requires a separate outcome per specialty and sub-specialty. Those in dual programmes can be permitted to progress at different rates and be at different phases in training programmes at the discretion of the Postgraduate Dean

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

4.93 While the ARCP panel must recommend the outcome for an individual postgraduate doctor in training on the basis of the submitted evidence, it must also take into account any mitigating factors on the part of that individual, such as personal circumstances.

4.94 When an Outcome 3/10.2 or 4 recommendation is made by the ARCP panel, the Postgraduate Dean will confirm this in writing to the postgraduate doctor in training, including where relevant their right to review or appeal the decision (paragraphs 4.158–4.175). Outcomes should be referenced by their number as defined in this Guide.

### **Outcome 1**

#### **Achieving progress and capabilities at the expected rate**

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

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

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

### **Outcome 2 (not applicable in foundation)**

#### **Development of specific capabilities required – Additional training time not required**

The progress of the postgraduate doctor in training has been acceptable overall but there are some capabilities that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that

the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

### Outcome 3

#### **Development of specific capabilities required – Additional training time required**

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

### Outcome 4

#### **Released from training programme with or without specified capabilities**

The ARCP panel will recommend that the postgraduate doctor in training is released from the training programme as they have been unable to demonstrate that they have met previously identified educational objectives over a period of time when additional support (which may include additional training time) has been provided. The panel should document relevant capabilities that have been achieved by the postgraduate doctor in training and those that remain outstanding. They will have their training number/contract withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training, service-focused career pathway.

Where an Outcome 2, 3 or 4 has been recommended, the panel should record the supplementary information required for the GMC in these circumstances (U codes, [GG10 Appendix 3 i](#))

### Outcome 5

#### **Incomplete evidence presented – An assessment of progression cannot be made**

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

The panel should agree what outstanding evidence is required from the postgraduate doctor in training and the timescale in which it must be provided to be able to issue an outcome.<sup>23</sup>

If the panel considers that an Outcome 1 is likely based on the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 1. However, if the Chair does not receive the agreed evidence to support an Outcome 1, or if the panel considers that an Outcome 2, 3 or 4 is likely

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<sup>23</sup> An Outcome 5 might be viewed as a 'holding position' to allow the missing evidence to be provided for the ARCP panel to review; that review would normally be **no more than eight weeks from the date of the ARCP Outcome 5 and must never cross a progression point.**

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

An Outcome 5 should also be recommended where the postgraduate doctor in training did not submit Form R or SOAR (paragraphs 4.129 and 4.130).

**Recommendation for completion of training:**

**Outcome 6**

**Achieved all required capabilities for completion of the programme – Will be recommended as having completed the training programme (foundation, core or specialty). If in foundation training, will be recommended for award of an FPCC. If in a run-through training programme or higher training programme, will be recommended for award of a CCT.**

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

**Outcomes for those out of programme or not in run-through training:**

**Outcome 7 (not applicable in foundation)**

**Fixed-term posts (e.g. LATs)**

Postgraduate doctors in training in fixed-term training posts will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed-term appointment. This evidence will be considered by the ARCP panel and will result in one of the following outcomes:

<p><b>Outcome 7.1</b></p>	<p><b>Achieving progress at the expected rate in the post or completion of the post</b></p> <p>The postgraduate doctor in training has demonstrated that they have acquired the capabilities expected of a postgraduate doctor in training undertaking a placement of this type and duration at the level specified.</p>
<p><b>Outcome 7.2</b></p>	<p><b>Development of specific capabilities required – Additional training time not required</b></p> <p>The progress of the postgraduate doctor in training has been acceptable overall; however, there are some capabilities not fully achieved, which they need to develop either before the end of their current placement or in a further post to achieve the full capabilities for this period/year of training. The ARCP panel will need to specifically identify in writing the further development required. The rate of overall progress is not expected to be delayed, nor will the prospective date for completion of this period of training be extended as this is a fixed-term post. At the next review of progression, it will</p>

	be essential to identify and document that these capabilities have been met.
<b>Outcome 7.3</b>	<p><b>Development of specific capabilities required – Additional training time required</b></p> <p>The postgraduate doctor in training has been unable to demonstrate that they have met previously identified educational objectives over a period of time when additional support (which may include additional training time) has been provided. If they wish to attain the described capabilities, they will be required to repeat this period of training (not necessarily in the same post, with the same employer or in the same locality in NHSE WTE, NES, HEIW or NIMDTA). If a postgraduate doctor in training moves to a new post, employer or locality in NHSE WTE, NES, HEIW or NIMDTA, they must declare their previous ARCP outcome.</p>

<b>Outcome 7.4</b>	<p><b>Incomplete evidence presented</b></p> <p>The ARCP panel can make no statement about progress or otherwise since the postgraduate doctor in training has supplied either no information or incomplete information to the panel.</p> <p>The panel should agree what outstanding evidence is required from the postgraduate doctor in training and the timescale in which it must be provided to be able to issue an outcome. If the panel considers that an Outcome 7.1 is likely based on the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 7.1. However, if the Chair does not receive the agreed evidence to support an Outcome 7.1 or if the panel considers that an Outcome 7.2, 7.3 or 4 is likely based on the evidence available, then a panel will be reconvened. This reconvened panel could be undertaken 'virtually'.</p> <p>An Outcome 7.4 should also be recommended where the postgraduate doctor in training did not submit Form R or SOAR (paragraphs 4.129 and 4.130).</p>
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### **Outcome 8**

#### **Out of programme for clinical experience, research, career break or pause (OOPE/OOPR/OOPC/OOPP)**

The ARCP panel should receive documentation from the postgraduate doctor in training on the required form ([GG10 Appendix 4](#)) indicating what they are doing during their OOP time if the OOP is not recognised for training.

- i. **OOPE:** If the OOP is to gain clinical experience that will not contribute towards the capabilities required by the training

- programme (OOPE), then an annual OOP report form should be submitted, including an indicative intended date of return.
- ii. **OOPR:** If the purpose of the OOP is research, the postgraduate doctor in training must produce a research supervisor's report together with the annual OOP report form indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate). If there is prospective approval by the GMC for the OOPR to contribute to the CCT, then formal assessment documentation must be submitted annually to the ARCP panel.
  - iii. **OOPC:** If a doctor is undertaking a career break, a yearly OOPC request should be sent to the ARCP panel, indicating that they are still on a career break and including an indicative intended date of return.
  - iv. **OOPT:** If the postgraduate doctor in training is out of programme on a training placement (OOPT) or on OOPR that has been prospectively approved by the GMC and that will contribute to the capabilities of their programme, then an Outcome 8 should not be used. Instead, a routine assessment of progression should be made and an Outcome 1, 2, 3, 4 or 5 should be awarded.
  - v. **OOPP:** Time out of programme for a pause (OOPP) is applicable to postgraduate doctors in training in NHS England only. The ARCP panel should refer to the [current guidance](#).

### **When an outcome is not issued**

There are circumstances when the ARCP panel would not issue an outcome, such as when the postgraduate doctor in training is absent on statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the panel will record the reasons for this. (Refer to N codes, [GG10 Appendix 3 i](#))

### **'Force majeure' outcomes**

The Outcome 10 derogations introduced as 'no fault' outcomes to enable progression or additional time where training was disrupted by the COVID-19 pandemic in 2020–2021 will be retained in subsequent versions of the Gold Guide as outcomes that may be applied in circumstances of 'force majeure'.

Outcome 10s must only be used following a directive from the UK statutory education bodies, which may be triggered in response to a national emergency/force majeure such as a global pandemic. When the use of Outcome 10 is directed by the UK statutory education bodies, this may include the use of specific additional C codes for clarification [GG10 Appendix 3 ii](#).

## **Outcome 10**

### **Achieving progress at the expected rate but acquisition of some capabilities delayed by the impact of a national emergency**

**Outcome 10.1:** Progress is satisfactory but the acquisition of capabilities by the postgraduate doctor in training has been delayed by national emergency/force majeure disruption. The individual training is not at a critical progression point in their programme and can progress to the next stage of their training. Any subsequent additional training time will be reviewed at the next ARCP.

**Outcome 10.2:** Progress is satisfactory but the acquisition of capabilities by the postgraduate doctor in training has been delayed by national emergency/force majeure disruption. The individual is at a critical progression point in their programme and additional training time is required in accordance with paragraph 4.108.

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

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

The rate of progress should be defined in the specialty curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc).

Where acquisition of required capabilities has been delayed solely owing to the impact of a national emergency/force majeure (e.g. due to cancellation or postponement of a required examination, or reduced exposure to required training opportunities), postgraduate doctors in training should be enabled to progress to the next stage of training except those who are at a critical progression point in their programme. An action plan, the portfolio and personal development plan should capture and set out the required capabilities that will be expected at the next scheduled ARCP, and the time point for this review should be defined.

Outcome 10.1 acknowledges potential satisfactory progress but recognises additional training time may subsequently be required (which will be reviewed at the next ARCP).

## **Satisfactory completion of F1 (Outcome 1)**

4.95 The Foundation School Director (FSD) (or any other authorised signatory) should only complete an F1CC if satisfied that the foundation doctor has met the requirements for satisfactory completion of F1, subject to any quality management process. An electronic signature is acceptable.

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

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

### **Satisfactory completion of F2 (Outcome 6)**

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

### **Additional or remedial training**

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

4.100 The core or specialty ARCP panel may identify the need for additional or focused training (Outcome 2), or for the attainment of specific competences or capabilities (Outcome 3), which may extend the indicative core training programme end date or CCT date.

4.101 If the panel recommends focused training towards the acquisition of specific capabilities (Outcome 2), then the timescale for this should be agreed with the foundation doctor.

4.102 If additional remedial training time is required (Outcome 3/10.2), the panel should indicate the intended objectives and proposed timescale. The framework of how a remedial programme will be delivered will be determined by the Postgraduate Dean. The remedial placement will be planned by the TPD, considering the needs of other postgraduate doctors in training in the programmes, and it must be arranged with the full knowledge of the employer to ensure that clinical governance aspects are addressed.

4.103 This additional training must be agreed with the postgraduate doctor in training, trainers and employer. Full information about the circumstances leading to the additional training requirement must be transmitted by NHSE WTE, NES, HEIW or NIMDTA to the employer and LEP(s) for that period of training, including the objectives to be met during any period of additional training time. The information transmission will be shared with the postgraduate doctor in training. Agreement to it being shared with the new employer/LEP and trainers is a prerequisite of joining and continuing in the training programme.

4.104 Remedial training may be required because of a recommendation from the GMC or other body. When such remedial training is requested, the supporting Postgraduate Dean will establish a specific educational agreement with the relevant LEP, which will cover all aspects of the placements, including detailing the training required, clinical



limitations on practice and any measures in place from the regulator. This will ensure that the postgraduate doctor in training receives the training that has been identified as well as respecting the clinical governance/risk management arrangements of the LEP.

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

4.106 If the postgraduate doctor in training is unable to achieve the goals in the educational plan for the additional training, they may be required to leave the training programme before the additional training has been completed (paragraph 3.100 ii). This would normally be by means of issuing an Outcome 4.

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

4.108 The length of time that training can be extended depends on the type of programme being followed (e.g. foundation, core or run-through training). Postgraduate doctors in training may be offered extensions to training up to the maximum limits detailed below. However, they should not anticipate that they will be offered the exceptional additional training time as it is dependent on the approval of the Postgraduate Dean and such approval will only be granted in exceptional circumstances. Two years is the maximum permitted additional training time for both run-through training and the combined core plus higher specialty training programmes. This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption leave.

#### Duration of extension to training – additional training time (ATT)

Programme	Extension to training time	Exceptional ATT <sup>1</sup>	Total ATT incl exceptional ATT
Foundation training	As in paragraph 4.105, normally limited to 1 year	Not normally extended owing to short duration of programme	1 year
Core training	6 months	6 months	12 months
Higher training	1 year (incl any ATT in core training in uncoupled training programmes) <sup>2</sup>	1 year	2 years <sup>3</sup>

Run-through training	1 year	1 year	2 years
General practice training	1 year	6 months	18 months

1. Exceptional ATT must be approved by the Postgraduate Dean.
2. ATT would normally include 1 year across both core and higher specialty training where the programme is uncoupled and may include 6 months' additional training time in the core training programme. However, in exceptional circumstances such as a 3-year uncoupled core programme, the Postgraduate Dean has discretion (paragraph 1.12) to give more ATT in core training, provided the total time across the combined programme (core plus higher) does not exceed 2 years.
3. Total ATT (including exceptional ATT) would include 2 years across both core and higher specialty training where the programme is uncoupled and may normally include up to 12 months for the core training programme.

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

4.110 While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer. (See also paragraph 4.87.)

4.111 During a period of additional training time, there is an expectation that the postgraduate doctor in training will show continuing engagement with their portfolio to demonstrate maintenance of capabilities that have already been acquired.

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

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

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

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

### **Pausing training for reasons other than statutory leave – not applicable in foundation**

4.116 Pausing training is a decision that should normally be taken outside of the ARCP process. It is a neutral action that should be agreed with the postgraduate doctor in training, as early as reasonably practical, and then approved by the Postgraduate Dean and documented. Pausing training should not be assumed and must be supported with suitable evidence of need. NHSE WTE, NES, HEIW and NIMDTA should ensure that they have a process for obtaining suitable evidence around such circumstances (e.g. occupational health advice) and for deciding whether to temporarily pause training. Such pausing of training time will also require an adjustment to the expected core training programme end date or CCT date (paragraph 4.87).

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

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

### **Notification of ARCP outcome**

- 4.119 The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel ([GG10 Appendix 3 i](#)) for all postgraduate doctors in training will be made available by the Postgraduate Dean to:

**a) the postgraduate doctor in training**

The postgraduate doctor in training must sign it to demonstrate that they have been informed of the outcome, not that they agree with the outcome. Signature of the outcome does not change their right to request a review or appeal.

**b) the TPD/FTPD**

The TPD/FTPD (and/or the educational supervisor of the postgraduate doctor in training) should meet with the postgraduate doctor in training to discuss the outcome and plan the next part of their training, documenting the plan fully.

**c) the educational supervisor**

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

**d) the Medical Director (or their nominated officer)**

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

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

These outcome documents are part of the minimum dataset that will need to be maintained by the College/Faculty to substantiate its recommendation to the GMC for award of the CCT.

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

4.121 All postgraduate doctors in training should receive standard written guidance relevant to their outcome, which as appropriate should detail the duration of any extension to training, requirements for remedial action or focused training, and reference to the review and appeals processes.

4.122 Postgraduate doctors in training with Outcomes 1 or 6 will receive the standard written guidance through the e-portfolio.

### **Form R and the Scottish Online Appraisal Resource**

4.123 The references to Form R in relation to revalidation described in paragraphs 3.41–3.49 do not apply to NES, where SOAR replaces this form.

4.124 Each postgraduate doctor in training will need to update Form R or SOAR annually (except F1 doctors). This holds their up-to-date demographic data.

4.125 The annual return of Form R or SOAR before the ARCP with any corrections and updates (along with the self-declaration details for revalidation purposes where appropriate) to NHSE WTE, NES, HEIW or NIMDTA together with the signed ARCP outcome(s) will enable the postgraduate doctor in training to renew their registration on an annual basis with NHSE WTE, NES, HEIW or NIMDTA and the relevant College/Faculty (if appropriate).

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

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

4.128 If the postgraduate doctor in training is still unable to submit a satisfactorily completed Form R or SOAR after two weeks and this is the first time that this situation has arisen in the training programme, for foundation, core, specialty and general practice training, an Outcome 2 (not applicable in foundation), 3 or 4 will be issued (according to training progression). A note is made on the record of the postgraduate

doctor in training that they did not submit a completed Form R or SOAR. An Outcome 1 or 6 is not awarded, even if there are no training progression concerns.

4.129 For postgraduate doctors in training who do not submit a completed Form R or SOAR after an Outcome 5 is issued and a support meeting offered, and for whom this is a repeated situation, the process of referral to the GMC for non-engagement with revalidation should be commenced.

4.130 Should the postgraduate doctor in training subsequently provide the completed Form R or SOAR, then the appropriate ARCP outcome for progression can be awarded.

## **Quality assurance of the ARCP**

4.131 Since decisions from the ARCP panel have important implications for both patient safety and individual postgraduate doctors in training, there should also be external scrutiny of its decisions from two sources:

1. a lay advisor to ensure consistent, transparent and robust decision making on behalf of both the public and postgraduate doctors in training – The lay advisor should review the process and evidence supporting decisions as well as any recommendations from the ARCP panel about concerns over performance and training progression.
2. an external advisor from the same specialty but from outside of the local specialty training programme/specialty school (not applicable in foundation) – The external advisor should review a minimum random 10% of the outcomes and evidence supporting these as well as any recommendations from the ARCP panel about concerns over performance and training progression. All external advisors must be trained to undertake this role. The external advisor may be a College/ Faculty representative if not otherwise represented on the panel. NHSE WTE, NES, HEIW and NIMDTA should work with the relevant Colleges/ Faculties to help identify senior members of the profession to support this work.

## **The role of the Postgraduate Dean in the ARCP**

4.132 The Postgraduate Dean has responsibility for the management of the ARCP process, including the provisions for further review and appeals (paragraphs 4.158–4.175).

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

4.134 The Postgraduate Dean is also the statutory RO for revalidation in relation to doctors in GMC-approved postgraduate training programmes.<sup>24</sup> In order to discharge this function, they must make a revalidation recommendation to the GMC at intervals determined by the GMC. Information to inform this decision will come from the ARCP.

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

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

### **The ARCP for specialised foundation programmes**

4.137 Some postgraduate doctors in training will undertake SFPs. There are important differences in the structure of SFPs in the different foundation schools. Those in such programmes will have to both successfully complete the full training programme and meet the requirements of the SFP.

4.138 Individuals undertaking SFP training must have a named SFP supervisor, who will normally be different from their named clinical supervisor.

4.139 On entry to the SFP, the named SFP supervisor should devise a plan with the foundation doctor as the context against which to assess their progress in the specialised component of their foundation programme. The educational supervisor and named SFP supervisor should work together to ensure that clinical and specialised objectives are complementary. Both supervisors and the postgraduate doctor in training should be aware of the overall clinical and specialised requirements of the foundation doctor.

4.140 The named SFP supervisor should submit a report to the educational supervisor at the end of the academic placement, highlighting the achievements, strengths and areas for development of the SFP postgraduate doctor in training. The educational

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<sup>24</sup> For postgraduate doctors in training in Wales (HEIW) and Northern Ireland (NIMDTA), the Medical Director has the RO function.

supervisor should use this report as evidence for their end of year report about the foundation doctor, which will be used by the ARCP panel to recommend an outcome.

## **The ARCP for integrated clinical and academic training programmes**

4.141 Some postgraduate doctors in training will undertake integrated clinical and academic training programmes (paragraphs 3.135–3.140). There are important differences in the structure of academic programmes in the four UK countries. Those in such programmes will have to both successfully complete the full training programme and meet the requirements of the academic programme.

4.142 Individuals undertaking academic training must have a named academic supervisor, who will normally be different from their named clinical supervisor.

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

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

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



## **Recording academic and clinical progress – academic assessment**

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

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

4.148 Since the assessment process jointly assesses academic and clinical progress, the postgraduate doctor in training must also submit evidence of clinical achievement.

4.149 The named academic supervisor is required to complete the 'Report on Academic/Research Progress' form ([GG10 Appendix 5](#)), which needs to be signed by the postgraduate doctor in training for submission to the annual joint academic/clinical ARCP panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic capabilities achieved.

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

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

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

## **The ARCP for postgraduate doctors in training undertaking OOPR**

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

4.154 Postgraduate doctors in training must submit an annual OOPR return to the ARCP panel of their base locality in NHSE WTE, NES, HEIW or NIMDTA along with a report from their named academic supervisor. All academic postgraduate doctors in training on OOPR should have a formal assessment of academic progress, which is submitted as part of the documentation for the ARCP panel as described above for joint clinical and academic programmes. The report must indicate whether appropriate progress in the research has taken place during the previous year and also whether the planned date of completion of the research has changed. Any request for a potential extension to the OOPR will need to be considered separately by the Postgraduate Dean.

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

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

4.157 Postgraduate doctors in training undertaking research with no clinical care component that is for longer than three months should participate in a 'return to work' package. This should include consideration of returning to clinical learning as well as to clinical practice and may include 'keep in touch' arrangements.

## **Appeals of the ARCP outcomes**

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

4.159 It should not come as a surprise to postgraduate doctors in training that action through the ARCP process is under consideration since any performance and/or conduct shortcomings should be identified in the educational portfolio and discussed with them during the educational review process (paragraphs 4.57 and 4.85).

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

- i. require further development on identified specific capabilities (Outcome 2/10.1 or 7.2)
- ii. require additional training time for all reasons other than associated with a 'training pause' (Outcome 3/10.2 or 7.3)
- iii. be required to leave the training programme before completion, with identified capabilities achieved or with an identified and specified level of training attained (Outcome 4)

4.161 The purpose of the post-ARCP meeting identified in paragraphs 4.85 and 4.86 is to inform the postgraduate doctor in training of the decision of the panel. The meeting should also plan the further action that is required to address issues of progress (in relation to Outcomes 2 and 3) or make clear to the postgraduate doctor in training the capabilities with which they will leave the programme (in relation to an Outcome 4).

4.162 However, a postgraduate doctor in training has the right to request a review and (in some circumstances) an appeal (paragraphs 4.158–4.182) if one of these outcomes is recommended by the ARCP panel.

4.163 If the postgraduate doctor in training requests a review or appeal, the outcome documentation from the original ARCP panel should not be signed off by the Postgraduate Dean and the training number/contract is not removed until all review or appeal procedures have been completed (or otherwise brought to an end). Only at this stage should the Postgraduate Dean sign off the ARCP panel's outcome.

## Reviews and appeals

4.164 A review is a process where an individual or a group who originally made a decision returns to it to reconsider whether it was appropriate. This does not require the panel to be formally reconvened and can be undertaken virtually. The review must take into account the representations of the postgraduate doctor in training asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted. New information would not normally include capabilities or evidence from assessments acquired after the date of the ARCP outcome subject to review.

4.165 An appeal is a procedure where the decision of one individual or a group is considered by another (different) individual or group. An appeal can take into account information available at the time the original decision was made, newly submitted information relevant to the appeal and the representations of the appellant. New information for an appeal might include new evidence of mitigating circumstances not available to the ARCP panel. New information would not normally include capabilities or evidence from assessments acquired after the date of the ARCP subject to appeal. Those involved in an appeal panel must not have played a part in the original decision or the review.

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

review or appeal. This revised documentation should be forwarded to those indicated in paragraph 4.119.

### **Review of Outcomes 2/10.1 and 7.2**

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

4.168 The decision of the review of Outcomes 2/10.1 and 7.2 is final, and there is no further appeals process.

### **Appeal against Outcomes 3/10.2 and 4 or withdrawal of a training number/contract**

4.169 Postgraduate doctors in training have the right of appeal if their training number/contract is withdrawn under paragraphs 3.100 iii–vii or if they receive an ARCP outcome that results in a recommendation for:

- i. an extension of the indicative time to complete the training programme (Outcome 3/10.2)
- ii. release of the individual from the training programme with or without identified capabilities having been achieved and without completion of the programme (Outcome 4)

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

4.171 Where the training number/contract withdrawal decision relates to an external body's decision that cannot be changed (e.g. erasure from the register by the GMC, imprisonment, where the postgraduate doctor in training has exhausted the permitted number of attempts and any related complaints process), then an appeal would normally be refused. The same principles may be applied where the maximum permitted additional training time has been reached (paragraph 4.108) including where exceptional discretion by the Postgraduate Dean has been exhausted and where an appeal might be considered futile.

4.172 Where the appeal is being made against a decision to withdraw a training number/contract as defined in paragraphs 3.100 iii–vii, the Postgraduate Dean will

review the decision in the light of the information contained in the appeal request of the postgraduate doctor in training. If the Postgraduate Dean decides to reverse the original decision, then the postgraduate doctor in training will not have their number withdrawn but if the Postgraduate Dean determines that there is insufficient reason to reverse the decision, the Postgraduate Dean will confirm with the postgraduate doctor in training that they wish to proceed to an appeal hearing and this will then be arranged.

4.173 On receipt of an appeal request, the Postgraduate Dean will first arrange for a review of the original recommendation.<sup>25</sup> This review will follow the process outlined in paragraphs 4.167 and 4.168. The decision of the review panel will be communicated to the postgraduate doctor in training.

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

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

### Appeal hearing

4.176 A formal appeal hearing should normally take place as soon as practical, without unreasonable delay and normally within 30 working days of the appeal request.<sup>26</sup> In exceptional circumstances (e.g. outstanding disciplinary, GMC or legal proceedings that might affect the appeal outcome), the appeal hearing might be delayed beyond the 30-day limit. However, where it has not been possible to hear an appeal within the 30-day period, appeals should normally be heard within 1 year of the decision that is subject to appeal.<sup>27</sup> Where there have been reasonable endeavours to progress the appeal and the appeal has not taken place within one year of the decision date, then the original decision is final. The Postgraduate Dean has discretion to consider requests for a reasonable postponement of the appeal beyond a year from the decision date in exceptional circumstances.

4.177 If the postgraduate doctor in training agrees, it is not always necessary for an appeal hearing to be undertaken face to face and an appeal can be dealt with on written submissions. Members of the original ARCP panel must not take part as members of the appeal panel. Postgraduate doctors in training may support their appeals with further

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<sup>25</sup> This is commonly referred to as a 'step 1' review as it is the first stage of the appeals process. It is without prejudice and does not affect the right to proceed to a full 'step 2' appeal hearing.

<sup>26</sup> Appeals should normally be heard within 30 working days consistent with timescales for similar processes – NHS Employers.

<sup>27</sup> In accordance with recommendations from NHS Improvement – Learning lessons to improve our people practices, May 2019

written evidence relevant to the grounds of the appeal. All documentation presented to the appeal panel must also be made available to the postgraduate doctor in training.

4.178 NHSE WTE, NES, HEIW and NIMDTA have agreed standard operating procedures that will define how appeals will be managed and that will take into account:

- i. the timing of the notification by the postgraduate doctor in training of their intention to appeal, the timing at which all additional evidence will be presented and the timing for the outcome of any appeal hearing to be notified to the postgraduate doctor in training
- ii. the membership of the panel and permitted attendees
- iii. the standard format for an appeal hearing

### **Notification of appeal outcome**

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

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

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

4.182 When an Outcome 4 recommendation is upheld by the appeal panel or it upholds the decision to withdraw a training number/contract under paragraph 3.100 ii, the Postgraduate Dean will be notified. The Postgraduate Dean or their nominated deputy will write to the postgraduate doctor in training to confirm the decision and the withdrawal of the training number/contract. This will be done either ten working days after the original recommendation is made when the postgraduate doctor in training has not requested an appeal or at the completion of the appeals process, whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the Postgraduate Dean. This will also be the date of removal of the training number/contract. For postgraduate doctors in training working in general practice, from the date of actual removal of the training number, they are not eligible for inclusion on the Performers List (in NHS England) and normally, this triggers the process for removal from the Performers List.

### **Appeal against a decision not to award a CCT/CESR/CEGPR**

4.183 The decision regarding the award of the CCT or full Certificate of Eligibility for Specialist Registration/Certificate of Eligibility for General Practice Registration is the responsibility of the GMC and all appeals against decisions not to award such a certificate should therefore be directed to the GMC.

## Section 5: Being a postgraduate doctor in training and an employee

### Postgraduate doctors in training (foundation and specialty)

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

5.2 Their responsibilities include:

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

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

5.4 Wherever possible, postgraduate doctors in training should raise any difficulties with their educational supervisor and/or named clinical supervisor and keep them informed of their progress. Those who have difficulties arranging appointments with their educational supervisor or named clinical supervisor and/or who have concerns about the quality of their training should contact their Training Programme Director or Director of Medical Education (or equivalent).

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

## **Accountability issues for employers, Postgraduate Deans and postgraduate doctors in training**

5.6 The Postgraduate Dean is responsible for commissioning and managing the delivery of good quality training and education to postgraduate doctors in training. In most cases, those in foundation and specialty training are employed by separate healthcare organisations. There are different employment models across the four UK statutory education bodies. NHSE WTE and HEIW do not employ postgraduate doctors in training. NES and NIMDTA have elected to take a lead employer role.<sup>28</sup> The guidance below relates to those who are not employed by NHSE WTE, NES, HEIW or NIMDTA. Where postgraduate doctors in training are employed by NES or NIMDTA, separate guidance will be provided.

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

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

5.9 Employers must ensure that mechanisms are in place to support the training of postgraduate doctors in training, and to manage employment-related issues in an open and supportive way. Where personal misconduct is identified, employers may need to take action. In such cases, the Postgraduate Dean should be notified from the outset. Any decision by the employer to dismiss a postgraduate doctor in training should be communicated to the Postgraduate Dean and considered in line with paragraph 3.100 vii of this Guide.

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<sup>28</sup> NIMDTA was asked by the Department of Health in January 2019 to take on the function of being the single lead employer for postgraduate doctors and dentists in training in Northern Ireland. This began in a phased fashion from August 2019.



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

5.11 Postgraduate doctors in training should participate in an employer's 'return to work' package at the end of any prolonged absence from work, including maternity/paternity/adoption leave. This should include consideration of returning to clinical learning as well as to clinical practice and may include 'keep in touch' arrangements organised by the healthcare organisation, in addition to accessing national or local supported return to training initiatives.

5.12 Under the Responsible Officers Regulations, every doctor with a full licence to practise must have a 'designated body' and relate to a named Responsible Officer (RO). ROs are responsible for ensuring the fitness to practise of their doctors, and that appropriate systems are in place to allow effective identification, support and monitoring of the doctor in difficulty. For doctors in postgraduate training, their RO is their Postgraduate Dean (or Medical Director in HEIW and NIMDTA) and their designated body is the locality in NHSE WTE, NES, HEIW or NIMDTA responsible for the management of their training programme. Further guidance on the role of the RO is available at [GMC | Supporting in Revalidation](#).<sup>29</sup>

5.13 On occasion, the concerns about a doctor may be enough to warrant referral to the GMC's fitness to practise process. Postgraduate doctors in training, in common with all doctors, may be subject to fitness to practise investigation by the GMC and adjudication by the Medical Practitioners Tribunal Service. Significant fitness to practise concerns may include misconduct, health concerns (mental or physical), sustained concerns about performance, difficulties with English language communication, determination by another regulatory body and receipt of conviction or caution. Concerns in any of these areas may create a risk to public protection, which includes: health, safety and wellbeing of the public; public confidence in the profession; and/or maintaining proper professional standards and conduct for the profession. Where there are concerns, ensuring that doctors are referred to the GMC is a key part of the role of the RO. Guidance on referring a doctor is available at [GMC | Concerns](#) and support is provided by the Employer Liaison Service. Where such serious issues arise, advice should be sought from the relevant regional Employer Liaison Advisor about whether the doctor is likely to meet the GMC's fitness to practise threshold to reach a view on risk and on whether GMC action may be required in response to the concern. The GMC may need to investigate to gather further information in order to assess how serious the concern is, any relevant context that affects the assessment of risk (i.e. systems or interpersonal factors) and how a doctor has responded to the concern.

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

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<sup>29</sup> Medical Profession (Responsible Officers) Regulations 2010 + 2013 amendments

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

## **Transfer of information**

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

5.17 The Annual Review of Competence Progression process (which incorporates educational and named clinical supervisor reports) will also be shared with employers to ensure that they are aware of the progress and performance of all their postgraduate doctors in training.

5.18 Postgraduate doctors in general practice training must adhere to the requirements of the Performers List.

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

5.20 Where a postgraduate doctor in training has significant health issues that may affect their training, they must engage with the healthcare organisation's and/or the Postgraduate Dean's requests for health assessment and information. For example, a postgraduate doctor in training must not unreasonably refuse to engage with an employer's request for them to attend an occupational health appointment. If they do not engage with the process, it may not be possible to safely continue training and removal of the training number/contract will be considered in line with paragraph 3.100 of this Guide.

5.21 It may also be essential (for the sake of patient safety and to support the postgraduate doctor in training) that relevant information regarding any completed or outstanding disciplinary or competence issue is transferred to the next placement provider. This may make reference to any educational or supervisory needs that must be addressed, and any formal action taken against the postgraduate doctor in training,

including the nature of the incident triggering such action. Information about any completed disciplinary procedure that exonerated them will not be shared unless issues relevant to their progression or training are identified.

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

5.23 In all of these circumstances, any information shared will comply with the principles set out in the [General Data Protection Regulation](#), implemented in May 2018, and with the Gold Guide privacy notice set out in [GG10 Appendix 6](#).

### **Managing absence from training other than annual leave**

5.24 Section 34L of the Medical Act 1983 outlines that for the GMC to be able to award a Certificate of Completion of Training, it must be satisfied that the postgraduate doctor in training has satisfactorily completed the approved course of training. The course of training is based on meeting required capabilities. All postgraduate doctors in training must complete the GMC prospectively approved full course of training to be eligible for the award of a Certificate of Completion of Training. The following applies to individuals absent from training when they would be expected to be training:

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

# Gold Guide 10 appendices

- GG10 Appendix 1:** Form R
- GG10 Appendix 2:** Conditions of joining a training programme
- GG10 Appendix 3 i:** Exemplar ARCP outcome forms
- GG10 Appendix 3 ii:** Coding for ARCPs including C codes
- GG10 Appendix 4:** Out of programme forms
- GG10 Appendix 5:** Report on academic/research progress
- GG10 Appendix 6:** Gold Guide privacy notice
- GG10 Appendix 7:** Glossary

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