GMC Glossary for the Regulation of Medical Education and Training

The glossary is intended to cover the continuum of medical education and training, from entry to medical school to the completion of postgraduate training, from the regulator’s perspective. It is not intended to provide a comprehensive list of technical terms used in the design and delivery of medical education and training, let alone in the design and delivery of healthcare services.

The glossary is intended in part to support consistency in the GMC’s use of terms to which various meanings have been attached. We hope it is also helpful to other organisations and authors. It is not intended to mandate usages (but some of the usages included are established by law for example).

The glossary is also intended to assist in the understanding of terms that may not be familiar to individuals new to the field, particularly given the complexity of medical education and training, the technical nature of some developments and debates, and the pace of change. For several terms we go beyond a narrow definition to provide further explanation or context.

Part 1 is the main glossary of terms. Part 2 lists acronyms for organisations. Finally we list sources including other glossaries.

Given the pace of change and the liveliness of debate, this glossary should be regarded as a living document. It was most recently updated in February 2013. The GMC welcomes comments and suggestions. Please direct these to Ben Griffith – bgriffith@gmc-uk.org.
Part 1 - Glossary of terms

Acute Care Common Stem (ACCS)

ACCS is a core training programme that leads into higher specialty training in emergency medicine, general internal medicine, acute internal medicine and anaesthetics. See also Core training.

Angoff method

A method of standard setting based on group judgments about the performance of hypothetical borderline (‘just passing’) candidates.

Annual Review of Competence Progression (ARCP)

ARCP is a postgraduate deanery process which scrutinises the suitability of each doctor in training to progress to the next stage of, or to complete, a training programme. It is usually held annually, but some specialties have more frequent reviews in the early years of training. Foundation Programmes incorporate an ARCP from 2013. The review panel bases its recommendations on evidence in the doctor’s portfolio of experience and competencies gained, together with the reports of the supervisor(s). The ARCP is not in itself an assessment exercise.

In specialty training, the ARCP applies to doctors in training appointed since August 2007 and the introduction of the Gold Guide (A reference Guide for PG Specialty training in the UK). See Record of In-Training Assessment (RITA) for the arrangements for some doctors in training appointed prior to August 2007. The use of RITA will cease by December 2015 with implementation of the requirement for doctors in training to be moved to the relevant current curriculum.

Appraisal

A positive process to provide constructive feedback on the performance of a student, doctor in training or a member of staff to chart their continuing progress, and to identify their development needs.

In postgraduate medical training, appraisal is an individual and private planned review of progress between a doctor in training and their supervisor (usually their educational supervisor) that focuses on achievements, future learning and career management support. Appraisal forms part of the initial, interim and final meetings that a doctor in training has with their educational or clinical supervisor during a placement.

Licensed doctors have to revalidate, usually every five years, by having regular appraisals with their employer that are based on the GMC’s core guidance for doctors, Good Medical Practice.
Approval

Under Section 34I(1) of the Medical Act, the GMC may approve

'(a) courses or programmes of postgraduate medical education and training (or part of such a course or programme) which the General Council are satisfied meet, or would meet, the standards and requirements established under section 34H(1)(a);

(b) training posts which the General Council are satisfied meet, or would meet, the standards and requirements established under section 34H(1)(a);

(c) general practitioners whom the General Council consider to be properly organised and equipped for providing training for GP Registrars;

(d) examinations, assessments or other tests of competence.'

At Section 34D(10)(a) there is also reference to 'sub-specialty training in the United Kingdom which is approved by the General Council'.

ASR

This is the Annual Specialty Report submitted to the GMC by medical Royal Colleges and Faculties. Such information provides an essential specialty perspective, a national overview by specialty and sub-specialty, and is particularly useful for small specialties. The analysis of such data by the colleges and faculties ensures that specialty-specific issues and context are fully taken on board by the GMC.

Assessment

A systematic process for measuring a learner’s progress or level of achievement against defined criteria (including curriculum outcomes). This may be for summative purposes (determining progress) or formative purposes (giving feedback).

Assessment for learning

Assessment for learning is primarily aimed at aiding learning through constructive feedback that identifies areas for development. Alternative terms are formative or low-stakes assessment.

Assessment of learning

Assessment of learning is primarily aimed at determining a level of competence to permit progression or certification of education or training. Such assessments are undertaken infrequently (for example, examinations) and must have high reliability and predictive value as they often form the basis of high stakes pass/fail decisions.
Assessment of Performance (AoP)

An Assessment of Performance is an assessment of learning using workplace based assessment (WPBA) tools. AoPs should be recognised as a planned series of events, identified as part of the relevant curriculum, not as an end in themselves in the way that traditional formal examinations can be seen.

Assessment system

An assessment system is designed to ensure that doctors in training learn the knowledge, skills, judgement and professional behaviour required and set out in a curriculum. Contemporary best practice favours assessment systems that are multi-faceted and assess an appropriate spectrum of a syllabus in a reliable way. This is done through a blueprint. Currently, GMC-approved specialty curricula and the Foundation Programme Curriculum in the UK include details of the assessment system that underpins progress within the curricular framework.

Assessor

An assessor provides an assessment. Assessors should be appropriately trained and should normally be competent (preferably expert) in the knowledge, skill or behaviour that is being assessed. Training is not required for all assessors who provide ratings for Multi-Source Feedback (MSF).

Associate Specialist

A non-training grade, now closed to new entrants. Also see SAS doctors.

Blueprint

A template used to define the content of a test that may be designed as a matrix or a series of matrices. This can help to ensure that the assessments used in the assessment system cover all the competencies required by the curriculum.

Borderline candidates

Candidates in examinations whose results are close to the pass-mark and who may have passed when they should have failed, or vice-versa. They are often identified statistically by using the Standard Error of Measurement. Examining boards need a policy regarding the identification of borderline candidates and, having identified them, what to do about them.

Borderline group method

The borderline group method is an approach to standard setting, used by many bodies including the GMC for the PLAB examination.
**Capability**

The professional ability to manage chaos, complexity and uncertainty, created by the application of advanced understanding and complex behaviours. See also Competence.

**Case-based discussion (CBD)**

The CBD assesses the performance of a doctor in training in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by doctors in training.

**Case-based learning (CBL)**

CBL’s main trait is that a case, problem or inquiry is used to stimulate and underpin the acquisition of knowledge, skills, and attitudes. Cases place events in a context or situation that promote authentic learning. Supporting information is provided, such as latest research articles, vital signs, clinical signs and symptoms, and laboratory results. Also see Problem Based Learning.

**CCST**

Certificate of Completion of Specialist Training, the qualification awarded by the Specialist Training Authority (STA) to those who successfully completed approved training between January 1996 and September 2005.

**CCT**

Certificate of Completion of Training. This was awarded by PMETB between October 2005 and March 2010, and by the GMC from April 2010 onwards, to doctors in training who satisfactorily complete their training in an approved specialty (including general practice) training programme and fulfil the approved curriculum.

The CCT is the certificate awarded by the UK under EC Directive 2005/36/EC.

**CEGPR**

Certificate of Eligibility for GP Registration. This is awarded to doctors who demonstrate that their GP training or qualifications together with their experience are equivalent to the GMC approved GP CCT curriculum. This certificate enables those with full registration to be entered onto the GMC GP Register. (See CESR for more detail.)
Certificate of Experience

The Certificate of Experience certifies that a provisionally registered doctor has satisfactorily completed a programme for provisionally registered doctors. The certificate is needed for an application for full registration with the GMC.

CESR

Certificate of Eligibility for Specialist Registration. Doctors who have knowledge, skills and experience in a specialty that is approved for the award of a CCT by the GMC but have gained these outside of an approved training programme may apply for entry onto the Specialist Register with a CESR in a CCT specialty. To be eligible to apply they must have either a specialist medical qualification or at least six months continuous specialty training in the specialty they are applying in. The specialist medical qualification or specialist training can be obtained in any country.

Doctors who have knowledge, skills and experience in a specialty that is not approved for the award of a CCT by the GMC but have gained these outside an approved training programme may apply for entry onto the Specialist Register with a CESR in a non-CCT specialty (part of the training or qualifications must have been gained outside the UK). To be eligible to apply they must have either a specialist medical qualification from outside the UK or at least six months continuous specialist training undertaken outside the UK in any non-CCT specialty.

Clinical supervisor

A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing the clinical work of a specified doctor in training and for providing constructive feedback on that work during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged. See also Named clinical supervisor.

Closed book testing

Candidates cannot use books in the test.

CMT

Core Medical Training. See Core training.

College or Faculty

The medical Royal Colleges or Faculties provide curricula and assessment systems for specialty training which are approved by the GMC against published standards and also oversee the Continuing Professional Development for their respective specialties. (It would be confusing to refer to medical schools as ‘colleges’ although some schools have ‘College’ in their name.)
College tutors

College tutors represent their College in a local education provider. They oversee and co-ordinate the training provided in their LEP in the specialties concerned.

Combined Programme

Doctors who have been appointed to a GMC-approved training programme above the usual entry point, and who successfully complete the rest of the programme, may apply for entry onto the Specialist Register with a CESR or entry onto the GP Register with a CEGPR through the combined programme (CESR(CP) or CEGPR(CP)).

Competence

A holistic understanding of practice and an all-round ability to carry it out under ideal circumstances. Competence must be distinguished from the competencies assessed in contemporary testing programmes. It rests on an integrated deep structure of understanding and involves subtleties of sensitivity, imagination, wisdom, judgement and moral awareness that are the mark of a wise doctor. A successful conceptualisation of competence would show how specific competencies are integrated at a higher level.

For ‘competence standard’ see Standards.

Competency

A competency is a specific capability, a discrete skill or a visible behaviour that is learnt and assessed separately.

Condition

The GMC may place conditions on an approval. If conditions are not met the GMC may take steps to withdraw approval.

Consultant-led and consultant-present

A consultant-led activity is an activity where a consultant retains overall clinical responsibility. A consultant-led service is a service where a consultant retains overall clinical responsibility for the service, care professional team or treatment. The Academy of Medical Royal Colleges has called for ‘seven day consultant present care’ including the principle that: ‘Hospital inpatients should be reviewed by an on-site consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient’s care pathway’.

Continuing professional development (CPD)

CPD refers to any learning undertaken outside undergraduate education and postgraduate training which helps to maintain and improve performance. In the case of doctors, it covers the development of knowledge, skills, attitudes and behaviours
across all areas of medical practice. It includes all learning activities, both formal and informal, by which doctors maintain and develop the quality of their professional work.

**Core training (CT)**

Training for some medical specialties is broken down into two parts: core training followed by higher specialty training. For most such specialties, core training lasts for an indicative two years. Doctors in training then compete for places on higher specialty training programmes. Following the implementation of Modernising Medical Careers (MMC), this type of training is sometimes referred to as uncoupled to differentiate it from run-through or coupled training.

Core training applies to:

a. Medical training, leading to competitive entry to 28 medical specialties
b. Surgical training, leading to competitive entry to nine surgical specialties
c. Psychiatry
d. Anaesthetics
e. Emergency medicine

Also see Acute Care Common Stem, Specialty Registrar and Training level.

**CPT**

Core Psychiatric Training. See Core training.

**Criterion referencing**

Criterion referenced assessment measures performance against an absolute standard. In other words, each candidate’s performance is reviewed against a benchmark (usually the pass mark). It is contrasted with norm referencing (see Norm referencing).

**Cronbach’s alpha**

The most commonly measured aspect of reliability of a test, checking for internal consistency. The closer to 1.0, the more reliable the assessment. There is much debate about what constitutes a ‘good enough’ co-efficient. As a general rule, anything under 0.5 would be normally viewed as suspect (and further investigation would be required), between 0.6 and 0.8 is good and between 0.8 and 0.9 indicates strong reliability. Over 0.9 would be suspiciously good – in which case, it would be worth checking that the data are correct, and rerunning the analysis.
Core Surgical Training. See Core training.

Curriculum

A statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme or course, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what learning outcomes the learner will achieve.

Curriculum Advisory Group (CAG)

The GMC approves curricula and assessment systems for postgraduate medical specialties and subspecialties. Under the Quality Improvement Framework the GMC uses the expertise of a standing panel of associates to evaluate changes. The purpose of the CAG is to:

a. scrutinise changes to specialty and sub-specialty curricula and assessment systems and evaluate them against the GMC’s curriculum standards

b. scrutinise applications for approval of new subspecialties and evaluate them against the GMC’s protocol

c. provide recommendations to the GMC on the conclusions of these evaluations.

Cut score

A specified point on a score scale, such that scores at or above that point are interpreted differently from scores below that point.

Deaneries (postgraduate)

The UK bodies that the GMC has authorised to manage GMC-approved training programmes and the training posts within them according to GMC standards. Postgraduate deans are responsible for managing doctors' progression through these training programmes. They are also generally the Responsible Officers responsible for making recommendations about revalidating the doctors in their local training programmes.

In England, the postgraduate dean and deanery functions sit within Local Education and Training Boards (LETBs) from April 2013. In Northern Ireland the dean and deanery functions are held by the Northern Ireland Medical and Dental Training Authority. In Scotland the postgraduate deans and deaneries are part of NHS Education for Scotland. In Wales the dean is part of the Wales Deanery (Postgraduate Medical and Dental School), University of Cardiff.
Deanery Reference Number (DRN)

See Training number.

Deanery Report (DR)

All deaneries are required to submit Deanery Reports to the GMC.

As part of the DR deaneries are required to submit an action plan. The deanery’s action plan is the key, forward-looking part of the DR. It identifies actions that have already been taken and will be taken to resolve areas of concern with levels of response during the following year; using, for example, a risk rating system system according to the GMC’s guidance.

Publicly sharing the information held in action plans is an important part of informing patients, the public and doctors in training amongst other key stakeholders, about both the outcomes of quality assurance and the commitments to action of the deanery or local education provider (LEP). To this end, deanery action plans for each of the UK's 21 postgraduate deaneries have been published.

Determination

Under the Medical Act, the GMC makes decisions or determinations about key aspects of medical education and training such as the knowledge, skill and proficiency required to graduate with a medical degree, the content and standard of programmes for provisionally registered doctors, and standards and requirements for postgraduate medical training.

Direct Observation of Procedural Skills (DOPS)

A DOPS is an assessment tool designed to assess the performance of a doctor in training in undertaking a practical procedure, against a structured checklist. The doctor receives immediate feedback to identify strengths and areas for development.

Doctor in training

This is the GMC’s preferred term for a doctor participating in an educationally approved postgraduate medical training programme (Foundation Programme or specialty including GP training). More broadly, a doctor in training may be outside a training programme for a period. For example, doctors with national training numbers (NTNs) may undertake posts outside their specialty programme but must have prospective approval if the post is to count towards their CCT. A student is not a doctor in training although more loosely may be said to be receiving training or learning from a trainer (the GMC’s system for recognition and approval of trainers covers undergraduate education).
Education

‘Medical education’ is used loosely to apply to all forms of learning by medical students and doctors in training. More typically, ‘medical education’ relates to the transmission of knowledge often in a university environment and is distinct from ‘medical training’ whereby competencies and competence are acquired through supervised practice.

Educational agreement

A mutually acceptable educational development plan drawn up jointly by the doctor in training and their educational supervisor. The content of the Educational agreement will depend upon the aspirations of the doctor in training (as laid out in their Personal Development Plan), the learning outcomes required by the curriculum being studied and the opportunities available during the placement. ‘Structured Learning Plan’ is an alternative term.

Educational appraisal

A positive process to provide constructive feedback on the performance of a doctor in training, chart their continuing progress and identify their developmental needs. The term is also used for appraisals of trainers that are focused on their training responsibilities.

Educational contract

The Postgraduate dean commissions training from the employer normally through an educational contract with the unit or local education provider (LEP) providing a postgraduate medical education learning environment or placement.

Educational impact

See Consequential validity (under Validity).

Educational supervisor

An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of the educational progress of a doctor in training during a training placement or series of placements (a rotation). The educational supervisor is responsible for the educational agreement of the doctor in training. Named educational supervisors will need to be recognised by their postgraduate dean. See Named educational supervisor.

Education organiser

A postgraduate dean or a medical school. Education organisers are the bodies responsible for recognising trainers.
**Elective**

A period of clinical experience that is chosen by a medical student and is often taken outside the UK.

**Extended matching question (EMQ)**

A detailed form of multiple choice question (MCQ) having a lead-in statement such as a clinical vignette, followed by a list of at least five options from which the learner selects one or more, as instructed.

**External assessor (EA)**

An assessor appointed by a College to take part in a Penultimate Year Assessment (PYA). The EA should be from outside the deanery where the assessed doctor is training.

**Faculty**

For Faculties responsible for specialty training, see College (or Faculty). To reduce the risk of confusion, when discussing medical education and training the term is best avoided in relation to University faculties (which include medical schools).

**Feasibility**

A criterion by which to judge an assessment or an overall assessment process, which may cover affordability and/or proportionality. Also known as practicality.

**Fixed-Term Specialist Training Appointment (FTSTA)**

FTSTAs are fixed-term contracts for up to one year and will only provide training in the early years of specialty training – ST1 and ST2 for most specialties. Training will be in accordance with the early competences in the given specialty and will use the appropriate elements of the curriculum to define the content of the training.

**Formative assessment**

See Assessment for learning.

**Foundation Achievement of Competence Document (FACD)**

The FACD is awarded to a Foundation doctor at the end of Foundation training to indicate that the Foundation competencies have been successfully achieved.

**Foundation courses**

Medicine foundation courses are taken prior to an undergraduate medical degree and aim to prepare applicants for undergraduate medical education. Some courses
are a route for learners with a good academic record in non-science subjects, while others are designed to widen access to the medical profession.

**Foundation Programme**

The Foundation Programme is a two-year (full time equivalent) generic training programme in the UK which forms the bridge between medical school and specialist/general practice training. The satisfactory completion of year 1 (F1; sometimes called FY1) is associated with a recommendation for full registration with the GMC. The satisfactory completion of year 2 (F2; sometimes called FY2) is associated with the award of an FACD which demonstrates that the doctor has the Foundation competencies and is eligible to apply for GP and specialty training programmes or posts in the UK. There is a Foundation Programme Curriculum (FPC).

**Foundation Training Programme Director/Tutor (FTPDP/T).**

A Foundation Training Programme Director/Tutor (FTPDP/T) is usually an experienced consultant or GP who is selected and resourced to manage postgraduate foundation programmes which include a number of doctors in training and their respective trainers, on behalf of the deanery.

**Generalisability theory**

This is an extension of classical reliability theory and methodology that is now becoming the preferred option. Analysis indicates the magnitude of errors from various specified sources, such as number of items in the assessment, the number of assessors etc. The analysis is used both to indicate the reliability of the test and to evaluate the generalisability beyond the specific sample of items, persons and observational conditions that were studied.

**Gold Guide**

The Gold Guide (formally, A Reference Guide for Postgraduate Specialty Training in the UK) 4th Edition sets out the arrangements for specialty registrar (StR) and GP registrar (GPR) training from June 2010. This edition is a consolidation of earlier versions (first published in 2007) and applies to all doctors in training taking up appointments in specialty training which commenced on or after August 2007. An addendum was published in November 2011.

**Good practice**

Good practice is outlined in the Quality Improvement Framework as areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances.
GP Register

The GMC is required to maintain the GP Register by law. Since 1 April 2006 all doctors working in general practice in the health service in the UK, other than doctors in training such as GP Registrars, are required to be on the GP Register. This requirement extends to locums.

GP Registrar (GPR)

A medical practitioner who is being trained in general practice whether as part of training leading to the award of a CCT or otherwise. The term GP Registrar was used for appointments to GP specialist training programmes before 2007 but since the MMC restructuring the term Specialty Registrar covers those in GP training as well as other specialties. However, the Medical Act still refers to GP Registrars.

GP trainer

GP trainers are GPs approved by the GMC to train GP Registrars in accordance with the Medical Act. They and other GPs may also train medical students and Foundation Programme doctors, but do not need GMC approval to do so. To minimise confusion it is best to use the term ‘GP trainers’ only when referring to those formally approved by the GMC.

GP training

This involves at least 12 months employment as a GP Registrar under the supervision of a GP trainer and at least 12 months employment in one or more specialties that are approved by the GMC as being relevant to general practice. On successful completion of GP training, a Certificate of Completion of Training (CCT) permits application to join the GP Register.

Higher specialty training (HST)

Following successful completion of core training, doctors in training are eligible to apply for higher specialty training. Specialty training (including GP training) programmes vary in length and are tailored to the needs of the specialty. The medical royal colleges and faculties have produced national curricula for each training programme to meet the standards required by the GMC. On successful completion of higher specialty training, doctors receive a Certificate of Completion of Training (CCT). Those who finish training in HST but wish to count training outside approved training programmes as part of their application generally receive a CESR via the combined programme route (CP).

High-stakes assessment

See Assessment of learning.
**Hofstee method**

A ‘compromise’ method of standard setting which combines aspects of both relative and absolute methods. It takes account of both the difficulty of the test items and of the maximum and minimum acceptable failure rate for the exam, and was designed for use in high stakes examinations with a large number of candidates.

**Houseman or House Officer**

Redundant terms. See PRHO.

**Integrated teaching**

A system where the clinical and basic sciences are taught and learned together. This allows learners to see how scientific knowledge and clinical experience are combined to support good medical practice.

**Item response theory (IRT)**

A set of mathematical models for relating an individual’s performance in a test to that individual’s level of ability. These models are based on the fundamental theory that an individual’s expected performance on a particular test item is a function of both the level of difficulty of the item and the individual’s level of ability. IRT also examines individual items in relation to each other, and to the test as a whole, quantifying such characteristics as item difficulty and their ability to discriminate between good and poor candidates.

**Lead coordinators at each local education provider**

From 31 July 2016, medical schools will recognise one or more doctors at each local education provider responsible for coordinating the training of students, supervising their activities and ensuring these activities are of educational value.

**Learner**

A general term commonly used to refer to those receiving formal education and training. The term encompasses undergraduate medical students (not registered by the GMC) as well as doctors in training (registered by the GMC).

**Learning outcomes**

These are the competencies to be acquired by the end of a period of training.

**Local education provider (LEP)**

The term local education provider (LEP) refers to the organisation responsible for the environment (usually clinical) in which training is taking place, whether in primary, secondary, community or academic placements. LEPs include health boards, NHS
trusting, independent sector organisations and any other service providers that host and support medical students and doctors in training.

Local faculty

The GMC uses the term local faculty to denote those involved in the delivery of postgraduate medical education locally: Heads of Schools, Associate Postgraduate Deans, Foundation programme directors, training programme directors, directors of medical education/clinical tutors, GP trainers, college tutors, clinical and educational supervisors and others with specific roles.

Locum Appointment for Service (LAS)

This is a short-term appointment used to fill a service gap. Experience in such posts cannot count towards a CCT but may, in certain circumstances, be used as evidence for a CESR application.

Locum Appointment for Training (LAT)

This is a short-term appointment to fill a gap in a training programme. The minimum duration is three months (full time equivalent) and a LAT should not normally last more than 12 months (full time equivalent). Providing the post and experience acquired can be seen to contribute demonstrably towards progress through a programme, the LAT can be used prospectively to count toward a CCT.

Low-stakes assessment

See Assessment for learning.

Measurement error

The difference between the ‘true’ score (the appropriate score for the candidate) and the score actually obtained in an assessment. Measurement error is present in all assessments, but can be minimised by good item design and, up to a point, by increasing the number of test items. It is usually calculated as the Standard Error of Measurement.

Medical Act

The Medical Act (1983 C54) provides the legal basis for the work of the GMC. It gives the GMC specific powers and duties to carry out its functions, including those covering medical education and training. The GMC was first established under the Medical Act 1858. The Act has been updated by Parliament on many occasions since then. This ensures that medical regulation changes to reflect the changing needs of the society within which we work. The current Act is the Medical Act 1983. The 1983 Act has been amended on a number of occasions since it first came into force, most recently in 2010.
Mini-CEX

The Mini-Clinical Evaluation Exercise is a tool that assesses a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The doctor in training receives immediate feedback to aid learning. The Mini-CEX can be used at any time and in any setting when there is interaction between a patient and a doctor in training.

Modernising Medical Careers (MMC)

Modernising Medical Careers was introduced in 2007 as a programme of radical change to drive up the quality of care for patients through reform and improvement in postgraduate medical education and training.

MSAR

The Medical School Annual Return (MSAR) is the mechanism by which medical schools provide assurance to the GMC and public that they are managing the quality of undergraduate medical programmes in line with the GMC’s standards.

Multiple choice questions (MCQs)

MCQs involve the candidate choosing from a list of possible answers. The MCQ Single Best Answer format involves a lead-in statement (typically a short clinical description) followed by a list of options (five is generally considered the optimum) from which the candidate selects the best answer. Other formats of MCQ exist.

Multi-source feedback (MSF)

This is an important tool for obtaining evidence about interpersonal and communication skills, judgement, professional behaviour and clinical practice. All those working with a learner (including trainers, fellow learners and senior nurses/allied health professionals) are asked to rate the learner’s performance in various domains such as teamwork, communication and decision-making towards the end of a training placement. Alternative terms are peer-review or 360° feedback.

Named clinical supervisor

This term relates to the recognition of trainers. A named clinical supervisor is a trainer who is responsible for overseeing the clinical or medical work of a specified doctor in training throughout a placement and is appropriately trained to do so. He or she will provide constructive feedback during that placement. He or she will lead on providing a review of the clinical or medical practice of a doctor in training throughout the placement that will contribute to the educational supervisor’s report on whether the doctor in training should progress to the next stage of their training. All named clinical supervisors must be fully recognised by 31 July 2016.
Arrangements should fit with definitions elsewhere of educational supervisors and clinical supervisors. However, the GMC is using the additional word ‘named’ in this context:

a. To emphasise the responsibility of specific supervisors for specific doctors in training.

b. Generally to encourage consistency in the coverage of the arrangements for recognition.

c. More specifically to stress the boundary between the named clinical supervisors requiring recognition and the supervisors of doctors in training for particular sessions who will not require recognition (although they are, more loosely, providing ‘clinical supervision’).

**Named educational supervisor**

This term relates to the recognition of trainers. A named educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of the trajectory of learning of a doctor in training and their educational progress during a placement or series of placements. Every doctor in training must have a named educational supervisor. The educational supervisor helps the doctor in training to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements. All named educational supervisors must be fully recognised by 31 July 2016.

Arrangements should fit with definitions elsewhere of educational supervisors and clinical supervisors. However, the GMC is using the additional word ‘named’ in this context:

a. To emphasise the responsibility of specific supervisors for specific doctors in training.

b. Generally to encourage consistency in the coverage of the arrangements for recognition.

**National Training Number (NTN)**

See Training number.

**National training survey (NTS)**

Each year the GMC surveys postgraduate doctors in training in the UK. The results help to guide our quality assurance work and are an important source of evidence about the quality of medical education. The GMC has also surveyed postgraduate trainers in the past, did not do so in 2012 and will be piloting a survey in 2013.
NHS Occupation Codes

Occupation codes categorise staff in particular work sectors of the NHS in a consistent way. Occupation codes cover all staff in the Hospital and Community Health Service (HCHS), both medical and non-medical. The coding of directly employed NHS staff by these occupation codes is a Department of Health central requirement. All NHS employers are expected to code their own staff according to the occupation codes. The occupation codes are used within NTNs. For more information see the website of the NHS Information Centre.

Norm referencing

A method of establishing passing and failing candidates based on their performance in relation to each other, rather than to an established standard (criterion referencing). So for example, only the top n number or x% of candidates pass, irrespective of how strong or weak the cohort is as a whole. Norm referencing should be used only in certain special circumstances, for example where there is a limited number of posts available for successful candidates to move on to.

Open book testing

Candidates can use books in the test.

Operational guidance

Supplementary documentation provided by the GMC to explain the processes and elements of the QIF for those with an active role in medical education and training.

Orange Guide

The Orange Guide was the predecessor to the Gold Guide. Formally called the Guide to Specialist Registrar (SpR) Training, it was last published in February 1998.

OSCE

Objective Structured Clinical Examination - a multi-station clinical examination (typically having 15 to 25 stations). Candidates spend a designated time (usually 5 to 10 minutes) at each station demonstrating a clinical skill or competency at each. Stations frequently feature real or (more often) simulated patients. Artefacts such as radiographs, lab reports and photographs are also commonly used.

OSLER

Objective Structured Local Examination Record – in this method of assessment, all candidates are assessed over a fixed time, eg thirty minutes, by the examiners on the same ten items. This includes four on history, three on physical examination and the remaining three cover investigation, management and clinical acumen.

(www.medev.ac.uk/static/uploads/resources/amee_summaries/AMEE9.doc)
OSPHE

Objective Structured Public Health Examination – an assessment of the candidate's ability to apply relevant knowledge, skills and attitudes to the practice of public health.

Out of Programme Experience (OOPE) / Career Break (OOPC)

Doctors in training with an NTN can have a planned absence from an approved training programme at the discretion of their local PG dean/deanery. Such absences do not count towards progress to the award of a CCT.

Out of Programme Training (OOPT) / Research (OOPR) posts

Doctors in training with an NTN undertaking posts outside of their specialty programme must have prospective approval if the post is to count towards their CCT. Deaneries must apply to the GMC prior to the start of the post. If a doctor in training is undergoing an inter-deanery transfer, no information needs to be sent to the GMC.

Outcomes

Areas or aspects of knowledge, skill or behaviour to be acquired through a period of education or training.

Overseeing students’ progress

From 31 July 2016, medical schools will recognise one or more doctors at the school who are responsible for overseeing students’ trajectories of learning and educational progress. They might be NHS consultants or clinical academics acting as block or course coordinators.

Pass mark

The score which, when awarded, allows progression or completion.

Peer-Review

See Multi-source feedback.

Penultimate Year Assessment (PYA)

A summative assessment for doctors in training which occurs approximately 12–18 months before their CCT date at which targets are set and a final CCT date is agreed.
Performance

Performance is the application of competence in real life. In the case of medicine, it denotes what a doctor in training actually does in his/her encounter with patients, their relatives and carers, colleagues, team members, other members of staff etc.

Personal Development Plan (PDP)

A PDP is a prioritised list of educational needs and intended learning outcomes compiled by a doctor in training prior to meeting with the educational supervisor. The PDP is an integral part of reflective practice and self-directed learning.

PLAB

The Professional and Linguistic Assessments Board of the GMC oversees the PLAB test. The test is the main route by which International Medical Graduates demonstrate that they have the necessary skills and knowledge to practise medicine in the UK. See www.gmc-uk.org/doctors/plab.asp

Placement

A structured period of experience and learning in a particular specialty or area of practice in a health or social care setting.

Portfolio

This is a collection of evidence documenting a learner’s learning and achievements during their training. The learner takes responsibility for the portfolio’s creation and maintenance. Portfolios have traditionally been paper-based but many training programmes have moved to electronic (web-based) portfolios ('e-portfolios'). In UK postgraduate training, portfolios are used routinely for the Annual Review of Competence Progression.

Postgraduate training

This term refers to programmes of training managed by postgraduate deaneries that lead to a CCT capable of being entered on the specialist or GP register, including sub-specialties. The term does not cover MDs or PhDs and various postgraduate university programmes of study for which the GMC has no jurisdiction. Nor does the term cover the Foundation Programme.

PPE

Patient and public engagement. The concept is sometimes regarded as interchangeable with PPI but may be used to convey a wider range of activity than involvement, also covering understanding, consultation and communication.
Patient and public involvement. This is shorthand for involving individuals and the public for example in professional regulation, education or training, and healthcare services. ‘Patients and the public’ may be taken to cover patients, users of health and social care services, potential users and the public in general.

Prescribing Skills Assessment (PSA)

The Medical Schools Council and the British Pharmacological Society are working together to develop a Prescribing Skills Assessment that will allow all students to demonstrate their competencies in relation to the safe and effective use of medicines.

PRHO

Pre-Registration House Officer – a redundant term. Before the creation of the Foundation Programme, a PRHO was a doctor in the first year after graduation and holding Provisional Registration. Also informally known as simply a House Officer or even more informally as a houseman.

Primary medical qualification (PMQ)

In relation to UK graduates, a first medical degree awarded by a body or combination of bodies that is recognised by the GMC for this purpose, or that was empowered to issue PMQs at the time the degree was awarded.

Problem-based learning (PBL)

Problem-based learning (PBL) is an approach in which students learn about a subject in the context of complex, multifaceted and realistic problems. The goals of PBL are to help the students develop flexible knowledge, effective problem-solving skills, self-directed learning, effective collaboration skills and intrinsic motivation. Also see Case-based learning.

Professionalism

Professionalism denotes a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients, colleagues and the wider society in which the professional works. Key values include acting in the patients’ best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards will include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people’s culture and beliefs.
Programme

A programme is a formal alignment or rotation of placements which together comprise a programme of training in a given specialty (including GP training) or subspecialty. A programme may either deliver the totality of the curriculum though linked stages in an entirety to CCT, or the programme may deliver different component elements of the approved curriculum. The GMC approves programmes of training in all specialties, including general practice, which are based on a particular geographical area (which could cover one or more deaneries). They are managed by a training programme director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular doctor in training.

Programme Director

See Training Programme Directors (TPDs).

Provisional registration

Under the Medical Act 1983, a UK medical graduate is entitled to provisional registration with a licence to practise so long at their fitness to practise is not impaired. The purpose of provisional registration is to enable a graduate to participate in and complete an acceptable programme for provisionally registered doctors. The only acceptable programme for provisionally registered doctors that the GMC recognises is the first year of the Foundation Programme (F1). Provisionally registered doctors are permitted only to take up F1 posts in the Foundation Programme and to do they must also hold a licence to practise.

QABME

Quality Assurance of Basic Medical Education: the GMC’s former arrangements for regulatory review of undergraduate medical education, now superseded by the Quality Improvement Framework.

QAFP

Quality Assurance of the Foundation Programme: the GMC’s former arrangements for regulatory review of the FP, now superseded by the Quality Improvement Framework.

Quality assurance (QA)

The QA of medical education and training in the UK includes all the policies, standards, systems and processes in place to maintain and enhance quality. The GMC carries out systematic activities to assure the public and patients that medical education and training meets the required standards. This activity is carried out within the principles of better regulation as described in the GMC’s Quality Improvement Framework.
Quality control (QC)

In the context of the Quality Improvement Framework, QC covers the arrangements through which LEPs ensure that medical students and doctors in training receive education and training that meets local, national and professional standards. Medical Royal Colleges and Faculties also have a role in quality control in terms of ensuring that the national examinations they run are in line with assessment best practice.

Quality Improvement Framework (QIF)

The GMC’s approach to the regulation of medical education and training and the name of the document which describes the approach. This has four elements: Approval against standards; Shared evidence; Visits including checks; and Responses to concerns.

Quality management (QM)

In the context of the Quality Improvement Framework, medical schools and postgraduate deaneries are responsible for managing undergraduate and postgraduate training programmes and the progress of students and doctors in training according to the GMC's education standards. Medical schools and postgraduate deaneries will have QM systems to satisfy themselves that the LEPs delivering their local programmes are meeting the GMC’s standards. These systems normally involve reporting and monitoring mechanisms.

Quality Scrutiny Group (QSG)

This group of GMC Associates convenes quarterly to provide consistent scrutiny and audit of the GMC’s quality assurance activity. The QSG helps to identify trends or patterns and improvement to our operations.

Recognised trainers

Medical trainers formally recognised by postgraduate deans and medical schools. The GMC has the statutory power to approve GP trainers of GP registrars, but not other trainers. From 31 July 2016, postgraduate deans and medical schools must recognise medical trainers in four categories:

In undergraduate education -

a. Those responsible for overseeing students’ progress at each medical school

b. Lead coordinators at each local education provider (LEP)
In postgraduate training -

c. Named educational supervisors
d. Named clinical supervisors

**Recommendation**

An outcome of a quality activity, such as a visit, where a specific medical school or deanery is not failing to meet the relevant GMC standard but could improve the quality of the education or training provided by implementing the recommendation.

**Reflective practice**

This is a means by which doctors in training can develop a greater self-awareness about the nature and impact of their performance. This creates opportunities for professional growth and development. Maximum benefit from reflection is said to occur when the process involves interaction with others (for example, the educational supervisor) and when the doctors in training value their own personal and intellectual growth. Adequate time for reflective thinking and writing aids the process. Evidence of reflective practice is a requirement of many portfolios. Sometimes called reflexive practice.

**Regression-based method**

The regression-based method is an approach to standard setting.

**Reliability**

Reliability expresses a trust in accuracy or the provision of the correct results. In the case of assessments, it is an expression of internal consistency and reproducibility. This quality is usually calculated statistically and reported as coefficient alpha (also known as Cronbach’s alpha – see separate entry), which is a measure of a test’s internal consistency. Generalisability theory is becoming the preferred alternative because, although it is considerably more complicated to calculate, it provides much richer information. Since it measures more dimensions, reliability coefficients resulting from generalisability theory tend to be lower than those calculated using Cronbach’s method.

There are various dimensions of reliability. These include:

a. equivalence or alternate-form reliability is the degree to which alternate forms of the kind of assessment produce congruent results

b. homogeneity is the extent to which various items in an assessment legitimately link together to measure a single characteristic

c. inter-rater reliability refers to the extent to which different assessors give similar ratings for similar performances
d. intra-rater reliability is concerned with the extent to which a single assessor would give similar marks for almost identical performance.

**Requirement**

a. An outcome of a quality activity, such as a visit, where a specific medical school or deanery is failing to meet the relevant GMC standard. Failure to meet requirements can lead to conditions being placed on approval.

b. A mandatory expectation laid down by the GMC at the level below a standard. Standards and requirements in this sense feature in *Tomorrow’s Doctors, The Trainee Doctor and Standards for Curricula and Assessment Systems*. These requirements are considered by the GMC to be necessary to fulfil its responsibilities as the regulator and achievable in today’s UK health services.

**Responses to Concerns**

The process by which the GMC investigates any reported serious concerns in education and training. Responses will be proportionate, and may range from local referral to written action planning to a variety of visits activity.

**Revalidation**

Revalidation is the process by which all doctors with full registration and a license to practise are required to demonstrate on a regular basis that they are up to date and fit to practise. This includes doctors in foundation year two and specialty training. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC. Licensed doctors have to revalidate, usually every five years, by having regular appraisals with their employer that are based on our core guidance for doctors, *Good Medical Practice*, and by collecting supporting information. Revalidation recommendations for doctors in training will be usually be made by their postgraduate dean, and will be based on their participation in the ARCP process.

**Review**

Consideration of past events, achievements and performance. This may be either a formal or informal process and can be an integral part of appraisal, assessment and feedback.

**RITA**

The Record of In-Training Assessment was the predecessor arrangement to ARCP. RITA provided a record of the annual review and therefore the doctor’s progress through their training programme. The use of RITA will cease by December 2015 with implementation of the requirement for doctors in training to be moved to the relevant current curriculum.
Run-through specialty training

Doctors in run-through or coupled training progress through each stage automatically, provided that they have met all the competency requirements. They complete a single programme of training and do not have to compete for places at different stages in the same way as those doing core and higher specialty training. (See Core specialty training and Higher specialty training.)

SAQs

Short Answer Questions. An examination format in which the candidate enters a word or short phrase in response to each question.

SAS doctors

SAS doctors are not in training grades and nor are they consultants or GPs. There is some variation in what SAS is understood to cover but the BMA uses the acronym to stand for Staff grade doctors, Associate Specialists and Specialty Doctors. The Staff grade and the Associate Specialist grade are now closed to new entrants. Specialty Doctor is a relatively new term and refers to a grade where a doctor has received at least 4 years of postgraduate training, two of those being in a relevant specialty.

SBA

Single Best Answer. An examination format in which each question consists of a stem and a set of possible answers from which the candidate must choose the best answer. The format allows facts to be placed in a clinical context so that the application of knowledge and problem solving can be tested.

Self-directed learning

A process in which learners are responsible for organising and managing their own learning activities and needs.

Sequential testing

In this approach those who fail a test will undertake another one.

SHO

A Senior House Officer – a redundant term. Before the creation of the Foundation Programme and the MMC restructuring, this was a post held typically for 2-3 years after completion of the PRHO year.
Situational Judgement Test (SJT)

A Situational Judgement Test presents the test-taker with realistic, hypothetical scenarios and asks him or her to identify an appropriate response, generally in a multiple choice format.

Applicants for the UK Foundation Programme will be required to take a SJT. There are two question formats:

a. Rank five possible responses in the most appropriate order
b. Select the three most appropriate responses for the situation.

The SJT will assess a number of different attributes, which were identified during a job analysis of the role of a doctor in Foundation Year 1.

Skill

Skill is the ability to perform a task to at least a competent level. A skill can be gained through regular practice (experience) combined with reflective practice (self assessment/insight) and constructive feedback.

Special interest

A number of curricula include areas of special interest. These areas of the curriculum are approved as part of the main CCT specialty curriculum and do not attach with them separate certification or a separate curriculum. Recording of satisfactory completion is through the ARCP process. For example, breast surgery is a special interest within the main CCT specialty of general surgery. In obstetrics and gynaecology they use the terminology Advanced Training Skills modules and an example is Advanced Labour Ward Practice. See Sub-specialty.

Specialist Register

The Specialist Register was introduced on 1 January 1997. Since then, all doctors taking up a post as a substantive, fixed term or honorary consultant in the health service in the UK are required to be on the Specialist Register.

Specialist Registrar (SpR)

This is the title given to doctors in training who were appointed into specialist training prior to 2007. These appointments followed completion of a period as an SHO. Informally known as Registrars. Specialist Registrars were not listed on the Specialist Register.

Specialty

Specialties are areas of medicine that require particular sets of knowledge, skills and experience, for example paediatrics is a specialty focusing on the medical care of
As of 12 December 2012, there were 65 specialties approved by the GMC, including general practice. For the latest list see www.gmc-uk.org/education/approved_curricula_and_assessment_systems.asp. ('Speciality' should not be used and is commonly associated with restaurant menus.)

**Specialty Doctor**

A Specialty Doctor is not in training. See SAS doctors.

**Specialty Registrar (StR)**

A doctor on a specialty training programme appointed since August 2007. Specialty training levels are referred to as ST1, ST2, ST3 etc and correlate to a year of full-time training. Run-through or coupled training programmes start at ST1 while uncoupled programmes, such as those in psychiatry and emergency medicine, start with CT1 reflecting the core training and then change to ST3 or ST4 (depending on how long the core training is) for the higher specialty part of the training programme. A Specialty Registrar is not a Specialty Doctor since the latter is not in training. See also Training level.

**Specialty school**

A Specialty school delivers postgraduate training across the whole or part of a postgraduate deanery and will typically cover a group of aligned specialties and training programmes. The Specialty school will work closely with the relevant royal college or faculty. The Head of School provides leadership and guidance. Some care should avoid confusion with medical schools which provide undergraduate education.

**Specialty training**

The term is generally used to refer to training programmes recognised by the GMC and undertaken following completion of the Foundation Programme. It therefore incorporates both core training and the early stage of a run-through training programme. However, the term is sometimes used in a more restricted sense as applying to only to higher specialty training. For ST, see Specialty Registrar and Training level.

**Specialty Training Committee (STC)**

This is the usual name for the committee which advises and manages training in a specialty within a postgraduate deanery.

**Spiral curriculum**

In a spiral curriculum, topics of study are revisited with each successive encounter building on the previous one.
ST

See Specialty Registrar and Training level.

Staff grade

A non-training grade, now closed to new entrants. Also see SAS doctors.

Standard deviation

Standard deviation is a widely used measure of variability, showing how much variation or dispersion there is from the average (mean) or expected value. A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data points are spread out over a large range of values. The standard deviation is one component of the equation to calculate the Standard Error of Measurement (SEM).

Standard Error of Measurement (SEM)

Calculated from Cronbach’s alpha and the standard deviation of a test ($SEM = SD \sqrt{(1 - \alpha)}$), the SEM gives the confidence intervals for marks awarded to candidates: 1 SEM = a confidence interval of 68%; 2 SEMs = 95%; 3 SEMs = 99%. In other words, 68% of the time a candidate’s ‘true’ mark (the appropriate mark for the candidate) would be within $\pm$ 1 SEM of the mark they obtained in the test - or, to put it the other way, there is about a 1 in 3 chance that their exam mark was not even within 1 SEM of their ‘true’ mark. This is important in identifying borderline candidates. In high stakes examinations, borderline candidates would be those within 2 or even 3 SEMs of the pass mark.

Standards

a. Standards are a means of describing the quality that individuals or organisations involved in the delivery of education and training are expected to meet. The performance of organisations can be assessed for this level of quality: the standards must be met. In Tomorrow’s Doctors and The Trainee Doctor, there are three levels of expectation mandated by the GMC: domains (the most general), standards (in the middle) and requirements (the most specific). Domains, standards and requirements relate to the delivery of teaching, learning and assessment as opposed to outcomes which relate to the expectations on learners at a threshold such as graduation.

b. The standard is the required level of performance in a pass/fail examination. There are various methods of ‘standard setting’ in this sense.

c. A competence standard in relation to the Equality Act is an academic, medical, or other standard applied by or on behalf of an education provider for the purpose of determining whether or not a person has a particular level of competence or ability. Competence standards apply to all parts of a course including entry and must be reviewed from a disability discrimination perspective. Reasonable
adjustments do not have to be made to competence standards but they do have to be made to the way that the standards are assessed or performed.

d. The GMC has a Standards and Ethics section which publishes professional guidance such as *Good medical practice* which sets out the principles and values on which good practice is founded.

**Student**

A medical student is an undergraduate receiving training or learning from a trainer (that is, someone working towards an undergraduate medical degree, even if they already hold a non-medical degree). Students are not registered with the GMC and cannot perform activities legally restricted to registered medical practitioners with a licence to practise.

**Student Assistantship**

A period during which a student acts as assistant to a doctor in training, with defined duties under appropriate supervision, as required by *Tomorrow’s Doctors* (2009).

**Student evaluation**

Evaluation *by* students, particularly their evaluation of an aspect of their education. It should not be confused with evaluation (or appraisal or assessment) *of* students as part of their education.

**Student fitness to practise**

Under the Medical Act 1983, a UK medical graduate is entitled to provisional registration with a licence to practise so long as their fitness to practise is not impaired.

A student who would, as a practising doctor, constitute a risk to patients by virtue of their knowledge, skills or behaviour, should not be allowed to graduate by their medical school.

In relation to medical students before graduation, fitness to practise generally refers only to health or behaviour (knowledge and skills being considered in the context of academic progression).

At all decision points, the safety and appropriate treatment of patients must be the overriding consideration, informed by the GMC’s guidance *Good Medical Practice*.

**Student Selected Components (SSCs)**

Parts of the undergraduate curriculum that allow students to choose what they want to study. These components may also offer flexibility concerning how, where and when study will take place.
**Sub-specialty**

An approved sub-specialty is an area of one or more specialty curricula which has its own approved curriculum. Satisfactory completion leads to the award of a sub-specialty certificate and is recorded on the Specialist Register. There are no sub-specialties in general practice. The GMC has approved 36 sub-specialties (as of 11 December 2012). See Special interest.

**Summative assessment**

See Assessment of learning.

**Supervised Learning Event (SLE)**

SLEs provide the context for assessment for learning using WPBA tools. The key element is reflection based on structured feedback. The individual SLE will not be scored and individual outcomes will not determine decisions for training progression although engagement with this element of learning and using the portfolio as a whole will be relevant.

**Syllabus**

A syllabus is a list, or some other kind of summary description, of course contents; or topics that might be tested in examinations. In modern medical education, a detailed curriculum is the document of choice and the syllabus would not be regarded as an adequate substitute for a curriculum, although one might be included as an appendix.

**Team Assessment of Behaviour (TAB)**

The TAB is a MSF questionnaire. Each doctor in training selects 10 co-workers to assess him or her and distributes the forms.

**Trainee**

The GMC’s preferred term is Doctor in training.

**Trainer**

A trainer is a more experienced clinician who provides training and educational support for a learner. Trainers include clinical supervisors and educational supervisors. Trainers should be prepared for their role and understand teaching and assessment methods and giving constructive feedback.
**Training**

This is the ongoing, workplace based process by which experience is obtained, constructive feedback provided and learning outcomes achieved. More loosely, ‘medical training’ also encompasses medical education. Also see ‘Education’.

**Training level**

There are different training levels for different specialties. Run-through training programmes start at ST1 while uncoupled programmes, eg Psychiatry and Emergency Medicine specialties, start with CT1 reflecting the core training and then change to ST3 or ST4 (depending on how long the core training is) for the higher specialty part of the training programme. Also see Specialty Registrar (StR).

**Training number**

This is the reference number allocated to doctors in training by the postgraduate deanery. Each is allocated a single training number that is either a National Training Number (NTN) or a Deanery Reference Number (DRN). The National Training Number is the number allocated by the postgraduate deanery to doctors in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT. The Deanery Reference Number is the number allocated to other doctors in training such as those in core training or LATs. These Deanery Reference Numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training. Doctors in the Foundation Programme do not have training numbers.

**Training Programme Director (TPD)**

A Programme Director or Training Programme Director (usually an experienced consultant or GP) is selected and resourced to manage a postgraduate training programme, which includes a number of doctors in training and their respective trainers, on behalf of the deanery. An alternative term, specific to Foundation training, is Foundation Training Programme Director/Tutor (FTPDT).

**Triangulation**

In education, triangulation is the principle, particularly important in WPBA, that whenever possible evidence of progress, attainment or difficulties should be obtained from more than one assessor, on more than one occasion, and if possible using more than one assessment method. The term is also used in quality assurance as indicating the use of more than one source of information in order to justify a conclusion about the body concerned.

**Uncoupled training programme**

Uncoupled training programmes have two stages with separate recruitment rounds - core training and then higher specialty training. Usually there are two years of core
training (CT1 and CT2), but three in the case of both psychiatry and emergency medicine (where there is a CT3), followed by open competition for higher training posts (ST3/ST4 and above) provided all required competencies of core training have been met.

**Utility**

Utility refers to an evaluation of the value of using an assessment method. Various criteria have been identified as components of utility. For example, *Tomorrow’s Doctors* states that undergraduate assessments must be ‘valid, reliable, generalisable, feasible and fair’. *Standards for curricula and assessment systems* states that postgraduate assessment methods must be chosen on the basis of ‘validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning’.

**Validity**

In the case of assessment, validity refers to the degree to which a measurement instrument truly measures what it is supposed to measure. It is concerned with whether the right things are being assessed, in the right way, and with a positive influence on learning. It is increasingly regarded as a unitary concept, but there have been several different dimensions of validity distinguished in the past including:

a. Content validity. An assessment has content validity if the components reflect the abilities (knowledge, skills or behaviours) it is designed to measure.

b. Face validity. This is related to content validity. Face validity can be described from the perspective of interested lay observers. If they feel that the right things are being assessed in the right way, then the assessment has good face validity.

c. Construct validity. The extent to which the assessment, and the individual components of the assessment, tests relevant professional constructs. For instance, an assessment has construct validity if more advanced doctors in training achieve higher scores than less advanced doctors in training.

d. Concurrent validity. The extent to which the results of a test are consistent with the results of another test that is intended to assess the same thing.

e. Predictive validity. This refers to the degree to which an assessment predicts expected outcomes. For example, a measure of attitudes (behaviour) toward preventive care should correlate significantly with preventive care behaviours.

f. Consequential validity (educational impact). This refers to the effect that an assessment has on learning, and in particular on what doctors in
training learn and how they learn it. For example, they might omit certain aspects of a syllabus because they do not expect to be assessed on them, or they might commit large bodies of factual knowledge to memory without really understanding it in order to pass a test of factual recall, and then forget it soon afterwards. Both these behaviours would indicate that the assessment has poor educational impact because both lead to poor learning behaviours. However, educational impact is sometimes presented as a criterion separate from ‘validity’ more narrowly defined. The term consequential validity may also be used to refer to the impact on learning of a course or programme or other item of education and training.

**VTD**

A Visit to a Deanery – a previous method of visiting undertaken by PMETB, now superseded by the GMC’s *Quality Improvement Framework*.

**Working Time Regulations (WTR)**

Regulations (1998) implemented following the European Working Time Directive (1993). Since August 2009 doctors in training have been restricted to working no more than 48 hours a week, measured over a reference period of 26 weeks, unless they sign an individual opt-out.

**Workplace based assessment (WPBA)**

WPBA is, or was, understood to refer to the assessment of competence based on what a learner actually does in the workplace. The main aim of WPBA is to aid learning (Assessment for learning) by providing learners with constructive feedback. However, results from a collection of WPBA assessments are used in postgraduate training to inform the ARCP. Increasingly it is thought important to distinguish between Supervised Learning Events and Assessments of Performance and unhelpful to see both as types or aspects of WPBA.
Part 2 - List of acronyms for organisations

AMEE
Association for Medical Education in Europe.

AMSE
Association of Medical Schools in Europe.

AoME
Academy of Medical Educators.

AoMRC
The Academy of Medical Royal Colleges is a UK wide body which promotes and coordinates aspects of the work of all the medical royal colleges and faculties.

ASME
Association for the Study of Medical Education.

AUKUH
Association of UK University Hospitals.

BMA
British Medical Association.

CAIPE
Centre for the Advancement of Interprofessional Education.

CASAG
Clinical Academic Staff Advisory Group of UCEA.

CFWI
Centre for Workforce Intelligence.

CHRE
The Council for Healthcare Regulatory Excellence has been replaced by the Professional Standards Authority for Health and Social Care.

COGPED
Committee of General Practice Education Directors.
COPMeD

Conference of Postgraduate Medical Deans of the United Kingdom.

CQC

Care Quality Commission, the independent regulator of all health and social care services in England.

DHSSPS

Department for Health, Social Services and Public Safety in Northern Ireland.

EHRC

Equality and Human Rights Commission.

GMC

General Medical Council.

HEA

Higher Education Academy.

HEE

Health Education England will provide national leadership and oversight on strategic planning and development of the health and public health workforce, and allocate education and training resources. HEE will take on full functionality in April 2013.

HIS

Healthcare Improvement Scotland has the focus and key responsibility to help NHSScotland and independent healthcare providers deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise services to provide public assurance about the quality and safety of that care.

HIW

Healthcare Inspectorate Wales is the independent inspectorate and regulator of all healthcare in Wales.

JACTAG

The Joint Academy of Medical Royal Colleges, Conference of Postgraduate Medical Deans (COPMeD) and Committee of General Practice Education Directors (COGPeD) Training Advisory Group informs and co-ordinates policy and strategy proposals for the organisation and delivery of postgraduate medical education in the UK.
Junior Doctors Committee of the BMA.

In England, Local Education and Training Boards will be the vehicle for providers and professionals to work with HEE to improve the quality of education and training outcomes. LETBs will be responsible for the quality management of education at local level and for meeting standards required by national frameworks and the regulators. The LETBs will be hosted by HEE from April 2013.

Medical Education England, being replaced by Health Education England.

The Medical Programme Board oversees and makes recommendations to Ministers for the MMC programme in England. It provides leadership to the professions and the service for the design, testing and implementation of the MMC programme and is accountable for changes made.

Medical Schools Council.

Medical Students Committee of the BMA.

The National Association of Clinical Tutors UK is a membership association for those involved in organising postgraduate training for doctors. Its aim is to support members in their daily role as leaders in medical education with national advice and training and to liaise on their behalf with the many national bodies involved in medical education in the UK.

National Association of Medical Education Management.

NHS Education for Scotland.
**NHS**
National Health Service.

**NHSLA**
NHS Litigation Authority.

**PCT/PCO**
Primary Care Trust / Primary Care Organisation.

**PMETB**
The Postgraduate Medical Education and Training Board, merged with the GMC in April 2010, was the competent authority covering postgraduate medical education and training between September 2005 and March 2010. It was formed from the merger of two predecessor organisations, the Specialist Training Authority (STA) and the Joint Committee for Postgraduate Training in General Practice (JCPTGP).

**PSA**
The Professional Standards Authority for Health and Social Care oversees statutory bodies that regulate health and social care professionals in the UK. The authority assesses their performance, conducts audits, scrutinises their decisions and reports to Parliament. The authority also sets standards for organisations holding voluntary registers for health and social care occupations and accredits those that meet them.

The authority shares good practice and knowledge, conducts research and introduces new ideas to the sector including the concept of right-touch regulation. The authority monitors policy developments in the UK and internationally and provides advice on issues relating to professional standards in health and social care.

The authority replaces the former Council for Healthcare Regulatory Excellence (CHRE).

**QAA**
The Quality Assurance Agency.

**RQIA**
Regulation and Quality Improvement Authority, the independent health and social care regulatory body for Northern Ireland.

**STA**
Set up by the European Specialist Medical Qualifications Order 1995, the Specialist Training Authority of the Medical Royal Colleges was the competent authority.
between January 1996 and September 2005 prior to the introduction of the Postgraduate Medical and Education Training Board (PMETB).

**UCEA**

Universities and Colleges Employers Association.

**UKFPO**

The United Kingdom Foundation Programme Office is responsible for promoting the consistent delivery of the Foundation Programme across the UK. It issues guidance on Foundation training and coordinates the national recruitment process. With its network of committees and through stakeholder engagement, the UKFPO enables the sharing of good practice to help raise the standards of training. It is funded by and is accountable to the four UK health departments.

**WG**

Sources

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