

The Trainee Doctor

**This document will be withdrawn on
1 January 2016**

[Promoting excellence: standards for medical education and training](#) was published in July 2015 and replaces the standards in this document.

The new standards come into effect on 1 January 2016 and this document will remain available on our website until then.

The outcomes for graduates in this document remain in force, and are now available as [Outcomes for provisionally registered doctors](#).

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Contents

	Page
Introduction	03
What evidence will be used to determine whether these standards have been met?	05
Developmental standards	07
Contextual information	08
Language used in this document	08
Relationship with the GMC's other standards	10
Relevance to <i>Good medical practice</i>	11
Standards for postgraduate training	12
Domain 1 – Patient safety	12
Domain 2 – Quality management, review and evaluation	15
Domain 3 – Equality, diversity and opportunity	16
Domain 4 – Recruitment, selection and appointment	18
Domain 5 – Delivery of approved curriculum including assessment	20
Domain 6 – Support and development of trainees, trainers and local faculty	25
Domain 7 – Management of education and training	32
Domain 8 – Educational resources and capacity	34
Domain 9 – Outcomes	36
Standards for deaneries	38
Outcomes for provisionally registered doctors with a licence to practise	44
Core clinical and procedural skills for provisionally registered doctors	52
The legal framework for programmes for provisionally registered doctors	53
Endnotes	55
Appendix – Principles for commissioning	57

Introduction

- 1 The General Medical Council (GMC) is responsible for the regulation of education and training throughout a doctor's career, from medical school through the Foundation Programme and specialty training, including general practice training programmes, to continuing professional development.
- 2 The GMC sets the duties of a doctor registered with the organisation. All doctors, whether they are postgraduate trainees, or undertaking roles in medical education and training, are personally responsible for their professional practice and must be able to justify their decisions and actions.
- 3 The GMC sets the standards for the delivery of foundation and specialty training, including GP training, and quality assures the delivery of training against those standards (for the remainder of this document the term 'specialty training' will include GP training). A single point of regulatory responsibility from admission to medical school, through postgraduate training, to continued practice until retirement will ensure consistency of expectations and standards.
- 4 Training should prepare and encourage doctors to become life-long learners, during foundation and specialty training, and further as part of continuing medical education and professional development. Training takes place under supervision, appropriate to the level of competence of the trainee, which increasingly, as the trainee progresses through the stages of training, will develop towards independent practice.
- 5 This document integrates the *Generic standards for specialty including GP training* with *The New Doctor* standards for training in the Foundation Programme. The management of different stages of training should be integrated, and there is benefit from aligning and rationalising the standards documentation where possible; there has been a clear

message from our partners that this is desirable. Additionally, standards for trainers have been published and are included as a sub-set of the standards under Domain 6 – Support and development of trainees, trainers and local faculty.

- 6 The standards must be applied wherever foundation and specialty training take place, including the National Health Service (NHS), other service providers, industry, and the independent sector. Any provision of foundation and specialty training which forms part of or the whole of a programme arranged/agreed by the postgraduate dean will be subject to these standards.
- 7 The bodies responsible for managing the quality of foundation and specialty training and meeting these standards are postgraduate deaneries. In many cases the deanery will only be able to demonstrate these standards by working with local education providers (LEPs), the medical Royal Colleges and Faculties and specialty associations. Where responsibility is shared, this is specified under each standard in this document.
- 8 The document also sets out the *Standards for deaneries* that the GMC will hold postgraduate deaneries accountable for in accordance with the *Medical Act 1983*. The *Standards for deaneries* provides clarity on the responsibilities of every postgraduate dean and deanery in the UK, in relation to its quality management arrangements. The document also includes the principles for commissioning.
- 9 Supplementary documentation does continue to apply, and where necessary has been updated.

What evidence will be used to determine whether these standards have been met?

10 Evidence will be needed from several sources to determine whether these standards have been met. These sources will include:

- a** data collected by postgraduate deaneries as part of their quality management processes and LEPs as part of the quality control responsibilities
- b** surveys of trainees and trainers. We shall examine key issues identified in annual UK-wide trainee and national trainer surveys. The trainee survey will include questions specific to foundation, specialty, and, where relevant, GP training
- c** evidence from progression statistics, for example assessments including examinations, and career progression after successfully completing the programme. These will form part of the evidence describing educational outcomes of programmes
- d** data collected by other healthcare regulators and inspecting authorities across the UK, the facilities provided and, in particular, issues affecting patient safety and patient care
- e** data collected from other GMC functions, including fitness to practise and registration
- f** risk-based visits carried out by the GMC to postgraduate deaneries and LEPs, whether as part of the planned cycle of quality assurance and improvement or as the result of a visit triggered by evidence of failure or concerns regarding poor practice.

- 11** Periodically, the GMC will analyse evidence from these sources to draw together a picture of the state of foundation and specialty training throughout the UK. This will show performance against standards by postgraduate deaneries, LEPs, medical Royal Colleges and Faculties and specialty associations and will seek to show which factors are most significant in predicting good and poor educational outcomes within training programmes and at the end of training.
- 12** This benchmarking analysis will be the basis for the further development of the standards.

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Developmental standards

- 13** Where evidence exists that a particular practice or facility improves the quality of foundation and specialty training, the GMC will consider the case for developing a new standard which would become mandatory in due course. Postgraduate deaneries and LEPs would be given sufficient time to implement the necessary changes to achieve the new standard. Developmental standards would be designed using information from the following principal sources:
- a** approvals – posts, programmes, trainers, curricula and assessment systems
 - b** visits to deaneries
 - c** surveys of trainees and trainers
 - d** validated research on training in the UK
 - e** feedback from LEPs
 - f** similar information from other jurisdictions and from the education sector
 - g** feedback from patients and the public.
- 14** The GMC encourages quality development beyond the level required by the standards.

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Contextual information

Language used in this document

- 15** For these standards, the GMC has adopted the framework of domains defined as:

a classification of areas in which certain standards must be achieved.

- 16** This document uses the following definition of standards.

Standards are a means of describing the level of quality that organisations involved in the delivery of foundation and specialty education and training are expected to meet. The performance of organisations can be assessed for this level of quality; the standards must be met.

- 17** The document also sets out mandatory requirements which underpin the standards, must be achieved, and are defined as:

the minimum requirements for postgraduate education and training considered by the GMC to be necessary to fulfil its responsibilities as regulator and achievable in today's UK health services.

- 18** The term 'should' is used when the mandatory requirement will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can comply with the standards.

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- 19** The GMC will use these requirements to make differentiated judgements which indicate whether standards are being fully met. A fully met standard does not preclude the deanery or LEP having issues, concerns or problems that impact on posts, programmes or courses. However, there may be circumstances where standards are mostly, but not completely, achieved. The ability to recognise organisations which have met or not met standards is essential.
- 20** The GMC's *Quality Improvement Framework* explains how we will quality assure undergraduate and postgraduate medical education and training in the UK until 2012. The section on approval against the standards sets out the process if quality standards are not met, which may include withdrawal of approval.
- 21** Most of the mandatory requirements within this document apply across postgraduate training and are relevant to both foundation and specialty training. However, there are some mandatory requirements which may be applicable only to either foundation or specialty training.
- 22** If the mandatory requirement does not specify which period of postgraduate training it applies to, it applies to all postgraduate training. If the mandatory requirement is not applicable to all postgraduate training, it will specify which period it applies to, whether foundation or specialty training.

Relationship with the GMC's other standards

- 23** *The Trainee Doctor* applies alongside the *Standards for curricula and assessment systems* which relate to foundation and specialty training.
- 24** The *Standards for deaneries* have been included in this document. By meeting all the standards and requirements set for postgraduate deaneries, all parties involved with the *Quality Improvement Framework* can have confidence that the deanery has discharged its duties fully and with due care and attention.
- 25** The document also includes the outcomes for provisionally registered doctors, and the legal framework for programmes for provisionally registered doctors.
- 26** The GMC's standards and outcomes for undergraduate medical education are set out in *Tomorrow's Doctors 2009* and the same framework of domains is used. The Foundation Programme and subsequent specialty training build on undergraduate education, allowing new doctors to demonstrate performance in the workplace and, under the supervision of more experienced doctors, enable them to take increasing responsibility for patients.
- 27** Current versions of the GMC's standards can always be found on the GMC's website: www.gmc-uk.org.

Relevance to *Good medical practice*

- 28** The principles of *Good medical practice* are designed to underpin all clinical and professionally related activity undertaken by doctors. These principles apply equally to the training environment – particularly how doctors are taught the curriculum and use assessment – as they do to service delivery. Therefore a specific requirement is made at section 5.3 to the effect that those delivering the curriculum should ensure that: trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of *Good medical practice*.

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Standards for postgraduate training

Domain 1 – Patient safety

Purpose

This domain is concerned with the essential safeguards on any action by trainees that affects the safety and wellbeing of patients.

This domain is concerned with ensuring provisionally registered doctors' fitness to be signed off for full registration with the General Medical Council.

Responsibility

LEPs (hospitals and other institutions where training takes place), postgraduate deaneries, trainers, trainees. Medical schools and postgraduate deaneries are responsible for sign off for full registration.

Evidence

Surveys, visits, deanery quality management data, data from healthcare regulators or inspectorates, deanery or local guidance on fitness to practise policies and their implementation.

Standards

The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Mandatory requirements

- 1.1 Trainees must make the care of patients their first concern.
- 1.2 Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision. Trainees must never be put in a situation where they are asked to work beyond the limits of their competence without appropriate support and supervision from a clinical supervisor.
- 1.3 Those supervising the clinical care provided by trainees must be clearly identified; be competent to supervise; and be accessible and approachable at all times while the trainee is on duty.
- 1.4 Before seeking consent both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so they should have access to a supervisor with the required knowledge. Trainees must act in accordance with the GMC's guidance *Consent: patients and doctors making decisions together* (2008).
- 1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation.
- 1.6 Trainees in hospital posts must have well organised handover arrangements, ensuring continuity of patient care at the start and end of periods of day or night duties every day of the week.

- 1.7** There must be robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern.
- 1.8** Immediate steps must be taken to investigate serious concerns about a trainee's performance, health or conduct, to protect patients. The trainee's educational supervisor and the deanery must be informed. The GMC must also be informed when a problem is confirmed in line with *Good medical practice* and the GMC's fitness to practise requirements.
- 1.9** Those responsible for training, including educational supervisors, must share information with relevant individuals and bodies, including postgraduate deaneries and employers, about trainee doctors that is relevant to their development as doctors. This must take place between the medical school (in the case of provisionally registered doctors) and the deanery, and during and at the end of posts and programmes. Trainees should be told the content of any information about them that is given to someone else, and those individuals should be specified. Where appropriate, and with the trainee's knowledge, relevant information must be given to the educational supervisor for their next placement so that appropriate training, support and supervision can be arranged.

Foundation training mandatory requirements

- 1.10** All those who teach, supervise, give counselling to, provide reports or references about, employ or work with foundation doctors must protect patients by providing explicit and accountable supervision, and honest and justifiable reports about the foundation doctor's competence, performance and conduct.

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- 1.11** Foundation doctors must always have direct access to a senior colleague who can advise them in any clinical situation. Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work.
- 1.12** Foundation doctors who are a risk to patients must not be allowed to continue training and must not be signed off for full registration with the GMC. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise, in accordance with local processes.

Domain 2 – Quality management, review and evaluation

Purpose

This domain deals with governance issues and how the GMC's standards will be used for review, assurance and improvement. It refers to the quality management systems and procedures of postgraduate deaneries, and quality control by LEPs.

Responsibility

Postgraduate deans, within an overall local quality management system, and drawing on the resources of local representatives of medical Royal Colleges and Faculties, speciality associations, employers and others as appropriate for all training posts and programmes.

Evidence

Data from the deanery, College/Faculty, LEPs, or other data and visits to deaneries.

Standard

Training must be quality managed, monitored, reviewed, evaluated and improved.

Mandatory requirements

- 2.1 Programmes, posts, trainers, associated management, data collection concerning trainees, and local faculty¹ must comply with the European Working Time Regulations, *Data Protection Act*, and *Freedom of Information Act*.
- 2.2 Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts, programmes and trainers and ensure that the requirements of the GMC's standards are met.
- 2.3 The quality management of programmes and posts must take account of the views of those involved, including trainees, local faculty and, where appropriate, patients and employers.

Domain 3 – Equality, diversity and opportunity

Purpose

This domain deals with equality and diversity matters across the whole of postgraduate training, including widening access and participation, the provision of information, programme design and job adjustment.

Responsibility

Postgraduate deans, LEPs, trainers and trainees, medical royal colleges and faculties, and specialty associations other colleagues working with trainees and local faculty.

Evidence

Surveys, demographic data, deanery quality management data, policies and visits.

Standard

Training must be fair and based on principles of equality.

Mandatory requirements

- 3.1** At all stages foundation and specialty training programmes must comply with employment law, the Equality Act 2010, the Human Rights Act and any other relevant legislation that may be enacted and amended in the future, and be working towards best practice. This will include compliance with any public duties to eliminate discrimination, promote equality and foster good relations.
- 3.2** Information about training programmes, their content and purpose must be publicly accessible either on, or via links to, postgraduate deaneries and the GMC's websites.
- 3.3** Postgraduate deaneries must take all reasonable steps to adjust programmes for trainees with well-founded individual reasons for being unable to work full time, to enable them to train and work less than full time within the GMC's standards and requirements. Postgraduate deaneries must take appropriate action to encourage LEPs and other training providers to provide adequate opportunity for trainees to train less than full time.
- 3.4** Appropriate reasonable adjustments must be made for trainees with disabilities, special educational or other needs.

- 3.5** Equality and diversity data, including evidence on trainee recruitment, appointment, and satisfaction, must be collected and analysed at recruitment and during training and the outcome of the analysis made available to trainees and trainers.
- 3.6** Data about training medical staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.
- 3.7** When drafting or reviewing policy or process the deanery and LEPs must consider the ramifications of such action for trainees or applicants and ensure that they are fair to all.

Domain 4 – Recruitment, selection and appointment

Purpose

The purpose of this domain is to ensure that the processes for entry into postgraduate training programmes are fair and transparent.

Responsibility

Postgraduate deans, medical Royal Colleges and Faculties, specialty associations, UK Foundation Programme Office, local faculty and, through these, employers.

Evidence

Deanery data, trainee surveys, national and local recruitment processes.

Standard

Processes for recruitment, selection and appointment must be open, fair, and effective.

Mandatory requirements

4.1 Candidates will be eligible for consideration for entry into specialty training if they:

- a** are a fully registered medical practitioner with the GMC or are eligible for any such registration
- b** hold a licence to practise or are eligible to do so
- c** are fit to practise
- d** are able to demonstrate the competences required to complete foundation training. This covers candidates who have completed foundation training, candidates who apply before completion and those who have not undertaken foundation training but can demonstrate the competences in another way.

4.2 The selection process must:

- a** ensure that information about places on training programmes, eligibility and selection criteria and the application process is published and made widely available in sufficient time to doctors who may be eligible to apply
- b** use criteria and processes which treat eligible candidates fairly
- c** select candidates through open competition
- d** have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were discriminatory
- e** seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required.

4.3 Selection panels must consist of persons who have been trained in selection principles and processes.

4.4 Selection panels must include a lay person.

4.5 There must be comprehensive information provided for those within postgraduate programmes about choices in the programme and how they are allocated.

Foundation training mandatory requirement

4.6 The appointment process should demonstrate that foundation doctors are fit for purpose and able, subject to an appropriate induction and ongoing training, to undertake the duties expected of them in a supportive environment. The process should build on experiences gained at medical schools to support fitness for purpose in the working environment.

Domain 5 – Delivery of approved curriculum including assessment

Purpose

This domain is concerned with ensuring that the requirement of the curricula set by medical Royal Colleges and Faculties, and specialty associations or others developing curricula, and approved by the GMC, are being met at the local level and that each post enables the trainee to attain the skills, knowledge and behaviours as envisaged in the given approved curriculum.

Responsibility

Postgraduate deans in partnership with LEPs, trainers, trainees, medical Royal Colleges and Faculties/specialty associations and employers.

Evidence

Approvals, surveys, deanery data, visits.

Standard

The requirements set out in the approved curriculum and assessment system must be delivered and assessed.

- a Education and training

Mandatory requirements

- 5.1 Sufficient practical experience must be available within the programme to support acquisition of knowledge, skills and behaviours and demonstration of developing competency as set out in the approved curriculum.
- 5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post.
- 5.3 Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of *Good medical practice*.
- 5.4 Trainees must be able to access and be free to attend regular, relevant, timetabled, organised educational sessions and training days, courses, resources and other learning opportunities of educational value to the trainee that form an intrinsic part of the training programme, and have support to undertake this activity whenever possible.

Foundation training mandatory requirement

- 5.5 In organised educational sessions, foundation doctors must not be on duty, and should give their pagers to someone else so that they can take part.

- b Assessment

Mandatory requirements

- 5.6** The overall purpose of the approved assessment system as well as each of its components must be documented and in the public domain and must be implemented.
- 5.7** Assessments must be appropriately sequenced and must match progression through the career pathway.
- 5.8** Individual approved assessments within the system should add unique information and build on previous assessments.
- 5.9** Trainees must only be assessed by someone with appropriate expertise in the area to be assessed.

Foundation training mandatory requirements

- 5.10** Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow trainees with a disability to show that they have achieved the outcomes. Those responsible for assessment must be aware of and apply legislation and good practice relating to the assessment of those with a disability.
- 5.11** There must be a clear, documented and published system for dealing with trainees who have not completed training successfully, including:
- a** appeals procedures
 - b** processes for identifying and providing any further training needed
 - c** counselling for those foundation doctors who are not able to progress to full registration.

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- 5.12** Systems and processes must be in place to ensure that the responsibility for signing the certificate of experience is clear.
- 5.13** The person appointed to confirm that a foundation doctor has met all the necessary outcomes of training must ensure that all the required outcomes of training have been met and that the foundation doctor practises in line with the principles of professional practice set out in *Good medical practice*.
- 5.14** A named representative of the university, normally but not necessarily the postgraduate dean, must be responsible for filling in the certificate of experience based on the confirmation of satisfactory service, or equivalent, signed by educational supervisors. The legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school.
- 5.15** There must be valid methods for assessing foundation doctors' suitability for full registration, completion of foundation training, and application and entry to specialty training. This must include a clear, documented and published process for assessing foundation doctors' performance, and what evidence and information will inform a judgement about the performance of a foundation doctor, to complete and put forward:
- a** confirmation of satisfactory service or equivalent at the end of each placement within a programme that covers the outcomes met during the placement, the outcomes not met during the placement, and the outcomes not dealt with during that placement
 - b** a certificate of experience for doctors who have completed the first year of the programme successfully enabling them to apply for full registration.

