

# Improving the National Consistency and Approval of Sub-Specialty Training Programmes

## GMC Position Statement – October 2014 (updated May 2015)

### 1. Purpose

This document sets out the General Medical Council's (GMC) requirements for Local Education Training Boards (LETBs) and Postgraduate Deaneries who are delivering sub-specialty training programmes and for the Colleges\* who write sub-specialty curricula. Our aim is to improve overall national consistency and fairness and to improve the approval system of sub-specialty training programmes.

### 2. Background

We approve postgraduate training programmes that are delivered against the approved specialty<sup>†</sup> or sub-specialty<sup>‡</sup> curricula nationally by the LETBs and Deaneries.

We have an approval process for specialty programmes but no distinct process for the approval of sub-specialty programmes. Sub-specialty approval is included within the parent specialty approval. As such, for sub-specialties we are unable to collect separate

\* We are using the term colleges to refer to colleges and faculties

† Specialty refers to those programmes where the GMC awards a CCT – see the Medical Act 1983, sections 34D and 34L

‡ Sub-specialty refers to those programmes where the GMC awards a sub-specialty recognition as listed on the website [http://www.gmc-uk.org/education/approved\\_curricula\\_and\\_assessment\\_systems.asp](http://www.gmc-uk.org/education/approved_curricula_and_assessment_systems.asp)

data on the quality of education and training and on where this training is being delivered at local education provider (LEP) level.

We set standards for the delivery of specialty training and we quality assure the delivery of training against those standards.<sup>1</sup> These standards include the requirement for fairness and equality. The process for managing sub-specialty training programmes varies between sub-specialties and LETBs and Deaneries. This has resulted in uncertainty regarding whether our standards are being met and gives rise to potential inconsistencies and an absence of data for quality assurance activities in a number of areas.\*

- Recruitment, selection and appointment processes to sub-specialty training
- Assessment of the attainment of sub-specialty training at Annual Reviews of Competence Progression (ARCPs)
- Sub-specialty post and programme approval processes
- Selection and appraisal of training programme directors (TPDs) responsible for sub-specialties
- The processes through which LETBs and Deaneries quality manage sub-specialty training to ensure that GMC standards are being met.

The Shape of Training Review<sup>2</sup> reported in October 2013 and considered whether sub-specialties would be pre or post Certificate of Completion of Training (CCT), or if they would continue to exist at all. The review called for increased general care provision across broad specialties across a range of different settings, while recognising that there will still be the need for doctors who are trained in more specialised areas. Doctors might want, or be required to, enhance their careers by gaining additional expertise in special interest areas and sub-specialty training through formal and quality assured training programmes.

The Review proposed that this be managed through a new system termed credentialing. Whether credentialing will eventually go on to replace sub-specialty training in the UK has yet to be finalised and is part of ongoing discussions. At the beginning of this project<sup>†</sup> and before the Shape of Training Review's findings were published it was agreed that work on sub-specialty approvals and quality assurance should still proceed, given our responsibility to quality assure postgraduate training and the timeframes for any changes to be implemented.

\* As evidenced during the scoping of this project which started in 2012 and completed in 2013

† This project commenced towards the end of 2012 and Implementation should be concluded by 2016

### **3. The current legal position**

Under the Medical Act, we have the powers to recognise new sub-specialties or decommission those no longer required.

A doctor can have sub-specialty training indicated against his or her name in the Specialist Register along with the main/parent specialty if he or she satisfies the GMC that he or she has satisfactorily completed sub-specialty training approved by us. This includes sub-specialty training undertaken outside the UK which we consider has demonstrated the required competencies of the sub-specialty curricula.

The current legislation does not allow for doctors whose names are in the GP Register to have sub-specialty training indicated against their name. Neither is there an equivalence\* route for doctors to have their sub-specialty competence recognised.

### **4. Approach to developing the requirements**

We used our 2012 Deanery Reports process to gather information on how LETBs and Deaneries currently quality manage sub-specialty training. We asked a number of qualitative questions relating to sub-specialties.

To develop recommendations on how to address the findings from these questions we invited our key interests, including LETBs and Deaneries and Colleges, to a focus group.

We then consulted more widely on these draft recommendations, with feedback from a wide range of key interest groups. There was general support for the recommendations made by the focus group and these have been translated into the requirements contained within this paper.

### **5. Who is covered by these requirements?**

The requirements are relevant to those involved in the organisation, delivery and receipt of postgraduate sub-specialty medical education and training in the UK and those doctors who are on or considering undertaking GMC approved postgraduate sub-specialty training programmes.

### **6. Requirements**

#### **a** Recruitment to sub-specialty training

The GMC's standard is that the process for recruitment, selection and appointment must be open, fair and effective to ensure that there is equity for trainees.<sup>3</sup> The recruitment

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\* Main specialties may be evaluated through CESR/CEGPR – Certificate of Eligibility for Specialist/GP Registration – this is not possible for sub-specialties

process for sub-specialty training can be locally or nationally managed, but the actual management of the delivery of sub-specialty training needs to remain local for those appointed to ensure that local opportunities are identified and developed.

6.1 Recruitment must be competitive with a fair, transparent (published) and open selection process against a nationally agreed person specification.

6.2 Sub-specialty posts must be advertised.

6.3 The Dean who is the responsible officer for the doctor in training should retain 'ownership' of the doctor in training if the sub-specialty is in a different LETB or Deanery unless they formally transfer to the second LETB or Deanery i.e. gets a new NTN.

6.4 Competition ratios for appointment to sub-specialties should be published along with those for main specialties.

Sub-specialties usually appoint doctors in training who have already been appointed to their parent specialty. Some sub-specialty programmes appoint on a national basis and are open to doctors in training from any LETB or Deanery. Others appoint locally within a LETB or Deanery and may therefore only be open to those doctors in training holding National Training Numbers (NTNs) within the specific LETB or Deanery; some may employ both of these systems. All of these systems of recruitment are acceptable providing they fulfil the requirements in this section of the report. The recruitment processes for main specialties are agreed between the Parent College and lead dean and with the four country involvement. They are specific to the needs for that specialty and are developed to reflect current practices and specialty needs. It is appropriate therefore that the same applies for recruitment into sub-specialties (where it does not already).

6.5 To fulfil the GMCs standards for fairness, the design of the recruitment process(es) for the sub-specialty should have the same input (from relevant organisations) as that of the parent specialty and to ensure transparency the process(es) must be published.

We understand that there is variation across sub-specialties as to workforce planning arrangements. This is outside the remit of the GMC, however those involved in workforce planning may wish to consider how they manage this going forward and the data that will be available through the implementation of this position paper should assist in this work.

#### **b** Assessment and attainment of sub-specialty training

We recognise that there needs to be a formal process for recording which doctors in training are on sub-specialty training programmes.

6.6 There should be a national system for recording the appointment of doctors in training to sub-specialty training programmes which is notified in the same way as appointment to a main specialty programme. It is proposed that this is via Form R.<sup>4</sup>

6.7 There should be a single mechanism at Deanery, LETB, College and GMC level for recording that a doctor in training is on a sub-specialty programme. It is proposed that the Overarching Data Group is tasked with the determination of this method, i.e. whether the method of recording a doctor in training is on a sub-specialty programme is via a Sub-specialty Training Number (STN) or an addition to the NTN, or via an alternative method.\* They will need to also ensure the method reflects the requirements of LETBs and Deaneries and four countries in relation to NTN management.

#### c Recording of Annual Reviews of Competence Progression (ARCPs)

A separate independent ARCP outcome is to be recorded for the sub-specialty training. This does not require a separate ARCP meeting to be held, but there must be appropriate input into the decision.<sup>5</sup>

6.8 Every sub-specialty must have a published ARCP decision aid to ensure national standards for progression.

6.9 Sub-specialty doctors in training should have the same right to extensions to training if required, within the total right of extension for their main/parent specialty.

6.10 For doctors in training with different ARCP outcomes for specialty and sub-specialty training there would need to be a decision on the doctor in training's progression. It is not possible to be awarded a sub-specialty without first having a main/parent specialty.

#### d Process of approving sub-specialty programmes

In light of the Shape of Training Review and the development of credentialing we consider that a 'light touch' approach to the approval process for sub-specialty programmes is most appropriate.

6.11 The GMC will ask LETBs and Deaneries for a list of current sub-specialty programmes which we will approve if there is evidence of College support. Where there is no evidence of College support this will need to be sought by the LETB and Deanery before approval can be given. New sub-specialty programmes will require approval through the normal GMC process that is used for specialty training programme approval. We will provide further detail on this process.

#### e Quality management of sub-specialty training

The GMC considers that sharing examples of good practice is beneficial.

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\* Overarching Data Group (ODG) brings together key stakeholders in medical education and training to advise on the future direction and developments for data management pertinent to the operational management of postgraduate medical and dental training.

6.12 There should be a forum for each sub-specialty, for example, drawing from the Conference of Postgraduate Medical Deans (COPMeD) and national sub-specialty groups, for sharing good practice in local quality management processes of sub-specialty training.

**f** Sub-specialty training programme directors (TPD) and educational supervisors (ES)

Our standards<sup>6</sup> state that trainers with additional educational roles, such as TPDs and ESs must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities. Given the relatively small numbers of sub-specialty doctors in training these roles may be held jointly with that of a TPD and ES for a main/parent specialty providing appropriate arrangements are made for doctors in training to escalate concerns. Appropriate time for the role must also be recognised in the job plan.

6.13 Sub-specialty TPDs and ESs should be appropriately trained and qualified, thus having the same standards for specialty and sub-specialty. This training would usually take place within existing systems.

**g** Role of the Lead Dean for sub-specialty training

Given the limited number of doctors in training in sub-specialty training programmes we consider that whilst there will be no specific lead dean for each sub-specialty it is likely that lead deans for parent specialities would be able to cover elements of this role in ensuring national consistency of local quality management processes for sub-specialties. It will be for each dean to determine in discussion with the four countries, and seeking input on workforce, the sub-specialty numbers they wish to recruit and train. The GMC envisages that this will enable those who are responsible for workforce planning to be able to gather sufficient data to be able to make decisions based on patient need for trained clinicians and not individual doctor wishes.

6.14 The lead deans for parent specialties are to ensure national consistency of local quality management processes for sub-specialties.

**h** Sub-specialties linking with lead specialties or Colleges

6.15 For each sub-specialty training programme there must be one lead specialty (which would usually be a parent of the sub-specialty) and one lead College (which would usually be the College responsible for one of the parent specialties) so that the GMC knows which College to go to in the first instance for any queries about the sub-specialty to assist in Quality Assurance work. This does not mean that the GMC requires sub-specialty recommendations for inclusion on the specialist register to be submitted from this lead College – it can come from whichever specialty the doctor in training is

getting their CCT from, but there would need to be a lead specialty or College that would take the lead role in the usual College functions for a main specialty and would co-ordinate discussions and ensure all relevant parties are involved in any curricula or assessment system changes.

6.17 Sub-specialty evaluations outside of the CCT application process are handled in the same way: the evaluators might be from the sub-specialty group but it is the lead College that sends the information to us. We will issue follow up guidance at a later date setting out how Colleges should go about seeking this sort of input and provide written guidance to any intercollegiate boards that get involved in evaluations. However, these sorts of applications are very rare.

6.18 Amendments to sub-specialty curricula or assessment systems are required to be submitted via the Lead College and must include support from all parent specialties for the amendments. This ensures collaboration, engagement and agreement from all involved in the specialty.

## **7. Implementation**

The Implementation Plan for the requirements is outlined below:

### **By 31 December 2014 - Sub-specialties linking with Lead specialty or College**

- For each sub-specialty training programme Colleges must select one lead specialty or lead College so that we know which College to go to as highlighted in 6.15 and 6.16.
- GMC to provide further guidance on the approval process.

### **By 31 March 2015**

#### **Recruitment**

- LETBs and Deaneries to make sure that our standard for recruitment, selection and appointment to be open, fair and effective is incorporated into their recruitment processes as described in 6.1 to 6.5 and that the recruitment documentation should be comprehensive and accessible to all those who need it. All recruitment carried out from 1 April 2015 onwards must follow processes outlined in 6.1 to 6.5

## **Assessment and attainment**

- The Overarching Data Group (ODG) to ensure that a formal process for recording which doctors in training are in sub-specialty training programmes as highlighted in 6.6 to 6.7 is in place. This timeframe might need to be extended if amendments to computer systems are required. ODG to advise.
- ODG to ensure a system for recording a separate independent ARCP outcome for sub-specialty training as highlighted in 6.8 to 6.10 is in place.
- GMC to ensure these and any other items are on the agenda for the next ODG meeting on 14 November 2014.

## **Quality management**

- Quality leads from Colleges and LETBS and Deaneries to consider setting up a national forum for sharing good practice in local quality management processes of sub-specialty training as highlighted in 6.12.

## **Sub-specialties linking with parent specialties**

- GMC to provide guidance to Colleges on amended process for recommending the award of sub-specialty certification. GMC to issue follow up guidance to Colleges to ensure sub-specialty evaluations outside of the CCT application process are handled in the same way as highlighted in 6.17.

## **By 1 July 2015**

### **Approving sub-specialty programmes\***

- LETBs and Deaneries to provide a list of current sub-specialty programmes to the GMC with associated sub-specialty training LEPs to approve if there is evidence of College support as highlighted in 6.11. If there is no evidence of College support this will need to be sought by the LETB and Deanery before submitting to us. We will provide detailed guidance on how this process will be managed.
- This list may be in the form of an Excel spreadsheet which must be submitted via our secure portal GMC Connect (we will provide the spreadsheet for completion).

\* This means the National Training Survey (NTS) will be able to explicitly survey sub-specialty trainees in 2016.

## Sub-specialty Training Programme Directors and Educational Supervisors

- LETBs and Deaneries to ensure appropriate systems are in place for trainers with additional educational roles, such as TPDs and ES as highlighted in 6.13.

### From 1 July 2015

- All new submissions made for amendments to sub-specialty curricula or assessment systems are required to be submitted via the lead College as highlighted in 6.16 and 6.18.

## Frequently asked questions

These have been developed from issues raised during the consultation process. The list is not exhaustive and will be added to when additional clarification is required.

### 1. What is meant by “competitive”, “fair”, “transparent” and “open” recruitment?

Those undertaking recruitment will need to ensure good practice in recruitment to sub-specialties and as outlined in The Gold Guide, “Processes for recruitment, selection and appointment must be open, fair and effective” (Page 29, The Gold Guide: 5th Edition: May 2014).

### 2. What is a “nationally agreed person specification”?

LETBs and Deaneries and Employer organisations can use the Specialty Recruitment Applicant Handbook as a guideline for good practice.\*

### 3. Will complex procedures need to be implemented for recruitment to sub-specialty training programmes?

No. We will not impose any formal procedures but expect that best practice is followed for sub-specialty recruitment in a similar way to that for specialty training.

### 4. Do I have to do a sub-specialty in my region?

Due to the nature of sub-specialty training, that is that doctors in training take up these posts after they have been appointed to their main/parent specialty, it will not always be possible or appropriate for all sub-specialty posts to be advertised nationally, some posts may be restricted to those doctors in training who already hold NTN within a region. This will be made clear as part of the transparency to recruitment outlined in the position statement.

\* The handbook is revised each year and is applicable to England only -

<http://specialtytraining.hee.nhs.uk/wp-content/uploads/sites/475/2013/10/Applicant-Handbook-2014-SON-Updated-on-08.07.2014.pdf>

**5. Am I guaranteed a place locally to do a sub-specialty?**

No. Some sub-specialties may be advertised locally and limited to those doctors in training within a region; however some may be advertised nationally. This will be made clear as part of the transparency to recruitment outlined in the position statement. There is however a requirement for posts to be advertised and recruited to openly and fairly to ensure that the most appropriate person is appointed to the post and ensures the highest standard of patient care. This therefore gives you equal opportunity to be selected for the sub-specialty programme.

**6. I am already on the Specialist register and no longer in training - will I be able to gain sub-specialty recognition on the specialist register?**

In order to gain sub-specialty recognition you would need to be appointed to a GMC approved sub-specialty training programme and complete it successfully. The advertisements for sub-specialty will make it clear whether they are open to those who are already listed in the specialist register.

**7. What if I have to relocate to do my sub-specialty training?**

We acknowledge that the sub-specialty you wish to train in may not be available to you in the region in which you are currently training. Any recruitment that enables doctors in training outside the region to apply will include details of what this means in relation to transferring LETB and Deanery etc.

**8. Is there flexibility about whether posts are advertised nationally or locally?**

Yes. The recruitment processes will be agreed between the Parent College and Lead Dean and with the four country involvement. They are specific to the needs for that sub-specialty and are developed to reflect current practices and sub-specialty needs. The position statement requires the process agreed to be published.

**9. How will sub-specialty training programmes interface with credentialing in the future?**

The credentialing work is at an early stage and as part of the development it will be made clear how the roles of sub-specialties are to change.

**10. I have already been granted an extension to my main/parent specialty training – will I be granted an extension for my sub-specialty training?**

Any extensions to training are managed by the LETB and or Deanery with whom you hold your NTN i.e. your parent LETB or Deanery. They will not normally extend training beyond the maximum period outlined in The Gold Guide.\* Therefore if you have already had your maximum extension and a further extension for your sub-specialty training is not granted by your Dean you will receive an outcome 4 for your sub-specialty training

\* A Guide to Postgraduate Specialty Training in the UK (the "Gold Guide") sets out the arrangements for the introduction of competence based specialty training in the UK.

and leave the sub-specialty programme. This may have an impact on your main/parent specialty (CCT) programme and this will be determined at your ARCP.

**11. I have been given an outcome 4 for my sub-specialty – will I still be able to get my CCT?**

Some sub-specialty curricula are “interwoven” with the main/parent specialty curricula and therefore your ARCP will outline what competencies you have achieved and also indicate if leaving the sub-specialty programme has an impact on your main/parent specialty.

**12. Why is sharing good practice in local quality management processes of sub-specialty training important?**

As numbers can be very small quantitative data is minimal. Sharing good practice is an advisable way forward for improving sub-specialty training. Colleges and Faculties will decide the best way of doing this. Colleges and Faculties could consider forming national sub-specialty training bodies or groups which are the focal point for all training, curriculum and assessment matters to be a source of advice to the GMC and COPMeD

**13. Would the final ARCP outcome for a sub-specialty need to be done at the same time as the final ARCP outcome for the specialty?**

No. Although the award of the sub-specialty cannot be granted until the doctor in training is awarded the main/parent specialty. It is also important that the doctor in training does not de-skill in the sub-specialty prior to recommendation for entry in the specialist register.

**14. How will less than full time doctors in training be affected?**

Sub-specialty training will be managed in the same way as main specialty training and as such the “rules” for less than full time training for main specialty also apply for sub-specialty training.

**15. I have been told that undertaking a sub-specialty will improve my chances of getting a consultant post is this true?**

The requirements for Consultant posts will be dependent on the service needs therefore the need for training in a sub-specialty will only be required where the service need exists.

**16. How do I find out how many sub-specialty posts are available?**

Currently workforce measures are not fully operational for all sub-specialties. Once they are in place it should be clear to doctors in training how many posts will be made available in each sub-specialty.

**17. How do I find out the competition ratios for the sub-specialty I am interested in?**

The position statement recommends that when data are available that this is published. It is not currently available.

**18. Why continue with sub-specialty and not credential?**

The development of the credentialing system will take some time and as such it has been agreed that this work in relation to sub-specialties needs to continue in the interim.

**19. I am a GP and want to do sub-specialty why can't I?**

Unfortunately the legislation does not permit those who are undertaking GP training to also undertake sub-specialty training. You may undertake sub-specialty training once you have been awarded your CCT but we will not be able to record it against your GP registration entry.

**20. I have gained the same competencies as others who have been appointed why can't I get sub-specialty recognition?**

In order to be awarded sub-specialty recognition the training must be undertaken in GMC approved training. This position statement outlines how we will give that approval and if your training does not fulfil this requirement then we are unable to award sub-specialisation.

**21. Why can't I have sub-specialty equivalence like CESR?**

The legislation only allows equivalence in a main specialty and not in a sub-specialty. However, doctors who have undertaken sub-specialty training (not experience) outside the UK may have this evaluated by us to consider if the required competencies have been achieved.

**22. I have undertaken sub-specialty training outside the UK can I have this included against my name on the specialist register?**

If you are already listed in our specialist register in the parent specialty for the sub-specialty for which you have undertaken sub-specialty training outside the UK then you can apply to us for an evaluation of your sub-specialty training (not experience) against the approved curriculum.

**23. I have all of the competencies defined in the sub-specialty curriculum, some I gained whilst in training and some though experience – can I get sub-specialty recognition?**

No: All of your competencies must have been gained in GMC approved training in the UK or in training outside the UK. We cannot consider any time spent in non-training posts.

**24. Do I have to have CCT sub-specialty recognition to be a trainer in that sub-specialty?**

No. You have to acquire the competencies and meet the outcomes required in the curriculum or programme. Also if it is a new sub-specialty such as pre-hospital emergency medicine (PHEM) then existing trainers won't have the relevant recognition.

## References

<sup>1</sup> The Trainee Doctor: Foundation and specialty, including GP training: Feb 2011: GMC

<sup>2</sup> Shape of Training: Securing the future of excellent patient care: October 2013: GMC

<sup>3</sup> The Trainee Doctor: Foundation and specialty, including GP training: Domain 4: July 2011: GMC

<sup>4</sup> Self-declaration form for the Revalidation of Doctors in Training

<sup>5</sup> Appendix 4 – Annual Review of Competence Progression Outcomes: Gold Guide 2014

[http://www.copmed.org.uk/document\\_store/1401726137\\_dkDv\\_gold\\_guide\\_2014\\_-\\_fifth\\_edition.pdf](http://www.copmed.org.uk/document_store/1401726137_dkDv_gold_guide_2014_-_fifth_edition.pdf)

<sup>6</sup> The Trainee Doctor: Foundation and specialty, including GP training: Domain 4: July 2011: GMC