

Improving the National Consistency and Approval of Dual CCT Training Programmes

GMC Position Statement – May 2015

1. Purpose of this document

This document sets out the General Medical Council's (GMC) requirements for Local Education Training Boards (LETBs) and Postgraduate Deaneries in relation to delivering Dual Certificate of Completion of Training (CCT) training programmes. Our aim is to improve overall national consistency and fairness to improve the approval system of Dual CCT training programmes.

2. Background

We approve postgraduate training programmes that are delivered against the approved specialty curriculum by the LETBs and Deaneries. The curricula state all the necessary competencies that need to be gained in that specialty to enable, on successful completion, the award of a CCT¹.

2.1 Pairing of specialties

Doctors in training may undertake training in more than one specialty to attain dual (or in theory multiple) CCTs. Typically, dual doctors in training train in specialties from within the same College², for example Renal medicine and General internal medicine (GIM). But it is possible that dual specialty training can be undertaken across Colleges. The existing pairings for dual training appear to be mainly based on historical pairings and there is currently no approval process for determining whether it is appropriate for specialties to be combined with each other.

¹ Where a reference is made to CCT this would also include CESR (CP)

² We are using the term College(s) to refer to Royal Colleges and Faculties

2.2 Academic doctors in training

Academic doctors in training are undertaking an integrated training programme which results in the award of a single CCT. So, Academic doctors in training are not considered by the GMC to be on dual CCT programmes. This does not preclude them from following dual training in addition to their academic training.

2.3 National consistency

There is no reason why doctors should not train in more than one specialty; however we need to be satisfied that the competencies defined within each curriculum are achieved whether they are completed on a single programme or as part of a dual programme. The current lack of a nationally defined process means that we are not currently assured that there is consistency across LETBs or Deaneries in the design and management of dual programmes in the same way that exists for single specialty training. Neither are we able to include dual training in our reporting processes.

2.4 ARCP outcomes

There is also the need to ensure that the Annual Review of Competency Progression (ARCP) process for doctors in training undertaking more than one specialty, appropriately records progress for each specialty as if they are undertaking single specialty training. Without national consistency in recording outcomes it is not possible to monitor whether the progression of doctors in training in dual and single CCT are comparable. This in-turn affects quality assurance of programmes.

2.5 Recruitment

Little information is available as to the recruitment opportunities available. For example the Department of Health (England) medical recruitment competition information 2013 webpageⁱ does not identify any dual programme recruitment. This could indicate that entry onto dual programmes may not have the same level of open competition as with single programme training, meaning LETBs and Deaneries may have developed individual processes for dual programme recruitment. Anecdotally this appears to be the situation.

2.6 Recording of dual training

There is no national standard for recording doctors in training on dual CCT programmes. The lack of this information does not provide a complete picture of the supply of newly qualified CCT holders into the workforce. Although not within the remit of the GMC, this is an issue with respect to medical workforce planning that this position statement can support.

3. The current legal position

The Medical Act does not permit dual training where one of the specialties is General Practice; a CCT may only be awarded where all the training undertaken is in posts approved for General practice (and no other specialty) specialties.

The Medical Act section s34J says:

“Minimum requirements for general practice training” states

(1) The minimum requirements for general practice training are that—

(a) the training meets, or under Article 22(a) of the Directive is to be treated as meeting, the requirements of Article 28(1), the first sub-paragraph of Article 28(2) and Article 28(3) of the Directive; and

(b) the period of training specified in the first sub-paragraph of Article 28(2) of the Directive includes—

(i) a period or periods amounting to at least 12 months employment as a GP Registrar under the supervision of a general practitioner who has been approved by the General Council under section 34I(1)(c), and

(ii) a period or periods amounting to at least 12 months employment in a post (or posts), in one or more specialties that are approved by the General Council as being relevant to general practice.

(ii) Once the minimum training periods in subsection (1)(b) have been completed, any remaining period of training shall consist of a period of employment in a post (or posts) falling within subsection (1)(b)(i) or (ii).

4. Approach to developing the requirements

Various datasets were analysedⁱⁱ which showed that:

- There are a sizeable number of doctors in training in dual (or more) programmes which warrants the investigation of Dual CCT training.
- There are combinations of dual programmes, which appear unlikely for example Cardiology and Oncology, which indicate the likelihood of reporting errors.
- Due to the difference between the numbers of dual programmes across the three datasets there is an apparent inconsistency of reporting.

From these datasets, the predominant areas of dual specialism are:

- General (internal) medicine and other Physicianly specialties.

- Across all Psychiatry specialties.
- Between Anaesthetics, Intensive care medicine and Emergency medicine.
- There are a significant number of Triple Programmes.

To develop recommendations on how to address the findings from the datasets above, we invited representatives from our key interests to form a focus group. This included membership from LETBs and Deaneries and Colleges.

The recommendations were then sent out for wider consultation across the sector. There was general support for the recommendations made by the focus group and these together with comments from the feedback received have been translated into requirements.

5. Who is covered by these requirements?

The requirements are relevant to those involved in the organisation, delivery and receipt of postgraduate medical education and training curricula in the UK and those doctors in training, who are on or considering following, more than one GMC approved specialty CCT curriculum.

6. Requirements

a Curricula

The GMC approves postgraduate specialty curricula that are owned by the relevant Colleges against its published standards. When doctors in training follow more than one curriculum they are not required to repeat competencies where they are covered in both curricula. One option could be that a curriculum be developed for each dual programme. On successful completion of training, the doctor would be awarded a single CCT in specialty X&Y. However this option is not possible, since to create new curricula of X&Y specialty requires an X&Y specialty to also be created via a change to the Medical Act. It would be impractical to create a new X&Y specialty for every possible combination given we already approve 65 different specialties and the complexities of European Legislation around free movement relating to individual specialties. It is therefore more appropriate to continue with the current system.

- 6.1 That doctors in training on completion of their dual programme will be awarded a CCT in each of the individual specialties and will train concurrently following the separate specialty curricula.

b Development of dual programmes

As a result of limited central guidance (for most specialties) LETBs and Deaneries have developed their own dual programmes and in many cases “unwritten understanding” on the individual recognition of competencies shared from one specialty to another. This generates the risk of inconsistencies of decision making across LETBs and Deaneries and does not provide a transparent career pathway for doctors in training.

It is also unclear how a “new” pairing or combination of specialties is approved which appears to have given rise to “unusual” and possibly impractical pairings perhaps designed on an ad hominum basis rather than on a workforce, patient need basis.

It is important that pairings are developed and recruited to when there is a specific workforce need, where there is a clear complement between the specialties or where patient care may be enhanced by having a doctor trained in the paired specialties. It is therefore expected that the achievement of the curriculum requirements for both specialties would be completed in a period of time shorter than the two single specialties added together.

b.1 Numbers of specialties that can be followed in parallel

Feedback from stakeholders has indicated that only in exceptional circumstances and where there is a clear workforce need should training in more than two specialties (ie triple) be supported. The decision to recruit to more than two specialties, as with the decision for recruitment to dual training, lies with the relevant Dean who will have input from workforce planning needs. This will also require individual mapping of the combination of CCT curricula.

b.2 Eligibility for pairings

We will require, as part of the submission for a new pairing to be added to the approved list, evidence that they complement each other and where care to patients may be enhanced by having a doctor trained in the paired CCT specialties. It is expected that this pairing will reduce overall training by a minimum of at least one³ calendar year, but exceptionally workforce needs may indicate otherwise.

6.2 A list of existing pairings has been drawn up based on a list provided by Colleges. This is the “list of GMC approved dual training programmes”

³ All curricula have indicative durations, this period of one calendar refers to an indicative one year of each of the CCT programmes in combination, that is if CCT A is indicative 4 years and CCT B is indicative 5 years then the combined indicative duration would be no more than 8 years

and will be kept up to date and published on the [GMC website](#).

- 6.3 Should a LETB and Deanery or College wish to develop a new pairing then a joint submission from the Lead Dean and relevant College(s)⁴ is to be submitted to us for approval. This submission is to include the mapping of the shared competencies together with the expected duration and must be approved by the GMC before recruitment to the programme.

We are mindful of our standards around delivery of approved curricula and assessment, and in particular standard 5.2 of *The Trainee Doctor*. The current process does not fulfil this mandatory requirement. Although the expected duration of the dual programme is published and generally understood, for example within the Joint Royal Colleges Physicians Training Board (JRCPTB) specialties, the penultimate year assessments run by external assessors identify any inconsistencies in training delivery and/or recognition of cross competencies and does not address the potential for national inconsistencies, nor the fulfilment of standard 5.3 nor does it provide transparency for doctors in training and trainers on the actual detail of the shared competencies.

- 6.4 For existing dual specialties included on the list of approved dual training programmes outlined in 6.3 above: We recognise that the development of the shared competency mappings will require a considerable amount of time and effort for the affected Colleges and may take a number of years to complete. Please see our Implementation Plan for timescales.
- 6.5 For all specialty pairings the indicative length of training of the dual programmes and mapping must be published as outlined in the implementation plan. This must be available before any recruitment to a new pairing as it forms part of the recruitment information available to potential applicants to enable them to make an informed decision and know what time scale they are committing to.

c Curriculum changes

Where dual programmes fall within one College, communication around changes in curricula may well be formalised, however in order to ensure that the mapping remains up to date, it will be necessary for these to be considered when a submission for a curriculum change is submitted to us for approval.

⁴ Where the pairing crosses College/ then both must be involved in the submission

- 6.6 All curriculum and assessment system change submissions received by the GMC after 1 April 2015 must include revised mapping for any approved dual training programmes.

d Recognition of training

For a doctor in training to be awarded a CCT, the entire training programme and training locations (known as Local Education Providers – LEPs) must have gained prospective approval from the GMC. Otherwise the doctor in training may be awarded a CESR or CESR (CP) routes.

The current process for approval of dual CCT programmes is for both programmes and each individual LEP to have separate approval for each of the specialties that make up the pairing. An alternative proposal could be to approve programmes for the dual specialty of X&Y, however as with this proposition discussed in 6a) above, this could create an inordinate number of combinations and make it impossible to report on them, whilst also not enabling training to remain “counted” should the doctor in training cease training in one of the specialties. It is an essential requirement for the doctor in training to be awarded a CCT and that the location of where the training is undertaken is approved for the specialty of each CCT also.

- 6.7 Each post or LEP that a doctor in training holds must have prospective approval for all of the specialties they are following. For example, for a doctor in training following dual training in General Psychiatry and Old Age Psychiatry each LEP they spend time in must be approved for both specialty training programmes i.e. recognition would be given for each individual specialty and not for a dual programme.

e Start of programme

The current requirement for the majority of specialties is that a dual programme is started and completed at the same time. The benefits of a flexible approach to start dates would include where:

- A doctor in training has to "wait" for a second specialty to be available which will be a particular issue in small specialties.
- A doctor in training deciding at a later point that they would like to train in more than one specialty.
- There is a need to train doctors in a particular field and this would enable existing doctors in training to dual train and complete in a shorter period of time.

However it should not be viewed that doctors in training already on a single programme be recruited in preference to doctors in training applying directly to dual

programmes. Irrespective of the start date of the second CCT Programme, for CCTs to be awarded in both specialties:

- The competencies gained in the first specialty can be counted towards a second specialty provided it is outlined in the CCT curriculum of the second specialty – this will be covered by the mapping and duration of training document, or
- If the first specialty training post(s) is approved for the second specialty.

6.8 The second specialty in a dual specialty programme may be started at any point, except where there is explicit agreement between the Colleges and the four countries regarding a cut-off point (for example no later than ST5 or that the difference between start dates can be no greater than two years). Such requirements must be clearly displayed in the Person Specifications and in the mapping documents.

6.9 It will be for the appointing Dean to determine if they accept the doctor in training onto the second specialty programme. This may be included in national recruitment processes and delegated to the Lead Dean or the Lead Recruitment Dean.

Examples of when it might not be appropriate to accept a doctor in training onto a second specialty:

- When they are towards the end of their programme in their first specialty as this would in effect be back to back training rather than concurrent training.
- Where the doctor in training might deskill in the first specialty due to taking up the second specialty at a later point and having to spend more time in that specialty to “catch up” and subsequently needing to reskill in the first specialty therefore negating the saving of time.
- When they had performance issues in the first specialty and had used up their extension to training where the dual programme is delivered concurrently which therefore requires both specialties to start at the same time

f Recruitment to Dual CCT Training Programmes

The GMC’s standard is that the process for recruitment, selection and appointment must be open, fair and effective.ⁱⁱⁱ

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

- 6.11 Feedback from key interests who specialise in recruitment has been that all dual CCT programmes must be advertised nationally in the same way as individual specialties and where possible this should be via a separate advert, for example a single advertisement in GIM and Renal medicine. However advertising alongside single specialty recruitment is acceptable, as long as the process is transparent and reporting can take place against it. The approach needs to maintain the equity, fairness and transparency that the individual specialty process provides. The Overarching Data Group (ODG) to determine a consistent approach on how the reporting can be undertaken.
- 6.12 Key interests indicated there should be a national approach over the coordination of recruitment and promotion of the specialty where there is a recognised workforce need. We acknowledge that the arrangement of programmes for those on a Dual CCT are more time intensive for both LETB and Local Education Training Provider (LEP) so it is important that LETBs/Deaneries work closely with Colleges to ensure there is clarity for applicants as to what it means for those applying for a dual CCT and that they are not doing it automatically (tick box culture) without really understanding the implications of applying for such a programme.
- 6.13 General consensus from key interest groups is that a doctor in training should not be able to apply or be appointed to two single specialties during the same recruitment round; they will only be able to undertake two specialties when a dual CCT has been advertised. Dual CCT's generally address a workforce need for two specialties to be completed together, rather than be dependent on the personal desire of a doctor in training irrespective of workforce need or capacity to train.
- 6.14 It remains open for a doctor in training to apply for a second specialty in a subsequent recruitment round if they are already on a first and wish to dual with a second. Normally recruitment will be advertised as a dual CCT programme but in some circumstances such as where both of the single specialties are advertised, Deans may accept applications from doctors who are already on a single specialty to add a second specialty to form a Dual CCT programme.
- 6.15 On successful recruitment, a Form R: Registration to Postgraduate Specialty Training must be completed. The recommendation is that the

form is revised to enable explicit recording of dual training by separately recording the entry into each specialty programme. Please see Appendix A. Health Education England (HEE) to advise on how to amend Form R so that proposed changes can be submitted to COPMED by 31 July 2015.

g End of Programme

There is a risk that due to a combination of different lengths of specialty training and different start times that a doctor in training might complete training in dual programmes at different times. If a doctor in training were to complete training at different times then either they might have to pay for two separate CCT applications or they would not be able to take up a Consultant post whilst still in training for the second specialty. It is not possible to hold a training and Consultant post at the same time (European legislation around eligibility for a CCT).

- 6.16 Doctors in training on dual programmes must have the same completion of training date for all specialty programmes, recognising that this will require adjustments to the delivery of the training programme should the second specialty be started after the first.

h Progression and Tracking

Doctors in specialty training undertake an Annual Review of Competency Progression (ARCP). The current version of the Gold Guide^{iv} says in paragraph 6.34 "The trainee will only hold one national training number (NTN) in one of the two specialties at any given time, but may pursue both curricula and achieve a CCT/CESR/CEGPR (CP) in each specialty, subject to their satisfactory completion".

- 6.17 In order for the GMC to be satisfied that the competencies for each curriculum are being achieved there must be separate ARCP outcomes for each specialty.
- 6.18 The outcomes can be achieved via single or multiple panels in a process managed by the LETB/Deanery. Noting that in line with our Standards LETBs/Deaneries must ensure that assessments are undertaken by someone with appropriate expertise in the areas to be assessed. For example members of a Renal medicine ARCP panel may not be appropriate for a GIM panel or vice versa.
- 6.19 The ARCP form is revised to record when a doctor in training has not progressed in one specialty due to training solely in another specialty. Recommendation is to create a new N code which records "No progression by the doctor in training – due to training in another dual specialty".

- 6.20 Once all ARCP outcomes have been agreed, then the future training plans of the doctor in training can be agreed. These plans must reduce the risk of a doctor in training progressing to ST7 level in one specialty and ST4 in the other which would then result in challenges of appropriate placement and run the risk of different CCT dates. Therefore rotations may be adjusted to ensure an even progression in all specialties.
- 6.21 Where a dual programme crosses two Colleges, the mapping must outline which College is the lead one for recommendations to the GMC for award of CCT. When a doctor in training has completed their training the lead College will liaise with the other College to present the formal recommendation of completion of training to the GMC.
- There should be a single mechanism at Deanery and LETB, College and GMC levels which enables easily identification of all specialties a doctor in training is training within. The current NTN system allocated on either a per doctor in training or per specialty per doctor in training does not provide this information.
- 6.22 It is proposed that the Overarching Data Group taking into consideration College requirements, is tasked with the determination of this method, i.e. whether the method of recording the different specialties a doctor in training is on is via a different National Training Number (NTN) per specialty or a combined number made up of the two specialty codes or via an alternative method.

The current GMC National Trainee Survey (NTS) does not capture information around those doctors in training on dual training programmes.

- 6.23 That the GMC consider how it can capture information around dual training programmes within the National Trainee Survey (NTS) for example around each specialty separately or about the dual training experience (e.g. do you get to split your time as set out in your programme, etc).

i Entry in the Specialist Register

Research undertaken during this project identified an inconsistency in how Doctors who have successfully completed Dual Training programmes are recorded on the specialist register. This includes inconsistent recording of which specialty is the first or second specialty, this has consequences for reporting

6.24 Doctors should have according to the following rules:

- GIM specialty should always be listed as the second specialty
 - Otherwise primary specialty rules should apply. Please see Appendix B.
- In order to enable future reporting it will be necessary to amend the existing recording.

j The Gold Guide

6.25 The requirements identified in the project are incorporated into the next revision of The Gold Guide. In line with the implementation plan outlined below.

7. Implementation

The Implementation Plan for the requirements is outlined below:

March 2015 onwards:

Development of Dual Programmes

- Colleges to implement a phased approach to shared competency mappings for existing dual specialties as highlighted in 6.2 to 6.4 to begin immediately and be completed by 31 December 2017 as follows:
 - Colleges with less than 5 specialties to be completed by 1 July 2015
 - Colleges with 5-10 specialties to be completed by 1 December 2015
 - Colleges with over ten specialties to be completed by 31 March 2016

N:B: Any new curricula changes must come with dual mapping

After 1 April 2015 onwards:

Curriculum Changes

- Colleges submitting curriculum and assessment system changes after 1 April 2015 must include mappings as highlighted in 6.5.

By 31 July 2015:

The Gold Guide

- GMC to ensure all recommendations outlined in this position paper are submitted to COPMED for inclusion in the next version of The Gold Guide as highlighted in 6.25.

Development of Dual Programmes

- Colleges to ensure GMC is aware of who is the lead for the award of a CCT as highlighted in 6.21.

Recognition of Training

- LETBs and Deaneries to ensure that each post or LEP a doctor in training holds has prospective approval for all the specialties they are following as highlighted in 6.7.

Recruitment to Dual CCT Training Programmes

- LETBs and Deaneries to ensure if it is not already the case, that the GMC's standard for recruitment, selection and appointment to be open, fair and effective is incorporated into their recruitment processes for dual training as described in 6.10 and that the recruitment documentation should be comprehensive and accessible to all those who need it.
- LETBs and Deaneries to ensure all dual CCT programmes are advertised and dual recruitment carried must follow processes outlined in 6.10 to 6.15.
- Health Education England (HEE) to advise on how to amend Form R as highlighted in 6.15.
- GMC to submit to COPMED the proposed changes to Form R as highlighted in 6.15. Please see Appendix A.
- The Overarching Data Group (ODG) to determine a consistent approach on how recruitment reporting for dual programmes can be undertaken. The approach needs to maintain the equity, fairness and transparency that the individual specialty process provides as highlighted in 6.11.

Recording of doctors in training on dual programmes

- GMC to ensure that a consistent process for recording Dual Training programmes on the specialist register as highlighted in 6.24 is in place. Please see Appendix B.
- ODG to consider what the best method is of recording the different specialties a doctor in training is on and oversee the implementation as highlighted in 6.22.

- Colleges to ensure that for all specialty pairings the indicative length of training of the dual programme is published and sent to the GMC for publication also.

By 1 September 2015:

Start of Programme

- LETBs and Deaneries to ensure a flexible approach to start dates is in place for dual training programmes as highlighted in 6.8.

End of Programme

- LETBs and Deaneries to ensure dual programmes have the same completion of training date for all specialty programmes and making the necessary adjustments as highlighted in 6.16.

Progression and Tracking

- LETBs and Deaneries to ensure each specialty has a separate ARCP outcome recorded as highlighted in 6.17.
- LETBs and Deaneries to ensure assessments are undertaken by assessors with the appropriate expertise required as highlighted in 6.18.
- LETB and Deanery Business Managers to ensure the ARCP form is revised as highlighted in 6.19 by feeding back changes into COPMeD and the ODG.
- LETBs and Deaneries to ensure training plans ensure an even progression in all specialties as highlighted in 6.20.
- GMC to consider how it can capture dual training programme information within the National Trainee Survey (NTS) as highlighted in 6.23.

Frequently asked questions:

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

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

Those undertaking recruitment will need to ensure good practice in recruitment to dual

training programmes 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 Will there be different person specifications for dual training than for the individual specialties?

No. The same standards are required for dual training as for individual training.

3 Will complex procedures need to be implemented for recruitment to dual training programmes?

No. The GMC will not impose any formal procedures on Colleges but expect that Colleges follow best practice for Dual CCT recruitment in a similar way that they do for Specialty training programmes. Given that there will be two specialties involved it will be necessary to ensure appropriate input into the decision to reflect the requirements of each specialty equivalently.

4 Do I have to do a Dual CCT in my region?

No. All Dual CCT programmes will be advertised nationally to encourage a fairer way of enabling applications from all those eligible and ensuring that the most appropriate person is appointed to the post and ensures the highest standard of patient care. As such doctors in training should select their Dual CCT training based on subject interest rather than geographical preferences. The programme will normally be delivered in one region.

5 Am I guaranteed a place locally to do a Dual CCT?

No. Not all LETBs or Deaneries are able to deliver dual training programmes and in addition, whether they are advertised will be dependent on workforce needs. However, it is likely that if two single specialties are deliverable by the Deanery/LETB, that it will be possible for a Dual CCT to exist.

6 Is there flexibility about whether posts are advertised nationally or locally?

Dual training programmes/posts will need to be advertised in the same way as the individual specialty posts are advertised to ensure fairness.

7 I only want to train in a single specialty but it is only being advertised as part of a dual programme what can I do?

The decision as to whether specialties are advertised as single specialties or dual rests with the Dean within each LETB or Deanery or via the National recruitment process. If the specialty you are interested in following is

not advertised as a single specialty, then you will need to make the choice as to whether you are happy to train in both specialties.

Please see also questions 18 and 19.

8 I am in specialty A and have seen specialty A&B advertised – what do I do?

Discuss your plans to apply for Dual CCT specialties with your Training Programme Director who can help you to understand what the implications are for training in two specialties

at the same time.

9 What if the Dual CCT is advertised in a LETB/Deanery different to mine?

Discuss accessing a programme that is not within your LETB/Deanery for the specialty you are interested in with your Training Programme Director in the first instance and they can advise you of the best way to proceed.

10 Would the final ARCP outcome for the two specialties that make up the Dual programme need to be done at the same time?

The end of training date for both specialties is the same and as such the final ARCP outcomes need to be determined either at the same time or very shortly thereafter.

11 How will less than full time doctors in training be affected?

The same rules for individual specialties apply for Dual Training.

12 Will the same apply to Triple CCT programmes?

Triple CCT programmes will only be possible in exceptional circumstances and where there is a clear workforce need should training in more than two specialties be supported. Where this is supported they the same rules will apply as for Dual Programmes

13 My post is not recognised for both specialties does this mean I won't get a CCT?

It is essential that all posts used by those doctors in training on dual programmes are approved by the GMC for both specialties.

For doctors in training currently undertaking dual training, an exception to prospective approval will be made on the proviso that approval for the remaining period of training in each specialty in each LEP is sought and given.

14 I want to undertake a combination of programmes that is not on the approved list - what should I do?

It is only possible to undertake dual training when the dual programme is advertised.

15 How does a new combination get added to the approved Dual Training Programme list?

The lead deans for the two specialties will liaise with the parent College(s) to agree the combination and if agreed the parent College(s) will produce the mapping. This must be completed before the dual is recruited to.

16 How is a dual programme designed?

The Dean would consider the mapping document produced by the relevant parent College(s) and design the programme to deliver the required competencies. Once this has been designed they would liaise with the relevant parent College(s) to seek support. The GMC then needs to approve any of the LEPs that are not already approved in each of the specialties of the dual. So for

example if the dual programme is for GIM and Respiratory medicine and the

designed programme includes Hospital A that is approved by the GMC for GIM but not for Respiratory medicine then the Dean would need to seek approval from the GMC for Hospital A to be approved for Respiratory medicine.

17 I have been training in specialty one for a year and I now want to dual with a second specialty, what should I do?

Generally, you can only apply for a dual programme when it is advertised as such. If the dual programme is advertised that you wish to apply for then you will need to make an application in open competition and resign from your existing single programme to enter the new dual one. Your previous training will be taken into consideration based on the mapping of the two specialties and any specialty rules. In some circumstances, if the Deanery/LETB has advertised a single specialty programme, they may wish to open it up for a Dual CCT pairing. You should discuss this with your Training Programme Director

18 Whose decision is it to run a new dual programme?

There will be a workforce need highlighted which will be delivered through the relevant Deanery/LETB.

19 Who maintains the list of approved dual programmes?

The GMC will maintain this list and publish it on the website together with the mappings once they have been approved.

20 I have had an extension to training what does this mean for dual training?

The Dean is responsible for determining whether further extensions to training are granted. As a general rule of thumb, the same periods of extensions to training are in place for dual training as they are for single specialty training (i.e. the extensions are linked to the programme and not to the number of specialties followed).

21 I am currently on a dual programme but don't want to continue in one of the specialties – can I give one up?

The decision as to whether you can give up one of the specialties rests with your Dean. In certain circumstances your contract may mean that you have to reapply for the single specialty (i.e. your contract is for training in the dual programme and not in two individual specialties).

22 I have received an unsatisfactory ARCP outcome for one of my specialties but in the other I am performing satisfactorily, what does this mean?

To remain in a dual training programme you will need to perform satisfactorily in both specialties. A decision will be made at your ARCP as to whether your end of training date is amended (you have a single end of training date for both of your specialties). Ultimately if you continue to not perform satisfactorily in one of your specialties your Dean may make the decision to remove you from that specialty and put you into single specialty training. The Deans' decision is final.

23 I am an academic doctor in training, am I only allowed to train in a single specialty?

The academic component of your training is not considered by the GMC as falling into the definition of dual training. You are permitted to undertake dual training in addition to your academic training and you will get a CCT in each of the specialties you follow if you complete them satisfactorily. As an academic trainee you will not get a CCT in academia nor will you get a separate ARCP outcome for your academic work.

24 What is the difference between Dual and Joint training?

It is no longer possible to enter Joint training – this was only for the specialty of Intensive Care Medicine (ICM). It is when two specialties are intertwined to form one curriculum and you cannot achieve a CCT in one without the other. So for example you could not achieve a CCT in ICM without having a CCT in Anaesthetics. The ICM curriculum is now stand alone and joint training no longer exists.

25 I have had different ARCP outcomes for each of my specialties – what does this mean?

There are a number of scenarios as to the next steps which include:-

- Concentrated training
- Extended training
- Leaving one of the programmes
- Leaving training completely

The current ARCP outcomes and processes will be followed.

26 I have not worked in one of my specialties for the past year; will I get an outcome two or three for that specialty?

Your expected CCT date will have been calculated to recognise your programme and that you will have periods of time when you won't be training in one of your specialties. A new code will be developed which indicates that no training in the particular specialty has occurred in that year. It should be noted however that if a full year is not spent in one of the specialties there may be an element of deskilling which might require additional training.

Proposed Revised Form R: Registering for Postgraduate Specialty Training

Trainee Forename	Trainee Surname	GMC Number
Deanery / LETB		Attach Passport Size Photo
Medical School awarding primary qualification: (name and country)		
Date of Birth:	Gender:	
Primary Qualification and date awarded:		
Date of Annual Review of Competence Progression (ARCP):		
Date of expected Revalidation:		
Date of previous Revalidation (if applicable):		
Name and Contact details of your previous Responsible Officer:		
Work Address:	Home/Other Address:	
	Home Phone:	
	Mobile Phone:	
Work Phone:	Email:	
Email:		
Immigration Status:	Post Type or Appointment:	
(e.g. resident, settled, work permit required)	(e.g. LAT, Run Through, core trainee, FTSTA etc.)	
Specialty 1:	National Training Number(s):	
	(to be completed by Postgraduate Dean on first registration)	
GMC Programme Approval Number:	Or	
(to be completed by Postgraduate Dean)		
Specialty:	Deanery Reference Number:	
	Start date of training:	
Training Programme – To be completed by trainees on programmes leading to CCT / CESR / CEGPR		
(LAT, FTSTA and core trainees in uncoupled specialties, please skip to next section: Scope of Practice)		
I confirm I have been appointed to a programme leading to award of CCT subject to satisfactory progress – tick to accept <input type="checkbox"/>		
I confirm that I will be seeking specialist registration by application for a		

CESR

I confirm that I will be seeking specialist registration by application for a

CEGPR

Specialty 2:

Start date of training:

GMC Programme Approval Number:

(to be completed by Postgraduate Dean)

Specialty:

I confirm I have been appointed to a programme leading to award of CCT subject to satisfactory progress – tick to accept

I confirm that I will be seeking specialist registration by application for a

CESR

Specialty 3:

Start date of training:

GMC Programme Approval Number:

(to be completed by Postgraduate Dean)

Specialty:

I confirm I have been appointed to a programme leading to award of CCT subject to satisfactory progress – tick to accept

I confirm that I will be seeking specialist registration by application for a

CESR

Provisional Date for CCT/CESR/CEGPR Award:

Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme):

Initial Appointment to Programme:

(Full time or % of Full time Training)

Date of Entry to Grade/Programme:

(Substantive date started in Programme of appointment)

Self-Declaration to be completed by Trainee

Scope of Practice –

Since your last ARCP or if no ARCP since GMC full registration, please list, any past and present employers/HTO placements/ time out of programme/ advisory/ voluntary roles or any other activity undertaken in your capacity as a registered medical practitioner including all locum and non NHS work even if these are with current employer/HTO. (Please add more rows if required).

Type of Work (OOP/clinical/non- Start Date End date Details of Employing/

clinical etc.)

Hosting Organisation/GP

Practice

Significant Events - The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s.

Please note that you do not need to list any significant events that were not investigated.

Please select one of the following:

I am not aware of any unresolved significant event(s) investigation(s) since my last ARCP

I have unresolved significant event(s) investigation(s) since my last ARCP

Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.

Complaints - A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of probity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice.

Please select one of the following:

I am not aware of any unresolved complaints since my last ARCP

I have unresolved complaint(s) since my last ARCP

Please provide details of any complaint(s) you have been involved in since your last ARCP. Resolved complaint(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved complaint(s) or any not included in your portfolio please provide a brief summary and your reflection.

Compliments - Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio. Please use a separate sheet if required.

Probity - Probity is at the heart of medical professionalism. Probity means being honest and trustworthy and acting with integrity. Probity is covered in paragraphs 56-76 of Good Medical Practice.

I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity.

Please tick here to confirm your acceptance

In relation to being subject to an investigation of any kind since my last ARCP:

I have nothing to declare

I have something to declare

Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.

Health - A statement of health is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in paragraphs 77-79 of Good Medical Practice.

I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Please tick here to confirm your acceptance

I confirm this is a true and accurate declaration at this point in time and will immediately notify the deanery and my employer if I am aware of any changes to the information provided.

I give permission for my past and present ARCP portfolios (covering a period of five consecutive years in total) and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer, additionally if my Responsible Officer (prescribed connection) changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.

Trainee Signature :		Date:	
Signature of Postgraduate Dean/Head of School/STC Chair/TPD:		Date:	

Primary Specialty Rules

Rule S001 – General (internal) medicine

Select doctor where	Update doctor specialties	Notes
Specialty count > 1 and Primary specialty = "General (internal) medicine"	Remove primary flag on "General (internal) medicine" and Set primary flag on the doctor's 'next' specialty, based on alphabetical order	Could a trainee with General internal medicine have 3 or more specialties? If so, which becomes the primary?

Rule S002 – Intensive care medicine

Select doctor where	Update doctor specialties	Notes
Specialty count > 1 and Doctor's specialties contain "Intensive care medicine"	Set primary flag on "Intensive care medicine"	We can only set the primary, we can't set an order (other than alphabetically, so we can't order GIM as the 3 rd specialty)

Rule S003 – General Psychiatry

Select doctor where	Update doctor specialties	Notes
Specialty count > 1 and Doctor's specialties contain "General Psychiatry"	Set primary flag on "General Psychiatry"	Is there a reason why GP and GAP had been grouped together?

Rule S003a – General adult psychiatry

Select doctor where	Update doctor specialties	Notes
Specialty count > 1 and Doctor's specialties contain "General adult psychiatry"	Set primary flag on "General adult psychiatry"	

Rule S004 – Forensic Psychiatry

Select doctor where	Update doctor specialties	Notes
Specialty count > 1 and Doctor's specialties contain "Forensic Psychiatry"	Set primary flag on "Forensic Psychiatry"	

Rule S005 – Psychiatry of Learning Disability

Select doctor where	Update doctor specialties	Notes

Specialty count > 1 and Doctor's specialties contain "Psychiatry of Learning Disability"	Set primary flag on "Psychiatry of Learning Disability"	
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References

ⁱ <http://specialtytraining.hee.nhs.uk/wp-content/uploads/sites/475/2013/03/Specialty-Training-2013.pdf>

ⁱⁱ Annual Review of Competence Progression (ARCP) reporting, 2011; National Trainee Survey (NTS) 2012; Analysis of the List of Registered Medical Practitioners (LRMP) from 2008.

ⁱⁱⁱ The Trainee Doctor: Foundation and specialty, including GP training: Domain 4: July 2011: GMC

^{iv} 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.