

Guidelines for Surgeons applying for entry to the Specialist Register under Article 14 (4) of the PMETB order 2003¹ to be read in conjunction with the specialty specific criteria for the surgical specialties

1. Introduction

Article 14 of the Order is concerned with “Specialists eligible for entry in the Specialist Register”. This advice has been drawn up to enable the evaluation of applications against Articles 14(4) and Articles 14 (6) which says

(4) A person is also an eligible specialist for the purposes of article 13(2) (b) if -

(a) he has -

(i) undertaken specialist training, or

(ii) been awarded specialist qualifications,

in a specialty listed in Schedule 3, and he satisfies the Board that that specialist training is, or those qualifications are, or both when considered together are, equivalent to a CCT in the specialty in question”.

There are two definitions that are important in this context:

Specialist training

Article 14(7)..... “specialist training” means medical training that –

(a) comprises of theoretical and practical instruction in a post specifically designated as a training post;

(b) takes place in a university centre, a teaching hospital or other health establishment;

(c) is supervised by an appropriate authority or other body; and

(d) involves the personal participation of the person training to be a specialist in the activity and in the responsibilities of the establishment concerned.”

The PMETB has defined **a specialist qualification** as follows:

¹ Statutory Instrument 2003 No: 1250 [The Order]

For the purposes of Article 14 a specialist qualification shall be a diploma, certificate, accreditation, or other written evidence of success in a programme or programmes of postgraduate education or training in any medical specialty including general practice, which may or may not be listed in Schedule 3 of the 2003 Order. This shall have been awarded by an approved University, College, training body or institute as a result of success in an examination or formal assessment against defined standards. For the purpose of interpretation of this definition, 'approved' shall mean recognised by the official system in the jurisdiction where the qualification was awarded.

Therefore an evaluation will be undertaken that first considers training and/or qualifications. If the applicant has training and/or qualifications, the knowledge and experience of the Applicant in the specialty concerned can also be taken into account. The evaluation will be against the relevant curriculum and criteria published by the JCST and the PMETB (available from the JCST and PMETB websites).

PMETB have said that if an Applicant for 14(4) does not have training and/or qualifications as detailed above then the application will not proceed for any further assessment and will be returned.

For the purposes of confirming eligibility for evaluation under Article 14(4), applicants should have specialist training or qualifications in a surgical specialty listed at the end of this document. Applicants with training in any other surgical specialty should apply under Articles 14(5) and (6) for which separate guidance is currently being developed.

2. Mandatory attributes Applicants must satisfy the JCST/PMETB that they:

- a. can provide evidence of being a medical practitioner through having acquired a Primary Medical Qualification obtained from a medical school listed in the World Health Organisation's list of medical schools;
- b. can provide evidence of training or qualifications in their specialty
- c. have received training in their specialty in centres approved for training by the national authority concerned.
- d. have completed specialist training/qualifications and subsequent experience, equivalent in content and deemed to have obtained the same standards to that required for the award of a CCT in the UK.

GUIDANCE FOR APPLICANTS

3. General guidance

Applications should address two main issues in respect of specialist training in the medical specialties:

- a. **Duration of Training** A UK surgical training programme consists of two years Basic Surgical Training followed by six years Higher Surgical Training [excluding Oral and Maxillofacial Surgery and Urology, see end of document].
- b. **Duration of Experience** It is expected that duration of combined training and experience will not be less than the entire duration of a UK training programme (i.e. two years BST plus six years HST).
- b. **Content of training and experience** The combination of training and experience must equate to UK training in terms of clinical and theoretical content and Applicants must show that they are at the level of someone who has been awarded a CCT. JCST publishes detailed curricula for each CCT specialty, available from the JCST website.
- c. **Detailed criteria** The PMETB has issued its criteria for evaluation, which is based on the seven headings of *Good Medical Practice*² and is adapted for the medical specialties. This is available from the PMETB website.

In respect of these criteria the following definitions also apply:

- 1) **Basic Surgical Training** Specialist surgical training in the UK includes a minimum of 24 months of BST. BST would normally occur after the internship and consist of rotations of at least three months duration in a minimum of three different surgical specialties.
- 2) **Higher Surgical Training** Applicants must have completed a programme of HST equivalent in content to that required for the award of a CCT in the UK, as defined in the current curriculum of training in the specialty concerned.

The JCST has created its own criteria specifically for the surgical specialties. These are available from both the PMETB and JCST websites. Please be aware that if an application does not contain evidence that meets the surgical criteria it is unlikely to be successful.

5. Procedure for assessment

Applicants should obtain application packs from the PMETB and submit their completed applications to them. The JCST will not distribute or receive applications. Applicants are welcome to seek specialty-specific assistance and advice from the JCST. However, any purely administrative queries, including checks on the status of your application, should be directed to the PMETB. It is important to note that once defined complete by the PMETB, an application will be evaluated by the JCST as presented, so it is in the interests of Applicants to ensure that the evidence required in support of an application is as complete, comprehensive and relevant as possible. If an application contains inadequate or incomplete evidence, this will hinder a thorough evaluation and will be a valid reason for turning down an application.

² Good Medical Practice. GMC.

6. Evidence required to accompany the completed application form

Please refer to the specialty specific criteria for suggested evidence to support an application. Below, certain types of evidence are discussed in further detail:

a. **Logbooks and consolidation (operative summary) sheets** are a vital component of an application. It is impossible for an application to be thoroughly evaluated without these. Applicants should take care to submit logbook evidence for any posts they wish to be evaluated as part of their application. It is very important to submit logbooks for all training posts as well as from the last five years. Following are some suggestions for compiling and submitting logbook evidence:

- 1) Logbooks should be typewritten to make assessment easier. If the original handwritten copy is validated and the applicant cannot get a typed copy validated as well (if, for instance, the authenticator is outside the UK), then both the original and the typewritten copy should be submitted
- 2) All logbooks and consolidation sheets must be validated. Any logbook evidence that is not validated will not be considered
- 3) Hospital printouts that include the patient names are not acceptable. Surgeons in post in the UK should be keeping personal logbooks and if they have not, they should compile these from the original hospital records and have them validated
- 4) There should be a separate consolidation sheet covering logbooks for each post. If the applicant has been in the current post for more than 5 years, annual summaries would be helpful
- 5) Logbooks from posts that are less than 1 month long should not be submitted
- 6) The Royal College of Surgeons of Edinburgh publishes logbook templates at <http://www.rcsed.ac.uk/logbooks/> which Applicants may find helpful

b. **Assessments** If applicants have been in approved UK training posts, formal RITA assessments should have taken place. These should be submitted with the application. If you do not have copies of the assessments and the post was in the last 10 years, copies should be available from the relevant specialty team at the JCST. If formal assessments are available from training that took place outside the UK, these should be submitted as well.

c. **Audits** Many SAS doctors currently in post have taken part in departmental audits. These should be submitted with the application.

d. **Examination** The specialty specific criteria state that all Applicants must demonstrate an appropriate test of knowledge in their surgical specialty. Applicants will be measured against the standards of those who have successfully gained a CCT, and the test of knowledge required for a CCT is the Intercollegiate Fellowship Exam. If an applicant cannot demonstrate success in this exam then other supporting evidence of their knowledge must be very strong indeed. The following may provide evidence of knowledge:

- 1) Success in another examination which can be demonstrated as equivalent (the onus will be on the applicant to provide the necessary evidence for the evaluators to be able to decide whether or not it is equivalent)
- 2) Evidence of the maintenance of knowledge base, validated through independent evidence of career/life long reflective practices, CPD, and audit
- 3) More senior surgeons may be able to demonstrate their knowledge by providing evidence that they are a trainer of advanced trainees in their field of expertise or that they have peer recognition in their field of expertise

It must be stressed that each case is to be judged individually. The evidence submitted, which must itself be of a high standard, will be considered in the context of the whole application, and its automatic acceptance cannot be assumed.

7. **Structured reports** Applicants will be required to give the names and contact details of five persons who will be approached by the PMETB to provide structured reports. Training supervisors would be appropriate, as well as references that cover experience gained in the last five years.

The PMETB suggests that normally nominees should include:

- c. Head of current Institution, e.g. Hospital Director, Medical Director or Head of Academic Department;
- d. two current clinical colleagues of specialist status from the specialty in question;

The JCST also suggests the following nominees:

- e. training supervisors, or relevant representatives of the training institution with a knowledge of the Applicant or of the training programme followed by the Applicant;
- f. substantive consultants in the NHS with knowledge of the applicant (for those based in or who have worked in the UK)

Where Applicants anticipate difficulties in nominating appropriate persons, they should contact the JCST office for advice on possible alternatives. Please note that references should not be submitted from posts that were less than three months duration.

8. **Outcomes of evaluation** Based on the JCST's recommendation, the PMETB will decide whether the Applicant will be approved for Specialist Registration. Where a decision is made that the Applicant should not be entered in the Specialist Register, the PMETB is legally obliged to state how much and what additional training and or assessment applicants must undertake before they may re-apply with evidence that the additional requirements have been successfully met. **Please note that the JCST cannot assist with obtaining training posts and will not advise on career development.** Unsuccessful Applicants may also ask for a review or appeal of the PMETB's decision.

Helpful websites:

www.pmetb.org.uk

www.icst.org

www.gmc.org.uk

www.nhscareers.nhs.uk/nacpme

www.rose.nhs.uk

CCT Surgical Specialties and duration of Higher Surgical Training:

Oral and maxillofacial surgery	5 years
Cardiothoracic surgery	6 years
General surgery	6 years
Neurosurgery	6 years
Otolaryngology (ENT)	6 years
Paediatric surgery	6 years
Plastic surgery	6 years
Trauma and Orthopaedic Surgery	6 years
Urology	see curriculum