

Section B Procedures and rules

B1 Appointment

**Please note that appointment to the SpR grade according to the guidelines outlined below ceased in the United Kingdom on the 31 December 2006. Run through grades in the UK are recruited according to the rules contained in the 'Gold Guide'.*

The postgraduate dean controls the appointment and day-to-day management of trainees in the SpR grade. Trainees must notify the appropriate SAC of their appointment and must maintain close contact with the SAC (through the secretariat) over all aspects of their training, particularly if they are concerned about any matter which cannot be resolved locally.

A Guide to Specialist Registrar Training makes it clear (section 2, paragraphs 28-32) that all members of the full appointments committee should participate in the shortlisting exercise and that a written record is kept.

Appointments committee *

The normal constitution of an appointments committee for a specialist registrar is set out below.

In England and Wales:

- a lay chairman appointed by the appointing authority and ideally a second lay member;
- a representative of the appropriate Royal College or Faculty, preferably from outside the geographical area of the training scheme. This is usually the regional specialty adviser or STC/SAC programme director from a neighbouring region;
- the relevant postgraduate dean or a nominated deputy;
- representatives of the consultant staff in the training location(s) involved in the (rotational) training programme – the composition will depend on local circumstances but will normally be a minimum of two and a maximum of four consultants;
- a nominee from the appropriate university in the region;
- the STC/SAC programme director or chairman of the deanery specialty training committee; and
- a representative of senior management in an employing Trust in the training rotation.

In Northern Ireland, the committee is as detailed above but should include the chairman of the STC and regional specialty adviser or STC/SAC programme director where possible.

In Scotland, the committee will comprise at least five members:

- a chairman selected from a panel drawn up by the postgraduate dean in consultation with the Trusts in his/her region;
- a member from the appropriate section of the national panel of specialists;
- a member of the regional postgraduate medical education committee (usually the postgraduate dean or deputy);
- a senior medical representative of the services principally involved in the training programme for the post in question (e.g. clinical director or consultant); and
- a consultant appointed by the relevant university.

B2 Suggested person specification for a Type I specialist registrar

**Please note that recruitment to the SpR grade according to the below person specification ceased in the UK on 31 December 2006.*

Requirements	Essential	Desirable
1. Qualifications and academic achievements	Qualified medical practitioner	Distinctions, prizes, awards, scholarships, other degrees, higher degrees
	Registered with GMC	Presentations
	FRCS/AFRCS/MRCS or assessment of similar BST by the JCST	Publications
2. Training	Certificate of Completion of Basic Surgical Training (CCBST)	
	Validated logbook indicating appropriate operative experience	
	Competence in preoperative and postoperative management	
3. Personal attributes	Caring attitude	Ability to work in a team
	Honest and trustworthy	Organisational ability
	Reliable	
4. Personal skills and attitude	Potential to cope with stressful situations and undertake responsibility	Initiative
	Understand and communicate intelligibly with patients, colleagues, nursing staff and allied health professionals	A critical enquiring approach to the acquisition of knowledge
	Behave in a manner which establishes professional relationships with patients, colleagues, nursing staff and allied health professionals	
5. Practical requirements	Computer skills	Outside interests
	Evidence of participation and understanding of the principles of audit	
	Ability to work as part of a team	
	Manual dexterity as confirmed by referees	
	SpRs should meet the requirements of their employing health authority.	

B3 Training numbers

**Please note that Training numbers ceased to be allocated to SpRs in the UK on the 31 December 2006. Training numbers for run-through grades are allocated according to the rules set out in the 'Gold Guide'.*

Trainees will be allocated a training number by the postgraduate dean as soon as their appointment has been confirmed. They will retain this number until they have successfully completed their training or until their contract expires. Training numbers are classified by specialty, postgraduate deanery and by individual. Trainees will lose their number if they resign, or are withdrawn from the training programme. Numbers will be retained by trainees during periods of leave of absence, secondment, research periods or during rotations to other regions. For the purposes of this document, references to training numbers apply equally to the Republic of Ireland, which has its own arrangements for numbering trainees.

Training numbers indicate exactly what type of programme a trainee in the SpR grade is pursuing, such that:

- European doctors and overseas doctors with right of residence on Type 1 training programmes leading to a CCT will hold a national training number (NTN);
- overseas doctors without right of residence on a Type 1 programme leading to a CCT will hold a visiting training number (VTN);
- all doctors on Type 2 training programmes in the SpR grade will hold a fixed-term training number (FTN); and
- a holder of a LAT appointment will not hold a training number.

Holding an FTN will signify:

- that the holder is not on a CCT programme; and
- that the holder is on a fixed-term training programme leading to a specific goal which has been discussed and agreed prior to the commencement of training.

An FTN may therefore be available to:

- an overseas doctor without the right of indefinite residence;
- a European doctor, other than a UK national, who wishes to pursue part of their specialist training (Type 1 equivalent) programme in the UK. (In particular, this will allow those from Ireland and some European countries to complete their training when more specialised placements are not available in those countries). See section 2 of *A Guide to Specialist Registrar Training* for details of eligibility for appointment to these posts; and
- a doctor who holds a UK CCT and who benefits from European Community rights or has a right of indefinite residence or settled status in the UK and who wishes to pursue a sub-

specialty training programme within the grade. Such doctors will be an exception and should only be appointed where there is a service need since most sub-specialty training will be undertaken before the award of a CCT.

Recognition of training slots and holders of national training numbers

- NTN's belong to individual trainees. The trainee keeps the NTN until the training contract is completed, irrespective of where the current slot is located. Trainees who resign their training number prior to satisfactorily completing their HST, being awarded a RITA G (see section B5) and passing the relevant intercollegiate specialty examination will not be entitled to the award of a CCT.
- Slots do not have numbers.
- Slots occupied by SpRs must have educational approval from the PMETB.
- Educational approval of a slot does not mean that it will be occupied at all times by an SpR with an NTN. It may be occupied by a VTN, a LAT, a LAS, a FTN, a StR, or be vacant.
- Educational approval of a new slot does not mean that an additional training number is issued.

A Type 1 programme is an approved programme of study which leads to the award of a CCT, assuming all posts have PMETB prospective approval. A Type 2 programme does not lead to the award of a CCT.

B4 Assessment

**Please note that the assessment arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the assessment processes outlined in the ‘Gold Guide’.*

Training in the SpR grade requires steady progress through planned programmes designed to meet the curricular requirements of the specialty concerned. The purpose of assessment is to ensure progress at each level of training. All trainees must meet an agreed standard to be able to proceed from year to year and to achieve a CCT. Trainees have their training progress reviewed through the RITA process with the deanery STC, arranged by the postgraduate dean at six months, one year and annually thereafter. In the case of trainees whose assessments are judged unsatisfactory, additional help and support will be given to enable them to fulfil the requirements of the programme (see section B5).

In addition, the JCST produces an assessment form for completion by both trainer and trainee (for the trainee assessment form or the ‘yellow form’, refer to www.jcst.org) on a six-monthly basis. Consideration of these forms is an essential component of the RITA process, although there may be variations in the assessment process between regions. It is essential that the yellow forms are returned promptly to the Specialty Manager of the SAC, after the assessment/RITA has taken place, and the forms are fully completed and signed by the trainer(s) and the trainee.

A parallel assessment form for trainees to assess their training (training post assessment form or the ‘green form’ refer to www.jcst.org) is used to monitor the effectiveness of the programme. This form is confidential and copies of the training post assessment forms are held in the SAC files, by the postgraduate dean and STC/SAC programme director only. The forms are a useful source of information for SACs.

Annual RITA process

The annual RITA process requires the review of a trainee’s progress by an assessment committee which should comprise a minimum of four members from the following:

- the STC/SAC programme director;
- a representative of the appropriate Royal College or Faculty, preferably from outside the geographical area of the training scheme. This is usually the SAC liaison member;
- a representative of the consultant trainers;
- the chairman of the specialist training committee (if not the STC/SAC programme director or regional specialty adviser);
- the regional specialty adviser;

- the postgraduate dean or his/her representative; and
- a university representative.

Counselling

It is the responsibility of trainers (see section C5), and most particularly STC/SAC programme directors, to counsel trainees encountering difficulties. It is in the interest of trainees, and ultimately of the service, that they are continually appraised of their performance so that any failure to progress can be identified quickly and appropriate advice given. The SAC liaison member also has a role in giving an external and independent view in relation to counselling and monitoring the progress of trainees throughout the training programme.

B5 Record of in-training assessment (RITA)*

**Please note that the RITA assessment arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the assessment processes outlined in the 'Gold Guide'.*

Trainees, convenors of STCs and postgraduate deans should complete the record of in-training assessment (RITA), which provides a record of annual review and of the trainee's progress through the grade. The JCHST assessment forms referred to in section B4, together with other supporting documentation such as the training portfolio, logbooks and curriculum vitae, are elements of the annual review which is recorded using the RITA process. Whilst RITA forms are within the remit of the postgraduate dean, copies will be dispatched to the SAC secretariat along with the trainee assessment forms in order to support the Colleges' statutory obligations with regard to recommending the award of CCTs.

The RITA forms are set out below:

RITA A holds core information on the trainee. A RITA A must be completed before the trainee is registered and a signed copy sent to the SAC within one month of appointment. The RITA A form should only be used once; other RITA forms are used for change of address, recommendations for targeted training and so on, as detailed below.

RITA B lists changes to core information and must be checked against RITA A information at each annual review; changes must be made to dean's database and a copy of the form is sent to the SAC.

RITA C is a record of satisfactory progress. Completed annually and a signed copy returned to the SAC.

RITA D recommends targeted training, but does not affect the CCT date. A RITA C is required at the end of this period for progression.

RITA E recommends repeat training with intensified supervision and affects the CCT date. A RITA C is required at the end of this period for progression.

RITA F records of out-of-programme training or research. This form ensures the NTN/VTN and informs the postgraduate dean and the SAC of progress.

RITA G is issued to Type 1 trainees only as a final record of satisfactory progress, and is required by the SAC as a component of the CCT application. This form should not be completed more than 4 months prior a trainee's CCT date or if the trainee has not yet passed the intercollegiate specialty board examination.

RITA G2 is issued by some deaneries for Type 2 trainees when they reach the end of their training contract to indicate satisfactory completion of this period of training.

Trainees must ensure that copies of their forms are dispatched to the JCST/SAC secretariat.

B6 Remedial action and appeal against assessments of progress

**Please note that the arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the processes outlined in the 'Gold Guide'.*

In the event of trainees not progressing as expected, there are three stages of remedial action.

Stage 1 (RITA D)

Targeted training – closer than usual monitoring and supervision, to address particular needs and to provide feedback

Stage 2 (RITA E)

Repeat of the appropriate part of the programme with intensified supervision, possibly in another location if the STC/SAC programme director considers this to be desirable

Stage 3

Withdrawal from the programme

Targeted training (stage 1), should be regarded as a positive step. It is not punitive or pejorative. Provided the period of targeted training is completed satisfactorily a RITA D would not delay the award of a CCT. A RITA D also commits the trainers to providing a trainee with training that addresses their particular needs.

The appeal process contains various steps (see *A Guide to Specialist Registrar Training*, section 13). At stage 1 (targeted training), trainees have a right to have decisions reviewed by an assessment panel (as far as practicable with all the parties of the annual review panel) whose decision will be final. At stage 2 (repeat experience with intensified supervision) and stage 3 (withdrawal from the programme), there is a two-step process, step 1 being an appeal interview by a panel which will not include those on the annual review panel, and step 2 a formal hearing by a panel chaired by the postgraduate dean which is the final avenue of appeal.

The JCST has discussed the mechanism by which a trainee may appeal against the decision of an SAC in relation to the date of entry or expected date of exit from a CCT programme. The JCST expects that the SAC and the STC will have been in close contact about such matters, and that appeals about expected end of training (CCT) dates will be very rare.

B7 Training agreements

**Please note that the arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the processes outlined in the 'Gold Guide', and the tools included in the Intercollegiate Surgical Curriculum Project (ISCP) at www.iscp.ac.uk*

Trainees are required to complete a formal training agreement with their postgraduate deans defining, in terms of education and training, the relationship, duties and obligations on each side. Section 4 of *A Guide to Specialist Registrar Training* includes guidance on the key elements of a training agreement. The formal training agreement must be included in trainees' training portfolios.

B8 Training portfolios

**Please note that the guidance outlined below applies only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the guidance outlined in the 'Gold Guide', and the tools included in the Intercollegiate Surgical Curriculum Project (ISCP) at www.iscp.ac.uk*

All trainees in the specialist registrar grade (Type 1 trainees, Type 2 trainees and LATs) must keep a training portfolio to include the following information:

- up-to-date curriculum vitae;
- GMC/IMC registration – annual certificate;
- contract of appointment including NTN/VTN/FTN confirmation form;
- BST assessments to show satisfactory completion of BST (top copy);
- confirmation of passing FRCS/AFRCS or MRCS (if grading agreed then include this also). This is essential for trainees in LAT and Type 1 training schemes;
- evidence of successful completion of a basic surgical skills course;
- details of other courses, certificates etc;
- attendance at meetings, reflective learning and utilisation of study leave should be recorded;
- bibliography;
- evidence of publications, front pages and abstracts;
- copy of programme for presentations at meetings, posters etc; and
- evidence that BST/HST posts have been completed satisfactorily.

Evidence could include:

- end of placement assessment forms;
- confirmation that posts held are recognised by one of the Colleges or the JCST;
- training agreements for the whole training programme;
- six-monthly training agreements or training agreements broken into specific periods, ie completion of generality of the specialty or a sub-specialty interest. These would include competencies to be achieved;
- timetable for each post;

- logbook summary sheets – validated for each post and for each year;
- research portfolio (see section B9);
- a summary of satisfactorily completed audit projects;
- confirmation of attending/passing a *Training the Trainer* course or similar course relating to teaching, appraisal or assessment;
- confirmation of attending/passing management skills course;
- details of absences from training, study leave, courses, research, sickness, maternity leave etc;
- any other information a trainee wishes to include such as:
 - details of courses attended that are not essential requirements for a CCT;
 - bibliography – full originals of publications;
 - a fully validated logbook.

B9 Research portfolio

A trainee going into routine practice as a surgeon at consultant level should:

- be able to read a paper and appreciate its worth;
- be conversant with core statistical methods;
- carry out audit of outcome and process as part of routine clinical practice within a team context;
- retain an attitude of enquiry tempered by healthy criticism;
- be able to present simple research work coherently.

In order to meet these aspirations all trainees should keep a record of research and audit activities. The STC/SAC programme director should review and appraise this record and use it to maintain a programme of goals for a developing trainee leading towards consistent practice. In terms of core standards the portfolio itself must show evidence of reflection and insight. It is reasonable to expect trainees to have presented something annually on a teaching programme and to have presented some audit or small research programme annually to the local group. Research leading to peer-reviewed papers and papers at nationally acclaimed, peer-reviewed meetings is to be expected but would not be in itself an essential requirement as evidence of satisfactory training. In the absence of such peer-reviewed recognition, the overall make up of the research portfolio must be otherwise strong enough to reassure STC/SAC programme directors and SAC inspectors that the skills of the individual trainee meet the aims and objectives laid out. Ongoing commitment to audit is also essential and clear documentation of those projects should be present in the portfolio.

Over a period of training, the record should accumulate the following:

- at least one review of a component of the literature;
- a demonstration of statistical knowledge in the form of an analysis of a piece of literature;
- a diary of papers read or perhaps a portfolio of papers reviewed;
- a list of talks given locally on training programmes;
- a list of local papers read to the local research meetings or trainees research forum within a region – over perhaps four to six years;
- a list of national level presentations;
- a list of papers published; and
- at least one audit outcome and one audit of process project.

B10 Intercollegiate Specialty Board Examination

Award of the CCT depends in part upon successful completion of both sections of the Intercollegiate Specialty Board examination. Full details, examination dates and entry forms may be obtained from:

The Intercollegiate Specialty Board
2 Hill Place
Edinburgh
EH8 9DS

Tel: 0131 662 9222

Fax: 0131 662 9444

www.intercollegiate.org.uk

The Intercollegiate Specialty Board (ISB) exam is usually taken after HST in the generality of the specialty is completed. The ISB will seek confirmation of eligibility for the exam by requesting three references, all of which must be from individuals on the UK/Irish Specialist Register, and one of which must be the trainee's current programme Director.

It is not the responsibility of the SAC to determine an applicant's eligibility to sit this examination.

B11 CCT and the specialist register

The award of the CCT will mark completion of HST. The certificate will be issued by the PMETB following recommendation and advice from the JCST, and will allow access to the GMC Specialist Register. Substantive consultants in the NHS must be on the GMC Specialist Register. Fellows of the Royal College of Surgeons in Ireland who have completed training in the Republic of Ireland will be recommended for the award of the Certificate of Specialist Doctor (CSD) by the Irish Medical Council.

The CCT/CSD is recognised throughout the EEA as certification that a doctor has completed specialist training, provided the holder has a primary medical qualification awarded in the EEA. Other EEA countries will usually recognise CCTs for the purposes of their own specialist registration, just as the GMC will usually recognise comparable qualifications from other EEA countries for specialist registration.

Those who can not be awarded a CCT but wish to be on the Specialist Register can apply for assessment via the Article 14 route (CESR). More information about Article 14 can be found on the PMETB website at www.pmetb.org.uk.

Applying for the CCT

Five months prior to the completion of the Type 1 training programme, trainees will receive an application for the award of the CCT from the SAC. At the same time, the SAC will seek an end of training report from the trainee's STC/SAC programme director. It is the responsibility of the trainee to ensure that all the paperwork is completed in sufficient time for the recommendation of their CCT. The SAC will also require confirmation that the trainee has passed the intercollegiate specialty examination if confirmation of this is not already on file. A RITA G should also have been received from the Postgraduate Dean no more than four months prior to the trainee's CCT date.

The completed paperwork will be forwarded to the SAC Chair or liaison member for approval and a recommendation will be made to the PMETB. The PMETB then considers the application and, if satisfied, issues the CCT. The date on the CCT is the PMETB approval date and will not necessarily be the date of completion of training. The PMETB will inform the GMC of eligibility for entry to the Specialist Register. Each trainee is required to apply to the GMC at this stage for entry; details of this should be forwarded to the applicant by the PMETB.

B12 European trainees and overseas doctors*

This section is largely historical, as appointments to the SpR grade in the UK have now ceased.

Doctors from EEA countries have been eligible for entry into HST in the UK (as they are now for entry into run-through training) and are still eligible for entry into HST in Ireland, competing directly with UK and Irish graduates. However, prior to appointment, the Postgraduate Dean will have needed to establish that their training meets standards consistent with the entry criteria required of UK and Irish graduates; the certificate of completion of basic surgical training (CCBST) ensures this.

An overseas doctor who is appointed to a Type 1 training programme will be allowed to continue training to the end of that programme, provided that satisfactory progress is achieved. In such cases, the overseas doctor will be able to acquire a CCT but, thereafter, there will be no right of continuance in the UK and that doctor will be expected to return to their country of origin.

Similarly, a doctor who is appointed to a Type 2 fixed-term training appointment (FTTA) programme will be entitled to stay for the duration of that programme. They would also be expected to return to their country of origin once the training goal of the FTFA is achieved (see section B13).

* See A Guide to Specialist Registrar Training, section 9

B13 Fixed-term training appointments and locum appointments*

**Please note that appointment to LATs and FTTAs according to the guidelines outlined below ceased in the United Kingdom on the 31 December 2006. LATs and FTSTAs (Fixed Term Specialty Training Appointments) in the UK are recruited according to the rules contained in the 'Gold Guide'.*

Locum appointments

Occasional vacancies in training posts will be filled either by an appointment to cover the service element of the vacancy or by an appointment which acknowledges the training value of the vacancy.

Locum appointments for service (LASs) are for service purposes only and are not training appointments. They should be limited to a maximum of three months and cannot be counted towards the award of the CCT.

Locum appointments for training (LATs) are training opportunities that do not normally run for a period of less than three months or exceed one year. They have sufficient training potential to allow holders to receive training recognition, and should be educationally approved prospectively by PMETB. Appointment to a LAT does not result in the allocation of a training number and it is not possible to obtain a CCT without first being appointed to a Type 1 training programme in open competition. Periods of training in LAT appointments may be counted towards calculating the level of entry to a Type 2 programme, as well as towards a CCT once appointed to a Type 1 programme. This is subject to the following guidelines:

- the minimum period of LAT time recognised towards the award of CCST will be three months;
- the maximum (cumulative) period of recognised LAT time is normally twelve months but may exceptionally be extended to twenty four months;
- LAT appointments do not need to have been undertaken in the same programme or in continuity with appointment to a Type 1 or Type 2 training programme;
- more than one LAT appointment in different programmes, may be cumulatively recognised. However, no more than two, three-month LAT appointments will be recognised;
- all LAT posts are educationally approved by PMETB. However, in order to be recognized towards the CCT, each LAT holder must have met the entry criteria for appointment to a Type 1 training programme at the time of appointment;
- for more than one LAT appointment and, in particular for more than twelve months to be approved, there must be evidence (from assessment forms, logbooks and training agreements) of a structured programme showing progression through the SpR grade rather than a scattering of single LAT appointments;

- there must be evidence of satisfactory progress at the appropriate year of training via the JCHST assessment forms and the RITA process. Copies of all the JCHST trainee assessment forms, the appropriate RITA forms covering the relevant LAT appointments and a consolidation sheet from the logbook must be sent to the JCHST office.

Requests for time spent in LAT appointments to be recognised towards the award of CCT should be made when a trainee is appointed to a Type 1 training programme and is enrolled by the relevant SAC ie within a trainee's first year in a substantive SpR post. However, as LAT posts are educationally approved by PMETB, there is no deadline for recognition of LAT posts and no further PMETB approval is required. The request must be accompanied by support from the STC/SAC programme director. Recognition of time in LAT posts is not automatic.

* See A Guide to Specialist Registrar Training, section 7

Fixed-term training appointments (FTTAs)

FTTAs (also known as Type 2 training) have been subject to some significant changes as described in A Guide to Specialist Registrar Training.* Previously, only doctors who did not have a right of indefinite residence or settled status in the UK were eligible to apply for FTTA appointments. FTTAs can now be undertaken by doctors benefiting from European Community rights of residence other than UK nationals. However, post-CCT FTTAs are open to UK nationals. All doctors appointed to an FTTA will have been given a fixed-term training number (FTN), distinct from a NTN or a VTN (these are only available to doctors on Type 1 programmes leading to the award of CCT).

Recognition of FTTAs

A doctor who undertook an FTTA programme and who subsequently entered a programme leading to the award of CCT (a Type 1 programme) may have relevant experience acquired during FTTA training taken into account when the expected date of completion of training is decided. In surgery, the following guidelines will apply:

- the minimum period of FTTA time recognised will be six months;
- transfer to a Type 1 programme must have been via a competitive appointments process and at least one year must be spent in Type 1 training prior to award of CCT;
- FTTA appointments do not need to have been undertaken in the same programme or in continuity with the substantive appointment;
- more than one FTTA, in different programmes, may be cumulatively recognised. However, there must be evidence (from assessment forms and training agreements) that a structured programme has been followed, rather than a scattering of single posts; and
- recognition of FTTA training is dependent upon postholders achieving a satisfactory assessment of progress and will be at a level commensurate with the training provided. If a RITA E is issued, the training period can not count towards a Type 1 programme.

- As FTTA posts were educationally approved by PMETB, those in Type 1 programmes can apply to have a period of FTTA recognized towards their CCT at any time. No further approval by PMETB is necessary.

Doctors appointed to an FTTA post must have attained a similar standard to that required for entry to a CCT programme. FTTAs are usually between six months' and two years' duration, but can be longer if there is an agreed goal between the postgraduate dean and the appointee before the FTTA begins.

* See A Guide to Specialist Registrar Training, section 5

B14 Less than full-time (LTFT) training

The intention of less than full-time (LTFT) training is to retain doctors in the NHS who might otherwise leave because they are unable to take up full-time appointments, in line with EC Directive 2005/36/EC on recognition of professional qualifications and previous legislation now superseded by that directive. LTFT training slots are open to all SpRs with well-founded reasons, such as domestic commitments, disability or ill-health, which prevent them working full-time. Trainees are required to work a minimum of five sessions per week (50%), plus appropriate additional duty hours. Trainees considering training LTFT should discuss any opportunities with the Postgraduate Dean, as early as possible. Trainees wishing to undertake LTFT training must be appointed by a properly constituted appointments committee in open competition. It is possible to move from full-time to LTFT and vice versa, to move between regions and to undertake training outside the UK. Section 6, paragraph 2 of *A Guide to Specialist Registrar Training* refers to the particular need to ensure that calculation of the required training period for LTFT training reflects the requirements of Annex 1 of EC Directive 93/16/EEC – now incorporated, in amended form, in Article 22 (a) of Directive 2005/36/EC. It is not possible to complete training in a shorter time overall through LTFT training. For further details, refer to section 6 of *A Guide to Specialist Registrar Training*.

PMETB requires that all LTFT training either takes place in an educationally-approved slot or that they prospectively approve the training on an *ad personam* basis. Upon being offered LTFT with their deanery, all trainees should establish whether they will be training in an educationally-approved slot. Deaneries usually use supernumerary funding for LTFT training, but occasionally have additional training capacity outside of educationally approved slots in which they will place LTFT trainees. If trainees are in these supernumerary slots outside of the educationally approved programmes, additional PMETB prospective approval is required for this training to count towards the CCT.

All LTFT trainees must submit the following to the SAC, as SAC support for all LTFT training is needed, whether it is in a PMETB-approved slot or not:

- Details of the proposed LTFT training e.g. timetable or number of sessions to be worked;
- Start and end date of LTFT training;
- Details of any periods spent outside training e.g. sick leave, study leave or maternity leave;
- Letter of support from the Programme Director or Postgraduate Dean with confirmation that the trainee will occupy an approved slot.

If a trainee is in an educationally approved slot, once SAC support is given, no further applications need to be made to PMETB.

If a trainee is not placed in a PMETB educationally-approved slot, the PMETB must also prospectively approve the LTFT training. This must be done before the trainee starts work in the post, so trainees should begin their paperwork in good time as they must apply for both SAC support and PMETB approval. Once SAC support is given, the Deanery must then submit the following to PMETB as part of an application for prospective approval:

- Letter from the Postgraduate Dean which outlines support for the post and confirms that the post will meet the necessary training and educational requirements;
- Copy of the letter from the SAC confirming their support
- Name of hospital;
- Job Description;
- Learning outcomes for the post;
- Current CV.

Once trainees have been granted approval for a period of LTFT, it is important that any changes that are made to either the timetable or to the duration of LTFT are reported to the SAC and PMETB as outlined above.

B15 Research

All trainees are encouraged to undertake research and are expected to develop an understanding of research methodology during the period of HST.

Guidelines for recognition of research

Please also refer to section B9 on the research portfolio.

Trainees may wish to take a period out-of-programme to undertake research. Up to 12 months of research may be recognised towards the CCT if prospectively approved by PMETB, although longer periods out-of-programme may be needed to complete the research. A clear timescale for writing up research should be agreed at the RITA meeting. Research may be undertaken at any time during the HST programme, although it is not recommended during the final year of training and will not normally be accepted in the final six months prior to the CCT date.

Recognition of research is also subject to the following guidelines:

- It must be prospectively supported by the STC/SAC Programme Director and the deanery;
- It must be prospectively supported by the SAC;
- It must have prospective approval from the PMETB;
- It must be properly supervised by a designated (named) research supervisor.

The CCT date will automatically be extended by the duration of the time taken out-of-programme for research.

If a trainee wishes to have the time spent in research recognised towards the CCT, evidence must be provided to the SAC that the research has met at least one of the following minimum criteria:

- It has been written up and submitted for a higher degree and there is a satisfactory reference from the research supervisor;
- It has resulted in a peer reviewed publication which the SAC considers to be of an appropriate level (either accepted or published);
- A higher degree has been awarded (only notarised copies of the degree can be accepted as per PMETB guidance).

Before the SAC can evaluate whether a trainee's out-of-programme research has met the above criteria, the SAC require written confirmation that the appropriate prospective approval was granted prior to beginning the research.

Those wishing to undertake a period of research of more than one year must notify the SAC and the Postgraduate Dean in advance. Such trainees must be subject to annual assessment. During periods of research, trainees will be permitted to retain their training numbers, with the consent of the Postgraduate Dean and the SAC. Where research is undertaken outside the scope of a structured programme, trainees will need to ask the Postgraduate Dean to confirm

that their training numbers may be retained. Some trainees undertaking prolonged or highly focused research may not complete a standard training programme and therefore may not be eligible for award of a CCT. They can, however, apply to the PMETB for assessment of equivalence to the CCT standard via Article 14 and, if successful, subsequently apply to the GMC for entry to the Specialist Register.

Clinical work by those engaged in prolonged research may be recognised proportionately during the second and third years of prolonged research that leads to a PhD or other higher degree, even if the clinical work occupies less than 50% of the working week.

Support may also be given by the appropriate SAC for clinical teaching fellowships undertaken during HST. A maximum of one year undertaking a clinical teaching fellowship may be recognised towards the award of a CCT. Prospective support from the SAC and prospective approval from PMETB must be sought prior to starting the post (as outlined above), and confirmation of recognition of time towards the CCT will be subject to satisfactory completion of the post.

***After 31 July 2007, retrospective recognition of research undertaken prior to entry to the SpR grade can no longer be counted towards the CCT. This is in line with the PMETB rules that state that all periods of training intended to count towards a CCT must be prospectively approved by PMETB.**

B16 Advanced surgical special interest training*

Special interest training builds on training in the generality of the surgical specialty. The curricula include special interest elements for each surgical specialty and, for SpRs, these take place within a Type 1 programme and contribute to the CCT training period. In special circumstances, and with the agreement of the deanery, it may be possible to pursue special interest training within the SpR grade but outwith a CCT programme, after the award of the CCT (see section B13). Opportunities for special interest training may be restricted because of decisions about priorities and limitations on the number of training opportunities and the expected NHS service requirements.

Special interests for trainees who are awarded a CCT in one of the surgical specialties are not listed as sub-specialties on the GMC Specialist Register.

HST consists of training in the generality of the surgical specialty, as well as advanced training in the specialist area(s) of the trainee's choice. Arrangements vary from one surgical SAC to another but, in general, the first four or five years of HST are spent in training in the generality of the specialty, and the last one or two years are spent in advanced surgical training, usually in the specialist area of the trainee's choice. The JCST advises that these training slots should be designated by the deanery as advanced surgical training slots and not as 'fellowships', as the latter may not be educationally approved by PMETB.

An advanced training slot provides specialist training in an area regarded by the SAC in the surgical specialty as contributing to a developing expertise resulting in a trainee being able to declare a special interest as part of consultant practice. Ordinarily, trainees should not be placed in such slots before they have passed the relevant intercollegiate specialty board examination.

Advanced training slots may be:

- part of rotations in the trainee's own programme;
- obtained in other UK training programmes, either by arrangement or through national advertisements;
- undertaken outside the UK.

If advanced training is undertaken in the UK but is not part of a PMETB educationally approved programme, a trainee's deanery must apply to PMETB for prospective approval of the post if it is to be counted towards the CCT. The process for this is similar to that for recognition of Research (B15) and training undertaken outside the UK (B18). The same applies for training undertaken outside the UK if it is not part of a PMETB-approved programme. Prospective approval of any period of training must be given by PMETB, with the support of the SAC given first.

Interface training slots should be educationally approved and do not require further approval from the PMETB. However, if trainees undertake interface training posts they will need the prospective support of the SAC. Furthermore, upon completion of the post, the SAC will need to ensure that they met the requisite standard in order for the period to count towards the CCT.

B17 Academic clinical medicine*

**Please note that the guidelines outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Academic Clinical Fellows in run-through training in the UK must use the guidelines outlined in the 'Gold Guide', and the tools included in the Intercollegiate Surgical Curriculum Project (ISCP).*

Holders of academic clinical medicine and honorary SpR appointments must participate in approved rotational programmes if they are ultimately to be considered for the award of the CCST. SACs will have the responsibility to judge any equivalence of training in academic clinical medicine that might be claimed by the trainee. NTNs will be required for such trainees. University appointments in academic clinical medicine are a matter for the relevant university. However, where these are an integral part of a CCT programme for which an NTN/VTN is required, it is essential that both the relevant Royal College (or, in Scotland, the national panel of specialists, or the equivalent in Northern Ireland) and the postgraduate dean are represented on the appointment committee.

*** See A Guide to Specialist Registrar Training, section 10**

B18 Training outside the UK

B18.1 Prospective approval of training outside the UK undertaken during the SpR grade

It is possible for time spent outside the UK by trainees during their HST programme to count towards the CCT provided the following requirements are met:

- Trainees must obtain prospective provisional support from the SAC in the relevant specialty for any time spent outside the UK during HST.
- Trainees must obtain prospective approval from the PMETB via their deanery for any time spent in unapproved posts; this includes all posts outside the UK.
- Clinical training outside the UK up to a maximum of one year may be recognised;

Final recognition will only be given after completion, when the SAC can confirm that the trainee met all educational requirements. The SAC will make the final decision as to whether the post is appropriate to count towards the CCT. This is subject to:

- the provision by the trainee and supervisor of a report on the training experience once the trainee has returned to the UK; and
- consideration of these reports, the logbook summary sheets and assessment material by the SAC.

Trainees should note that, if they train outside the UK in their final year of training, they will have to make arrangements with their Postgraduate Dean to have a RITA G assessment before their College Notification Form (a requirement for the award of CCT) can be signed by the postgraduate dean or a representative. The RITA G assessment should take place no more than four months before the anticipated CCT date. A CCT will not be awarded until evidence of satisfactory completion of training undertaken overseas has been received and approved.

B18.2 Recognition of training undertaken outside the UK prior to entry to the UK SpR grade

After 31 July 2007, retrospective recognition of overseas training undertaken prior to entry to the SpR grade can no longer be counted towards the CCT. This is in line with PMETB rules which state that, in order to be counted towards the CCT, all periods of training must be in posts prospectively approved by the PMETB.

B19 'Acting up' as a consultant

Trainees can spend three months of their last year of training 'acting up' as a consultant, if the post adheres to the following regulations:

- The post must be defined as an 'acting up' UK NHS consultant post and not a 'locum' consultant post. Posts outside the UK cannot be considered;
- The trainee must have a named consultant supervisor in the same hospital. If this named supervisor is not in the same specialty, it must be a linked specialty; a supervisor in the same specialty must be available, but not necessarily in the same hospital;
- The trainee must have been successful in both sections of the Intercollegiate Specialty Board examination;
- The period can only be in the last year of training;
- The maximum period recognised will be three months (irrespective of whether it is carried out as full-time or LTFT);
- The post may only be acting up for an absent consultant and not for a new post; it could not be used to address waiting list work or other service needs;
- The trainee must be acting up from his/her SpR post and must retain the SpR contract and training number;
- Provisional support for the time must be sought from the relevant SAC, with any application including written support from the STC/SAC programme director;
- This period of recognition is subject to a satisfactory written report from the consultant supervisor. The CCT will not be recommended until the report from the named consultant supervisor is received by the SAC;
- If this period of acting up as a consultant is **not** intended to count towards the trainee's CCT, then PMETB does not need to become involved in any form.
- If the period of acting up as a consultant **is** intended to count towards the trainee's CCT, prospective approval from PMETB must be sought.
- This prospective approval application has to be consistent with other PMETB approval mechanisms. That is, applications should come via the Deaneries who should complete a Form B (specifying that it is a Acting Up Consultant – or AUC – post) and a covering letter confirming Deanery support for the post. The letter confirming SAC support should also be included.

Should it become compulsory for any locum or acting consultant to be listed in the GMC's Specialist Register, such recognition will no longer be granted.

B20 Leaving the grade

For Type 1 trainees, employment in the SpR grade will not end for a period of six months after the date of completion of training. Type 2 trainees are not entitled to a similar period of grace.

If consultant status has not been achieved by that time, there remains the opportunity for a single negotiation of contract extension with the postgraduate dean to allow a reasonable time to find a consultant post. Section 16 of *A Guide to Specialist Register Training* gives details of the administrative arrangements involved. It is not the responsibility of the JCST or its SACs to become involved in these events.