



The Trainee Doctor

Foundation and specialty, including GP training

General
Medical
Council

Regulating doctors
Ensuring good medical practice

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
 - Keep your professional knowledge and skills up to date
 - Recognise and work within the limits of your competence
 - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
 - Treat patients politely and considerately
 - Respect patients' right to confidentiality
- Work in partnership with patients
 - Listen to patients and respond to their concerns and preferences
 - Give patients the information they want or need in a way they can understand
 - Respect patients' right to reach decisions with you about their treatment and care
 - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
 - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
 - Never discriminate unfairly against patients or colleagues
 - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

The Trainee Doctor

Published February 2011.

The publication of *The Trainee Doctor* coincides with the consultation on proposals for the future of education and training for the healthcare workforce in England, set out in *Liberating the NHS: Developing the Healthcare Workforce*.

The new framework is likely to change the roles of healthcare providers in relation to commissioning education and training.

We propose to review this document to ensure it is clear where responsibility to meet the standards lies once the direction of the structural reforms to education and training are confirmed.

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Introduction

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

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

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

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

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

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

Developmental standards

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

Contextual information

Language used in this document

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

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

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

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

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

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

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

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

Relationship with the GMC's other standards

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

Relevance to *Good Medical Practice*

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

Standards for postgraduate training

Domain 1 – Patient safety

Purpose

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

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

Responsibility

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

Evidence

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

Standards

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

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

Mandatory requirements

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

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

Foundation training mandatory requirements

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

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

Domain 2 – Quality management, review and evaluation

Purpose

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

Responsibility

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

Evidence

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

Standard

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

Mandatory requirements

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

Domain 3 – Equality, diversity and opportunity

Purpose

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

Responsibility

Postgraduate deans, LEPs, trainers and trainees, medical Royal Colleges and Faculties, and specialty associations other colleagues working with trainees and local faculty

Evidence

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

Standard

Training must be fair and based on principles of equality.

Mandatory requirements

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

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

Domain 4 – Recruitment, selection and appointment

Purpose

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

Responsibility

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

Evidence

Deanery data, trainee surveys, national and local recruitment processes

Standard

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

Mandatory requirements

- 4.1** Candidates will be eligible for consideration for entry into specialty training if they:
- (a) are a fully registered medical practitioner with the GMC or are eligible for any such registration
 - (b) hold a licence to practise or are eligible to do so
 - (c) are fit to practise
 - (d) are able to demonstrate the competences required to complete foundation training. This covers candidates who have completed foundation training, candidates who apply before completion and those who have not undertaken foundation training but can demonstrate the competences in another way.
- 4.2** The selection process must:
- (a) ensure that information about places on training programmes, eligibility and selection criteria and the application process is published and made widely available in sufficient time to doctors who may be eligible to apply
 - (b) use criteria and processes which treat eligible candidates fairly
 - (c) select candidates through open competition
 - (d) have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were discriminatory
 - (e) seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required.
- 4.3** Selection panels must consist of persons who have been trained in selection principles and processes.

- 4.4 Selection panels must include a lay person.
- 4.5 There must be comprehensive information provided for those within postgraduate programmes about choices in the programme and how they are allocated.

Foundation training mandatory requirement

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

Domain 5 – Delivery of approved curriculum including assessment

Purpose

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

Responsibility

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

Evidence

Approvals, surveys, deanery data, visits

Standards

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

(a) Education and training

Mandatory requirements

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

Foundation training mandatory requirement

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

(b) Assessment

Mandatory requirements

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

Foundation training mandatory requirements

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

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

- 5.16** A range of methods of assessment should contribute to the overall judgement about the performance of a foundation doctor, including evidence of direct observation of the foundation doctor's performance; reports from colleagues about the foundation doctor's performance; discussions with the foundation doctor about their performance; and the foundation doctor's portfolio. Other sources of evidence providing insight to competence should be recorded and may include feedback from patients who have been in contact with the foundation doctor and the outcome of audits.
- 5.17** The evidence on which the completion of the certificate of experience and the achievement of F2 competence document is based must be clearly identified by educational supervisors. At the end of each placement within the Foundation Programme, the educational supervisor in conjunction with the deanery, must assess whether the foundation doctor has met the necessary outcomes.

(c) Performance feedback

Mandatory requirements

- 5.18** Trainees must have regular feedback on their performance within each post.
- 5.19** All doctors and other health and social care professionals who have worked with trainees should have an opportunity to provide constructive feedback about the trainee's performance.
- 5.20** Trainees must maintain a personal record of educational achievement to describe and record their experiences, and to identify strengths and weaknesses, which should include summaries of feedback from the educational supervisor, significant achievements or difficulties, reflections of educational activity, and the results of assessments.

Domain 6 – Support and development of trainees, trainers and local faculty

Purpose

This domain covers the structures and support, including induction, available to trainees, trainers and local faculty.

Responsibility

Postgraduate deaneries, trainers and local faculty, LEPs, employers, and trainees

Evidence

Surveys, deanery quality management data, visits

Standard

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn.

(a) Induction

Mandatory requirements

- 6.1** Every trainee starting a post or programme must be able to access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; their duties and reporting arrangements; their role in the inter-professional and inter-disciplinary team; workplace and departmental policies and to meet key staff.

- 6.2** At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve in the post.

(b) Educational supervision

Mandatory requirements

- 6.3** Trainees must have, and be told the name and contact details of, a designated educational supervisor.
- 6.4** Trainees must sign a training/learning agreement at the start of each post.
- 6.5** Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative).
- 6.6** Trainees must meet regularly with their educational supervisor (or representative) during their placement: at least at the beginning and end of each placement for foundation doctors; and at least every three months for specialty trainees, to discuss their progress, outstanding learning needs and how to meet them.
- 6.7** Trainees must have a means of feeding back in confidence, their concerns and views about their training and education experience to an appropriate member of local faculty or the deanery, without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected.

- 6.8** There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements.
- 6.9** Trainees must have relevant, up-to-date, and ready access to career advice and support.

(c) Training

Mandatory requirements

- 6.10** Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy), in accordance with the approved curriculum, add educational value and be appropriately supervised.
- 6.11** Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.
- 6.12** Training programmes must include placements which are long enough to allow trainees to become members of the team and allow team members to make reliable judgements about their abilities, performance and progress.
- 6.13** While trainees must be prepared to make the needs of the patient their first concern, trainees must not regularly carry out routine tasks that do not need them to use their medical expertise and knowledge, or have little educational value.
- 6.14** Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.

- 6.15** Access to occupational health services for all trainees must be assured.
- 6.16** Trainees must be able to access training in generic professional skills at all stages in their development.
- 6.17** Trainees must have the opportunity to learn with, and from, other healthcare professionals.
- 6.18** Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.
- 6.19** Access to confidential counselling services should be available to all trainees when needed.
- 6.20** Information must be available about less than full time training, taking a break, or returning to training following a career break for any reason including health or disability.
- 6.21** Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty.

Foundation training mandatory requirement

- 6.22** Prior to taking up their first F1 placement, new doctors should, wherever practicable, have a period working with the F1 who is in the post they will take up. The 'shadowing' period should normally last at least one week and take place as close to the point of employment as possible, and is distinct from the general induction sessions provided for new employees and foundation doctors.

(d) Study leave

Mandatory requirements

- 6.23** Trainees must be made aware of their eligibility for study leave and how to apply for it and be guided on appropriate courses and funding.
- 6.24** Where eligible, trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.
- 6.25** The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.

(e) Academic training

Mandatory requirements

- 6.26** Trainees must be made aware of the academic opportunities available in their programme or specialty.
- 6.27** Trainees who believe that their particular skills and aptitudes are well-suited to an academic career, and are inclined to pursue it, should receive guidance in that endeavour.
- 6.28** Specialty trainees who elect and who are competitively appointed to follow an academic path, must be sited in flexible approved programmes of academic training that permit multiple entry and exit points (from standard training programmes) throughout training.

Standards for trainers

All doctors who have completed specialty training can and do act as supervisors². Many doctors develop the role to become educational supervisors. These standards apply to all such doctors; however, the requirements may specify where they apply only to educational supervisors or others with educational responsibilities.

Standard

Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.

Mandatory requirements

- 6.29** Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.

- 6.30** Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.

- 6.31** Trainers must regularly:
 - (a) review the trainee's progress through the training programme
 - (b) adopt a constructive approach to giving feedback on performance
 - (c) ensure the trainee's progress is recorded
 - (d) identify their development needs
 - (e) advise on career progression
 - (f) understand the process for dealing with a trainee whose progress gives cause for concern.

Standard

Trainers must be involved in, and contribute to, the learning culture in which patient care occurs.

Mandatory requirements

- 6.32** Trainers must ensure that clinical care is valued for its learning opportunities; learning, assessment and teaching must be integrated into service provision.

- 6.33** Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions.

Standard

Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees.

Mandatory requirements

- 6.34** Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.

- 6.35** Postgraduate deaneries must have structures and processes to support and develop trainers, and must provide trainers with information about how to access training and support to help them to undertake their roles and responsibilities effectively.

- 6.36** Trainers with additional educational roles, for example training programme director or director of medical education, must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities.
- 6.37** GP trainers must be trained and selected in accordance with the Medical Act 1983.

Standard

Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

Mandatory requirements

- 6.38** Trainers must have knowledge of, and comply with, the GMC's regulatory framework for medical training.
- 6.39** Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.

Domain 7 – Management of education and training

Purpose

This domain covers organisational management at administrative and executive level.

Responsibility

Postgraduate deans, medical Royal Colleges and Faculties/specialty associations, LEPS, employing organisations and others as appropriate

Evidence

Deanery and LEP data, surveys, policies, strategic business and management plans, service level agreements with organisations employing trainee doctors relating to education and training

Standard

Education and training must be planned and managed through transparent processes which show who is responsible at each stage.

Mandatory requirements

- 7.1** Postgraduate training programmes must be supported by a management plan with a schedule of responsibilities, accountabilities, and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes. For foundation training this also includes the responsibilities of universities and foundation schools.
- 7.2** All employing organisations, as LEPs of postgraduate training, must consider postgraduate training programmes at board level. It is highly desirable that they have an executive or non-executive director at board level, responsible for supporting postgraduate training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in postgraduate training.
- 7.3** There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering and managing training and education at institutional level, such as directors of medical education and board level directors with executive responsibility, such as medical director, finance director, or director of clinical governance.

Foundation training mandatory requirement

7.4 Foundation year one doctors must have written approval from their university to accept a programme that completes their basic medical education, evidenced either through participation in the academic and national recruitment to the foundation programme process, or, if appointed locally to a training post in the Foundation Programme, by a letter from the medical school confirming approval to take up the post or programme, and the arrangements for signing the Certificate of Experience. If a provisionally registered doctor is appointed to a Locum Appointment for Training (LAT) post, the postgraduate deanery or foundation school linked to the graduating medical school must be involved in the recruitment to the LAT post and ensure it meets the standards and content set out in *The Trainee Doctor*.

Domain 8 – Educational resources and capacity

Purpose

This domain addresses both the physical requirements for facilities to support postgraduate training and also the service, workload, management, supervisory and educational capacity of the organisation providing the training.

Responsibility

Employers to provide; postgraduate deans to secure; medical Royal Colleges and Faculties/specialty associations and others developing curricula to clarify in the approved documentation

Evidence

Deanery and LEP/other organisation data, data from other regulators, surveys, visits

Standard

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

Mandatory requirements

- 8.1** The overall educational capacity of the organisation and any unit offering postgraduate training posts or programmes within it must be adequate to accommodate the practical experiences required by the curriculum.
- 8.2** There must be access to educational facilities, facilities for a range of investigations and resources (including access to the internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the training programme as specified in the approved curriculum.
- 8.3** There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (for example, undergraduate medical students, other undergraduate and postgraduate healthcare professionals and non-training grade staff).
- 8.4** Trainers, including clinical supervisors and those involved in medical education must have adequate time for training identified in their job plans.
- 8.5** Educational resources relevant to, and supportive of, the training programme must be available and accessible, for example, technology enhanced learning opportunities.
- 8.6** Trainees must have access to meeting rooms, teaching accommodation and audiovisual aids.

- 8.7** Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, wet labs and simulated patient environments. Foundation doctors must have these opportunities, where they are supported by teachers, before using these skills in clinical situations.

Domain 9 – Outcomes

Purpose

This domain is concerned with the outcomes of training programmes and the achievements of trainees.

Responsibility

The GMC, postgraduate deans, LEPs, medical Royal Colleges and Faculties/ specialty associations, educational supervisors and trainees

Evidence

Trainee progression data, for example assessment and examination results; data about sign-off procedures and registration; data on trainee recruitment, appointment and satisfaction with the results analysed by ethnicity, place of qualification, disability, gender and part time training/work; trainee survey results

Standard

The impact of the standards must be tracked against trainee outcomes and clear linkages should be made to improving the quality of training and the outcomes of the training programmes.

The outcomes for provisionally registered doctors and competences for the Foundation Programme are published in this document and in the Foundation Programme curriculum. All doctors must demonstrate these outcomes and competences before successfully completing the Foundation Programme.

Mandatory requirement

- 9.1** Organisations providing postgraduate training must demonstrate they are collecting and using information about the progression of trainees to improve the quality of training.

- 9.2** Trainees must have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes.

- 9.3** Those responsible for managing postgraduate medical education are required to report to the GMC on the outcomes of training.

Standards for deaneries

- 29** The *Standards for deaneries* were introduced following the positive response to proposals on quality management as set out in the *Quality Assurance Framework Consultation* (September 2007). Quality management (QM) is the term used to describe the arrangements by which a postgraduate deanery discharges its responsibility for the standards and quality of foundation and specialty training. Through its QM activities, a deanery satisfies itself that LEPs are meeting the GMC standards through robust reporting and quality control mechanisms. Each standard has its own accompanying set of requirements which articulate how deaneries are able to demonstrate achievement of the relevant standard.
- 30** The GMC's *Standards for deaneries* provides clarity on the responsibilities of every postgraduate dean and deanery in the UK, in relation to its QM arrangements. By meeting all of the standards and requirements set out herein, all parties involved with the *Quality Improvement Framework* can have confidence that the deanery has discharged its duties fully and with due care and attention.

Standard 1

The postgraduate deanery must adhere to, and comply with, GMC standards and requirements.

- 1.1 Local QM should aim to improve the quality of foundation and specialty training as well as ensuring that it meets national standards.
- 1.2 The deanery QM activities must be set and reported within the framework of the published GMC standards and requirements for foundation and specialty training.
- 1.3 The deanery must draw upon the principle of educational governance.
- 1.4 The deanery must effectively discharge its responsibilities for implementation of programmes within the principles of good regulation.
- 1.5 The deanery must provide an annual report to the GMC to the requirements set by the GMC.

Standard 2

The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees.

- 2.1** Trainees must have full opportunity to raise, individually or collectively, matters of proper concern to the deanery without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected.
- 2.2** Sources of impartial help, advice, guidance and support should be available and advertised widely.
- 2.3** Trainees and deaneries share responsibility for ensuring that they seek prospective approval by the GMC for training where appropriate and necessary.
- 2.4** All trainees should comply with any QM processes such as completion of the trainee survey and taking part in any QM interviews, coordinated by the deanery and/or the GMC.

Standard 3

The postgraduate deanery must have structures and processes that enable the GMC standards to be demonstrated for all foundation and specialty training, and for the trainees, within the sphere of their responsibility.

- 3.1** The deanery must have structures, groups and committees that enable the full and active involvement of the specialist bodies: the medical Royal Colleges, Faculties and specialty associations.
- 3.2** The deanery must have in place effective mechanisms for working with the medical Royal Colleges, Faculties and specialty associations for the review and development of assessment systems.
- 3.3** The committees and groups set up by the deanery must be fit for purpose, ensuring attainment of GMC standards, but also promoting the dissemination of good practice.
- 3.4** The monitoring of foundation and specialty programmes, posts and trainers by the deanery must take due account of external national, local and specialty guidance, the deanery strategic plan, and the deanery business/operational plan.
- 3.5** The monitoring of foundation and specialty programmes and posts by the deanery should identify the level of risk and plan accordingly.
- 3.6** The review of foundation and specialty programmes and posts must take full account of all those involved, including trainees, trainers and, where appropriate, patients.
- 3.7** The deanery must promote the maximum response to all of the national surveys conducted by the GMC.
- 3.8** The deanery must provide a clear documented response to all of the national surveys through the annual report to the GMC.

- 3.9** The deanery must ensure that actions are followed up to remedy any shortcomings, and that records are kept and made available on request by the GMC.
- 3.10** The monitoring of foundation and specialty programmes and posts by the deanery must routinely involve external advisers.

Standard 4

The postgraduate deanery must have a system for the use of external advisers.

- 4.1** There must be external input at key stages of the specialty including GP training involving 'independent and impartial advisers'. The number of such external advisers required will depend on the size of the deanery and, where relevant, the number of specialty programmes.
- 4.2** External advisers may be medical or lay, depending on the area for advice and/or scrutiny. Medical advisers will have expertise appropriate for the specialty programme, course or school being considered and will normally be drawn from the medical Royal Colleges, Faculties or specialty associations.
- 4.3** The external advisers will verify that standards are being attained by trainees and so help deaneries maintain the quality of the provision.
- 4.4** The external advisers scrutinising the assessment processes should be able to confirm that they are sound and fairly operated.

- 4.5** External advisers should record good practice that they have identified. This should promote comparability of the trainee experience between deaneries, in the same specialty.
- 4.6** There must be clear identification of roles, powers and responsibilities assigned to external advisers by the deanery.
- 4.7** Deaneries should incorporate their responses to the external advisers' comments and considerations into the annual report to the GMC.

Standard 5

The postgraduate deanery must work effectively with others.

- 5.1** The deanery must ensure effective liaison with other organisations, particularly the LEPs, and medical Royal Colleges/Faculties.
- 5.2** The deanery must ensure active and meaningful involvement and engagement of key stakeholders: trainees, trainers, patients, and the service or employer.
- 5.3** The deanery should have systems and structures that enable each LEP to contribute to the delivery, maintenance and development of specialty including GP training programmes and posts.

Outcomes for provisionally registered doctors with a licence to practise

- 31** The Medical Act 1983 empowers the GMC to recognise programmes for provisionally registered doctors with a licence to practise. To be recognised, a programme must provide a provisionally registered doctor with an acceptable foundation for future practice as a fully registered medical practitioner.
- 32** The GMC determined that from 1 August 2007, doctors with provisional registration with a licence to practise in foundation year one (F1 doctors) must demonstrate the following outcomes in order to be eligible to apply for full registration.
- 33** These outcomes must be demonstrated on different occasions and in different clinical settings as a professional in the workplace demonstrating a progression from the competence required of a medical student. They do not preclude doctors gaining additional appropriate experience; in fact progression is encouraged.
- 34** The GMC has approved the content of programmes for provisionally registered doctors by approving the *Foundation Programme Curriculum* published by the Academy of Medical Royal Colleges Foundation Committee. The outcomes have been mapped on to the *Foundation Programme Curriculum*. A programme delivering the *Foundation Programme Curriculum* will enable F1 doctors to meet these outcomes for full registration, subject to satisfactory provision by postgraduate deaneries in the United Kingdom, which will be determined as part of our *Quality Improvement Framework*.

35 The outcomes are structured under the seven headings of *Good Medical Practice*.

Good clinical care

36 F1 doctors must:

- (a) demonstrate that they recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary
- (b) know about and follow our guidance on the principles of *Good Medical Practice* and the standards of competence, care and conduct expected of doctors registered with the GMC. Our ethical guidance is available on our website at www.gmc-uk.org/guidance
- (c) demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient³ at the centre of their practice by:
 - (i) obtaining an appropriate and relevant history and identifying the main findings
 - (ii) carrying out an appropriate physical and mental health examination
 - (iii) using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis
 - (iv) asking for and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner
 - (v) establishing a differential diagnosis where possible and considering what might change this

- (vi) demonstrating knowledge of treatment options and the limits of evidence supporting them
 - (vii) asking for patients' informed consent (under supervision) in accordance with GMC guidance⁴
 - (viii) helping patients to make decisions on their immediate and longer-term care (including self care) taking into account the way the patient wants to make decisions (through shared decision-making, or by the doctor explaining the options and the patient asking the doctor to decide, or by the doctor explaining the options and the patient deciding)
 - (ix) using medicines safely and effectively (under supervision) including giving a clear explanation to patients
 - (x) demonstrating an understanding of the safety procedure involved in prescribing controlled drugs
 - (xi) keeping (or arranging for the keeping of) accurate and clear clinical records that can be understood by colleagues
 - (xii) demonstrating that they can perform core clinical and procedural skills safely. These core clinical and procedural skills are set out in the following section
 - (xiii) demonstrating knowledge and application of the principles and practice of infection control to reduce the risk of cross-infection
- (d) demonstrate that they are recognising and managing acutely ill patients under supervision. This includes showing that they are able to manage a variety of situations where a patient requires resuscitation

- (e) demonstrate that they promote, monitor and maintain health and safety in the clinical setting. Demonstrate knowledge of systems of quality assurance, including clinical governance. They must be able to demonstrate an application of the principles of risk management to their medical practice. This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. This also includes following safe practices relating to dangers in the workplace
- (f) manage their own time under supervision, and develop strategies with other healthcare workers to maximise efficient use of time
- (g) demonstrate that they are able to take appropriate action if their own health, performance or conduct, or that of a colleague (including a more senior colleague), puts patients, colleagues or the public at risk
- (h) demonstrate that they can recognise and use opportunities to promote health and prevent disease and show that they are aware of worldwide health priorities and concerns about health inequalities.

Maintaining good medical practice

37 F1 doctors must:

- (a) develop a portfolio that includes a variety of evidence (including workplace-based assessments, involvement in educational and clinical teaching sessions, and reflections on experiences with patients and colleagues) to demonstrate:
 - (i) achievement of the requirements in this guidance, including workplace-based assessments
 - (ii) ability to identify, document and meet their educational needs
 - (iii) learning through reflection on their practice
 - (iv) knowledge of the theory of audit, including change management

- (b) be able to explain how to contribute to audit and how the results of audit can improve their practice and that of others
- (c) embrace the importance of continuing professional development and self-directed learning and demonstrate this through the assessment process. This will include the need to respond constructively to appraisals and performance reviews.

Teaching and training, appraising and assessing

38 F1 doctors must:

- (a) teach their peers and medical and other health and social care students under guidance, if required to do so, using appropriate skills and methods
- (b) contribute to the appraisal, assessment or review of students and other colleagues they work with.

Relationships with patients

39 F1 doctors must:

- (a) demonstrate knowledge of the theory and demonstrate the ability to ensure that effective relationships with patients are established and maintained. This includes creating an environment where the doctor can encourage and support the patient to share all information relevant to the consultation
- (b) introduce themselves to patients and colleagues with appropriate confidence and authority ensuring that patients and colleagues understand their role, remit and limitations

- (c) demonstrate that they recognise that patients are knowledgeable about themselves and the effect their health has on their daily life. They should use this expertise to encourage and support patients to be involved in their own care. Relatives, or others caring for those with long-term health conditions, are often knowledgeable in this area too. F1 doctors should be aware that carers, supporters and advocates (who speak on behalf of patients) often have to be included in the information given to patients. In the case of people with communication difficulties or difficulties processing information, carers, supporters and advocates must be kept informed about diagnosis and medical care, subject to GMC guidance on confidentiality
- (d) demonstrate that they encourage and support effective communication with people, both individually and in groups, including people with learning disabilities and those who do not have English as their main language
- (e) demonstrate that they are sensitive and respond to the needs and expectations of patients, taking into account only where relevant, the patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status
- (f) demonstrate that they respect and uphold patients' rights to refuse treatment or take part in teaching or research
- (g) demonstrate sound knowledge concerning confidentiality (including GMC guidance on confidentiality, Caldicott and data protection issues).

Working with colleagues

40 F1 doctors must:

- (a) work effectively as a member of a team, including supporting others, handover and taking over the care of a patient safely and effectively from other health professionals
- (b) demonstrate respect for everyone they work with (including colleagues in medicine and other healthcare professions, allied health and social care workers and non-health professionals) whatever their professional qualifications, age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status
- (c) demonstrate that they can communicate in different ways, including spoken, written and electronic methods. They must use communication methods that meet the needs and contexts of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate
- (d) share appropriate information, where necessary, with a patient's permission, with other members of the healthcare team to provide the best possible information and treatment
- (e) demonstrate that they listen to and take into account the views of other health professionals and agencies and, where appropriate, share information with other professionals and agencies in accordance with GMC guidance on consent.

Probity

41 F1 doctors must:

- (a) be honest in their relationships with patients (and their relatives and carers), professional colleagues and employers
- (b) be able to complete or arrange for the completion of legal documents correctly such as those certifying sickness and death (or arranging for these documents to be filled in) and liaise with the coroner or procurator fiscal where appropriate
- (c) demonstrate knowledge of and be able to apply relevant legislation to their day-to-day activities.

Health

42 F1 doctors must:

- (a) demonstrate knowledge of their responsibilities to look after their health, including maintaining a suitable balance between work and personal life, and knowing how to deal with personal illness to protect patients
- (b) take responsibility, in line with *Good Medical Practice*, for their own health in the interests of public safety. If they know, or have reasons to believe, that they have a serious condition which could be passed on to patients, or that their judgement or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor on whether, and in what ways, they should change their clinical contact with patients. They must not rely on their own assessment of the risk to patients.

Core clinical and procedural skills for provisionally registered doctors⁵

- 1 Venepuncture
- 2 IV cannulation
- 3 Prepare and administer IV medications and injections
- 4 Arterial puncture in an adult
- 5 Blood culture from peripheral sites
- 6 Intravenous infusion including the prescription of fluids
- 7 Intravenous infusion of blood and blood products
- 8 Injection of local anaesthetic to skin
- 9 Injection – subcutaneous (eg insulin or LMW heparin)
- 10 Injection – intramuscular
- 11 Perform and interpret an ECG
- 12 Perform and interpret peak flow
- 13 Urethral catheterisation (male)
- 14 Urethral catheterisation (female)
- 15 Airway care including simple adjuncts (eg Guedal airway or laryngeal masks)

The legal framework for programmes for provisionally registered doctors

- 43** The powers and duties of the GMC in regulating medical education are set out in the Medical Act 1983.
- 44** Provisional registration is awarded for the purposes of completing an acceptable programme for provisionally registered doctors. The only acceptable programme for provisionally registered doctors that the GMC has recognised is the Foundation Programme. Provisionally registered doctors are only permitted to take up posts in the Foundation Programme.
- 45** From the introduction of the licence to practise, any person whose fitness to practise is not impaired and who holds one or more primary United Kingdom qualification and has satisfactorily completed an acceptable programme for provisionally registered doctors, is entitled to be registered under section 3 of the 1983 Act as a fully registered medical practitioner.
- 46** All training programmes for provisionally registered doctors must deliver the outcomes and meet the standards in *The Trainee Doctor*.
- 47** From 1 August 2007, F1 doctors are required to meet the outcomes in *The Trainee Doctor* before being eligible to apply for full registration.⁶
- 48** Provisionally registered doctors will be able to demonstrate they have met the outcomes for full registration by successfully completing the requirements of the F1 Foundation Programme Curriculum published by the Academy of Medical Royal Colleges Foundation Committee.⁷

- 49** To obtain full registration a programme for provisionally registered doctors of 12 months' duration must be completed.⁸
- 50** Satisfactory completion of a programme for provisionally registered doctors is confirmed by the completion of the Certificate of Experience, in the form determined by the GMC⁹ and available on the GMC website. Universities, or their designated representative in postgraduate deaneries or foundation schools, will be required to certify that provisionally registered doctors have met the outcomes for full registration set by the GMC and have completed a programme for provisionally registered doctors of 12 months before full registration is granted.
- 51** Bodies that may provide, arrange or be responsible for programmes for provisionally registered doctors are postgraduate deaneries in England, Northern Ireland (the Northern Ireland Medical and Dental Training Agency), Scotland and Wales (the School of Postgraduate Medical and Dental Education at Cardiff University)¹⁰, and local education providers.¹¹ Postgraduate deaneries will be held accountable under the *Quality Improvement Framework* for meeting the standards in *The Trainee Doctor*.
- 52** Locum Appointment for Service (LAS) posts, which are used for service delivery and do not provide training that meets the standards and content in *The Trainee Doctor*, will not enable foundation doctors to meet the requirements for satisfactory completion of F1 or the Foundation Programme. LAS posts must not be undertaken by provisionally registered doctors.

Endnotes

- 1 The GMC uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally: training programme directors, directors of medical education, clinical tutors, GP trainers, college tutors, and others with specific roles in educational supervision and clinical supervision where this relates to training.

An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement.
- 2 A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.
- 3 In this document, the term 'patient' or 'carer' should be understood to mean the term 'patient', 'patient and parent', 'guardian', 'carer', and/or 'supporter' or 'advocate' where relevant and appropriate.
- 4 See GMC guidance *Consent: patients and doctors making decisions together*, 2008, paragraphs 26-27.

- 5 The core clinical and procedural skills were amended on 29 July 2009. The amended requirements are effective from August 2010 when the revised Foundation Programme Curriculum came into effect.
- 6 See section 10A(2)(c) of the 1983 Act. The GMC agreed the outcomes on 6 December 2006.
- 7 The GMC approved the Foundation Programme Curriculum in November 2009.
- 8 See section 10A(2)(a) of the 1983 Act.
- 9 Section 10A(e) empowers the GMC to determine the arrangements for certification that a person has satisfactorily completed a programme for provisionally registered doctors.
- 10 Section 10A(2)(b) of the 1983 Act.
- 11 Determined by the Postgraduate Board on 2 February 2011 under section 10A(2)(b) of the 1983 Act.

Appendix – Principles for commissioning

The GMC updated and adopted the 'Principles for commissioning' prior to the merger of the Postgraduate Medical Education and Training Board with the GMC.

The GMC would expect the following principles to be adopted by any organisation responsible for the commissioning of foundation and specialty including GP training in the UK.

The commissioning organisation must:

- have a commissioner, identified to the GMC, responsible for foundation and specialty including GP training
 - have the quality of delivery of foundation and specialty including GP training as their prime priority
 - have the authority to manage the quality of delivery of the training and to decommission a provider when the required standards are not met
 - be accountable to the regulator for the quality management of the approved programmes in the GMC *Quality Improvement Framework*.
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