

Quick Overview of the ‘Gold Guide’ for Christian Junior Doctors

**Junior Doctors’ Committee
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Quick Overview of the 'Gold Guide' for Christian Junior Doctors

What is the Gold Guide and who does it apply to?

The Gold Guide¹, originally written in June 2007 but last updated in June 2009, sets out the new arrangements for all training doctors appointed after August 2007. Training doctors appointed to specialist training programmes prior to August 2007 (SpRs, GPRs) may after discussion with their educational supervisor and training programme director switch to the new curricula. The new programme places more emphasis on competency unlike the old programme which concentrated more on 'time in service'.

How will training now work?

Most training doctors will apply, in competition with other trainees, for speciality training during their F2 year. The intention is that most will be accommodated on a speciality training programme of their choice and be given a National Training Number (NTN) which they will use until they complete their training. Specialty training will take a number of years (total depends on specialty) during which time trainees will have an annual review at which the trainee must show evidence of their progress in training. The annual review which will include appraisal, assessment and annual planning, is overseen by the Annual Review Competence Panel (ARCP). Towards the end of specialty training, the trainee can apply to PMETB (Postgraduate Medical and Educational Training Board) for their CCT (Certificate of Completion of Training). Provided the trainee has completed the training programme and has satisfied both the Postgraduate Dean and Royal College/Faculty that they have achieved all necessary training goals and have the necessary documentation in their portfolios, a CCT will be issued to the trainee allowing the trainee to join the Specialist/GP Register and therefore work as a Consultant/GP. While many specialties (including General Practice, Paediatrics, O&G) operate run-through training where progression to the next stage of training is automatic, other specialties (including psychiatry, anaesthesia, core medical training and core surgical training) are 'uncoupled' therefore offering 2-3 years of core training before the trainee will need to apply again, in open competition, for higher specialist training. Run-through pilots in some specialties, such as Trauma and Orthopaedics, are currently taking place in some deaneries. Core trainees (CT1/2/3) won't be awarded a NTN.

What alternatives are there to specialty training?

Not everybody will be successful in applying for a place on the specialty training programme. However there are other positions, some of which can still be counted towards a CCT:

i) FTSTA (Fixed Term Specialty Training Appointment)

These appointments, each lasting up to a maximum of a year, offer formal, approved specialty training which are usually (but not exclusively) taken in the early years of a specialty curriculum. Although doctors aren't given a NTN and

can't obtain a CCT with only FTSTAs, they can count time spent in a FTSTA towards CCT once selected for the relevant training programme. FTSTA are useful to prepare training doctors for further specialty training or career grade posts, and allow training doctors to consider alternative specialty careers. However doctors are discouraged from more than 2 years of FTSTAs.

ii) LAT/LAS (Locum Appointment for Training/Locum Appointment for Service)

In order to fill gaps in training, employers may use a LAT/LAS, specified according to whether training is offered through the placement (LAT) or whether the doctor is employed solely for service purposes (LAS), but this must be approved by the relevant Deanery. Doctors in LAT/LAS aren't given a NTN and therefore cannot use time spent in LAT/LAS towards a CCT unless they subsequently enter an approved run-through training programme. Each LAT must have both a clinical and educational supervisor while LAS are only required to have a clinical supervisor.

What's CESR/CEGPR?

Most doctors will apply for CCT once their training is complete. However some will not fulfil the criteria for CCT because of the type/mix of jobs completed by the applicant, but the applicant can still apply to be on the Specialist Register through CESR (Certificate Confirming Eligibility for Specialist Registration) or on the GP Register through CEGPR (Certificate Confirming Eligibility for GP Registration). In order to do so the applicant must have completed training on a CESR/CEGPR training programme and also submitted the relevant portfolio and application form.

PMETB, GMC, Deanery, etc – What do they all do?

There are a number of bodies involved in specialty training which have different responsibilities:

PMETB:

This body was set up in September 2005. One of its main responsibilities is to set and secure maintenance of standards for postgraduate medical education, which with the help of the Royal Colleges/Faculties involves setting curricula and approving speciality training courses, posts and programmes. The delivery of these standards is the responsibility of the 4 UK Health Departments who implement them through the work of the Postgraduate Deans and Royal College/Faculties. PMETB also confirms eligibility of doctors for inclusion on the Specialist and GP Registers which includes the awarding of CCT/CESR/CEGPR. There are plans to merge PMETB with GMC in April 2010.

GMC:

The GMC is the statutory authority for undergraduate medical education and, with respect to specialty training, also maintains the Specialist/GP Register.

Deanery:

The Deanery is responsible for organising training programmes, recruiting trainees and for the ARCP.

How might this affect Christian Junior Doctors?

i) Time Out

In the past some Christian doctors have taken time out during specialist training to do short term Christian medical service overseas often as a 'trial run' for those thinking about long term mission work overseas but also as part of their Christian service to others. Not only can time spent doing medical work in a resource poor country allow one to gain practical medical, surgical and management skills that aren't always afforded in the UK, it can give invaluable insight into another culture and allow us to mature spiritually as we learn to depend on God as we face unfamiliar problems in an unfamiliar setting. Indeed the Crisp Report³ highlighted the importance of overseas experience and stated that 'the PMETB should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience'.

Once a doctor has made the decision to go overseas, deciding when to go can be a difficult decision, and the whole furore regarding MMC has meant that many junior doctors are extremely reluctant to leave the training scheme in UK knowing the difficulties that may ensue on their return.

The Gold Guide¹ (please see Ref 6.68) covers this issue and has given guidance on how a training doctor can approach the possibility of taking time out of programme (OOP) during specialty training. Applicants may want to take time out for a number of reasons:

OOPT: Out of Programme Training

Doctors may want to apply for OOPT if they wish to undertake an approved training post in a different training programme (in UK) or to take up a post overseas which has *prospective training approval*. Prospective approval from the PMETB must be sought if the clinical training is to be used towards their CCT award. Training which is not given OOPT approval and therefore can't be used towards CCT may still be appropriate as OOPE (see below). OOPT would usually be for a period of one year in total but may, in exceptional circumstances, be up to two years. There are overseas posts which are recognised for training but up-to-date information should be available from the appropriate Royal College.

OOPE: Out of Programme Experience

Application for OOPE should be made when trainees are considering using their time to undertake clinical experience which hasn't been approved by PMETB and won't contribute to the award of CCT. Overseas medical mission work, which does not have prospective training approval, would obviously fit into this category. The Gold Guide states that the purpose for OOPE would be to support the trainee in gaining clinical experience not approved by PMETB but which would benefit the trainee or support health needs of other countries. The request must be made using the appropriate OOP document which must be returned to the Deanery for agreement by the Postgraduate Dean on an annual basis while

the trainee is OOPE. OOPEs will usually be for one year in total but can be extended for up to two years with the agreement of the Postgraduate Dean.

OOPR: Out of Programme Research

This is usually for applicants wishing to take time out to take a higher degree, e.g. PhD, MD or Masters, and will not usually exceed 3 years. When the relevant curriculum includes research, OOPR can be used towards CCT.

OOPC: Out of Programme Career Break

Trainees may want to take time out of training for a designated and agreed period of time to pursue other interests or take a career break to deal with a period of ill-health. OOPC may be taken once specialty training has started, but not normally taken until at least 1 year has been successfully completed. Priority for those applying for OOPC will be given to those with health issues, caring responsibilities (including childcare) and for those with a 'clearly identified life goal which can't be deferred'. OOPC is usually given for a period of up to 2 years but can be longer in exceptional circumstances. There is no guarantee that the return date will be within 6 months of the trainee indicating their wish to return to training.

Applications for taking time OOP aren't usually accepted until the applicant is in the training programme for at least one year except if the applicant is applying for the purposes of taking a higher degree. Applicants must give a minimum of 3 months' notice and the request must be agreed by the Postgraduate Dean. PMETB approval is not needed if the time out is not intended to count towards CCT.

Deferred Entry

The arrangements set out in the Gold Guide with regard to taking time out of one's career to pursue other interests (and so including mission work) are mainly aimed towards those taking time out **DURING** rather than **BEFORE** training. Deferred entry would only be granted on statutory grounds (e.g. maternity leave, sickness) or to complete research for a registered higher degree provided this had already been commenced or if the trainee had already been accepted at the time of being offered a clinical placement. Deferment of the start of *core* training may only be on statutory grounds.

ii) What if I get married and need to move away from my deanery?

Inter-deanery transfer

While trainees can move between deaneries there is no automatic entitlement and movement is made at the discretion of the Postgraduate Deans. Requests for well-founded personal reasons will give priority to:

- disabled trainees
- those with direct caring responsibilities (e.g. young children or family members/partners)
- those who transfer on grounds of ill health,

and will only be considered where there has been a significant change in a trainee's situation since their original appointment. If a trainee wishes to move for any other reason or the request is not supported, trainees will have to compete for a place in specialty training programme in the receiving Deanery through the normal application process. Requests are normally only considered once the trainee has been present for at least a year in the training scheme except for GP trainees where trainees can request an interdeanery transfer before the first year is complete although the transfer won't happen until after the first year is complete. Requests are made directly between Postgraduate Deans.

Summary

This brief overview aims to address some of the particular concerns raised by Christian junior doctors. Please refer to the original document for full details. Trainees are always advised to plan well in advance any changes they are intending and to seek up-to-date information.

References:

1. Gold Guide. www.mmc.nhs.uk/pdf/Gold%20Guide%20--2009.pdf
2. Quick Guide to Recruitment in medical specialist training in England in 2010: www.mmc.nhs.uk/pdf/Quick%20Guide%20FINAL.pdf
3. Crisp Report: Global health partnerships: the UK contribution to health in developing countries (2007). www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374