Training for specialist practice : a report to the Chief Medical Officer's Working Group to advise on specialist training in the United Kingdom.

Annex C

Training for Specialist Practice

A Report To

The Chief Medical Officer's Working Group To Advise On Specialist Training in the United Kingdom

by

The Sub-group Commissioned to Enquire into Current and Proposed Training Programmes with Particular Reference to Structure and Duration

February 1993

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Acknowledgements

Members of the Sub-group and the Department of Health wish to thank Royal Colleges, their Faculties and representatives, and postgraduate deans who prepared detailed submissions for the Sub-group to consider, and who gave freely of their time to meet with them. Members are particularly conscious that, owing to restrictions on time for preparing submissions, opportunities for representatives to consult with colleagues or to have their views endorsed by respective college councils, were frequently not possible. Consultation took place in a spirit of constructive cooperation which, for the members of the Sub-group, provided a unique learning experience.

v. the need for balance between earlier completion of training and career opportunity; and

vi. the problems that may arise from a "gap" occurring between these two points in a professional career.

We found no enthusiasm from any source for the career posts at the completion of structured training to be other than "consultant". Nor was there any support for the philosophy of a new career "specialist grade".

Inevitably more organised training resulting in reduction in its length would result in younger appointments as consultants. We believe that this would lead to a more dynamic and flexible attitude of newly appointed consultants requiring, not least, an acceptance of further career goals, opportunities, and **"mobility"**. This new culture could only be of benefit and could remove the otherwise stagnating effect of the present system. The Sub-group believes that such reforms as are already taking place will, of necessity, take time and have major implications for manpower and resources. There will clearly be a need to increase the number of consultants, and this is entirely consistent with the evidence given by the Royal Colleges to the Medical Manpower Standing Advisory Committee (*MMSAC or Campbell Committee*).

However, shortening the length of training by implementing the programmes suggested to us would release funds currently absorbed by unnecessary time spent in and allocated to training and training posts - we refer particularly to senior registrar posts. Funds would also be released if the recommendation to reduce the length of time in the senior house officer grade, *basic specialist or general professional training,* is implemented. In short, better organisation brings considerable financial benefit.

Finally, if the emphasis in "residency" programmes is more on training than service, the possibility of an increased service need will also have to be addressed.

The Sub-group believes that all the questions raised, while presenting logistical difficulties, are achievable and we look forward to further discussion within the CMO's Working Party.

Stanley C Simmons
Chairman

Remit of the Sub-group

In view of the remit of the Chief Medical Officers's Working Group to advise on any action that may be required to be taken to bring the UK into line with EC law on specialist training, the Sub-group has been asked to review the criteria, both current and proposed, of postgraduate training programmes with particular regard to structure, duration, standards and quality of training to be achieved, methods of assessment and how recognition in more than one specialty may be accommodated.

Membership of the Sub-group

Mr S C Simmons, PRCOG and Chairman of the Conference of Medical Royal Colleges and their Faculties in the United Kingdom *(Chairman of the Sub-group)**

Dr T J Bayley, Dean for Postgraduate Medical Education, The University of Liverpool*

Dr E M Borman, Junior Doctors Committee*

Dr A D Scotland, RMO, NE Thames RHA*

Professor D A Shaw, Education Committee, The General Medical Council*

Professor A A Spence, PRCA

Dr A D Toft, PRCP Edin.*

Professor L A Turnberg, PRCP Lond.

Dr R G Cairncross, Department of Health

Mr S D Catling, Department of Health

Ms L A Gitter, Department of Health

* *Serve as members or observers on the Chief Medical Officer's Working Group to which the Sub-group reports.*

Royal Colleges, Faculties and Others with Whom the Sub-group Met
(Listed in the order in which the Sub-group met with their representatives)

The Royal College of Anaesthetists	Professor A A Spence
The Royal College of General Practitioners	Dr S E Josse
The Royal College of Pathologists	Professor P J Lachman, Dr M G Rinsler and Dr N J Ketley
The Royal College of Radiologists	Dr C D R Flower & Dr R G B Evans
The Royal College of Obstetricians and Gynaecologists	Professor W Dunlop & Dr N Patel
The Royal College of Psychiatrists	Dr F Caldicott
The Royal College of Surgeons of England	Professor N L Browse & Professor G D Chisholm
The Royal College of Surgeons of Edinburgh	Mr A C B Dean & Professor G D Chisholm
The College of Ophthalmologists	Mr P Wright & Mr B M Martin
The Committee of Postgraduate Medical Deans & The UK Conference of Postgraduate Deans	Professor T M Hayes
The Royal College of Physicians of Edinburgh	Dr A D Toft
The Royal College of Physicians of London	Professor L A Turnberg & Dr B L Pentecost
The Royal College of Physicians and Surgeons of Glasgow	Dr R Hume & Professor D Campbell
The Faculty of Public Health Medicine of the Royal Colleges of Physicians of the UK	Professor D L Miller & Miss L Frankland
The British Paediatric Association	Professor S R Meadow
The Faculty of Occupational Medicine, Royal College of Physicians of London	Dr T C Au
The Faculty of Dental Surgery, Royal College of Surgeons of England	Mr K R Ray & Mr P Banks

Some Definitions

The United Kingdom "Certificate of Completion of Specialist Training"

1 EC Directives 75/362 and 75/363 concern the mutual recognition of diplomas, certificates and other evidence of formal qualifications of medicine, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services, and the coordination of provisions laid down by law, regulation or administrative action in respect of activities of doctors.

2 Article 4 of EEC 75/362 requires that "each Member State recognise the diplomas, certificates and other evidence of formal qualifications in specialised medicine awarded to nationals of Member States by other Member States.....by giving such qualifications the same effect in its territory as those which the Member State itself awards."

3 Article 5 of EEC 75/362 requires that "the diplomas, certificates and other evidence of formal qualification awarded by the competent authorities or bodies referred to" is in the United Kingdom the "*certificate of completion of specialist training* issued by the competent authority recognised for this purpose."

Minimum period of specialist training

4 The Directives define a minimum period of specialist training commencing once a doctor has completed the periods of basic medical education and general clinical training and, in the United Kingdom, obtained full registration or its equivalent *(see para 7)*.

Other Directives

5 There are separate EC Directives referring to Dentistry and to General Medical Practice and other professions. **This Report is confined to those Directives relating to specialist medical practice.**

Phases of medical education

6 The Education Committee of the General Medical Council has recognised that there is no generally accepted terminology for the periods of training following full registration. In 1987 it defined the phases of postgraduate education in its publication "Recommendations on the Training of Specialists". These definitions are, with certain exceptions, used within this Report;

7 ***Basic medical education*** comprises the period of undergraduate medical education, culminating in the final professional or qualifying examination (such as MB BS), and the period of ***general clinical training***. This is the statutory term for the pattern of experience acquired during what is generally known as the pre-registration year.

Completion of this stage of medical education leads to full registration.

8 ***Basic specialist training*** occupies two or three years following full registration, during which a doctor acquires increased but supervised responsibility for patient care, and develops the wide range of general and basic specialist skills needed for practice in the specialty concerned. The term ***general professional training*** was used in the Report of the Royal Commission on Medical Education 1965-68 (the Todd report) to identify this period. It has since acquired several different meanings. Nevertheless, it is accepted that some bodies concerned with postgraduate education wish to retain it even though for many, if not most, trainees "basic specialist training" more clearly describes the specific experience gained. More recently ***common trunk or core training*** are further terms which have been applied to part or all of this period of postgraduate education.

9 ***Higher specialist training*** follows basic specialist training, normally intended to last 3 to 5 years, at the end of which a doctor is regarded as having completed specialist training and as being ready to accept consultant (or equivalent) responsibilities. Completion is usually attested by accreditation as a specialist or by an "exit" qualification.

10 ***Vocational training for general practice*** is the three year period of experience prescribed by the National Health Service (Vocational Training) Regulations 1979, or the period of experience accepted by the Joint Committee on Postgraduate Training for General Practice as equivalent to the prescribed experience.

11 ***Independent practice*** is practice carrying unsupervised responsibility for patients, for example as a consultant in a hospital, as a principal in general practice, or in independent private practice. (Note this definition is in contrast to the more restrictive interpretation where independent practice equates to private practice.)

12 ***Continuing medical education*** is the term for the continuing process by which a doctor seeks to maintain and enhance his or her competence as an independent practitioner.

What is structured training?

13 Deficiencies in the present arrangements for postgraduate and continuing education are well known. But postgraduate education with its emphasis on training and learning through experience requires arrangements distinct from those of continuing education. The more structured learning environment of postgraduate education, often influenced by diploma examinations, is in contrast to more liberal strategies essential for effective continuing education. In both, learning needs have to be met and personal responsibility for professional development accepted.

14 A singular feature of postgraduate education is that all doctors in training will participate or will have participated in recognised training programme(s). The term "structured" is taken to mean training organised or planned in a "seamless" fashion

so that unnecessary delay or obstruction is avoided. This does not mean, however, inflexible programmes of training - indeed modular training specifically allows for exit and re-entry and for added elements of experience, research etc. to meet individual requirements. It is also understood that structured or "residency" programmes are delivered to standards determined by competent standard setting authorities, are subject to regular evaluation and may include many of the following features: a statement of aims and, where relevant, objectives; entry criteria; provisions for assessing or monitoring progress; supervised practical experience; access to theoretical courses and learning resources to support private study; and means for indicating satisfactory conclusion of training.

The EC Directives: defining the duration of training

15 The EC Directives 75/362 and 363, 82/76 and 89/594 stipulate for certain specialties the minimum length of relevant training courses. These are listed in *Table 1* along with the minimum requirements for training within the UK which the Sub-group understands would be required before the award of a UK "Certificate of Completion of Specialist Training" *("UKCCST")* is recommended. Further information regarding particular specialties may be found in the Annex attached to this Report.

16 For the purpose of defining the **minimum duration of training** in the United Kingdom the Sub-group has accepted that it should commence from the acquisition of full or equivalent registration and terminate when the doctor is eligible for the award of the *"UKCCST"*. It has also accepted that, at present and for a number of reasons, the actual duration of training is commonly likely to be longer - particularly when, in certain specialties, it reflects time taken until consultant appointment. Factors conspiring to prolong training inappropriately will be considered later *see paras 46 - 49.*

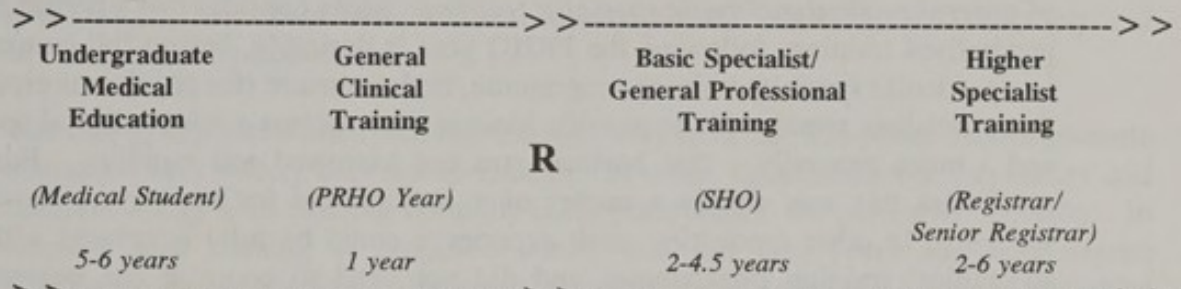
17 Thirty nine specialties are identified in the EC Directives, *Table 1*, for which the average minimum period required for training is **4.0 years** *(range 3-5 years)*. It is, however, understood that training programmes in other Member States commonly exceed the EC minimum requirements.

18 The present duration of training in the United Kingdom in general significantly exceeds the EC Directives. However, the comparable average minimum period for training recommended or proposed by various specialties, starting from full registration and ending with the award of the *"UKCCST"*, is **6.2 years** *(range 5-9 years), Table 1*. One reason for the continuing disparity is that, in most specialties as a pre-requisite to specific training within a specialty, a period of general professional or basic specialist training is required.

Specialist Training Programmes

A framework for specialist training

19 The general pattern of medical training, from entry to university to appointment as an NHS consultant, currently consists of 4 phases:



*Notes i) "**R**" = full registration.*

ii) The first two phases - undergraduate medical education and general clinical training - are known as "Basic Medical Education".

iii) The time scales shown reflect the minimum duration of training for the two phases of post registration or specialist training. This varies between specialties (see Table 1).

iv) Training in several of the medical specialties at registrar level, post MRCP(UK), can be approved for Higher Specialist Training by the JCHMT.

v) Basic Specialist/General Professional Training (BST/GPT) in training programmes required by the Royal College of Psychiatrists currently includes experience or training gained in SHO and registrar posts while Higher Specialist Training (HST) is confined to the senior registrar grade.

20 The Sub-group identified certain fundamental principles which apply to specialist training:

i) it should be part of the continuum of medical education;

ii) arrangements for training must be flexible to take account of the differing requirements of specialties;

iii) flexibility should be sufficient to enable doctors in training to exercise a reasonable degree of choice between specialties and career options allowing trainees to change direction and to obtain some credit for previous experience - this is the particular value of an initial phase of specialist training;

iv) there should be a reasonable level of competition on entry to specialist training programmes *(see paras 33 - 35)*;

v) only that experience and training which fulfils the requirements and meets the standards of the accrediting authority should be recognised for the award of a UK CCST or its equivalent;

vi) the particular training needs of overseas qualified doctors should be accommodated *(see para 54)*; and

vii) the arrangements must comply with the EC Medical Directives.

21 The Sub-group acknowledged the need to define specialist training in relation to the EC Medical Directives. Although there was general agreement in respect of *higher specialist training*, the Sub-group was aware of differing interpretations of the phase of *general professional/basic specialist training*. Some consider that a period of more generalised training, following the PRHO year is desirable, before full commitment to a particular specialty training programme, both to ensure (for physicians especially) that specialists remain able to provide basic services across a wider clinical spectrum and - more generally - that horizons are not narrowed too rapidly. For some specialties this was simply a matter of a requirement for experience outside the specialty. In other specialties, such experience could be fully integrated within the specialties' training programmes and did not need to come at the beginning of training. (A more detailed account of the Sub-group's deliberations on *basic specialist/general professional training* is provided in the following section *(paras 23 - 29)*.) The Sub-group was also aware of the view that post registration experience or training which was a requirement for entry to higher specialist training programmes was, *de facto*, a part of specialist training.

22 **Based on evidence received from College representatives and careful consideration of the range of options for structured training within the overall framework of specialist training the Sub Group recommends that:**

i the term *"specialist training"*, for the purposes of the EC Medical Directives, should apply to the whole of the period of training following full registration and last until the award of a UK "Certificate of Completion of Specialist Training" (CCST) or its equivalent *(see paras 40 - 43)*;

ii the structure of training programmes is sufficiently *flexible* to enable there to be *choice* of career pathway within the period of *"specialist training"* as well as at entry to and exit from it;

iii the arrangements for the first phase of *"specialist training"* should provide sufficient flexibility to enable a trainee doctor to make an initial commitment to a broad range of specialties and, where he or she so chooses, to delay a final commitment to pursue a particular specialty training programme; and that

iv throughout the period of *"specialist training"* only that experience and training which fulfils the requirements and meets the standards of the accrediting authority should be recognised for the award of a UK "Certificate of Completion of Specialist Training" (CCST) or its equivalent *(see paras 40 - 43)*.

Basic specialist or general professional training

23 A feature of British postgraduate education is that, with few exceptions the requirements for training in any specialty include a period of general professional or basic specialist training. The General Medical Council[1] has identified the aims of this phase of training - to address: content common to training for all specialties; communication skills; certain practical skills; the application of strategies for the prevention of illness and the promotion of health; teamwork skills; knowledge and skills relating to management; problem solving; and the knowledge and skills required to cross specialty boundaries.

24 The Sub-group established that the arrangements to effect this phase of postgraduate education vary widely between specialties. In some, eg *anaesthetics, psychiatry and ophthalmology* such training normally takes place within the particular specialty. In *surgery* core training is proposed which will last two years and will require experience in various surgical specialties, while in *medicine* and in other specialties experience outside the specialty is either required or encouraged. In *obstetrics and gynaecology* an elective period of one year outside the specialty is both valued and required. There was a consensus view that, in terms of career development, the doctor should remain at this stage pluri-potential. Further the Sub-group understood the optimum duration of this phase of training to approximate to two years *(range 2 - 4.5 years, see Table 1)*. However, in some specialties this was regarded as inadequate, eg *public health medicine, paediatrics and occupational medicine*, since either exposure to the specialty in question during basic medical education or general clinical training was perceived inadequate *(paediatrics)* or significant clinical experience was sought before entry to a "non-clinical" specialty *(public health medicine)*.

25 The Sub-group did not specifically examine the provisions for organised or structured training recognising that arrangements varied between specialties - some being more structured than others. Further it was unable to determine how far the aims of basic specialist or general professional training as expressed in *para 23* were being met.

26 The Sub-group noted that recommendations by the General Medical Council proposed for basic medical education and general clinical training could, if implemented, have significant implications for basic specialist and general professional training - direct progression from general clinical training without a period of basic or general professional training was not likely to be desirable.

27 The present difficulties associated with the pre-registration year were acknowledged and required to be addressed. There was no support for a formal extension of this period to two years but the possibility of a prescribed period of more general experience before proceeding to specialist training (a required period of training in an undifferentiated SHO post) was noted. These strategies would prolong specialist training and would delay the point at which career change could be implemented since, for some specialties, direct experience of the work involved was essential before such a decision could be addressed. Progress through this phase should

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[1] Recommendations on the Training of Specialists, General Medical Council Education Committee, 1987.

accommodate the interests and requirements of individual doctors and "fast track" candidates should not be unduly delayed.

28 The Sub-group identified that arrangements for basic specialist/general professional training must also:

i) accommodate the requirements of general practice and in particular those of vocational training; and

ii) take account of any changes in the other phases of medical education: undergraduate, general clinical training, higher specialist training and continuing medical education.

29 **The Sub-group:**

i recognises the value of this phase of postgraduate education, its important contribution to specialist training and the opportunities it provides for doctors, while at an early stage of training, to change career pathways or to prepare for a career in general practice;

ii acknowledges that the arrangements for and the duration of this phase of training vary significantly but that such flexibility is believed both desirable and appropriate; and

iii recommends that, since a number of factors and interests require to be accommodated to enable this phase of medical education to provide a sound foundation for more advanced specialist training, further examination of the arrangements for training during basic specialist and general professional training (to include consideration of a required period of non-specialty-specific training) is now merited.

Higher specialist training

30 The Sub-group noted the variation in minimum recommended periods for higher specialist training *(range 2 - 6 years, see Table 1)*. In part the disparity was influenced by the definition of the phase of higher specialist training: in some specialties this was applied only to doctors holding senior registrar appointments; in others it included those who also held career registrar appointments; in some specialties the view prevailed that general professional or basic specialist training fell outside the period of specialist training while for others it was included. The Sub-group also noted that most, but not all, specialties are moving to include career registrar appointments within the phase of higher specialist training. For this reason and because successful completion of a minimum recommended period of basic specialist or general professional training is almost universally required to fulfil the requirements for entry to higher specialist training, the sum of both phases is shown for each specialty in *Table 1*. The minimum recommended periods from full registration to the point where the doctor would be eligible for the award of a *certificate of completion of specialist training* is shown *(average 6.2 years; range 5 - 9 years)*.

31 The Sub-group noted that most colleges and faculties had either implemented or were intending to implement structured training programmes in one form or another. Inevitably arrangements varied between specialties. A particular view presented to the Sub-group was that the division between basic/general and higher specialist training was unhelpful: accommodating this experience *within* specialist training and a single specialist training grade could provide a more flexible and effective model.

32 **The Sub-group welcomes the move to include the career registrar grade within the period of higher specialist training and is encouraged by the progress made by many colleges and faculties in introducing structured training programmes.**

Entry requirements for training programmes

33 Where there is a clear bar between basic and higher specialist training then most specialties require competitive entry to higher training programmes. Increasingly initial appointment as a career registrar coincides with entry into higher training. However, for some specialties higher specialist training is still identified with appointment as a senior registrar. Candidates for higher specialist training will have undertaken the general professional/basic specialist training required and often, in addition, will have passed a relevant diploma examination, eg MRCP(UK). In some specialties, eg *anaesthetics*, which may recruit from the pre-registration year, progress is determined by success within the specialty's training programmes and by passing the relevant diploma examinations. In other specialties, eg *radiology* all training takes place within registrar and senior registrar grades and entry to programmes is often very competitive. As a result market forces dictate that candidates will improve their chances of appointment if they first complete general professional training in medicine, surgery or a similar discipline and acquire an appropriate diploma. This experience is not specifically required by the specialty and in acquiring it training is inevitably prolonged.

34 Educational entry requirements for general professional/basic specialist training are not often specified but, *ophthalmology*, for instance, expects its entrants to the two years of basic specialist training to have first acquired Part I of the FCOphth.

35 **During the period of specialist training, the Sub-group encourages competitive entry to specialist training programmes.**

Assessment

36 Assessment is an essential element of all structured training programmes. It may be summative (usually at the completion of training or at certain points during the training period) or formative (of a more general educational nature, helping the career development of the doctor). Both forms of assessment are needed in specialist training.

37 Assessment informing progress within structured training programmes, whether formative or summative, is often distinct and independent from the summative assessment (eg diploma examinations) required by standard setting bodies. Both

forms of assessment are relevant, valued and can therefore be regarded as complementary. Colleges, Faculties and postgraduate deans all participate in the assessment process.

38 Summative assessment by diploma examination may not uncommonly mark the end of basic specialist/general professional training and is often a requirement for entry to higher specialist training. The arrangements to assess progress during higher specialist training vary and in some specialties, eg *pathology and occupational medicine*, an "exit assessment" is an indicator of the conclusion of training. More commonly reports attesting to the satisfactory conclusion of an agreed training programme will lead to "accreditation". However, evidence required for and the procedures applied to accrediting doctors at the conclusion of higher specialist training are not uniform across specialties - some are more rigorous than others. Further, in certain shortage specialties appointment to a consultant post can precede accreditation and conclusion of formal training: conversely for other doctors appointment to a career grade may follow sometime after accreditation and the conclusion of training.

39 **The Sub-group recognises that the methods of assessment which lead to the award of a *"certificate of completion of specialist training"* or its equivalent may merit review. It notes that some colleges, faculties and specialty advisory committees have already begun to address the matter.**

The UK "Certificate of Completion of Specialist Training" ("UKCCST")

40 The Sub-group notes the recommended or proposed minimum duration of specialty training in the United Kingdom *see Table 1* and the specific requirements for specialist training summarised in the *Annex*. It considers that, provided certain specific problems relating to particular specialties can be accommodated (see paras 62 - 66), then doctors who satisfactorily complete specialist training will be eligible for the award of a United Kingdom "Certificate of Completion of Specialist Training" *"UKCCST"* or its equivalent. It is also satisfied that, for all specialties, a doctor to whom the Certificate is awarded would be capable of independent practice and eligible for consideration for appointment as a consultant.

41 If the *"UKCCST"* or its equivalent is to be awarded, then the arrangements to record this by the competent authority in the United Kingdom - the General Medical Council - must be clarified.

42 The way in which completion of specialist training, for those UK specialties not listed in the EC Directives, is identified must also be clarified.

43 **The Sub-group:**

i **recommends that the UK *"Certificate of Completion of Specialist Training"* or its equivalent be awarded on satisfactory completion of training;**

ii **is satisfied that, for all specialties, a doctor to whom such a certificate is awarded would be capable of independent practice and eligible for consideration for appointment as a "consultant" within the National**

Health Service;

iii **recommends that the arrangements to record the award of a UK *"Certificate of Completion of Specialist Training"* or its equivalent by the General Medical Council be clarified; and**

iv **recommends that the arrangements to record completion of training from those specialties not listed in the EC Directives must also be clarified.**

Special arrangements for training involving more than one specialty

44 During basic specialist/general professional training many doctors will acquire experience of more than one specialty and, as described in *paras 23 - 29* credit for this experience may be given when the doctor seeks a position in a higher specialist training programme.

45 **The Sub-group recommends that the arrangements for acquiring dual certification or accreditation or for completing a shortened training programme within a second specialty be clarified.**

Impediments to effective training

46 The Sub-group confirmed that the present arrangements for training are often inefficient and that as a result training in the United Kingdom takes too long. Perhaps the most important factor contributing to and exacerbating this problem is lack of opportunities to advance both within the training grades and on completion of training. Structured training programmes can shorten training but their potential for doing so is limited by the present structure of the training grades - difficulties in obtaining promotion or transfer to a suitable post can delay and inappropriately and significantly extend training. Several colleges have proposed that, within higher specialist training, a single grade (combining career and senior registrar grades) be introduced as soon as is practicable. This would enable the development of "run through" programmes - perhaps four or five years long - with progress dependent on the educational attainment of the trainee. The Sub-group noted a further option to replace the present three training grades with a single specialist training grade.

47 Within the period of structured training there should be no "bottlenecks". However, such "bottlenecks" may well occur at the point of competitive entry to programmes and at their conclusion if doctors, who have completed training, are unable to progress immediately to definitive career appointments. This latter scenario has been referred to as *"the gap"*. The Sub-group recognises that, with respect to individual specialties, manpower requirements may well dictate the number of doctors in *"the gap"* at any one time and that with effective manpower management this number can be controlled. Nonetheless it recommends that, if such doctors are not to block training opportunities, the following strategies could be considered:

i) proleptic consultant appointments;

ii) interim or short term appointments of defined duration - perhaps to undertake

research or gain further experience; and

iii) remaining in the training grade post although undertaking a substantially increased service load. (Such doctors could, for manpower reasons, retain a "training number" so denying access to new trainees and may continue to be remunerated as a trainee. The Sub-group rejected "decanting" doctors on completion of training but accepted that the period of time granted to find an appropriate position would be finite).

48 The Sub-group acknowledged that the titles "junior" or "trainee" were perhaps as inappropriate as referring to the doctor by his or her training grade. The present exercise provides an opportunity to examine alternative names, eg "assistant physician, assistant pathologist, assistant surgeon etc" to cover the training period. Once the doctor had attained his *"UKCCST"* or its equivalent, the title might change to "physician, pathologist, surgeon etc". The term "consultant" would not be applied until the doctor had been so appointed.

49 **The Sub-group:**

i recommends the introduction of a combined career and senior registrar grade as soon as is practicable;

ii recommends that strategies aimed at resolving the position of doctors who have completed training but who have not secured a career appointment be considered; and

iii suggests that an alternative title or titles for doctors in training be explored.

Delivering postgraduate medical education

50 The application of the 1991 unnumbered working paper "Postgraduate Medical and Dental Education" introduced throughout the health service a means for managing and delivering postgraduate and continuing education though an infrastructure of which the regional postgraduate dean is the chief executive. Over the past eighteen months the regional postgraduate organisation has been progressively revised and effective management practices introduced. In April 1993 postgraduate deans will assume responsibility for funding approximately one half of the salaries of all training grade posts. A mechanism is therefore being developed in concert with parallel reforms within the NHS to ensure the effective delivery of postgraduate medical education. Colleges, faculties and higher training committees, with their own network of advisers and tutors, have identified the importance of working closely with postgraduate deans to ensure the provision of optimum training.

51 **The Sub-group recommends increasing opportunities for liaison between colleges, faculties and postgraduate deans and recognises that, in the first instance, assessment is an important topic of mutual interest. (It has been suggested that a working party be established to enable the medical royal colleges and postgraduate medical deans to examine this interface).**

Research

52 The sub-group is aware that colleges, faculties and joint higher training committees encourage with varying emphasis participation in research. It is also aware that in seeking to identify minimum periods for training, opportunities for research were ordinarily not included. Likewise the requirements of academic trainees have not been specifically addressed.

53 **The sub-group recommends that further consideration be given to the role of and opportunities for research during specialist training and to the particular requirements of doctors pursuing a career in academic medicine.**

Overseas qualified doctors

54 Two areas of concern follow from the Sub-group's recommendations on structured training programmes which impinge on the provisions for training overseas qualified doctors within the United Kingdom. The first is the more general question of relevance of shorter structured specialist training programmes to the needs of doctors who intend to return to their native country. The second relates to the points of entry to training programmes - basic or higher specialist - and the time available within the constraints of the Immigration Rules for the doctor to complete training.

55 The Sub-group recommends that, in the light of a wider application of structured training programmes, consideration be given to reviewing the arrangements for training of overseas qualified doctors.

Further experience

56 Most colleges and faculties with whom the Sub-group discussed structured training leading to the award of a *"UKCCST"* indicated that for certain consultant appointments, eg in sub-specialties of *surgery, paediatrics, and obstetrics and gynaecology,* **further** experience would be required. It was also noted that during the period of specialist training many trainees may wish to obtain **other** relevant experience not directly, or necessarily, included in specified specialist training programmes. It would also be important to ensure flexibility in training arrangements to cater for those who pursue an unorthodox career or who may wish to enter an academic career.

57 **The Sub-group recognises that, while further experience could not be part of formal specialist training, opportunities for advancing personal careers will be required.**

The consultant grade

58 The Sub-group detected no support for the introduction of a new NHS specialist grade, capable of independent practice, which would supplement the present consultant grade. On appointment to a single consultant grade there should be

opportunities to progress and inducements for doing so, eg to directorships of clinical services or to advanced clinical practice *(eg vascular surgery or gynae-oncology)*, or to undertake significant responsibilities for teaching, training or management. Within the grade consultants should enjoy greater mobility.

59 With respect to manpower the Sub-group reiterates the advice already provided by colleges and faculties to other fora for the need for a substantial increase in the number of consultants.

60 **The Sub-group recommends that, within a single consultant grade, there should be opportunities to progress and develop interests, and inducements for doing so. It reaffirms advice already given that a substantial expansion of the consultant grade is required.**

Resources

61 The Sub-group recognises that resource implications arising from its recommendations fall outside its remit. Nonetheless it has identified that shortening the length of training would release funds currently absorbed by unnecessary time spent in and allocated to training and training posts. In short, organisation through the introduction of more structured training programmes has considerable financial benefit. However, it is also apparent that with the introduction of a shorter training period, coupled with a decrease in the number of hours worked in training grades, there could be significant implications for the maintenance of appropriate and safe levels of services to patients. This should be carefully monitored.

Specialties encountering specific problems in accommodating the EC Directives

62 The Sub-group recognises that, in accommodating the requirements of the EC Directives in relation to specialist training, there may be particular difficulties for certain specialties: ophthalmology, pathology, paediatrics and medicine.

63 **The Sub-group identifies particular difficulties for ophthalmology, paediatrics patholgy and medicine in accommodating the EC Directives and suggests that these merit further examination.**

Conclusions

The Sub-group:

1 recommends that the term *"specialist training"*, for the purposes of the EC Medical Directives, should apply to the whole of the period of training following full registration and last until the award of a UK "Certificate of Completion of Specialist Training" (CCST) or its equivalent *(paras 19 - 22 & 40 - 43)*.

2 recommends that the structure of training programmes is sufficiently *flexible* to enable there to be *choice* of career pathway within the period of *"specialist training"* as well as at entry to and exit from it *(paras 19 - 22)*.

3 recommends that the arrangements for the first phase of *"specialist training"* should provide sufficient flexibility to enable a trainee doctor to make an initial commitment to a broad range of specialties and, where he or she so chooses, to delay a final commitment to pursue a particular specialty training programme *(paras 19 - 22)*.

4 recommends that throughout the period of *"specialist training"* only that experience and training which fulfils the requirements and meets the standards of the accrediting authority should be recognised for the award of a UK "Certificate of Completion of Specialist Training" (CCST) or its equivalent *(paras 19 - 22 & 40 - 43)*.

5 recognises the value of general professional/basic specialist training *(GPT/BST)*, its important contribution to specialist training and the opportunities it provides for doctors, while at an early stage of training, to change career pathways or to prepare for a career in general practice *(paras 23 - 29)*;

6 acknowledges that the arrangements for and the duration of *GPT/BST* vary significantly and that such flexibility is believed both desirable and appropriate *(paras 23 - 29)*;

7 recommends that, since a number of factors and interests require to be accommodated to enable the phase *GPT/BST* to provide a sound foundation for more advanced specialist training, further examination of the arrangements for training during this phase (to include consideration of a required period of non-specialty-specific training) is now merited *(paras 23 - 29)*;

8 welcomes the move to include the career registrar grade within the period of higher specialist training and is encouraged by the progress made by many colleges and faculties in introducing structured training programmes *(paras 30 - 32)*;

9 during the period of specialist training, encourages competitive entry to specialist training programmes *(paras 33 - 35)*.

10 recognises that the methods of assessment which lead to the award of a *"Certificate of Completion of Specialist Training"* or its equivalent may merit review. It notes that some colleges, faculties and specialty advisory committees have already begun to address the matter *(paras 36 - 39)*;

11 recommends that the UK *"Certificate of Completion of Specialist Training"* or its equivalent be awarded on satisfactory completion of training *(paras 40 - 43)*;

12 is satisfied that, for all specialties, a doctor to whom such a certificate is awarded would be capable of independent practice and eligible for consideration for appointment as a "consultant" within the National Health Service *(paras 40 - 43)*;

13 recommends that the arrangements to record the award of a UK *"Certificate of Completion of Specialist Training"* or its equivalent by the General Medical Council be clarified *(paras 40 - 43)*;

14 recommends that the arrangements to record completion of training from those specialties not listed in the EC Directives be clarified *(paras 40 - 43)*;

15 recommends that the arrangements for acquiring dual certification or accreditation or for completing a shortened training programme within a second specialty be clarified *(see paras 44 - 45)*.

16 recommends the introduction of a combined career and senior registrar grade as soon as is practicable *(paras 46 - 49)*;

17 recommends that strategies aimed at resolving the position of doctors who have completed training but who have not secured a career appointment be considered *(paras 46 - 49)*;

18 suggests that an alternative title or titles for doctors in training be explored *(paras 46 - 49)*;

19 recommends increasing opportunities for liaison between colleges, faculties and postgraduate deans and recognises that, in the first instance, assessment is an important topic of mutual interest. (It has been suggested that a working party be established to enable the medical royal colleges and postgraduate medical deans to examine this interface.) *(paras 50 - 51)*;

20 recommends that further consideration be given to the role of and opportunities for research during specialist training and to the particular requirements of doctors pursuing a career in academic medicine *(paras 52 - 53);*

21 recommends that, in the light of a wider application of structured training programmes, consideration be given to reviewing the arrangements for training of overseas qualified doctors *(paras 54 - 55)*;

22 recognises that, while "further experience" could not be part of formal specialist training, opportunities to advance personal careers will be required *(paras 56 - 57)*;

23 recommends that, within a single consultant grade, there should be opportunities to progress and develop interests, and inducements for doing so. It reaffirms advice already given that a substantial expansion of the consultant grade is required *(paras 58 - 60)*.

24 identifies particular difficulties for ophthalmology, pathology, paediatrics and medicine in accommodating the EC Directives and suggests that these merit further examination *(para 63)*.

Table 1: Minimum Duration of Full Time Training

(Based on information derived from the EC Directives and from information supplied to the Sub-group by Colleges and Faculties)

Specialty[1] *Terminology as applied to the United Kingdom in EC Directives 75/362, 75/363, 82/76 & 89/594*	**EC: Minimum Length Required of Specialist Training Courses** *(years)*	*UK: Minimum Period Recmded*[6]*. Basic Specialist or Genrl. Prof. Train. BST/GPT (yrs)*	*UK: Minimum Period Recmded*[6]*. Higher Specialist Training "HST" (years)*	**UK: Minimum Period from Full Registration to the award of the** *UKCCST*[2] *(years)*	**Comments**
Anaesthetics	3	*4*	*2*	6	One year of BST is ordinarily spent outside the specialty & may precede entry to training.
Cardio-vascular disease	4	*2	*6*	8	
Chemical Pathology	4	*3*	*2*	5	See Morbid Anatomy & Histopathology
Child & Adolescent Psychiatry	4	*3-4*	*4*	7-8	1 year of GPT **may** be taken outside the specialty or in research
Clinical Pharm. & Therapeutics	4	*2	*4*	6	
Communicable Diseases	4	*2	*4*	6	
Community Medicine	4	*4*	*3*	7	2 years GPT + 2 years BST as registrar + 3 years HST as SR
Dental, Oral & Maxillo-fac Surgery	4	*2*	*5*	7	Requires **both** Basic Medical & Dental Education
Dermatology	4	*2	*4*	6	
Diagnostic Radiology	4	*4*	*2*	6	1 year GPT outside specialty + 3 years BST + 2 years HST
Endocrinology & Diabetes Mellitus	3	*2	*4*	6	
Gastroenterology	4	*2	*4*	6	
General Surgery	5	*2*	*5*	7	"Sub-specialty training" will follow as suitable experience after the UKCCST.
General Medicine	5	*2	*4*	6	
Geriatrics	4	*2	*4*	6	HST Approval of training arrangements by JCHMT & RCPath.
Haematology	3	*2	*4*	6	JCHMT requirements shown see also Morbid Anatomy & Histopathology

Specialty[1] *Terminology as applied to the United Kingdom in EC Directives 75/362, 75/363, 82/76 & 89/594*	**EC: Minimum Length Required of Specialist Training Courses** *(years)*	*UK: Minimum Period Recmded*[6]*. Basic Specialist or Genrl. Prof. Train. BST/GPT (yrs)*	*UK: Minimum Period Recmded*[6]*. Higher Specialist Training "HST" (years)*	**UK: Minimum Period from Full Registration to the award of the** *UKCCST*[2] *(years)*	**Comments**
Immunology	4	*2	4	6	JCHMT requirements shown see also Morbid Anatomy and Histopathology
Medical Microbiology	3	2	3	5	See Morbid Anatomy & Histopathology
Morbid Anatomy & Histopathology	3	3	2	5	The RCPath recommends that UKCCST is awarded after 4 years training in pathology and on passing **Part I** of the new **MRCPath**. Such doctors can certainly be regarded as "specialists". a) Requirements for Part I: 2.5 years spent in the subject examined and 3 years in the discipline. Experience in other training programmes may be accepted. One years clinical experience is required and the PRHO year is acceptable. b) Requirements for **Part II**: 5 years full time approved training, 2 years of which are in posts recognised for HST and 4 years in the branch of pathology chosen.
Neurology	4	*2	4	6	
Neurological Surgery	5	2	5	7	"Sub-specialty training" will follow as suitable experience after UKCCST.
Nuclear Medicine	4	*2	4	6	
Obstetrics & Gynaecology	4	4.5	2	6.5	Includes an elective year during BST taken outside the specialty. The RCOG is actively reviewing training.
Occupational Medicine	4	3	4	7	
Ophthalmology	3	2	4	6	College of Ophthal. propose 6 yrs full time training **wholly within** the specialty. Pt I FCOpth is recommended *before* entry to BST.
Orthopaedic Surgery	5	2	5	7	"Sub-specialty training" will follow as suitable experience after the UKCCST.
Otolaryngology	3	2	5	7	"Sub-specialty training" will follow as suitable experience after the UKCCST: 5 years HST is now proposed.

Specialty[1] *Terminology as applied to the United Kingdom in EC Directives 75/362, 75/363, 82/76 & 89/594*	**EC: Minimum Length Required of Specialist Training Courses** *(years)*	*UK: Minimum Period Recmded*[6]*. Basic Specialist or Genrl. Prof. Train. BST/GPT (yrs)*	*UK: Minimum Period Recmded*[6]*. Higher Specialist Training "HST" (years)*	**UK: Minimum Period from Full Registration to the award of the** *UKCCST*[2] *(years)*	**Comments**
Paediatrics	**4**	*3*	*5-6*	**8-9**	Faculty's proposals: GPT will ordinarily occur wholly within the specialty and might be reduced to 2 years; HST provides limited possibilities for research & will be extended for some trainees. Further "experience" will be required for appointments post UKCCST
Paediatric Surgery	**5**	*2*	*5*	**7**	"Sub-specialty training" will follow as suitable experience after the UKCCST.
Plastic Surgery	**5**	*2*	*5*	**7**	"Sub-specialty training" will follow as suitable experience after the UKCCST.
Psychiatry	**4**	*3-4*	*4*	**7-8**	1 year of GPT **may** be taken outside the specialty or in research
Radiotherapy	**4**	*4*	*2*	**6**	1 year GPT outside "clinical oncology" + 3 yrs BST + 2 yrs HST
Renal Diseases	**4**	*2	*4*	**6**	
Respiratory Medicine	**4**	*2	*?*	**?**	Separation in HST of training for those pursuing an interest and those specialising is not "useful"
Rheumatology	**4**	*2	*4*	**6**	
Thoracic Surgery	**5**	*2*	*5*	**7**	"Sub-specialty training" will follow as suitable experience after the UKCCST.
Tropical Medicine	**4**	*2	*4*	**6**	
Venereology	**4**	*2	*4*	**6**	
Urology	**5**	*2*	*5*	**7**	"Sub-specialty training" will follow suitable experience after the UKCCST.

Department of Health, HCD-MME: November 1992 - Refer to Report of Sub-Group to CMO Working Party on Specialist Training

Notes Referring to Table 1

* Currently 3 years. The minimum period required for General Professional/Basic Specialist Training in specialties related to "Medicine" will soon be shortened from 3 to 2 years. However, possession of the MRCP(UK) will be included in the criteria required for admission to Higher Specialist Training and before appointment as a career registrar. Arrangements are in hand to incorporate all registrar posts within HST programmes supervised by the JCHMT .

1 The designations currently used in the UK which correspond to the specialist training courses as identified in the relevant EC Directives.

2 "UKCCST": **United Kingdom Certificate of Completion of Specialist Training** as issued by the competent authority recognised for this purpose - refer to *Article 5(2) EEC75/362.*

3 Unless otherwise stated these minimum training times exclude any provision for research.

4 The minimum times presented are for certification for a single specialty - different arrangements would pertain for dual certification.

5 A number of specialties are not mentioned in the Directives in respect of the UK; eg Accident and Emergency, Clinical Genetics, Medical Oncology, Palliative Medicine, Rehabilitation Medicine, Spinal Paralysis, Transfusion Medicine, Vascular Surgery, Forensic Psychiatry, Psychotherapy, etc. - arrangements relating to the conditions for training for such specialties are addressed in *Article 8 EEC75/362.*

6 Recommended or proposed by royal colleges or their faculties.

Annex

Summary of the Information

Provided by

Royal Colleges, their Faculties and by Postgraduate Deans

(Presented in the order that the Sub-group met with representatives)

THE ROYAL COLLEGE OF ANAESTHETISTS

Duration of training (see Table 1)

- 4 years basic specialist training
- 2 years higher specialist training
- 6 years minimum

European requirement (see Table 1)

- Minimum 3 years

General professional/basic specialist training

- 1 of the 4 years may be spent other than in anaesthetics, might include research or experience in other specialties and may be taken at any time.
- entry possible after full registration or equivalent.
- initial emphasis on acquiring a thorough grounding in basic medical sciences.
- the three parts of the Fellowship Examination are taken during this phase.

Higher professional training

- arrangements are under review.
- entry on completion of BST and by acquiring the Fellowship.
- second of the two years permits either in depth experience of general anaesthetic practice or opportunity to develop an interest in specialist practice.

Exit assessment

- after six year course would be eligible for *"UKCCST"* or its equivalent
- supervision and regular assessment by college tutors and advisers is a feature of the programme.

Career alternatives

Other comments

- concern that training has been unnecessarily prolonged
- supervised training in each hospital and local training committee normally established.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

The following points regarding training for general practice were raised in discussion:

- separate EC Directives apply to general practice;
- training for general practice is a planned experience;
- initial moves to introduce training started in the mid sixties and training was originally conceived as a five year programme - 2 years in hospital and three in practice. In the event, primarily because of resource constraints, training was confined to a minimum of three years - ordinarily two in approved hospital posts and one as a trainee in practice;
- in 1973 responsibility for advancing voluntary programmes in general practice passed to regional postgraduate committees and this structure enabled GP trainer, adviser and course organiser appointments;
- the 1977 NHS Act led to the introduction of Statutory Instruments regulating the provision for mandatory vocational training as a pre-requisite for appointment as a principal in general practice. A statutory body was established The Joint Committee on Postgraduate Training for General Practice (JCPTGP);
- assessment is currently under review since completion by "attending" the required training programme is not deemed adequate. Both formative and summative assessment are being considered;
- programme organisers are encountering difficulties in ensuring that the period of hospital experience meets their requirements;
- vocational training (VT) programmes are flexible - there are various approaches that doctors may take in planing their career to meet the requirements of the JCPTGP - both "equivalent" and "prescribed" experience is accepted;
- agreement that the SHO should remain pluri-potential;
- investment in training trainers is given a high priority; and
- agreement that doctors wishing to pursue a career in hospital medicine would benefit from a period in general practice but principal block is securing an administrative arrangement to fund such experience.

THE ROYAL COLLEGE OF PATHOLOGISTS

Duration of training (see Table 1)

- 5 years minimum

European requirement (see Table 1)

- Minimum 3 years

General professional/basic specialist training

- there is no common trunk in pathology training and an early commitment to the branch of pathology is made.
- distinction between basic and higher specialist training is not so relevant.
- one year's clinical experience is required before entry to training and the pre-registration year is acceptable.
- a flexible and challenging educational programme is offered which can accommodate individual needs, eg research.
- requirements for Part I of new MRCPath are a minimum of 2.5 years spent in the subject examined and three years in the discipline. Experience in other training programmes may be accepted.

Higher professional training

- Requirements for Part II MRCPath are five years full time approved training, two years of which are in posts recognised for higher specialist training and four years in the branch of pathology chosen.

Exit assessment

- College recommends the *"UKCCST"* may be awarded after 4 years training in pathology and on passing Part I of the new MRCPath.

Career alternatives

Other comments

- concern re accommodating EC Directives *(see para 62)*.
- importance of providing an academic pathway.

THE ROYAL COLLEGE OF RADIOLOGISTS
Faculties of Clinical Radiology and Clinical Oncology

Duration of training (see Table 1)

- 1 year clinical practice outside of specialty
- 3 years basic specialist training as registrar
- 3 years higher specialist training as Senior registrar
- 6 years total - minimum

European requirement (see Table 1)

- Minimum 4 years

General professional/basic specialist training

- competitive entry to both disciplines.
- many doctors have either MRCP(UK) and some have FRCS or MRCOG.
- different curriculum for both faculties but structured programmes are in place.
- fellowship taken before entry to higher training.

Higher professional training

- where relevant enables subspecialty experience.
- regular college programme of visits to training programmes and teaching departments.

Exit assessment

- Fellowship plus regular appraisal of progress.

Career alternatives

Other comments

- all training is within the registrar grades in radiology
- concern that harmonising with EC may be difficult since training here is ordinarily longer.
- clinical oncology is a small specialty and size does not make it easy to plan programmes to accommodate manpower requirements.

THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The College is actively reviewing it arrangements for training with a view to introducing more structured training programmes. This process has not yet been concluded.

Duration of training (see Table 1)

- 4.5 years basic specialist training
- 2 years higher specialist raining
- 6.5 years - minimum

European requirement (see Table 1)

- Minimum 4 years

General professional/basic specialist training

- one year of elective experience outside the specialty is included as a requirement within this period
- MRCOG examination can be concluded about 3.5 years (minimum) from registration

Higher professional training

- entry requires MRCOG

Exit assessment

- "UKCCST" would be equivalent to accreditation.
- role of MRCOG is under review.

Career alternatives

Other comments

- further experience in O&G subspecialties would be required post conclusion of formal training.
- interest in developing various strategies for formative assessment.

THE ROYAL COLLEGE OF PSYCHIATRISTS

Duration of training (see Table 1)

- 3-4 years basic specialist/general professional training
- 4 years higher specialist training
- 7-8 years total - minimum

European requirement (see Table 1)

- Minimum 4 years

General professional/basic specialist training

- possibility of having one year outside the specialty is recognised
- development of structured planned training schemes.
- supervised progress of trainees
- require to pass part I of MRCPsych before appointment to registrar grade.

Higher professional training

- 4 year programme as SR although many consultant appointments are made after three years.

Exit assessment

- no accreditation: either complete 4 year programme or gain consultant appointment.

Career alternatives

Other comments

- accreditation procedures will require to be examined in light of EC Directives.
- system of well developed structured training programmes, supervisors and regular college visits to evaluate standards.
- training prolonged because of manpower difficulties in getting SR appointments.
- EC comparisons for shorter training periods are misleading.
- target duration for training is 5 - 6 years.

THE ROYAL COLLEGES OF SURGEONS
(proposed arrangements)

Duration of training (see Table 1)

- 2 years of core (common trunk) in surgical posts followed by 5 years of specific specialist training (4 years for Ophthalmology and ENT).
- total 7 years (6 for Eyes and ENT) starting after full registration.
- structured programmes in place or are being introduced.

European requirement (see Table 1)

- Minimum 5 years (3 for Eyes and ENT)

General professional/basic specialist training

- no specific entry requirement - influenced by performance during pre-registration year.
- four six month intensive training posts at SHO level

Higher professional training

- entry requirement . in-course (log book) assessments (possible)
  . college examination (under revision)
- competitive entry.
- annual assessment through course reports, interviews, log books, etc.
- opportunity for a period in research.
- limited amount of non-surgical experience encouraged.
- proposed five years in approved posts or programmes.
- preference for a single "run through" grade with progress identified by year in training.

Exit assessment

- fifth year Intercollegiate Assessment in trainee's specialty
- this Assessment + 5 years' higher training necessary for Colleges to recommend award of *"UKCCST"*.

Career alternatives

- would require another year's sub-specialty experience to work at sub-specialty level.

Other comments

- clinical competence is an imperative and would not be compromised by delivering training programmes of "minimum duration".
- monospecialty training - concern re adequacy of general experience
- programmes need to provide for those wishing to undertake research.

THE COLLEGE OF OPHTHALMOLOGISTS

Duration of training (see Table 1)

- 2 years at SHO grade.
- 4 years as higher surgical trainee.
- total 6 years - minimum

European requirement (see Table 1)

- Minimum 3 years experience

General professional/basic specialist training

- 2 years as SHO within the specialty

Higher professional training

- at present registrars hold FCOphth or FRCS (ophthalmology)
- would prefer entry examination for higher training to be a modified ie Fellowship examination leading to an MCOphth
- would prefer to introduce a single training grade with structured training and continuous assessment.
- a research year is optional.

Exit assessment

- higher training continuously assessed resulting in the award of FCOphth
- alternatively award of *"UKCCST"* might be: MCOphth and six years' training of which four years would be as a higher trainee.

Career alternatives

Other comments

- practice of continental specialists does not equate to British consultant (see main text *(see para 62)*.
- requirement to train a significant cohort of staff grade or equivalent to undertake out-patient work.
- desperate need for more trainers before specialty could be expanded.
- different structure for diploma examinations in other surgical colleges compared to that proposed by College of Ophthalmologists.
- for doctors not progressing to consultant - 2 years as SHO, 2 years in higher specialist training plus 2 years in a non-consultant career grade could lead to the award of *"UKCCST"*.

THE COMMITTEE OF POSTGRADUATE MEDICAL DEANS AND THE UK CONFERENCE OF POSTGRADUATE DEANS

Points raised in discussion by postgraduate deans who:

- share disquiet at the pace of change but welcome the opportunity to improve the provisions for postgraduate education. Deans are united in their commitment to meet this challenge.
- are aware of the need to balance training and service and of the importance of reducing the length of training while at the same time not compromising standards.
- see postgraduate education as part of a continuum - it should not be considered in isolation.
- are aware that at the beginning of postgraduate training a significant minority of trainees have not determined what their chosen specialty will be. Training programmes must reflect this. Therefore the initial phase of training must provide flexibility, be broad based and enable opportunity for change in career.
- feel that appointments should be made to programmes - not posts (assures better standards for training)
- see merit in having a common model for training across specialties although this should not be prescriptive.
- see danger if shorter programmes mean more rigid programmes.
- recognise the colleges' primary role in approving programmes but identify local mechanisms to complement this, working to college guidelines.
- see the importance of providing structured training programmes which include provision for assessment, monitoring and feedback.
- emphasise that formative assessment is vital and that PG deans have a significant role in ensuring that it is appropriately applied to all doctors in training
- recognise the importance of counselling those who are failing to make adequate progress.
- recognise the importance of investing in training trainers and question whether every consultant should be a trainer or only those so recognised.
- suggest that post award of *"UKCCST"*, doctors will not be formally in training and will have to develop their career through some form of continuing education
- recognise that they (deans) will be able, though their responsibility for part of training grade salaries, to influence the opportunities for training.
- see value in colleges and deans developing an effective local *modus operandi* to ensure that standards of training are met and welcome opportunities to discuss the matter further with colleges and faculties.
- agree that the number of "approved posts" in programmes is likely to exceed the training establishment if a range of training opportunities is to be available.
- agree that there needs to be procedures for "auditing" postgraduate education.

THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Duration of training (see Table 1)

- two years minimum general professional training
- four to six years specialist training
- total six to eight years.

European requirement (see Table 1)

- Minimum 3 - 5 years

General professional/basic specialist training

- would prefer opportunities to encompass a range of specialties although emphasis is on gaining general medical experience

Higher professional training

- would prefer a better success rate in the membership examination which governs entry to higher specialty training

- aim is to produce a generalist with a "specific interest" and there may be less need for further sub specialty training/experience.

Exit assessment

- *"UKCCST"* should indicate specialist training but doctors should be able to pursue further experience.

- some form of assessment is required - merely completing the minimum period required to satisfy the award of the Certificate is not sufficient.

Career alternatives

-

Other comments

- see *(see paras 44, 45 and 62)* and problem re dual accreditation.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON

Duration of training (see Table 1)

- 2 years general professional training (minimum from 1.1.93)
- 4 years higher specialist training
- total 6 - 8 years.

European requirement (see Table 1)

- Minimum 3 - 5 years

General professional/basic specialist training

- Education committee recommends formal structured programmes administered by College Tutors at district level.
- SHO posts assessed by the College
- point of entry is from pre-registration year
- training reflects essential "generalist" foundation not only for medicine and it many specialties but also for other disciplines
- unrealistic to make specialty choice early in doctors career hence is regarded as pluri-potential

Higher professional training

- entry criteria include MRCP(UK) or in some circumstances MRCOG or FRCS
- training has been recently reorganised
- all registrar posts will offer training in a specialty with experience received both at DGHs and major centres.
- there should be opportunity to train in more than one discipline.
- assessment will take place at least at the end of the first and fourth years of training.
- welcomes idea of trainees holding a "number" - immediate introduction of unified grade may not be practicable as grades not yet "in balance".

Exit assessment

- preference for local assessment and interview (involving PG deans) rather than an examination
- award of UKCCST and/or accreditation at the end of appropriate period of training with a satisfactory assessment.
- arrangements should accommodate individuals who are capable of appointment as consultant but whose career pathway does not accord with that required for accreditation.

Career alternatives

Other comments

- number of trainees not in balance with number of consultant posts.

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
(Medicine)

***Duration of training** (see Table 1)*

- 3 years core/GP training (being reduced to 2 years minimum)
- 3 years internal medicine) 2 years reg
- 3 years in a specialty) 4 years SR
- total 8-9 years plus.
- physician with a specialty interest could be shorter.
- training for dual accreditation could appreciably lengthen training

***European requirement** (see Table 1)*

- Minimum 3 - 5 years

General professional/basic specialist training

Higher professional training

- support for single higher training grade
- assessment based on annual assessment - reports from supervisors coupled with career advice.
- flexibility in training arrangements important to retain

Exit assessment

- Satisfactory reports lead to certification/accreditation. There may be a need to develop an examination?

Career alternatives

Other comments

- EC should not move to lengthen the minimum period of training already stipulated
- need to clarify how far training in one specialty can count towards certification in another - dual certification. *(see paras 44,45 and 62)*
- Will posts requiring "physician with a special interest" require dual certification and will EC doctors without this experience be prevented from applying?

- (Surgery) The College is in accord with the other surgical colleges.
  Note move to develop surgical examinations (intercollegiate and reflecting specialty interests)

THE FACULTY OF PUBLIC HEALTH MEDICINE

Duration of training (see Table 1)

- 2-3 years of general professional training, 1-2 years academic course/research, 3-4 years higher professional training.
  Total 7-9 years.
- Education Committee is SAC of JCHMT. Training is planned

European requirement (see Table 1)

- Minimum 4 years experience
- Public Health as a specialty exists only in the UK, Ireland and France.

General professional/basic specialist training

- two years in hospital or general practice posts, 1 year in public health medicine posts or in academic course leading to MSc or PtI MFPHM.

- since UG and PRHO year do not provide adequate base PG clinical experience is valued.
- advantageous to have more than minimum general medical experience.

Higher professional training

- require part 1 of Membership of Faculty of Public Health Medicine exam for senior registrar posts (however, there is no automatic promotion fro Reg to SR) Note also some entrants may have MRCP/FRCS etc.
- training in approved posts as senior registrar, lecturer or research fellow
- variety of routes through training are available. Part-time posts acceptable for accreditation. Research is encouraged
- prefer to keep distinction between registrar/senior registrar posts

Exit assessment

- Part 2 of MFPHM exam, and completion of 4 years' higher specialist training before accredited. Examination is not perceived as an exit examination

Career alternatives

Other comments

- importance of acquiring appropriate level of clinical experience before entry to the specialty.

- Premature appointment of candidates to consultant posts before completion of specialist training ("shortage specialty")

THE BRITISH PAEDIATRIC ASSOCIATION

Duration of training (see Table 1)

- 2 - 3 years rotational training as an SHO mainly in paediatrics
- 7 years higher professional training
- 9 - 10 years total.

European requirement (see table 1)

- Minimum 4 years.

General professional/basic specialist training

- experience of range of paediatric practice including community and general practice. Rotational programmes are popular
- structured programmes provide study time and opportunities for appropriate training.
- Part I MRCP(UK) by end of year 2 and would prefer the examination to be complete by the end of year 3. (Difficult to get PtI within 2 years)
- move to develop a paediatric version of the "Membership" examination
- paediatric experience is essential since UG & PRHO provide insufficient experience on which to base a training programme.

Higher professional training

- MRCP(UK) required for entry
- first part: rotational programme between DGHs and teaching hospitals or other specialist units ending in a formal review of trainee.
- second part: competitive entry to approved posts
- research is important and may in part be accommodated within training period
- need for "further experience" to become "sub-specialist"

Exit assessment

- should enrol for accreditation at first or second part of HPT
- accreditation gained by completion of appropriate experience - some form of assessment a possibility

Career alternatives

- possible moves to enable a career mostly in the community paediatrics

Other comments

- need for more consultant posts (specialty is growing and is currently a "shortage" specialty - there are recruitment problems) and for more trainees to reduce pressure on posts and make them more attractive to candidates.
- need for a higher proportion of time for teaching
- concern re EC paediatric practice not being equivalent to UK (*see para 62*).

THE FACULTY OF OCCUPATIONAL MEDICINE

Duration of training (see Table 1)

- 3 years general professional training after pre-registration year
- 4 years higher professional training in the specialty
- 7 years total

European requirement (see Table 1)

- Minimum 4 years

General professional/basic specialist training

- 3 - 4 years - candidates often have MRCP or MRCGP - various backgrounds
- 3 years clinical experience valued but may in part be in general practice

Higher professional training

- training mostly outside NHS in an approved post - hands on and supervised
- the Associate is awarded by examination after 2 years
- Membership on submission of a dissertation after a further 2 years
- annual reports are required from trainers.
- propose that UK cert. of completion of specialist training would equate to award of MFOM.

Exit assessment

- requires Membership or submission of dissertation to get accreditation.

Career alternatives

Other comments

- clinical experience before entry to the specialty is valued.
- concern that UK is more stringent in training requirements (training is also longer) than rest of EC.

THE FACULTY OF DENTAL SURGERY
(Maxillofacial Surgery)

Duration of training (see Table 1)

- Undergraduate: Registration in both medicine and dentistry is required. 4-5 years basic dental education plus 4-5 years basic medical education (some allowance may be made but depends on the particular university). Majority enter by taking a dental degree first.
- Postgraduate:
  2 years core training (1 year surgical, 1 year dentistry) but most fulfil more than the minimum
  5 years specialty training including 4 years higher specialty training
  7 years minimum

European requirement (see Table 1)

- Minimum 4 years for accreditation

General professional/basic specialist training

- most undertake more than the minimum time required for core training

Higher professional training

- 5 years specialty training with 4 years in higher training programme
- supervision by an intercollegiate assessment board

Exit assessment

- accreditation after completion of training
- possibility of making passing intercollegiate part III FRCS necessary before appointment as a consultant.

Career alternatives

Other comments

- concern over duration of training.
- note different Dental Directives also apply.

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