



Generic standards for 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.

Generic standards for specialty including GP training

September 2009, updated April 2010

In April 2010, the Postgraduate Medical Education and Training Board (PMETB) was merged with the General Medical Council (GMC).

There are significant benefits to be delivered through a more seamless and consistent approach to education and training throughout doctors' careers. A single point of responsibility from admission to medical school, through postgraduate training, to continued practice until retirement will help to ensure consistency of expectations and standards.

Through the merger, the GMC has acquired the legal functions formerly performed by PMETB in relation to the regulation of specialty including GP training. These functions include setting standards for specialty including GP training and providing quality assurance of the delivery of specialty including GP training against those standards.

Documents and webpages that continue to apply have been reviewed and where necessary updated to reflect the merger.

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Introduction

- 1 This document updates the *Generic standards for training* to cover all specialties - including General Practice - and all sub-specialties. The standards must be applied wherever specialty including GP training takes place, including the National Health Service, other service providers and the independent sector. Any additional provision of specialty including GP training outside NHS institutions, but forming part or whole of a programme arranged/agreed by the postgraduate dean (for example in the independent sector, industry or elsewhere) will be subject to these standards.
- 2 Since initial publication, one additional standard has been added to Domain 1, which covers patient safety. An additional standard has also been added to Domain 5, which requires approved assessment systems to be fit for purpose.
- 3 Additionally, standards for trainers have been published. The standards have been added as a sub-set of the *Generic standards for specialty including GP training* and are listed at 6.25 to 6.35 below.

Who is responsible for meeting the standards?

- 4 Under each standard in this document an indication is given of where responsibility lies for meeting the standard.

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

- 5** Evidence will be needed from several sources to determine whether the standards have been met. These sources include:
- (a)** Data collected by deaneries as part of their quality management processes. The GMC has adopted the agreed processes, including the data to be collected. The GMC requires annual reports from the deaneries.
 - (b)** Surveys of trainees and trainers. We shall examine key issues identified in annual national trainee and national trainer surveys. The trainee survey will include specialty-specific questions.
 - (c)** Evidence from progression statistics, for example assessments including examinations, and career progression after leaving 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)** Risk-based visits carried out by the GMC to deaneries and local education providers, whether as part of the cycle of quality assurance and improvement or as the result of a visit triggered by evidence of failure or poor practice.
- 6** Periodically, the GMC will analyse evidence from these sources to draw together a picture of the state of specialty training throughout the UK. This will show performance against standards by deaneries, local education providers and colleges and will seek to show which factors are most significant in predicting good and poor educational outcomes.

This benchmarking analysis will be the basis for the further development of the standards.

Developmental standards

- 7 The GMC intends to consider the case for a framework which would indicate developmental standards where evidence exists that a particular practice or facility improves the quality of specialty including GP training. These standards would then become mandatory standards in due course when local education providers have had sufficient time to implement the necessary changes to achieve them.

Developmental standards would be designed using information from the following principal sources:

- (a) approvals – posts, programmes, trainers, curricula and assessment systems
- (b) visits to deaneries
- (c) surveys of trainees and trainers
- (d) validated research on specialty including GP training in the UK
- (e) feedback from local education providers
- (f) similar information from other jurisdictions and from the education sector
- (g) feedback from patients and the public.

Contextual information

Language used in this document

- 8** For these standards, the GMC has adopted the framework of domains defined as: a classification of areas in which certain standards must be achieved.

- 9** 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 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.

- 10** The document also sets out mandatory requirements which underpin the standards and are defined as: the minimum requirements considered by the GMC to be achievable in today's UK health services.

The GMC will use these requirements to judge whether the standards have been met and, therefore, whether the specialty training is approved. The standard will be fully met when all the mandatory requirements are achieved. Where programmes and/or posts within programmes cannot demonstrate achievement of these requirements currently, postgraduate deans and providers must agree a plan and timetable with the GMC that will ensure the standards are met.

Relationship with the GMC's other standards, requirements, principles and guidance

- 11 The *Generic standards for specialty including GP training* (which now include the standards for trainers) runs alongside the *Standards for curricula and assessment systems* and *Standards for deaneries*. Current versions of the GMC's standards can always be found on the GMC's website: www.gmc-uk.org.

Relationship with the Foundation Programme

- 12 The standards for training for the Foundation Programme are set out in *The New Doctor*. The domains in *The New Doctor* are the same as those in the *Generic standards*.

Relevance to *Good Medical Practice*

- 13 The principles of *Good Medical Practice*, revised and published in November 2006 by the GMC, are designed to underpin all activity undertaken by doctors. Those principles apply equally to the training environment – particularly how doctors are taught the curriculum – 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*.

List of domains and standards

Domain 1 – Patient safety

The 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.

Domain 2 – Quality Management, review and evaluation

Specialty including GP training must be quality managed, reviewed and evaluated.

Domain 3 – Equality, diversity and opportunity

Specialty including GP training must be fair and based on principles of equality.

Domain 4 – Recruitment, selection and appointment

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

Domain 5 – Delivery of approved curriculum including assessment

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

The approved assessment system must be fit for purpose.

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

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

Standards for trainers

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

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

Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.

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

Domain 7 – Management of education and training

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

Domain 8 – Educational resources and capacity

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

Domain 9 – Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

Domains and standards

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.

Responsibility Local education providers (hospitals and other institutions where training takes place), trainers, trainees.

Evidence Surveys, visits, deanery quality management data, data from healthcare regulators or inspectorates.

Standards **The 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 needs of patients their first concern.
- 1.2 Trainees must be appropriately supervised according to their experience and competence.

- 1.3 Those supervising the clinical care provided by trainees must be clearly identified; be competent to supervise; be accessible and approachable by day and by night; and have time for these responsibilities clearly identified within their job plan.
- 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.

Domain 2 – Quality Management, review and evaluation

Purpose	This domain deals with governance issues and how the GMC's standards will be used in GMC quality assurance. It refers to the quality management systems and procedures of postgraduate deaneries and will be applicable to the current and future arrangements in all four UK countries.
Responsibility	Postgraduate deans, within an overall local quality management system, and drawing on the resources of local representatives of medical Royal Colleges/Faculties and others as appropriate.
Evidence	Data from the deanery, College/Faculty, local education providers, or other data and visits to deaneries.
Standard	Specialty including GP training must be quality managed, reviewed and evaluated.

Mandatory requirements

- 2.1** Programmes, posts, trainers, associated management, data collection concerning trainees, and local faculty¹ must comply with the European Working Time Regulation, Data Protection Act, and Freedom of Information Act.
- 2.2** Deaneries must show that they are demonstrating their capacity for quality management, review and evaluation to meet the GMC's standards.
- 2.3** Deaneries, working with others as appropriate, must have processes for local quality management, and through local education providers, for quality control, of all postgraduate posts, trainers and programmes designed to ensure that the requirements of the GMC's standards are met.

¹The 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.

Domain 3 – Equality, diversity and opportunity

Purpose	This domain deals with equality and diversity matters pervading the whole of specialty including GP training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.
Responsibility	Postgraduate deans and institutions providing training, trainers and trainees, other colleagues working with trainees and local faculty.
Evidence	Surveys, demographic data, deanery quality management data and visits.
Standard	Specialty including GP training must be fair and based on principles of equality.

Mandatory requirements

- 3.1** At all stages specialty including GP training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity 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 promote equality.
- 3.2** Information about specialty including GP training programmes, their content and purpose must be publicly accessible either on, or via links to, postgraduate deaneries and the GMC websites.

- 3.3** Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of the GMC's standards and rules. Deaneries must take appropriate action to encourage local education providers and other training providers to accept their fair share of doctors training flexibly.
- 3.4** Appropriate reasonable adjustments must be made for trainees with disabilities, special educational or other needs.
- 3.5** Trainees should have access to appropriate evidence on trainee recruitment, appointment, and satisfaction with the results analysed by ethnicity, place of qualification, disability, gender and part-time training/working.

Domain 4 – Recruitment, selection and appointment

Purpose	The purpose of this domain is to ensure that the processes for entry into specialty including GP training programmes are fair and transparent.
Responsibility	Postgraduate deans.
Evidence	Deanery data, trainee surveys.
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 including GP 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.

- 4.2 To be eligible for consideration for entry into specialty including GP training, candidates must be 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.

- 4.3** The selection process (which may be conducted by interview or by other process) must:
- (a)** ensure that information about places on specialty including GP training programmes, eligibility and selection criteria and the application process is 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 on the basis of 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.
- 4.4** Selection panels must consist of persons who have been trained in selection principles and processes.
- 4.5** Selection panels must include a lay person.

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/Faculties 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 local education providers, medical Royal Colleges/Faculties/specialty associations and employers.

Evidence Approvals, surveys, deanery data, visits.

Standards **The requirements set out in the approved curriculum must be delivered and assessed.**

The approved assessment system must be fit for purpose.

(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 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 training days, courses, resources and other learning opportunities that form an intrinsic part of the training programme.

(b) Assessment

Mandatory requirements

- 5.5** The overall purpose of the approved assessment system must be documented and in the public domain and must be implemented.
- 5.6** The purposes of each and all components of the approved assessment system must be specified and available to the trainees, trainers, professional bodies including the regulatory bodies, and the public.
- 5.7** The sequence of approved assessments must match the progression through the career pathway.
- 5.8** Individual approved assessments within the system should add unique information and build on previous assessments.

(c) Appraisal

Mandatory requirements

- 5.9** Trainees must have regular feedback on their performance within each post.

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

Purpose	This domain covers the structures and support, including induction, available to trainees.
Responsibility	Local faculty, local education providers, 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 supervision, an appropriate workload, personal support and time to learn

(a) Induction

Mandatory requirements

- 6.1** Every trainee starting a post or programme must access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; and their duties and reporting arrangements to ensure they are told about 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 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 have further meetings with their educational supervisor (or representative) at least every three months, 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.
- 6.8** There must be ready access to career advice and support.

(c) Training

Mandatory requirements

- 6.9** Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy).

- 6.10** Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.
- 6.11** Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.
- 6.12** While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the approved curriculum.
- 6.13** Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.
- 6.14** Access to occupational health services for all trainees must be assured.
- 6.15** Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the educational supervisor, and have time protected for this activity.
- 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** Access to confidential counselling services should be available to all trainees when needed.

(d) Study leave

Mandatory requirements

- 6.19** Trainees must be made aware how to apply for study leave and be guided as to appropriate courses and funding.
- 6.20** Trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.
- 6.21** 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

- 6.22** Trainees should be exposed during their training to the academic opportunities available in their specialty.
- 6.23** Trainees who recognise that their particular skills and aptitudes are well-suited to an academic career should be encouraged and guided in that endeavour.

- 6.24** 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 throughout training (from standard training programmes).

Standards for trainers

All doctors who have completed specialty training can and do act as supervisors. 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

- 6.25** Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
- 6.26** 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.

- 6.27** Trainers must regularly review the trainee's progress through the training programme; adopt a constructive approach to giving feedback on performance; advise on career progression; and 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

- 6.28** Trainers must ensure that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.
- 6.29** 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 time to develop trainees.**

Mandatory requirements

- 6.30** Organisations providing specialty including GP training must ensure that trainers have adequate support and resources to undertake their training role.
- 6.31** Deaneries must have structures and processes to support and develop trainers.
- 6.32** Trainers with additional educational roles must be selected and demonstrate ability as effective trainers.
- 6.33** 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

- 6.34** Trainers must have knowledge of, and comply with, the GMC's regulatory framework for medical training.
- 6.35** 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/Faculties/specialty associations, local education providers, employing organisations and others as appropriate.
Evidence	Deanery and local education provider data, surveys.
Standard	Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

Mandatory requirements

- 7.1** Specialty training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes.
- 7.2** The schedule must set out the responsibilities and accountabilities of the postgraduate dean, medical Royal Colleges/Faculties/specialty associations, programme directors and other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes.

- 7.3** There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.
- 7.4** It is highly desirable that all employing organisations, as local education providers of specialty including GP training, have an executive or non-executive director at board level, responsible for supporting specialty including GP training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in specialty including GP training.
- 7.5** 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.

Domain 8 – Educational resources and capacity

Purpose	This domain addresses both the physical requirements for facilities to support specialty including GP 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 and others developing curricula to clarify in the approved documentation.
Evidence	Deanery and local education provider/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 specialty including GP training posts/programmes within it must be adequate to accommodate the practical experiences required by the curriculum, along with the educational requirements of all healthcare professionals in the same unit.
- 8.2** There must be access to educational facilities (including a library) and resources (including access to the internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the specialty 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). With regard to trainers, including clinical supervisors, adequate time for training must be identified in their job plans (see also 1.3).
- 8.4** Relevant specialty-specific educational resources must be available and accessible where these are stipulated in GMC-approved curricula, for example, clinical skills centres and wet labs.
- 8.5** Trainees must have access to meeting rooms and audio-visual aids.

Domain 9 – Outcomes

Purpose	This domain will track the effects of meeting or exceeding the GMC standards on the outcomes achieved by the trainees.
Responsibility	The GMC, postgraduate deans, local education providers, medical Royal Colleges/Faculties/specialty associations.
Evidence	Trainee progression data, for example assessment and examination results.
Standard	The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

Mandatory requirement

- 9.1** Trainees must have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes. As part of the *Quality Framework*, the GMC has adopted the requirements for a minimum data set. This is part of regular reports, as specified, from the postgraduate deaneries.

