

A Reference Guide for Postgraduate Specialty Training in the UK

“The Gold Guide”

Core Training Supplement for Scotland

**Applicable to trainees taking up appointments in core
training programmes in Scotland which commence on or
after 5th August 2009**

**The Gold Guide
Core Training Supplement - Scotland
December 2008**

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CORE TRAINING SUPPLEMENT FOR SCOTLAND

Applicability

1. This Supplement is applicable to trainees taking up appointments in core training programmes in Scotland which commence on or after 5th August 2009.
2. Specialty training is provided through PMETB approved specialty training programmes and posts. The programmes leading to GP and specialist registration are based on a managed system of a “run-through” structure of training and FTSTAs. However, from 6th August 2008 training in some specialties in England, Wales and Northern Ireland has been “uncoupled” – that means training is delivered in separate core and higher specialty training programmes, with a competitive appointments process between CT2 and ST3 (or between CT3 and ST4 in the case of specialties where core training is three years).
3. This supplement applies to those specialties that have uncoupled in Scotland with effect from 5th August 2009, as outlined in Annex 1.
4. Arrangements for specialty training for those specialties that are continuing with run-through training, are described in the main section of the [Gold Guide, 2008 \(second edition\)](#).

Definition of Core Training

5. Training in the first stage of uncoupled training is known as “core training”. For most uncoupled specialties, core training currently lasts for two years – although approved core training in psychiatry is for three years. The current position is that Acute Care Common Stem (ACCS) programmes last for 2 years but there is an intention on the part of the relevant medical Royal Colleges to submit a curriculum to PMETB for approval during 2009 to extend to 3 years for those in ACCS leading to Emergency Medicine or Anaesthesia CCT. There is a similar position in Surgery where it is anticipated that the surgical specialties will seek PMETB approval for a 3 year core surgical training curriculum. Subject to PMETB approval, trainees in ACCS or early years surgical training (core) who have made satisfactory progress will be offered the option to transfer into these newly approved three year programmes which would be expected to lead to competitive application to higher training in the relevant specialties.
6. Successful completion of core training can contribute, but does not lead directly, to the award of a Certificate of Completion of Training (CCT), Certificate confirming Eligibility to the Specialist Register (CESR) or Certificate confirming Eligibility to the GP Register (CEGPR) – see paragraph 2.10 of the main section of the [Gold Guide, 2008 \(second edition\)](#).

7. Instead, successful completion of core training provides eligibility to apply for, in open competition, appointment to higher specialty training programmes in defined, related specialties or posts in the formal career grade structure. Arrangements for the higher specialty programmes that follow core training programmes are covered in the main section of the [Gold Guide, 2008 \(second edition\)](#).

Terminology

8. Trainees in core training and early years training in surgery (core), like trainees at the equivalent level in specialties continuing with run-through training, will be Specialty Registrars (StRs).
9. To distinguish them from trainees taking up appointments in these specialties prior to 5th August 2009 and trainees in run-through programmes or Fixed Term Specialty Training Appointments (FTSTAs), they will be referred to as “core trainees”. The abbreviation “CT” is therefore used in reference to these (core and early years in surgery) trainees and the posts they occupy within core or early years training programmes – for example, the core training years should be referred to as CT1, CT2 (and CT3 for emergency medicine and psychiatry).

Approval of Training Programmes: standards of training

10. The approval of specialty training courses, programmes, posts and GP trainers rests with [PMETB](#). It has determined that:
“a programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or sub-specialty. A programme may either deliver the totality of the curriculum through linked stages in an entirety to CCT, or the programme may deliver component elements of the approved curriculum. An example of the latter - where a PMETB approved curriculum distinguishes an early “core” element such as core medical training and then a later specialty specific element to complete the training to CCT - there will be two programmes to be approved.”
11. PMETB approves programmes of training in all specialties, including general practice. These may be based on a particular geographical area which could be in one or more deaneries if a programme crosses boundaries. They are managed by a Training Programme Director (TPD) or their equivalent, accountable to a Postgraduate Dean. A programme is not a personal programme undertaken by a particular trainee.

FTSTAs

12. Some FTSTAs may continue to be used in the short-term, but their use should diminish, possibly to zero, in subsequent years.

EARLY YEARS TRAINING IN SURGERY (CORE)

13. There will be a small number of “Early Years Training in Surgery (core)” posts in Scotland from 2009. It is anticipated that during 2009 PMETB approval will be sought for a 3 year core surgical curriculum. These posts will convert to Core Training posts in surgery in 2010 provided core surgical programmes have been approved by PMETB. Trainees who have made satisfactory progress will be offered the option to transfer into this newly approved 3 year core programme which would be expected to lead to competitive application to higher training in surgical specialties.

Recruitment into core training

14. Guidance on recruitment into core training is available through the following links: [England](#), [Northern Ireland](#), [Scotland](#) and [Wales](#)
15. The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, sex, marital status, race, religion, sexual orientation, colour, disability or age. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.
16. Paragraphs 1 - 6 of PMETB’s Principles for Entry into Specialty Training apply to core training and are set out in Box 1.

Box 1: PMETB Principles for Entry to Specialty Training

- i. PMETB is committed to maintaining the generic nature of UK Foundation Training.
- ii. The selection process must be fair to all candidates who may apply, whether UK, European Economic Area or international medical graduates.
- iii. The selection process will be competitive and must be designed to identify the candidates most likely to complete the programme successfully.
- iv. A mandatory requirement for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of the Foundation programme either by successfully completing that programme or by demonstrating that they have gained those competences in another way.
- v. Other evidence that may be sought or presented as part of the selection process may include evidence of excellence in terms of attributes such as motivation, career commitment etc, but no requirement for the completion of a particular post.
- vi. Entry to specialty training programmes may be at different stages. A candidate must demonstrate any competencies required for the level of entry as defined in the curriculum approved by PMETB for that specialty.

Offers of employment

17. The arrangements for offers of employment in core training are no different to those for other types of specialty training – see paragraphs 6.4 to 6.7 of the main section of the [Gold Guide, 2008 \(second edition\)](#).

Training Numbers

18. Core trainees **will not** be awarded National Training Numbers (NTNs), which will only be awarded to doctors in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR/CEGPR. Instead, there will be a robust alternative numbering system for core trainees to track their progress and to ensure future recognition of successful completion of approved training programmes. These numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

Deferring the start of core training

19. The start of core training may only be deferred on statutory grounds (e.g., maternity leave, ill health).

Registering with the Postgraduate Dean

20. All core trainees must register with the Postgraduate Dean by obtaining and returning Registration Form R - see Appendix 1 of the main section of the [Gold Guide, 2008 \(second edition\)](#).

Arrangements for the Defence Medical Services

21. The arrangements for the Defence Medical Services (DMS) are no different to those for other types of specialty training - see paragraphs 6.44 to 6.47 of the main section of the [Gold Guide, 2008 \(second edition\)](#). However, in addition to deferral on statutory grounds, the start of core training may be deferred exceptionally to meet DMS operational requirements.

Less than full-time training

22. The arrangements for less than full-time training are no different to those for other types of specialty training – see paragraphs 6.71 to 6.80 of the main section of the [Gold Guide, 2008 \(second edition\)](#).
23. This guidance is based on Principles underpinning the arrangements for flexible training (NHS Circular PCS(DD)2005/7). Full guidance is available at: [England and Northern Ireland, Scotland, Wales](#). Advice may also be obtained from the local Postgraduate Dean.

Academic training, research and higher degrees

24. All of the specialty training curricula require trainees to understand the value and purpose of medical research and to develop the skills required to critically assess research evidence. In addition, some trainees will wish to consider or develop a career in academic medicine and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training. The following web links provide important advice on pursuing an academic clinical career.:

<http://www.mmc.scot.nhs.uk/documents/SCREDSFINALRevisedGuidetoScheme16thJanuary09.pdf>

25. Arrangements for pursuing such opportunities are detailed at paragraphs 6.69 to 6.72 of the main section of the [Gold Guide, 2008 \(second edition\)](#)

Taking time out of programme (OOP)

26. There are a number of circumstances when a trainee may seek to spend some time out of the specialty training programme to which they have been appointed. Arrangements are detailed at paragraphs 6.69 to 6.72 of the main section of the [Gold Guide, 2008 \(second edition\)](#).
27. All such requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. However, as time out of programme will not normally be agreed until a trainee has been in a training programme for at least one year, occasions when this is granted for core trainees are likely to be exceptional given the short period and nature of the training.

Movement between Deaneries (inter-deanery transfers)

28. Arrangements for movement between deaneries (inter-deanery transfers) are detailed at paragraphs 6.93 to 6.100 of the main section of the [Gold Guide, 2008 \(second edition\)](#)
29. Whilst it is possible for such transfers to be arranged there is no automatic entitlement or right for this to take place. An offer can only be made by the Postgraduate Deans. As an inter-deanery transfer will normally only be considered after the trainee has been in programme for one year, occasions when this is granted for core trainees are likely to be exceptional given the short period and nature of the training.
30. However, Postgraduate Deans will do their best to deal sympathetically with trainees where they judge that there are well-founded personal reasons which justify such a move. Trainees who have direct caring responsibilities or those who need a move for reasons of ill health will have priority.

Progressing as a core trainee

31. The arrangements for progression as a core trainee are no different to those for other types of specialty training – that is the system based on the annual review of competence progression (ARCP) - see section 7 of the main section of the [Gold Guide, 2008 \(second edition\)](#)
32. The only exception to this is in respect of additional or remedial training. Given the short period and nature of core training, core trainees will be able to have additional aggregated training time of normally of up to six months within the total duration of the training programme, unless exceptionally, this is extended at the discretion of the Postgraduate Dean, but with an absolute maximum of one year additional training during the total duration of the core training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into core training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed.

Annex 1

1. The specialties that uncouple with effect from 5th August 2009 are as follows:
 - Anaesthesia
 - Chemical Pathology with the sub-specialty Metabolic Medicine
 - Emergency Medicine
 - Medical Specialties including Acute Medicine
 - Clinical Oncology
 - Psychiatry specialties

2. Training in the Acute Care Common Stem (ACCS) has also been uncoupled. All ACCS rotational programmes currently provide placements in anaesthesia, intensive care medicine, acute medicine and emergency medicine in the first two years of the rotation (CT1 and CT2 ACCS). Three themed ACCS rotations are available
 - *Emergency Medicine themed ACCS rotation:* doctors completing this 2 year themed programme may then competitively apply for entry into ST3 emergency subject to achieving CT1-2 competences. Note that we anticipate that during 2009 PMETB approval will be sought for a 3 year core curriculum in this specialty. Thereafter, subject to PMETB approval, trainees who have made satisfactory progress will be offered the option to transfer into this newly approved 3 year core programme which would be expected to lead to competitive application to ST4 in Emergency Medicine
 - *Anaesthesia/Intensive Care Medicine themed ACCS rotation:* Doctors completing this 2 year curriculum competitively apply for ST2 anaesthesia subject to the achievement of CT1 and CT2 competences in anaesthesia. Note that we anticipate that during 2009 PMETB approval will be sought for a 3 year core curriculum in this specialty. Thereafter, subject to PMETB approval, trainees who have made satisfactory progress will be offered the option to transfer into this newly approved 3 year core programme which would be expected to lead to competitive application to ST3 in anaesthesia.
 - *Acute Medicine themed ACCS rotation:* Doctors having completed the two year ACCS programme have adequate experience to apply for ST3 Acute Medicine provided that they have achieved the CT1 and CT2 competences.

3. Early Years Training in Surgery (core) is dealt with in paragraphs 5 and 13 of this supplement.