

The Green Guide

1. Introduction

Postgraduate medical and dental education (PGMDE), from qualification to career grade appointment, in any one of over 60 specialties and crafts, is complicated. The setting and maintenance of high and consistent standards, the increasing refinement of educational programmes, and the sheer number of specialties and organizations involved, makes this inevitable. This Guide is designed to illuminate the process, and indeed – through the co-operation of the competent authorities, the Medical Royal Colleges, the postgraduate deans and others involved – contribute to greater coherence and clarity in the various parts of the system. It should assist the key stakeholders by defining the lines of responsibility and accountability. It will, we hope, be of value to trainees, their educators, and the NHS as a whole by casting light into what many have regarded as a 'black box'.

Three important points need to be made:

- There are broad similarities but also differences between England, Wales, Scotland and Northern Ireland. Where practice across the 'countries' of the UK varies, that is usually indicated. For example, NHS Education for Scotland (NES) is a multidisciplinary organisation that has no exact equivalent elsewhere in the UK; the Welsh Office is now subsumed into the National Assembly of Wales; 'MADEL' (the Medical and Dental Education Levy) is quite specific to England and the Northern Ireland Deanery, known as the Northern Ireland Medical and Dental Training Agency (NIMDTA) is a special agency of the relevant Department.
- Education for general practice, the largest 'specialty' of all, is included in this guide, naturally, but further information is available from JCPTGP, the RCGP, and Directors of Postgraduate General Practice Education.
- The recent years have been marked by radical changes in PGMDE in the UK, and the systems continue to evolve. The Postgraduate Medical Education Board (PMETB) was established in 2003 (will be operational September 2005) and will undertake the statutory responsibilities of the Specialist Training Authority (STA) and the Joint Committee on Postgraduate Training for General Practice (JCPTGP). Updates should be sought 'at source' from the relevant authority, college or deanery, or via websites

For the purposes of this document...

'College' should be taken to include the relevant Medical Royal College or Faculty or Specialist Advisory Committee (SAC) or Joint Committee for Higher Specialist Training (JCHMT/JCHST) or equivalent. Distinctions between the bodies are, of course, made in the text where they are critical.

'Regions' refer to the Regions of the NHS, each with its Regional Office of the NHS Executive, as redefined from 1 January 1999. Many College 'Regional' Advisers still

have geographical responsibilities based on previous Regional boundaries, and boundaries may change again.

'Trusts' refer to NHS Trusts, acute and community. In some larger Trusts with split sites there may be more than one postgraduate centre, clinical tutor, college tutor, etc. Primary Care Trusts are identified by their full title or 'PCT'.

'Deanery' refers to the designated area of responsibility of a Postgraduate Dean, jointly appointed by and accountable to the relevant NHS Executive and a university.

'Specialist Training' includes the whole period following full registration until the award of a Certificate of Completion of Specialist Training (CCST) or certificate of prescribed or equivalent experience in general practice.

Before appointment to the Specialist Registrar grade, training (usually as an SHO) is viewed variously as general professional training and/or **basic** specialist training. Entry to the SpR grade signals the formal commencement of **higher** specialist training.

From August 2005, all UK medical graduates will enter a 2 year period of training designed to assist the transition from undergraduate to practitioner (F1 year) and then enhance the experience of managing acutely ill patients in different settings (F2 year). Many specialties are developing run-through training where the distinction between BST and HST will disappear, all training being Specialist Training. In compliance with European legislation, PMETB will issue a Certificate of Completion of Training (CCT), the standard of which will be equivalent to the former CCST.

2. The Overall Role of Key Players

European and UK legislation, and the public interest, dictate the need for a statutory framework, which is sustained by four 'competent authorities', the GMC, the GDC, PMETB (formerly the STA and the JCPTGP)

2.1 General Medical Council (GMC)

The GMC's responsibilities include:

- a. Promoting high standards of medical education and co-ordinating all stages of medical education in the UK (Medical Act 1983).
- b. Ensuring that the training leading to a primary UK qualification meets the standards laid down in 93/16EEC as translated into UK legislation.
- c. Provisionally registering new medical graduates of UK medical schools, publishing guidance on general clinical training (pre-registration year), ensuring that these guidelines are implemented, determining the form of the Certificate of Experience completed at the end of the pre-registration year and giving Full Registration to doctors who have received the Certificate of Experience.
- d. Maintaining the registers of medical practitioners with full registration and medical practitioners with limited registration (Medical Act).
- e. Recognizing the primary medical qualifications awarded by other EEA member states to EEA nationals (Medical Act).
- f. Maintaining and publishing a specialist register of doctors who have completed UK specialist training, or have equivalent training and experience (Specialist Order).
- g. Recognizing the specialist qualifications awarded by other EEA member states to EEA nationals.
- h. Recognizing the certificates of specific training for general practice training issued by other EEA member states to EEA nationals who hold a primary medical qualification from a member state. Doctors holding such a certificate are exempt from UK vocational training requirements (Vocational Training Regulations 1997).

2.2 General Dental Council (GDC)

The GDC is the sole competent authority for most* dental specialties (European Dental Directive) and has overall supervisory responsibility for courses of training leading to a diploma, certificate or other evidence of formal qualifications as a practitioner of specialized dentistry. Ultimate responsibility also rests with the GDC for decisions on the award of a Certificate of Completion of Specialist Training

(CCST). The GDC exercises its authority through an agreement (The Accord, 1996) with the Dental Faculties of the Royal Surgical Colleges, the Universities, Specialist Societies and Postgraduate Dental Deans/Directors.

Its functions are to:

- a. Scrutinize, and approve as appropriate, recommendations from the Faculties, for approval of curricula and examination regulations, and other training and assessment requirements, leading to the award of qualifications in special branches of dentistry and/or to recommendations for the award of CCSTs.
- b. Scrutinize, and approve as appropriate, recommendations from the Universities for approval of curricula and examination regulations leading to the award of degrees and diplomas in special branches of dentistry.
- c. Scrutinize, and approve as appropriate, recommendations from the Faculties, Universities and other educational and training bodies (through the Joint Committee for Specialist Training in Dentistry (JCSTD)) as to training centres, for specialist dental training.
- d. Approve any GDC regulations for the issue of CCSTs and the award of a distinctive title and entry in a related list under Section 26 of the Dentists Act (1984) and maintain all such lists.
- e. Receive applications for and decide on the issue of CCSTs, in the light of the advice of the Specialist Training Advisory Committee of the GDC and receive applications for and decide on entry to the appropriate list.
- f. Administer the transitional arrangements, which are set out in the Department of Health European Dental Specialist Qualifications Regulations.
- g. Establish an independent appeals mechanism.
- h. Provide a central information service for potential applicants for CCSTs in co-operation with the Faculties.

* Oral and Maxillofacial Surgery is the only exception: the relevant UK competent authority is the STA and not the GDC.

2.3 Postgraduate Medical Education and Training Board (PMETB)

The Postgraduate Medical Education and Training Board (PMETB) was established by the General and Special Medical Practice (Education and Qualifications) Order that was approved by Parliament on 4 April 2003 to develop a single, unifying framework for postgraduate medical education (PGME) and training across the UK. This Order places a duty on PMETB to establish, maintain, and develop standards and requirements relating to postgraduate medical education and training in the UK. In

performing these functions, PMETB is obliged to publish rules governing various aspects of its operations. Formerly, the Royal Colleges (and Faculties) determined standards of professional education and training, through examinations which trainees must pass before entering and/or in the course of specialist training, and through other criteria of experience and competence. This is now within the remit of PMETB, as are quality assurance visits arranged by the same organizations.

The Board is accountable to Parliament and will act independently of government as the UK competent authority. PMETB will take up its full statutory powers in 2005. Until then, PGME will continue to be managed by the Specialist Training Authority (STA) and the Joint Committee on Postgraduate Training for General Practice (JCPTGP) in conjunction with NHS Postgraduate Deaneries and the Medical Royal Colleges.

The Board's remit covers basic and higher specialist training but does not cover:

- a. undergraduate medical education, nor that of pre-registration doctors, which remains the responsibility of the General Medical Council and universities, or
- b. undergraduate and postgraduate dental education and training, which remains the responsibility of the General Dental Council.

2.4 Specialist Training Authority (STA)

Established by the European Specialist Medical Qualifications Order 1995 as amended (the Order), the STA is the UK competent authority for the purposes of specialist medical training and the issue of Certificates of Completion of Specialist Training (CCST) under the terms of the European Medical Directive 93/16EEC, and has statutory responsibility for:

- a. Ensuring that the duration and standards of specialist training for awards of CCST in the UK comply with the requirements of both UK and European legislation.
- b. Scrutinizing and approving CCST curricula submitted by Colleges and ensuring that they are published.
- c. Awarding CCSTs to doctors who have been appointed to and successfully complete a recognized CCST training programme.
- d. Ensuring that the training leading to the award of a CCST is approved by the STA and takes place in specific posts and units recognized and educationally approved by the STA for training purposes (on the basis of recommendations made by Royal Colleges and Faculties).
- e. Ensuring that the arrangements for flexible (part-time) training meet the requirements of the legislation.
- f. Approving other eligible specialists for inclusion on the Specialist Register.

- g. Certifying periods of postgraduate training undertaken in the UK for doctors who wish this to be recognized towards completion of specialist training in another European (EEA) Member State.
- h. Establishing an independent appeal mechanism for doctors whose applications for a CCST or Specialist Registration were not successful.

2.5 Joint Committee on Postgraduate Training for General Practice (JCPTGP)

JCPTGP was established in 1976. It is the UK competent authority with statutory responsibility under the European Medical Directive 93/16EEC for:

- a. Ensuring that the training for general practice in the UK meets the requirements of the NHS (Vocational Training for General Medical Practice) Regulations 1997 (as amended), which fully implement the requirements of the Directive. This includes the supervision and monitoring of training programmes.
- b. Approving all posts for use in general practice training (in hospitals and in general practice) and maintaining a database of such posts.
- c. Administration of summative assessment, and approval of new methods of summative assessment.
- d. Issuing certificates of specific training to doctors who satisfactorily complete the required training for general practice.(to be replaced by a CCT)
- e. Issuing certificates of acquired rights.
- f. Ensuring that the training for general practice in the UK meets the standards laid down in the European Directive.

Professional bodies, with input from other major stakeholders, are responsible for defining curricula and on behalf of PMETB assessing and assuring quality.

2.6 Medical Royal Colleges and Faculties

The Medical Royal Colleges and Faculties (other than the Royal College of General Practitioners) recommend to the Specialist Training Authority (and PMETB) the experience and qualifications that are essential within their own specialty or specialties for entry into and progress through specialist training.

In advising and supporting the STA (PMETB) they:

- a. Publish curricula, which identify the knowledge, skills and attitudes required within each specialty.
- b. Recommend to the STA (PMETB) the awarding or withholding of educational approval of posts, placements and programmes.

- c. Support the delivery of quality training programmes through the regular inspection of approved posts, placements and programmes.
- d. Appoint regional and specialty college advisers and local college tutors.
- e. Recommend to the STA (PMETB) that individual trainees have completed the prescribed programme for the relevant Certificate of Completion of Training (CCT).

Colleges and Faculties also...

- f. With the postgraduate deans, ensure that trainees are appropriately supervised, supported, appraised and assessed.
- g. With the postgraduate deans, ensure that those responsible for education, training, appointment, supervision, appraisal and assessment have appropriate clinical experience and expertise and sufficient relevant training and guidance to fulfill their roles adequately.
- h. Provide education and training directly to trainees, in various forms but especially courses (and also to consultants and other career grade staff).
- i. Ensure that overseas doctors have access to sufficient information about training and education in their specialty in the UK.
- j. Ensure that trainees have access to clear, up to date and comprehensive guidance on training opportunities within their specialty.

2.7 Royal College of General Practitioners

The Royal College of General Practitioners, in advising and supporting the JCPTGP (PMETB) ...

- a. Publishes curricula, which identify the knowledge, skills and attitudes required of trainees intending to enter general practice.
- b. Recommends to the JCPTGP (PMETB), the awarding or withholding of educational approval of SHO posts in relation to training for general practice.
- c. Undertakes joint hospital visiting to select posts for general practice training.
- d. Manages a UK faculty structure to co-ordinate visits, and Hospital Recognition Committees to review the reports on hospital visits.
- e. Appoints and trains visitors, and with the Directors of Postgraduate General Practice Education, ensures that those responsible for education, training, appointment, supervision, appraisal and assessment have appropriate clinical experience and expertise and sufficient relevant training and guidance to fulfill their roles adequately.

2.8 College Committees for Higher Specialist Training: JCHMT, JCHST, JCSTD, SACs and equivalents (such as College 'Specialty Training Committees')

Joint Committee for Higher Medical Training (JCHMT)

The JCHMT acts for and is accountable to the Royal Colleges of Physicians of Edinburgh and of London and the Royal College of Physicians and Surgeons of Glasgow, in respect of the administration of higher specialist training in general (internal) medicine (GIM) and the medical specialties and mono-specialties. Bodies other than Colleges are also represented on the Committee. Many of the functions, especially operational, are actually carried out by its medical Specialist Advisory Committees (SACs).

Joint Committee for Higher Surgical Training (JCHST)

The JCHST acts for and is accountable to the Royal Colleges of Surgeons of Edinburgh and of England and the Royal College of Physicians and Surgeons of Glasgow in respect of the administration of specialist training in the surgical specialties including general surgery. Bodies other than Colleges are also represented on the Committee. Many of the functions, especially operational, are actually carried out by its surgical Specialist Advisory Committees (SACs).

Joint Committee for Specialist Training in Dentistry (JCSTD)

The JCSTD draws its membership from the Dental Faculties of the Surgical Colleges of Edinburgh, England and Glasgow, the SACs of the various dental disciplines, the Council of Deans of Dental Schools, Postgraduate Dental Deans, Defense Dental Agency, General Dental Council, Faculty of General Dental Practitioners and the training grades. In addition, individuals from the Departments of Health are invited as observers.

The Committee has its own secretariat based at the Faculty of Dental Surgery of the Royal College of Surgeons of England. The main functions of the JCSTD, the administration of specialist training in the dental disciplines, are carried out by the individual SACs.

Specialist Advisory Committees (SACs) and their equivalents

For the Royal Colleges of Physicians and Surgeons, the SACs act as sub-committees of JCHMT and JCHST, through which they advise their parent colleges on all matters related to their specialty. Broadly similar arrangements apply in colleges other than those of the physicians and surgeons. SACs and their equivalents exercise key roles in relation to:

- the curriculum for specialist training in their specialty
- inspection of higher specialist training placements, posts and programmes
- in many colleges, recognition and approval of trainers

- educational approval (or remedial advice) subsequent to those inspections
- ratification of approvals by regional or specialty advisers or local specialty training committees (regional/deanery STCs) on their behalf, where that is permitted by the college concerned
- advice regarding the recognition or otherwise, for CCT purposes, of clinical experience and training, and relevant research, before entry into the SpR grade or while 'out of programme'
- recommendations in regard to earliest dates for individuals to be eligible for their Certificate of Completion of Training (CCT)
- recommendations via College/JCHMT/JCHST to the STA (PMETB) for award of a CCT.

Postgraduate Deans and Directors manage the delivery of PGMDE for the NHS

2.9 Postgraduate Deaneries in the UK

The postgraduate deans are responsible to the Departments of Health for the management and delivery of all medical and dental postgraduate training in and associated with the NHS. They also liaise with their respective universities on academic matters

In particular they:

- a. Commission, develop and quality-assure the delivery of postgraduate medical and dental education to standards set by the GMC, the GDC, PMETB and, in the case of PRHOs and academic posts, the universities.
- b. Manage postgraduate medical and dental education, in partnership with the relevant universities and with the medical royal colleges, the Regional Office of the NHS Executive, and the NHS generally.
- c. Inform, develop and implement national policies on postgraduate medical and dental education.
- d. Maintain databases of doctors and dentists in training.
- e. Approve advertisement of training posts on the basis of:
 - appropriate educational approval
 - acceptable funding arrangements
 - manpower/workforce constraints
- f. Manage the size and distribution of the junior doctor workforce regionally on behalf of and as directed by the Department of Health, and in national 'Lead Dean' roles related to particular specialties, liaise with colleges and SACs in

the management of trainee numbers and developments 'nationally' (with arrangements specific to England, Wales, Northern Ireland and Scotland respectively).

- g. Contribute to integrated workforce planning regionally
- h. In respect of the specialist registrar grade...
 - manage recruitment and appointment to specialist registrar programmes using the entry criteria set by colleges and faculties on behalf of the PMETB
 - appoint programme directors and, directly or indirectly, Chairs of STCs.
 - issue National Training Numbers, Visiting Training Numbers, and Fixed Term Training Numbers (NTNs, VTNs and FTTNs).
 - oversee the annual reviews and Records of In-Training Assessments (RITAs), arrange reviews and appeals processes, and organize remedial training where required.
 - confirm to the SAC or equivalent that trainees have completed their designated programme of training for the purpose of award of the CCST, usually on the advice of the relevant deanery STC (Specialty Training Committee).
- i. facilitate appropriate career development for doctors and dentists with special needs or difficulties, and ensure that trainees have access to appropriate career information, advice, and counseling. Most deaneries and many STCs have nominated leads for:
 - trainees who intend an academic career
 - those training 'flexibly' (part-time)
 - those who have come from overseas
 - those who are having difficulty in progressing for any reason
- j. Commission training, mainly from NHS Trusts through educational contracts. In commissioning training programmes for specialist registrars the deans take advice from their Specialty Training Committees (STCs), colleges and the NHS.
- k. In England, their financial contribution, through the Medical and Dental Education Levy (MADEL), includes 50% of the basic salary of most hospital trainees, and 100% of the basic salary in the case of PRHOs, general practice registrars, public health, and flexible trainees. In Northern Ireland the dean contributes 50% of the basic salaries of most trainees and 100% of the basic salary in the case of PRHOs, flexible trainees and newly appointed SpRs. In Scotland the deans contribute 100% of all trainee basic salaries. In Wales the dean contributes 50% of PRHO salaries.

2.10 Deanery Postgraduate Dental Education Departments

Postgraduate Dental Deans/Directors are charged with the management, delivery and monitoring of postgraduate education and training for all three branches of dentistry, i.e. hospital, general practice, community. The responsibilities of postgraduate dental deans/directors mirror closely those of the postgraduate medical deans in relation to specialist registrar training. These are set out in "**A Guide to Specialist Registrar Training and the Dental Supplement**". Whilst the implementation of the Calman report placed more responsibility for the training grades in the hospital service within the jurisdiction of the postgraduate deans (medical/dental), the clear intention was that the activities of the deanery should complement those of the other bodies concerned with postgraduate dental education and training, i.e. JCSTD, SAC, Specialist Societies, Universities, GDC, etc. The postgraduate dental dean is responsible for signing training agreements with Trusts for approved posts. A Hospital Dentistry Committee meets bi-annually to discuss all issues, relevant to the Dental Specialties. As hospital dental services account for a relatively small proportion of dental services, the postgraduate education and training needs of practitioners outside hospitals form a major element of the duties and responsibilities of postgraduate dental dean/directors. Deans therefore have responsibility for the overall management and delivery of Vocational Training from a general dental practice base and General Professional Training, predominantly in general dental practice, but also in the community and defense services. They also have responsibility for the organization, delivery and evaluation of a very extensive programme of continuing education courses for dentists in the general, community

2.11 Deanery Postgraduate General Practice Departments

Arrangements for general practice vocational training are defined in The GP Registrar Scheme – Vocational Training for General Medical Practice: the UK Guide, published in March 2000. The NHS (Vocational Training for General Medical Practice) Regulations 1997 (as amended), and the corresponding legislation for Scotland and Northern Ireland, set the legal framework within which training takes place.

The directors or deans of postgraduate general practice education, on behalf of the postgraduate deans, deal with postgraduate general practice issues as follows:

- a. Manage vocational training for general practice, including the training of and appointment of course organizers to run day release courses, approving training practices, selecting and training GP trainers and monitoring the SHO posts used for general practice as part of the dean's monitoring visits. The JCPTGP has statutory responsibility for approving GP trainers but in making decisions will seek the advice of the director for the area in which the GP works. Two thirds of GP training is at SHO level, and all such posts must have educational approval from the JCPTGP (and the relevant specialist Royal College), but are then selected by the local Deanery General Practice Education Committee.
- b. Administer the arrangements for summative assessment, the mandatory test of minimal competence at the end of vocational training before the awarding of a JCPTGP certificate.

- c. Administer the doctor's retainer scheme for general practice and work closely with the postgraduate deans on flexible training and the placement of PRHOs in approved training practices.
- d. Increasingly, the general practice sections within deaneries are relating to Trusts, promoting the relationship between clinical governance and continuous professional development. In Northern Ireland, the 4 Area Health Boards fulfill the same role as PCTs. Co-ordinate GP appraisal and link with CPD programmes for GP performers through a network of GP tutors
- e. From 1st April 2000 the budget for the training of general practitioner registrars in England and Wales moved into the MADEL budget, administered by the directors of postgraduate general practice education on behalf of the postgraduate deans. In Scotland the budget is handled by NHS Education for Scotland (NES), and in Northern Ireland by NIMDTA .

3. Committees at Deanery and Regional Level

The previous section outlined the defined roles and responsibilities of the national bodies and authorities, the key functions of medical royal colleges in regard to curricula and national standards, and the accountability of postgraduate deans and their teams for NHS aspects of the training process. Within deaneries much of the implementation is in the hands of Specialty Training Committees, whose membership will tend to be drawn almost wholly from the relevant college, ensuring a useful fusion of values and roles. These committees are advisory rather than executive, and accountable 'in law' to the postgraduate dean for their 'decisions' i.e. recommendations. This line of accountability is critical in terms of indemnity. STCs are accountable 'professionally' to their college(s).

In respect of their function, deanery Specialty Training Committees (STCs) have important links to their colleges, faculties and national specialist committees (SACs, for example). College regional and specialty advisers are essential members, and have major roles in the effective functions of such committees.

The committee structures vary between deaneries, depending on circumstance and geography

3.1 Deanery/Regional Postgraduate Medical & Dental Advisory Boards or equivalent

Membership: broad based, including college representatives and parties external to those directly involved in PGMDE.

Key Function: to advise the deanery on all aspects of PGMDE in the context of the NHS nationally and regionally.

***N.B.** Such an Advisory Board ceased to exist on the establishment of Special Agency status. Consideration should be given to re-establishing the above.*

3.2 Specialty Training Committees (STCs)

Membership: drawn principally from the discipline or specialty concerned (one for each 'specialty' as identified by CCT), including college regional or specialty advisers, representatives of SACs or the equivalent, programme directors, and a dean or associate dean (with deanery administrative support)

Key Function: to advise and support the deanery in implementing PGMDE relevant to their specialty; to collaborate with the deanery in the local administration and delivery of higher specialist training (i.e. SpR programmes, recruitment, selection, approval and assessment) within the regulations and guidelines of their college or faculty and SAC or equivalent; to deliver, through an appropriate panel, the annual Records of In-Training Assessments (RITAs), taking advice

from college regional and/or specialty advisers and – in the case of penultimate year assessments (PYAs) particularly – a representative of the SAC or equivalent from out with the local deanery.

3.3 General Practice Education (or Vocational Training) Committees (known as Specialty Training Committees in General Practice in some deaneries and as GP Sub-Committees of the Regional Postgraduate Committee in Scotland)

This Committee has a function different from STCs, as it is charged with recommending posts for general practice training, drawing on posts which have received educational approval from JCPTGP.

Membership: Directors of postgraduate general practice education utilize local consultation arrangements which build a sense of partnership in the training of general practitioners. The membership and key functions of these committees are laid out in the COGPED publication The GP Registrar Scheme: Vocational Training for General Medical Practice: the UK Guide

Key Function: The Committee provides advice to the Director of Postgraduate General Practice Education, and through the director to the postgraduate dean, on all matters relating to the education training and professional development of general practitioners, and potential general practitioners. On behalf of the JCPTGP (PMETB) the Committee uses evidence of GP training practice visits, deanery monitoring visits and Royal College Joint Hospital Visits to select training practices and SHO posts, which will be used for general practice training.

The equivalent committee in the Armed Services is known as the Armed Services GP Approval Board (ASGPAB).

3.4 Postgraduate Dentistry: The Hospital Dentistry Committee functions as a Specialty Training Committee. There are also a General Practice Committee and a Community Dentistry Committee who advise the Postgraduate Dental Dean.

Membership: The committees are broad based and typically include dental tutors, vocational training advisers, representatives of Local Dental Committees, the consultants in the relevant specialty or specialties, the BDA, Community Dentistry and Dental Schools.

Key Function: To advise the dean on all aspects of PGMDE as related to dentistry in the context of regional and national NHS policy.

There may be one Specialty Training Committee with overall responsibility for dentistry and/or several specialty-specific training committees, which advise on

matters relating specifically to dental specialties such as: orthodontics, restorative dentistry, oral and maxillofacial surgery, and paediatric dentistry.

3.5 Basic Specialist Training Committees

Some specialties, for example surgery, have recommended the establishment of regional committees to supervise the training and education of SHOs. Such committees may assist in the development or extension of rotational programmes of training, oversee the appraisal and assessment process and supervise the local specialty teaching programme. The committees comprise local college/specialty representatives and representatives of the postgraduate dean. They may form part of deanery committee structures.

4. Personal Roles

4.1 Postgraduate Deans

Appointed by the relevant NHS Department and a university, the postgraduate deans are responsible for the delivery of the functions outlined in Section 2.9. In Northern Ireland the Dean reports to the Chairperson of the Board of the Agency and liaises with the Dean of the Medical Faculty, QUB, on academic matters and on the management and development of PRHO education. Deans work in partnership with the colleges, with the NHS Trusts, primary care and the Health Authorities, and with the commissioners and providers of 'non-medical' clinical education (e.g. nursing and professions allied to medicine).

4.2 Directors of Postgraduate General Practice Education (DPGPEs)

Directors of postgraduate general practice education (DPGPEs) are accountable to the postgraduate deans and, like postgraduate deans, hold contracts with a regional NHS Department and in some cases a university. They are responsible for organizing, co-ordinating and monitoring GP training and CPD. DPGPEs, and their Armed Services equivalents, are supported by associate directors/advisers and in primary care at local level by course organizers and GP tutors (Section 2.11)

4.3 Postgraduate Dental Deans

Postgraduate dental deans have contracts either with their university, or jointly as above. They are responsible for organizing, co-ordinating and monitoring dental training and dental CPD (Section 2.10).

4.4 Associate Deans, Associate DPGPEs.

Associate deans provide postgraduate deans with support at deanery level. Although these appointments may be full-time, most individuals retain a major part-time clinical commitment. Associate deans often hold specific portfolios, for example responsibility for flexible training, foundation training or for overseas doctors, and/or particular responsibility for a 'patch' or 'sector' of their deanery and region. 'Assistant' deans are generally senior non-clinical managers or officers within a deanery.

Associate DPGPEs are part-time appointments of general practitioner principals. They usually have substantial experience as GP Tutors or Course Organizers. They may hold specific portfolios or cover geographical areas, or most commonly both.

4.5 College Regional Advisers

Appointed by their college after consultation with the deanery and the relevant specialty advisers and consultants, they represent their college in relation to the specialty or a group of specialties in a number of roles. Colleges have assigned these roles in a variety of ways, appropriate to their specialties. Most 'role descriptions' include education and training, and many include the vetting of proposed consultant posts and non-consultant career posts, and advising the NHS (Regional Offices, Health Authorities or Trusts) and deanery on other matters relating to their specialty.

They will always play a major part in the work of their deanery STC, and may or may not chair that committee: there are a range of college and deanery preferences in this matter, based on professional and geographical factors and the number of trainees involved.

4.6 College Specialty Advisers

Like regional advisers, these advisers will be practicing consultants appointed by the college after appropriate consultations involving, not only the deanery and colleagues, but also the relevant SAC, specialty association or society. The role is necessary for those colleges which embrace a range of quite distinct specialties and mono-specialties (definable as distinct by the existence of an STA-validated CCST programme). Roles may overlap those of regional advisers, but are centred on postgraduate training – people and posts – and the deanery STC (perhaps with a liaison role to the SAC). Some but not all colleges, and some but not all deans, favour the chairing of deanery STCs ‘normally’ by specialty advisers.

4.7 Chairs of Deanery STCs

The deanery STCs identified with each CCST-defined specialty are the key committees for implementing the specialist training programmes. For purposes of (a) good management (b) appropriate accountability and (c) secure indemnity, these STCs must not only be ‘deanery-based’ but deanery-appointed, in collaboration with their college or faculty – taking account of local views and fair ‘balance’. The chair oversees, on behalf of the deanery, the activity and proper functioning of the STC, liaising as necessary with the relevant college, faculty or SAC, and supports the programme director(s).

The chair needs to be legally accountable to the deanery. This requirement for indemnity applies to all those holding lead roles or taking part in appointment or assessment processes. Chairs of STCs, and programme directors, are at the same time professionally accountable to their college or faculty.

4.8 STC Programme Directors

The Programme Director(s) has/have responsibility for allocation of SpRs to training posts, supervision of programmes of training, regular formal assessment, problem solving and feedback on progress. They manage the delivery of the programme of specialist training to the standards set by their college and PMETB using the resources provided by the postgraduate dean, with whom lies the responsibility for appointment and indemnity, and to whom they are legally accountable. The process of appointment, which will be from consultants who are or have been members of the STC at deanery level, is subject to the agreement of the relevant college, often through a regional adviser or SAC, and the dean.

The distribution of tasks and responsibilities between individuals in key roles varies even within one deanery, influenced by the local custom, the specialty, the number of trainees involved, and occasionally the personalities involved.

Key training roles at the regional and deanery level - overlap or separation ? ...

There is now a fairly strong consensus that ..

- a. The roles of college regional advisers, chair of STC and programme director(s) may be held each by different individuals, or may overlap e.g. the specialty adviser may chair the STC, or 'double up' as a programme director. Rigid rules are inappropriate.
- b. Local or specific circumstances may dictate the proper arrangement. For example if the specialty is small, crossover of roles may be eminently sensible: if the specialty is very large, separation of the roles will ease the pressure on individuals and allow better access for trainees.
- c. While role overlap may reduce bureaucracy, there can be advantages in separation of roles. Primary accountability (to dean or college) can be more transparent for the individual and his colleagues and the lines of legal liability and indemnity clearer. The setting up of panels for formal appeals may also be facilitated.

4.9 Clinical Tutors ('Trust Directors of Postgraduate Medical Education')

Clinical Tutors manage the educational contract between the postgraduate dean and the Trust, with accountability to both. They also provide an important link between the university and the postgraduate dean on the one hand and the NHS Trust on the other in relation to PRHOs. They are responsible for the overall management of their Trust's postgraduate or education centre and for managing the study leave budget devolved to them by the postgraduate dean. Clinical Tutors normally chair the local medical education committee or equivalent. They are appointed by deans, usually on behalf of the relevant university, and often jointly with the Trust.

Clinical Tutors play a particularly central role in co-ordinating the training of PRHOs within their Trust, but in relation to SHO and SpR training they should:

- a. Liaise with the colleges and faculties and GP course organizers to promote high standards of education and training overall.
- b. Liaise with college tutors, education supervisors and GP course organizers to monitor the training of SHOs, identifying those in difficulty and providing appropriate guidance and support.
- c. Notify the medical royal colleges and faculties, as well as the relevant postgraduate dean, of any changes in Trust policy that may affect the educational value of approved posts.
- d. Liaise with college tutors to select educational supervisors.
- e. Ensure that educational supervisors receive training and guidance which will allow them to undertake their role appropriately, and that procedures are in

- place for removing those whose performance as an educational supervisor is unsatisfactory.
- f. Make sure that, on appointment, trainees are being offered appropriate induction, and are given the name of their educational supervisor in writing.
 - g. Organize seminars and group discussions for SHOs, and liaise with other medical and non-medical staff involved in their training and support.
 - h. Ensure that all trainees receive appropriate careers guidance.
 - i. Support SpRs in relation to personal and general professional issues, facilitate their study leave, and liaise as appropriate and as necessary with local college (or district) tutors and STCs in the case of critical issues or problems.

4.10 College Tutors (Trust-based)

Appointed jointly by their college and Trust, in most cases after consultation with the regional adviser, dean, and local consultants, the college tutor will advise and support SHOs and SpRs in the specialty. They may work collaboratively with other consultant trainers and educational supervisors in regard to local programmes, regular appraisal and review of trainees, including their logbooks where appropriate, and be a focus for local career counseling in the specialty. They thus facilitate the role of the local clinical tutor and the STC programme director(s) who are responsible to the dean for the overall organizational management of the SHOs and SpRs respectively.

There are some large single specialty (psychiatry) Trusts in which the college tutor will have the title of clinical tutor and/or Trust Director of Postgraduate Medical Education.

4.11 GP Course Organizers and GP Tutors (locality-based)

GP course organizers are responsible for the local vocational training scheme and usually run the full or half day release course. They provide careers advice for doctors early in hospital training, particularly for doctors who are putting together their own programme of hospital posts. They usually co-ordinate the local trainers workshop and provide liaison and support for GP-SHOs and their educational supervisors. Course organizers oversee training for general practice in hospital posts as well as general practice placements, but some deaneries have course organizers specifically dealing with hospital based trainees for general practice, sometimes known as scheme organizers. Course organizers are usually involved with the Associate DPGPEs in a substantial programme of inspection and accreditation visits for training practices. They, like the GP tutors, get their administrative support and infrastructure from the local postgraduate centre, from which the day release course is usually run.

GP tutors are appointed by the DPGPEs. They co-ordinate and provide educational activity for GP performers at the local postgraduate centre. With the introduction of clinical governance via primary care groups, they may play an increasing role in the facilitation of practice based education.

4.12 General Dental Practice Advisers, Dental Vocational Training (VT) Advisers. Dental General Professional Training (GPT) Advisers and Postgraduate Dental Tutors,

General Dental Practice Advisers are responsible for the organization of the programme of continuing education courses in their area for dental practitioners in the general, community and personal dental services. Advisers may be appointed from the hospital service, general practice or the community dental services and would be expected to provide career advice and guidance for colleagues in the training grades as appropriate.

VT and GPT advisers are responsible for the organization of the dental vocational training scheme and the general professional training scheme in their area, for monitoring the element of in-practice training and development and for running the study day programme during the vocational training year. In the general professional training scheme they also coordinate the Hospital and Community Dentistry components of the 2 year programme.

Postgraduate dental tutors are responsible for the organization and facilitation of study clubs for interested practitioners.

4.13 Educational Supervisors and Clinical Trainers (unit-based, trainee-assigned)

Every trainee should have one identified educational supervisor, who may or not be also the clinical trainer, a consultant or GP trainer having clinical responsibility for the patients in the care of the trainee with whom he or she will spend most or much time. A trainee may work with and be trained by several consultants on a firm or team, all of whom may act as clinical trainer.

The role of the educational supervisor is key. It can embrace that of mentor, appraiser and advocate, and is agreed locally on the basis of GMC, PMETB and various college and/or deanery guidelines, but always implies accountability for ensuring the setting of clear objectives, formulation of a personal learning and development plan, and effective and timely processes for appraisal, assessment, advice and support i.e. overall educational responsibility for the trainee in a given placement or post. Many colleges have formal systems for recognizing trainers, defining a role very similar to that described here for the educational supervisor. Approval of posts is then conditional upon the presence of a college-approved trainer.

These personal roles have become more complex and professional in recent years. Each group has its development, training and support needs met in different ways. There are national bodies eg COPMeD (postgraduate deans), COGPED (directors of postgraduate general practice education), COPDEND (postgraduate dental deans) , NACT (clinical tutors), NAGPT (GP tutors) and the UK Conference of Educational Advisers. Deaneries provide training and development for all other members of the educational community, and most Royal Colleges have training and study days for their advisers and trainers, in addition to those provided for trainees.