JRCPTB guidelines for Specialist Advisory Committee review of new training post location and programme approval requests

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Background

The General Medical Council (GMC) has sole responsibility for the approval of academic and clinical training posts and programmes. Post and programme approval applications are submitted by Deaneries/LETBs with supporting evidence from the relevant medical Royal College or Faculty who provide specialty input.

Form A should be completed if a Deanery/LETB is introducing a new specialty programme which has not had previous approval from the GMC (or from PMETB, the GMC's predecessor body). A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty. A programme may either deliver the totality of the curriculum through linked stages in an entirety to CCT, or the programme may deliver different component elements of the approved curriculum (e.g. where an 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).

Form B should be completed if a Deanery/LETB is adding a new training location to a specialty programme which has had previous approval from the GMC (or from PMETB, the GMC's predecessor body).

The Deanery/LETB will submit the Form A or B and any accompanying documentation to the JRCPTB who will refer the application to the relevant SAC for review. If the SAC is satisfied that the programme or new location in which the specialty training will be delivered meets the specialty's curriculum requirements, the JRCPTB will send a copy of the draft letter of support to the SAC for final approval, and when SAC confirmation received, send the Deanery/LETB a letter supporting the request.

No application will be processed or approved by the GMC until they have received a letter of support from the College.

1. The role of the Specialist Advisory Committee

The Specialty Advisory Committee (SAC) will review applications for the approval of a new specialty training programme (GMC Form A) or applications for the approval of a new training location (Form B) together with any supplementary documentation submitted either in committee or by delegating responsibility for the review of the application to the SAC Chair or Quality Lead or other nominated representative (as the responsible person) Usually this will involve the SAC's Quality Lead and or SAC Chair, but individual SACs may wish to nominate a specified minimum number of members to consider each application or decide to consider each application received in committee.

2. Information required

GMC Form A

The Deanery/LETB submitting the application must supply the following information:

The full name of the Deanery/LETB:
- If the programme is being delivered in geographical locations by more than one Deanery/LETB, the lead Deanery/LETB is responsible for the management of the programme should submit the application form, noting the other Deeaneries/LETBs involved in brackets. Please add all locations that the programme will be delivered in, including those outside the geographical area of the lead Deanery/LETB.
- The name of the approved specialty
- The geographical area in which the specialty programme is located. It could be a deanery or a part of it, or more than one deanery if a specialty programme crosses Deanery/LETB boundaries.

The training location(s):
- These can be defined as the organisations in which doctors in training train; these may include Local Education Providers (LEPs) such as: hospitals, universities, medical schools, industry, hospices, independent providers (NHS funded or other) and so on. It also includes the Trusts/Boards that the LEPS fall within, such as: trusts, health boards, foundation trusts and so on. All locations must list the Trust/Board name and Local Education Provider (LEP) name.
Maximum training capacity:

- This section is currently suspended by the GMC until further notice and does not need to be completed.

Confirmation that the programme meets the GMC standards:

Each specialty programme should meet all of the GMC’s standards; therefore the answer to all questions should be ‘Yes’. If the specialty programme does not meet all the standards (e.g. the answer to one or more of the questions is ‘No’) it is recommended that the Deanery/LETB takes the appropriate action to meet the GMC’s standards before submitting an application. If an application is submitted where all standards are not yet met the College/Faculty supporting letter will need to outline that they are aware of this and continue to provide support.

The SAC or responsible person may request additional information in respect of the application if, in the first instance, there is insufficient information available to make a decision. Where insufficient information exists, the SAC or responsible person must state what further information it requires in order to make a decision and the JRCPTB will request this from the Deanery/LETB making the request. The request will remain suspended pending receipt of the requested information.

GMC Form B

This form should be completed if a Deanery/LETB is adding a new training location(s) to a specialty programme which has had previous approval from the GMC (or from PMETB, the GMC’s predecessor body). Applications should be submitted where one or more of the following apply:

- The clinical supervisor is not with the doctor in training ie. not at the same physical location as the trainee and includes ISTCs or locations where ‘sessions’ are held
- The doctor in training is at the location for more than two sessions per week at any stage of their training, including outreach sessions at particular sites
- The training component provided within the location including ISTCs or locations where ‘sessions’ are held is essential for the delivery of the curriculum (that is where removal of doctors in training from the location will have a detrimental impact on delivery of the curriculum).

If the sites do not meet the above criteria, there is no need to seek GMC approval.

Form B should not be used for flexible (e.g. less-than-full-time, part time or supernumerary) posts unless they are taking place in a training location which was not previously part of the specialty programme.

The Deanery/LETB submitting the application must supply the following information:

- The post start date for the doctor in training
- The type of post (whole time, part time or flexible)
- Who is funding the post (Postgraduate Dean, Trust or other (please state)
- The programme name and code
- The Trust/Board name, code and the name and email address of the contact person
- The details of the Local Education Providers (LEPs) within the Trust/Board where the training will be provided
- Details of the facilities provided at the LEP(s) where the training will be provided.
- The name, contact details and qualifications/experience of the named Educational Supervisor(s)
- The name, contact details and qualifications/experience of the named Clinical Supervisor(s)
- Details of the post tenure including whether they are part of internal or external rotations and the length of the rotation
- Staffing numbers for the specialty at each of the LEP location(s) listed in the application
- Depending on the nature of your specialty, please provide information on the number of ward rounds / outpatient clinics, diagnostic and therapy activities, split by study type per week, average number of beds and details of the duty roster.
• A weekly timetable of the responsibilities of the trainees working in the specialty at the location(s) listed in the application
• Details of the arrangements for educational and clinical supervision of the trainees working in the specialty at the location(s) listed in the application
• Details of the specialties arrangements for participation in out-of-hours care (if applicable)
• Details of the specialties arrangements for ongoing quality control for the specialty at the location(s) listed in the application
• Details of the specialties education and study sessions provided for the specialty by the location(s) listed in the application
This form should be used to apply for approval of a new specialty (including GP training) programme. This form must be accompanied by a signed letter/email of support from the relevant royal college or faculty.

Please refer to the accompanying guidance document for help with completing this form including the definitions of the terms used.

**Section 1**

<table>
<thead>
<tr>
<th>Deanery/ LETB name</th>
<th>Specialty name</th>
<th>Locality/sector</th>
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**Section 2**

Training location/s through which doctors in training in this programme may rotate. Please note that all locations must list the Trust/Board name and Local Education Provider (LEP) name and their organisation codes.

**NOTE:** Please add rows as required
If the training location is a General Practice site, could you please also provide us with the post code of the LEP to assist us in determining the correct training location as many GP sites have the same name but are in different geographical locations.
If you wish to report at the Trust/Board level on the National Training Survey for trainees who work across multiple sites, you must also list this Trust/Board separately.

<table>
<thead>
<tr>
<th>Trust/Board name</th>
<th>Trust/Board organisation code</th>
<th>LEP name (and post code if GP site)</th>
<th>LEP organisation code</th>
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Section 3

Maximum Training Capacity (MTC)

This section does not currently need to be completed.

Section 4

<table>
<thead>
<tr>
<th>Standard</th>
<th>Y/N</th>
<th>If ‘No’, please describe the areas in which standards are not yet being met and action being taken by the deanery to ensure compliance in the near future</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 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.</td>
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<td>2. Specialty including GP training must be quality managed, reviewed and evaluated.</td>
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<td>3. Specialty including GP training must be fair and based on principles of equality.</td>
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<td>4. Processes for recruitment, selection and appointment must be open, fair, and effective.</td>
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<td>5. The requirements set out in the approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose.</td>
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<td>6. 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.</td>
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<tr>
<td>7. 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.</td>
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<td>8. Education and training must be planned and maintained through transparent processes which show who is responsible at each stage</td>
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<td>9. The educational facilities, infrastructure and leadership must be adequate to deliver the</td>
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</table>
10. The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

Section 5
Please submit the completed form, accompanied by a letter/email of support from the relevant Royal College or Faculty, via GMC Connect.

We are happy to accept electronic submission from the named Deanery/LETB individuals onto GMC Connect as confirming Deanery/LETB support (i.e. replacing the requirement for a signature from the Dean or Deputy Dean).
### FORM B

**Application for the Approval of a New Training Location**

This form should be used when a deanery is adding a new training location(s) to an already approved specialty programme. This form must be accompanied by a letter of support from the relevant royal college or faculty.

Please refer to the accompanying guidance document for help with completing this form including the definitions of the terms used.

#### Details

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<thead>
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<tbody>
<tr>
<td>1.</td>
<td><strong>Start date for doctors in training:</strong></td>
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<td>2.</td>
<td><strong>Type of Post:</strong></td>
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<td>Whole Time ☐ Part Time ☐ Flexible ☐</td>
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<td>3.</td>
<td><strong>Is this post funded by:</strong></td>
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<td>Postgraduate Dean ☐ Trust ☐</td>
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<td></td>
<td>Other (please state) ☐ ____________________________</td>
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<td>4.</td>
<td><strong>Please provide the name and the programme code for the specialty programme (including core) to which the post will belong:</strong></td>
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<tr>
<td></td>
<td>Specialty programme name:</td>
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<td>GMC Programme code:</td>
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<td>5.</td>
<td><strong>Please give details of the Trust/Board where the programme will be based, please also provide a named contact (this will usually be the Chief Executive of the Trust/Board)</strong></td>
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<td></td>
<td>Trust/Board Name</td>
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<td></td>
<td>Contact (include title and email address):</td>
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</tbody>
</table>
6. **Please give details of the LEP/s, within the Trust/Board named above, where the training is to be provided** (NOTE: Please add rows as required):
   If the training location is a General Practice site, could you please also provide us with the post code of the LEP to assist us in determining the correct training location as many GP sites have the same name but are in different geographical locations.

<table>
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<tr>
<th>LEP name (and post code if GP site)</th>
<th>LEP organisation code</th>
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7. **Please give details of the nature and extent of the facilities provided at the LEP/s for the relevant education or training:**

8. **Please provide the details of the Named Education Supervisor/s:**
   Name:
   Contact Number/Email:
   Contact Address:
   Details of Education Supervisor/s qualifications/experience:

   Insert summary here (maximum of one page)

9. **Please provide the details of the Named Clinical Supervisor/s:**
   Name:
   Contact Number/Email:
   Contact Address:
   Details of Clinical Supervisor/s qualifications/experience:

   Insert summary here (maximum of one page)

10. **Please specify the tenure of this post (This refers to the tenure of contract with the hospital):**

11. **Is this post part of a rotation?**
    Yes ☐ No ☐

12. **Please indicate the length of this rotation for a full-time doctor in training (a plan of the rotation may be attached if appropriate):**
    12 months ☐ 18 months ☐ 24 months ☐
    30 months ☐ 36 months ☐ Other

13. **Is this rotation:**
    Internal (within this LEP) ☐ External ☐ Both ☐
14. **If this post rotates externally please give the name of the training location/s with which it rotates:**

1. 
2. 
3. 

15. **Please indicate the shift practice for this post:**

- Full Shift □
- Partial Shift □
- On-call Rota □
- Hybrid □

Other (please state) □ ____________________________

16. **Please state the staffing numbers for the specialty programme at the training location/s where this post is based:**

- Consultants: 
- Foundation Year: 
- Specialist Registrars: 
- Others (specify):

17. **Please indicate the responsibilities of this post:**

- Ward rounds per week: 
- OP clinics per week: 
- Average number of beds: 
- Duty rota:

18. **This question is to be completed in relation to General Practice Programmes only:**

*Please provide details of the intended learning outcomes of the post (which must relate directly to the relevant sections of the General Practice curriculum):*

19. **Please provide a timetable of service and educational commitments (this may be attached):**

20. **What are the arrangements for the educational and clinical supervision in this post (these may be the same individual), and who are the named trainers?**

21. **This question is to be completed in relation to General Practice Programmes only:**

*What arrangements are in place for access to the GP training release scheme?*

22. **What arrangements are there to participate in out-of-hours care?**
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<tr>
<td><strong>23.</strong></td>
<td>Please describe the arrangements for the ongoing quality control of the post:</td>
</tr>
<tr>
<td><strong>24.</strong></td>
<td>What formal education or study sessions will be provided by the training location/s for this post? What arrangements are in place for educational supervision of this post?</td>
</tr>
<tr>
<td><strong>25.</strong></td>
<td>This section provides the opportunity to highlight any additional information on the post or training which may not be addressed above:</td>
</tr>
</tbody>
</table>

**Evidence of Support**

26. Please submit the completed form, accompanied by a signed letter of support from the relevant Royal College or Faculty, via GMC Connect.

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Author: Warren Lynch, Quality Management Officer, JRCPTB
Sign off party: Ms Tanya Rehman, Head of Development and Prof David Black, Medical Director, JRCPTB
Next review due: