

Accreditation of transferable competences FAQs for trainees

September 2014

For trainees

01. What is ATC?

ATC is a framework that meets a need for trainees changing career direction so that they do not have to repeat the training they have successfully completed. Many training curricula have shared competences. If you have successfully achieved some of these, and you change specialty, you should not have to do them again.

02. Will ATC make it easier for me to gain a place in a different specialty?

No. If you wish to change career direction, you will have to apply for a place in a different specialty in open competition. Naturally, any previous work experience which you have done may be seen positively when you apply. This is not the purpose of ATC and ATC is not scored in the selection process.

03. Will ATC make my training take longer?

ATC is only used by those who change the direction of their training. If you are applying to start in a different specialty, you can now count competences from the previous training. This will reduce the amount of time that you will spend in the different specialty.

04. Do I have to use ATC if I change to a different specialty?

No. You can choose whether you want your previous training to be considered for ATC, but only at point of entry, not at any later date.

05. I use ATC, will I have to go into the 2nd year of training in the different specialty?

Sometimes, trainees using ATC will go into the 2nd year when they change specialty. ATC may also allow for previous training in different ways.

(For example: in anaesthetics it is essential to begin with airway management; in paediatrics, if ATC meant that one year was allowed from previous training, the trainee will be permitted to complete level I training in 2 years instead of 3).

06. How much time must I have spent in the first specialty to use ATC in the second?

You must have successfully completed at least one whole time equivalent year in your first specialty before elements of that training can be used for ATC upon entry into a second specialty.

07. Do I have to have ARCP 1 in the first specialty to use ATC?

Usually yes. If you do not have ARCP 1, then you will need to provide evidence of successful completion of the competences in the first specialty for ATC into the second programme.

08. Will I have to pass all the examinations in the first programme before I can use ATC into the second?

Not necessarily. Where the curriculum requires you to pass an examination to progress into the next year, you will be expected to have done this successfully in the first specialty. Often passing parts of examinations is a good marker of progress. If you have not taken or passed an examination as you move to a different specialty, ATC can still be used providing you can supply evidence of successful completion of competences.

09. Can ATC be applied to competences gained in a LAT or FTSTA post?

Yes.

10. Can ATC be applied to competences gained in training outside the UK?

European training may be accredited providing it was in a mutually recognised programmes and evidence of competences achieved can be provided. This is following the same rules as those for European training being counted for entry into the same specialty.

11. I have had a gap between my previous specialty training and the new one. Can I use ATC?

The maximum time out of training will be three calendar (not whole time equivalent) years. In exceptional circumstances, this may be extended to 5 years, but the intervening time must have been in clinical practice.

12. Is there a time limit for application for ATC?

Yes. You may only apply for accreditation for competences gained during training up to a maximum of five years before the time of application for ATC.

13. What is the maximum period that can be allowed under ATC in the second specialty?

Currently this is two years, but individual specialties will indicate the recognition.

14. Can I apply for ATC more than once?

No.

15. When do I apply for ATC?

You may only apply for ATC at point of entry into the Second specialty.

16. I am already in training, can I apply for ATC now?

No, you may only apply for ATC from the point of when the process was approved by the GMC, ie for entry into training from August 2015. Application for ATC must be at point of application for entry into the second speciality.

17. I am nearing my CCT date, I would like to bring this forward recognising previously not recognised ATC, can I do this?

No, ATC must be applied at the point of application for entry into the second speciality.

18. When do I know if I am allowed ATC?

When you apply for entry into the second specialty, you will be asked to state your intention or express an interest in ATC. The details of ATC will be agreed with you, usually after you have successfully achieved a place in the second specialty. They should be agreed at the latest within three months of starting the second specialty. As you know ATC can, in special circumstances, be changed at the first ARCP in the second specialty.

19. I am changing career direction. If I use ATC will I miss some bits of the curriculum in my second specialty?

No. To gain CCT in General Practice or any Specialty, you must achieve all the competences in the curriculum. ATC is used to gain credit for competences you have successfully achieved in a previous specialty.

20. If I start in the 2nd year of this second specialty, I will not have enough time to take the examinations. What should I do?

Do not use ATC. ATC should only be used when it is helpful to you and your training.

21. What happens if I enter a new specialty in the 2nd year, and things do not go as well as expected. I will not be ready for ST 3 at the end of the year.

The use of ATC for each trainee will be reviewed at the 1st ARCP in the second specialty. At that time, the panel may decide to alter or reverse previous decisions about ATC. If ATC was rescinded, then you would effectively enter ST2. ARCP outcome will be determined in the usual way, and the need to rescind ATC does not preclude ARCP outcome 1.

22. What is a gap analysis?

This allows you to agree specific learning objectives which must be achieved within a certain time in the new specialty. This might relate to the content or context of the previous training. It might be a single specific skill or an area of training like six months in acute emergency care and will state that this must be achieved by a certain time.

23. Why is ATC reviewed at the ARCP in the second specialty?

This is an important checkpoint. Sometimes, it may be best for training to be repeated in the context of the second specialty. The agreed reduction in training time in the second specialty may no longer be in a trainee's best interests.

24. How will information from ATC be recorded in an e portfolio in the second specialty??

This will depend upon the nature of the e portfolio and its format and will require discussion with your educational supervisor in the second specialty. Specific learning objectives highlighted by the gap analysis should be recorded in the personal development plan to ensure that these are achieved.

(eg In the first year of the second specialty the following DOPs, CBD and clinical experience should be achieved).

For Programme Directors, LETBs and Royal Colleges, Colleges, Faculties.

(please also see FAQs directed towards trainees)

01. Does ATC need prospective approval?

Yes. If you wish trainees coming into your specialty to use ATC, this intention must be agreed with the GMC before ATC is used. This agreement notes the intention to allow competences from one specialty into another. The details for the individual trainee are administered by the LETB/Deanery.

02. How do we know if trainees are seeking to use ATC?

At application for General Practice or Specialty training, the trainees will signal their or intention to use ATC on their application form in order to be considered for it.

03. When does ATC need to be agreed with the individual trainee?

Most Colleges or Faculties will arrange that ATC should be agreed with the individual trainee after successful appointment to the second specialty. [This means that ATC will only have to be agreed for trainees who have been successful in their application for a specialty] ATC must be agreed at the latest within three months of starting training in the second specialty.

04. Do I need to respond to a request for details of how much time will be counted by ATC before a trainee has received confirmation of appointment to the second specialty?

You are advised not to provide this information. The acceptance of ATC only becomes effective when a trainee is accepted into the second specialty. ATC may change with any modifications to the curriculum or in the interval before the trainee is accepted into the second specialty.

05. How do we use the gap analysis?

The gap analysis allows definition of areas of training which the trainee must complete within a specified period after entry into the second specialty. This may relate to specific skill or could be a statement. For example the gap analysis may conclude: the first year of training must include at least six months of emergency cover.

06. Are the only routes for ATC those shown in the matrix?

No. The matrix indicates those routes of change in career direction which are taken more frequently and where ATC is more likely to be helpful. ATC can only be allowed in those specialties where prospective GMC approval has been gained by the College or Faculty (please see appendix 4).

Academy of Medical Royal Colleges
10 Dallington Street
London
EC1V 0DB
United Kingdom

Telephone

+44 (0)20 7490 6810

Facsimile

+44 (0)20 7470 6811

Email

academy@aomrc.org.uk

Website

www.aomrc.org.uk

Registered Charity Number

1056565

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