

Accreditation of transferable competences

September 2014

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Foreword

Many of the core competences are common across curricula. When moving from one approved training programme to another, a trainee doctor who has gained competences in core, specialty or general practice training should not have to repeat training already achieved. The Academy of Medical Royal Colleges (the Academy) has developed the Accreditation of transferable competences Framework (ATCF) to assist trainee doctors in transferring competences achieved in one core, specialty or general practice training programme, where appropriate and valid, to another training programme.

This will save time for trainee doctors (a maximum of two years) who decide to change career path after completing a part of one training programme, and transfer to a place in another training programme.

The ATCF applies only to those moving between periods of approved training. It is aimed at the early years of training. The ATCF is subject to review at the first Annual Review of Competence Progression (ARCP) in the new training programme. All trainees achieving Certificate of Completion of Training (CCT) in general practice or a specialty will have gained all the required competences. Those using the ATCF may have gained some of the competences during a previous and different training programme.

The Framework has been circulated widely for comment and refinement during its development. In particular the advice and guidance from the General Medical Council has been essential. There has also been much support from trainee doctors. It will continue to be revised by the Academy Specialty Training Committee (ASTC) who will review and evaluate the framework as curricula and assessment methods are defined and refined.

The framework currently addresses the early stages of core, specialty and general practice training. However, once these foundations have been established the ASTC will look to developing this more widely. Greater flexibility for the trainee who changes specialty training direction is needed and the ATCF is part of this solution.

I would like to thank all those who have contributed to developing this framework, to help improve the quality of patient care whilst simultaneously streamlining training.

A handwritten signature in black ink that reads "Simon Newell". The signature is written in a cursive, flowing style.

Dr Simon Newell
Chairman, Academy Specialty Training Committee

1.0 Members of the transferable competences working group and contributors

This framework is designed to include content and processes suitable for all doctors in training post Foundation. The Transferable Competences Framework working group was set up in 2010 under the auspices of the Academy of Medical Royal Colleges Specialty Training Committee and the chairmanship of Dr Simon Newell. It was project managed by Ms Lesley Hagger and Ms Manjula Das.

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Advice and comments were also sought from:
Academy Specialty Training Committee
Academy Patient Lay Group
Academy Trainee Doctors' Group
Committee of General Practice Education Directors
Conference of Postgraduate Medical Deans
General Medical Council
National Association for Clinical Tutors UK
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2.0 Accreditation of transferable competences framework

Notion

A doctor who has gained competences in core, specialty or general practice training should not have to repeat this training when they move from one approved training programme to another.

Current position

Entry into a training programme towards CCT/CESR is gained in open competition. Most doctors complete this training.

A small number of trainee doctors complete the first years of their initial training programme '*CCT for specialty A*' (*CCT A*) (or equivalent as above), change their mind, and are able to gain a place in a new training programme towards a different accreditation, '*CCT for specialty B*' (*CCT B*).

Currently the doctor who completes years in *CCT A* returns to the first year of *CCT B*. They often repeat training, and so increasing their overall length of time in training.

Diagram depicting the use of accreditation of transferable competences in moving from *CCT A* to *CCT B*

CCT A



CCT B



Time and Competences

* CCT: Certificate of Completion of Training

Aim of ATCF

After much consideration and discussion, the ASTC (which includes a number of external stakeholders) came to the conclusion that competences gained by a doctor in *CCT A* should be accredited and count towards the competences which are required in training in *CCT B*.

Accreditation of transferable competences (ATC) will save a doctor from going back to Year 1 of *CCT B*, thereby reducing their total length of training.

Many core competences are generic (Academy Common Competences for Doctors¹) and clinical skills in, for example, patient assessment and clinical judgement will, at least in part, translate well between specialties. Presently ad hoc arrangements are in place for ATC. Trainees report that the system is neither transparent nor just. In many circumstances, ATC is not allowed because of the absence of a framework.

ATC Regulations

ATC does not change the requirement that satisfactory completion of training requires that a doctor has completed all elements of the GMC approved curriculum for CCT.

What will ATC offer?

ATCF is expected to allow accreditation equivalent to a training period of one year. The maximum accreditation is equivalent to a period of two years training.

ATC may allow any of the following:

- Entry into year 1 with reduction in the total time required in training in *CCT B* (e.g. from seven to six years)
- Entry of the trainee in to *CCT B* in year 2 or 3 of training
- Accreditation for areas of training that will not need to be repeated in *CCT B*.

When can ATC be considered?

- ATCF will be available only to doctors who have successfully completed at least one year in *CCT A*, obtaining Annual Review of Competence Progression 1 (ARCP1)
- ATCF may apply to competences achieved during Locum Appointment for Training (LAT) and Fixed Term Specialty Training Appointment (FTSTA) posts provided recruitment, selection, training and the ARCP process meets the requirements of the GMC approved CCT programme. Elements for accreditation from LAT or FTSTA posts should come from only one training programme. (Accreditation may not be accumulated by gaining competences related to two or three or more different training programmes)
- ATCF will not apply to competences achieved in Locum Appointments for Service (LAS) posts

Footnote: 1 Available at: www.aomrc.org.uk/publications/reports-a-guidance/doc_details/134-common-competences-framework-for-doctors.html

- European training outside the UK may be accredited providing that training is within a mutually recognised programme. The trainee should provide evidence of training undertaken in a recognised programme by the appropriate authority in the EU
- ATCF will only apply to training acquired within a maximum period of five years leading up to application for ATC
- ATCF will only apply to competences gained during training approved by the GMC for CCT or CESR(CP) or from a mutually recognised European training programme
- This process has included four country involvement and any scheme will be appropriate for the four nations of the UK.

Restrictions

- ATC should be prospectively approved
- ATC will be allowed after successful competitive entry into CCT B
- ATC should be agreed before entry or within 3 months of entry into CCT B
- A doctor may apply for ATC once
- Examinations required by the curriculum must be completed successfully
- It is important to ensure that the trainee invoking ATC is eligible for examinations in curriculum B and has the expected time needed to pass required examinations
- Time out of training (e.g. Out of Programme (OOP), overseas, parental leave). A prolonged period out of training between CCT A and entering CCT B may make ATC inappropriate. The interval out of training should not usually exceed three years, and the maximum acceptable period is five years. Exceptionally (e.g. where in the interval the doctor has been working in areas that continue to contribute to competences required in CCT B) ATC may be allowed after a longer interval.

Royal Colleges or Faculties should ensure that trainees using ATC complete all necessary elements of the GMC approved curriculum for CCT. The Royal College or Faculty responsible for training in **CCT B** should agree guidelines for any more frequently used routes of transfer between specialty training programmes.

Trainee pathway for ATC

Application

A trainee may apply for ATC provided the Royal College or Faculty responsible for **CCT B** has sought prospective approval of the trainee's intended route from **CCT A** (see below: Implementation guidance to Royal Colleges and Faculties).

The trainee must apply for ATC and provide the necessary evidence of successful completion of training in **CCT A**. This must include satisfactory ARCP in **CCT A** bringing together in-service assessment, workplace based assessment, the trainer's report(s). The trainee may be asked to provide additional information or evidence relating to elements of **CCT A** where accreditation is sought for **CCT B**.

Application for ATC should be before appointment to **CCT B**. ATC should usually be agreed before entry into **CCT B** training, or at the latest within three months of commencement of training in **CCT B**.

Gap Analysis

A gap analysis will be performed for each trainee to define learning needs in *CCT B*.

For example:

ATC allows you to enter *CCT B* at year 2, but before the end of year 4, you must achieve competency in 'XXXX' through training and experience in 'YYYY' over at least four months.

The gap analysis will:

- Define important areas of training or competences that must be achieved in *CCT B*
- Note any workplace based assessments or examinations that must be achieved in *CCT B*
- Clearly state when these competences must be achieved
- Consider the context in which the competences are achieved
- Help trainees ensure that they have sufficient time in *CCT B* to complete mandatory examination requirements
- Be agreed before or within three months of entry into *CCT B*.

It is only reasonable, for example, to allow a trainee to enter *CCT B* at year 3 if the trainee will be able to achieve other requirements for progress in *CCT B*, such as examinations, or mandatory periods of subspecialty training.

Review at ARCP

ATC will be reviewed at the first ARCP in *CCT B* and may be revised in special circumstances. Trainees will be expected to achieve goals determined in their gap analysis.

ATC is not a basis for prolonging training in the face of other problems with progress such as examination failure.

Examples of where ATCF can be used are shown in Appendices 1-4.

It is only reasonable, for example, to allow a trainee to enter *CCT B* at year 3 if the trainee will be able to achieve other requirements for progress in *CCT B*, such as examinations, or mandatory periods of subspecialty training.

Footnote: 1 Available at: www.aomrc.org.uk/publications/reports-a-guidance/doc_details/134-common-competences-framework-for-doctors.html

Routes are selected by reference to:

- Royal Colleges and Faculties through the ASTC Transferable Competences Working Group, ASTC and other relevant committees
- Academy Trainee Doctors' Group
- General Medical Council
- Published data of Goldacre et al. (BMJ 2010; 340: c3199)
- Presentation and discussion with Professor Michael Goldacre on Task and Finish Group
- Department of Health England (with thanks to Dr Pat Hamilton)

Appendices 1 to 3 that follow, provide examples of ATC. These are provided as illustrations of the way that the ATCF might be implemented for trainees entering training within three of the medical Royal Colleges.

ATC would be tailored to the competences achieved by the doctor in the previous curriculum, ensuring that the doctor will complete all elements of the curriculum in the second specialty, either during the training in that specialty or through ATC.

Appendix 4 provides guidance formulated with the GMC for modification of curricula for GP and specialty training that will be necessary before ATC is used. This is followed by an outline for use of ATC by the Deaneries.

4.0 Appendix 1: Entry into psychiatry

The table below indicates how the Transferable Competences Framework could be utilised for entry into Psychiatry. ATC for the individual trainee would be agreed by the deanery with reference to the medical Royal College to ensure that all elements of the GMC approved curriculum in Psychiatry will be completed by the trainee either during training in Psychiatry or through ATC.

ATCF into Psychiatry				
ORIGIN CCT	ATC period in Origin CCT	Gap analysis	ATC max time allowed in Psychiatry	Notes
Core Medical Training	1-2 years	Must complete at least 12 months in General Adult Psychiatry in CPT 2 and 3 AND complete all psychotherapy requirements of CPT 1-3 before completing CPT	1 year	Psychiatry is a decoupled specialty. Core Psychiatry Training (CPT) is a three-year programme and this is followed by one of the six advanced training programmes in psychiatry, which are also of three years duration. In order to progress to advanced training in psychiatry, the trainee must pass all parts of the MRCPsych examination
Paediatrics and Child Health	1-3 years	Must complete at least 12 months in General Adult Psychiatry in CPT 2 and 3 AND complete all psychotherapy requirements of CPT 1-3 before completing CPT	1 year	Psychiatry is a decoupled specialty. Core Psychiatry Training (CPT) is a three-year programme and this is followed by one of the six advanced training programmes in psychiatry, which are also of three years duration. In order to progress to advanced training in psychiatry, the trainee must pass all parts of the MRCPsych examination
General Practice	1-3 years	Must complete at least 12 months in General Adult Psychiatry in CPT 2 and 3 AND complete all psychotherapy requirements of CPT 1-3 before completing CPT	1 year	Psychiatry is a decoupled specialty. Core Psychiatry Training (CPT) is a three-year programme and this is followed by one of the six advanced training programmes in psychiatry, which are also of three years duration. In order to progress to advanced training in psychiatry, the trainee must pass all parts of the MRCPsych examination

5.0 Appendix 2: Entry into paediatrics and child health

The table below indicates how the Transferable Competences Framework could be utilised for entry into Paediatrics and Child Health. ATC for the individual trainee would be agreed by the deanery with reference to the medical Royal College to ensure that all elements of the GMC approved curriculum in Paediatrics and Child Health will be completed by the trainee either during training in Paediatrics and Child Health or through ATC.

ATCF into Paediatrics and Child Health				
ORIGIN CCT	ATC period in Origin CCT	Gap analysis	ATC max time allowed in Psychiatry	Notes
Core Medical Training	1-2 years	Must complete training for at least 18 months and usually 24 months before entry to level 2. This should include 6 months in General Paediatrics and 6 months in Neonatal Medicine	1 year	Paediatrics is run-through training, ST1 - ST8. Level 1 competences are acquired in 2-3y. Entry into level 2 (ST4, the 4th year of training) requires MRCPCH. Entry into ST3 requires success in two of the three MRPCH written papers. Details www.rcpch.ac.uk
Internal Medicine	1-3 years	Must complete training for at least 18 months and usually 24 months before entry to level 2. This should include 6 months in General Paediatrics and 6 months in Neonatal Medicine	1 year	Paediatrics is run-through training, ST1 - ST8. Level 1 competences are acquired in 2-3y. Entry into level 2 (ST4, the 4th year of training) requires MRCPCH. Entry into ST3 requires success in two of the three MRPCH written papers. Details www.rcpch.ac.uk
General Practice	1-3 years	Must complete training for at least 18 months and usually 24 months before entry to level 2. This should include 6 months in General Paediatrics and 6 months in Neonatal Medicine	1 year	Paediatrics is run-through training, ST1 - ST8. Level 1 competences are acquired in 2-3y. Entry into level 2 (ST4, the 4th year of training) requires MRCPCH. Entry into ST3 requires success in two of the three MRPCH written papers. Details www.rcpch.ac.uk

ATCF into Paediatrics and Child Health continued

ORIGIN CCT	ATC period in Origin CCT	Gap analysis	ATC max time allowed in Psychiatry	Notes
Emergency Medicine	1-2 years	Must complete training for at least 18 months and usually 24 months before entry to level 2. This should include 6 months in General Paediatrics and 6 months in Neonatal Medicine.	1 year	Paediatrics is run-through training, ST1 - ST8. Level 1 competences are acquired in 2-3y. Entry into level 2 (ST4, the 4th year of training) requires MRCPCH. Entry into ST3 requires success in two of the three MRPCH written papers. Details www.rcpch.ac.uk

6.0 Appendix 3: Entry in anaesthesia

Trainees may commence GMC approved training programmes in Acute Care Common Stem Emergency Medicine (ACCS [EM]), ACCS General Internal Medicine (ACCS [GIM]), ACCS Intensive Care Medicine (ACCS [ICM]), Core Medical Training (CMT) or Core Surgical Training (CST) but decide to change career direction and apply for anaesthesia.

When a trainee changes from the above listed programmes to anaesthesia, some components are deemed to be identical in content and outcome, and therefore transferable to anaesthesia providing the programme component had been successfully completed and appropriately assessed in accordance with the assessment requirements of the previous specialty's training programme. These transferable components will normally be recognised for a CCT. But trainees contemplating transferring to anaesthesia should contact the Royal College of Anaesthetists Training Department for advice.

The table below indicates how the Transferable Competences Framework can be utilised for entry into anaesthesia. ATC for the individual trainee would be agreed by the deanery with reference to the medical Royal College to ensure that all elements of the GMC approved curriculum in Anaesthesia will be completed by the trainee either during training in Anaesthesia or through ATC.

Origin CCT	ATC period in origin CCT	Gap Analysis	ATC maximum time allowed in Anaesthesia
ACCS [EM] [GIM] [ICM]	Time taken for each completed components	EM, GIM, ICM	24 months
ACCS [EM]	6 months	Basis of anaesthetic practice	6 months
ACCS [EM]	3 months	ICM	3 months
ACCS [GIM]	6 months	Basis of anaesthetic practice	6 months
ACCS [GIM]	3 months	ICM	3 months
ACCS [Anaes]	6 months	Basis of anaesthetic practice	9 months
CMT	6 months	Medicine	6 months
CMT	3 months	ICM	6 months
CMT	3 months	ICM	3 months
CST	3 months	ICM	3 months
CST	3 months	ICM	6 months

7.0 Appendix 4: Implementation guide for royal colleges and faculties

ATC speeds up training for a trainee joining your programme from a period of approved training in a different specialty. Accreditation is given if they have already successfully completed training or gained competences that are contained in your curriculum for CCT. This avoids repetition of training.

There are important regulations, and necessary restrictions. These are set out in the ATC framework (www.aomrc.org.uk/publications/reports-a-guidance.html).

ATC is popular with trainees, and appeals as reasonable in avoiding unnecessary repetition of training. Greater flexibility for the trainee who changes specialty training direction is needed and ATC is part of this solution.

If your College or Faculty wishes to be able to consider ATC for future trainees recruited into your programme, then it is necessary to make a small change to your curriculum. This has been agreed with the GMC. Inclusion of the ATC option in your curriculum does not mean that trainees have any right to use it. ATC is only employed where it is right for the trainee and her/his training needs. ATC will be subject to gap analysis and final review at first ARCP in your programme. This is clearly set out in the ATC framework (www.aomrc.org.uk/publications/reports-a-guidance.html).

However, inclusion of the ATC option in your curriculum is necessary before any trainee uses it. This prospective approval must be in place if the training allowed through ATC is to count towards CCT.

If you wish to have the option to employ ATC, the General Medical Council (GMC) recommends that a brief statement should be inserted into your curricular requirements.

There are two key points:

- **Training contributing to CCT must be prospectively approved**
- **Any doctor applying for CCT must have satisfied all the curricular requirements for that specialty within GMC approved training.**

The General Medical Council and Academy of Medical Royal Colleges have produced formulation (see below) that may be inserted into curricula for general practice and any relevant core or specialty curricula in order to remove the need for GMC review in every instance of use of ATC.

It is necessary for each College or Faculty first to determine which training programme(s) may contribute elements to their own training programme. This generic statement outlines only that your Royal College or Faculty anticipates ATC may be available for trainees coming from named other Royal Colleges or Faculties. For example the Royal College of Paediatrics and Child Health anticipates ATC for trainees coming from the training programmes of the Royal College of Physicians, College of Emergency Medicine and Royal College of General Practitioners.

We suggest:

Accreditation of Transferrable Competences (ATC)

This programme may employ ATC so that a doctor who has gained competences should not have to repeat training that they have successfully completed in an approved period of training in another programme. Accreditation of Transferrable Competences will apply to successfully completed training or gained competences that are contained in this curriculum for CCT. Accreditation of Transferrable Competences will be administered in accordance with the ATC Framework (www.aomrc.org.uk/publications/reports-a-guidance.html).

This does not change the requirement that satisfactory completion of training for CCT requires that a doctor has completed all elements of this GMC approved curriculum.

The [enter name of your College or Faculty] will consider ATC for trainees coming from a successful period of training in [enter name(s) of College(s) or Faculty(ies)].

Use of ATC

The Accreditation of Transferrable Competences Framework (ATCF) is designed by the Academy with the Royal Colleges and Faculties, regulated by the General Medical Council and administered by deaneries within regional HEE LETBs.

A trainee who is intending to change career direction from 'CCT for specialty A' (**CCT A**) to 'CCT for specialty B' (**CCT B**) may consider use of ATC to save repetition of training in **CCT B**. The following steps are necessary:

1. The trainee must ensure that ATC from **CCT A** into **CCT B** has been the subject of prospective approval with the GMC, as noted above. If not, then ATC cannot contribute to CCT in **CCT B**
2. The trainee will use guidance of College or Faculty setting curriculum of **CCT B** (as shown in examples in Appendices 1-3 of the ATCF (www.aomrc.org.uk/publications/reports-a-guidance.html))
3. The trainee will provide evidence of successful completion of a period of training in **CCT A**, with successful ARCP. The trainee may be required to provide some further evidence ensure that elements of training in **CCT A** suit ATC for **CCT B**
4. The outline ATC will be drawn up. For example, ATC means that this trainee who spent two years on **CCT A** will enter **CCT B** training in ST2
5. A gap analysis will be performed.

For example, this trainee has had no training in XXXX or YYYY. This trainee enters **CCT B** in ST 2 but during the first year must receive training and achieve competency in XXXX. Within the first 2 years in **CCT B** should complete at least four months training in YYYY

6. An agreed statement of ATC will be produced to include:
 - a. What time in training or competences in *CCT A* does ATC apply to?
 - b. How does the time in training or competences in *CCT A* relate to the requirements for CCT in *CCT B*?
 - c. What does ATC allow in *CCT B*? For example, entry in ST2 and no further training in XXXX
 - d. What are gaps in training and requirements for successful completion of training in *CCT B*?
 - e. Agreed PDP including gap remission
7. Annual Review of Competence Progression (ARCP) date in *CCT B* for final review of ATC.

8.0 Useful resources

Accreditation of Transferrable Competences Framework:
www.aomrc.org.uk/publications/reports-a-guidance.html

There is already a process in place to enable competencies to contribute towards a second specialty where competencies have not been achieved in GMC approved training – this is the combined programme CESR/CEGPR route.

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