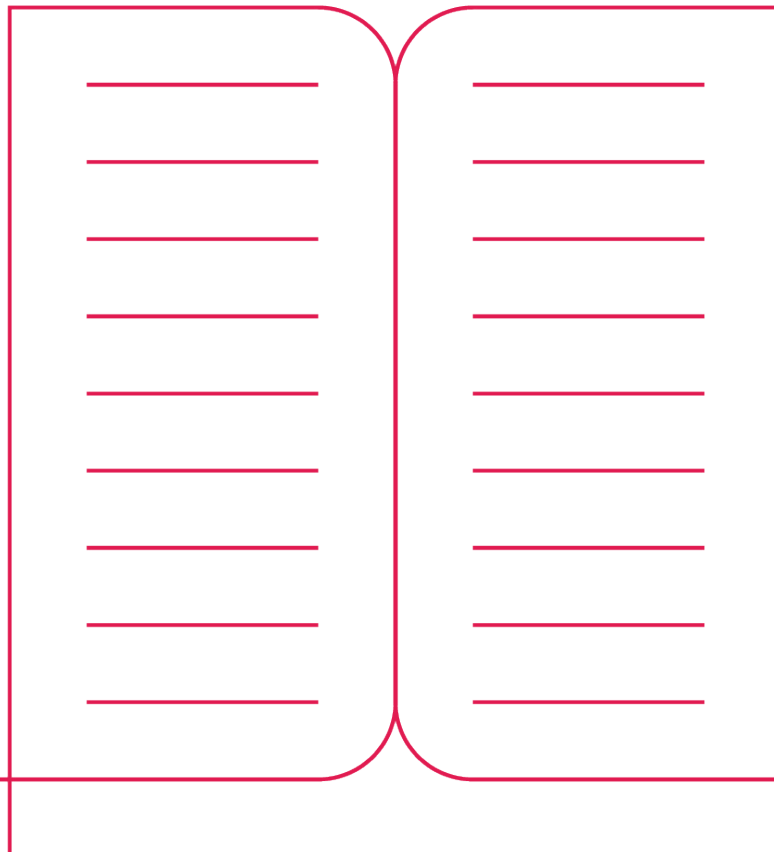


June / 2020

Doctors in training who wish to change specialties

A how-to guide





Background

This how-to guide gives an overview of the principles and processes when changing specialities which are described in detail in [*Guidance for flexibility in postgraduate training and changing specialities*](#). It is for doctors in training, their supervisors and their Training Programme Directors (TPD). It is recommended that you read the full guidance in conjunction with this shorter guide.

The Guidance, developed by the Academy of Medical Royal Colleges, the General Medical Council (GMC) and the four nation statutory education bodies, takes on the recommendation from the GMC report [*Adapting for the future*](#) with regards to improving flexibility in postgraduate medical training. It revisits the 2014 [*Accreditation of Transferable Competences Framework*](#) (ATCF) in the context of the standards for curricula [*Excellence by Design*](#) and the [*Generic Professional Capabilities*](#) (GPC) framework.

Adapting for the future was a response to the issues raised following the Junior Doctors' industrial action against the new contract in England in 2016. It was apparent that there were a number of priorities that needed to be addressed to enhance the quality of training, including a greater emphasis and better balance between training and service provision with more focussed supervision. In addition, doctors in training strongly advocated approaches to personalised training to enable not only completion of training programmes but also opportunities to develop other interests as well as ensuring a satisfactory work-life balance.

This guide illustrates how doctors in training who wish to change to another specialty, because for any reason they think their original specialty is no longer the one for them, can receive recognition of their achievement of transferable capabilities as they enter the new specialty. It will no longer be necessary for the curriculum in the new specialty to explicitly state that it will recognise capabilities from the other curriculum. This opens up the opportunity for any experience/capabilities gained in any GMC approved training programme to be considered as counting towards a CCT in any other specialty.

The move to outcomes-based models of training will ensure greater flexibility and facilitate recognition of capabilities as part of the award of a CCT. The introduction of GPCs enhances the opportunities for cross-specialty recognition of capabilities in terms of knowledge and skills. Many core capabilities in the GPC framework are generic and clinical skills in, for example, patient assessment and clinical judgement will, at least in part, translate well between specialties.

It is based on the statutory requirement that satisfactory completion of specialty training requires that a doctor has completed all elements of the GMC approved curriculum for award of a CCT. It focuses on using gap analysis — an evaluation of the gap between the capabilities already obtained under training in the previous curriculum and the requirements imposed by the new curriculum to which the trainee has moved, to prevent unnecessary repetition of competencies and recognise previous training. The gap analysis framework is set out at the end of this guide.

Accreditation may be given if a doctor in training has already successfully completed training or gained capabilities that are contained in the new specialty curriculum and therefore avoids repetition of training.



Principles and practicalities of changing specialties

The steps involved together with responsibility for the different parts of the process of changing specialty are outlined below.

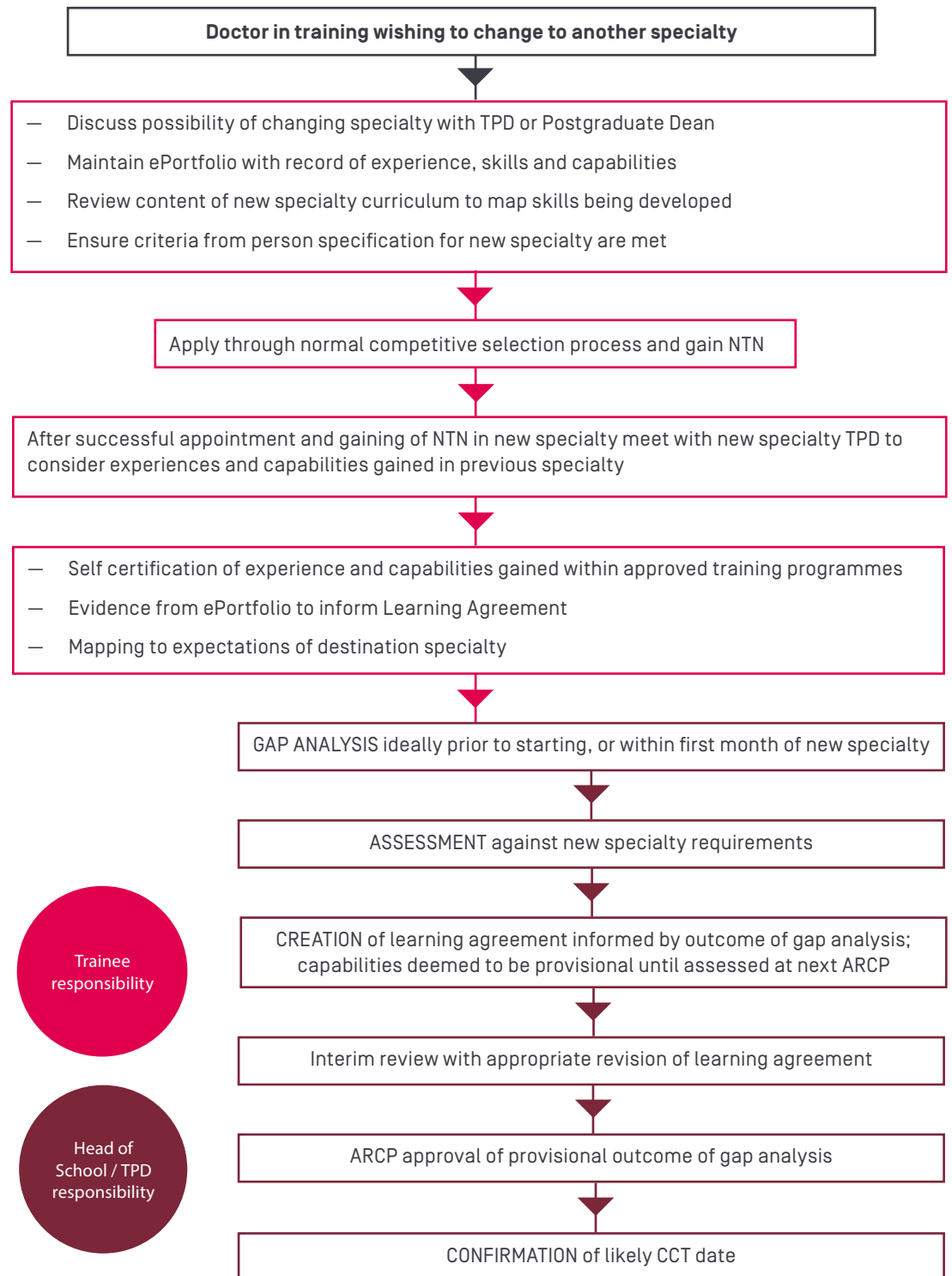


Figure 1. Steps involved with transferring between specialties, with responsibilities



Process for changing specialties – requirements for the doctor in training

1. Doctors in training considering moving to another specialty are advised to discuss the possibility with their current specialty TPD and/or Postgraduate Dean, not only to seek advice but also support for the change.
2. If there is any deficit within their training for which a corrective strategy is in place, the doctor in training should have the support of their Postgraduate Dean at the time of application. Such support must be clearly defined in order to continue to correct the deficit and bridge the move, particularly if to a new region. This would also include pastoral support e.g. health, caring commitments or disability.
3. Doctors in training will be required to apply for their chosen new specialty as part of the normal competitive national selection process or equivalent.
[If unsuccessful, their status in their existing training programme will be unaffected and they will normally continue with their existing programme retaining their original National Training Number (NTN) as appropriate.]
4. In preparation for their application, doctors in training must ensure that they have knowledge of the relevant capabilities and expectations required in the destination specialty curriculum.
5. Doctors in training should ensure that they are eligible, or can become eligible, following appointment to the new specialty for examinations in the destination curriculum, and have the expected time needed to pass the required examinations.
6. Each doctor in training will be expected to include self-assessment of their prior experience, mapping this against the expectations of the destination specialty. They should demonstrate the generic and specialty-specific capabilities achieved in their original training programme.

Process for changing specialties – requirements for the doctor in training and trainer

1. Once successful in gaining an NTN in the destination specialty, the doctor in training will need a gap analysis to define their learning needs in the new specialty. This should be completed ideally before entry, or at least within the first month of work in the new specialty.
2. The gap analysis will need to ensure that the experience gained in the previous, approved programme equates to valid experience required for the new specialty.
3. The gap analysis will also identify any capabilities which may place the doctor in training ahead of the entry level in the new specialty they are joining.
4. It is the doctor in training's responsibility to provide evidence from their e-portfolio that will inform the gap analysis.
5. The doctor in training and TPD will agree the provisional outcome of the gap analysis, which will inform the Learning Agreement to be developed with the Educational Supervisor.
6. The Learning Agreement will:
 - Take into consideration learning already achieved which meets the requirements of the new specialty and does not need to be repeated
 - Define important areas of training or capabilities that must be achieved within the timescale in the destination specialty
 - Identify any extra support that will be needed to achieve these capabilities, or any extra supervision that will be provided
 - Note any workplace-based assessments or examinations that must be achieved in the destination specialty



- Clearly state when these capabilities must be achieved
 - Consider the context in which the capabilities are achieved
 - Help doctors in training ensure that they have sufficient time in the destination specialty to complete mandatory examination requirements.
7. At the end of the training year all evidence from the doctor in training's portfolio including the provisional outcome of the gap analysis will be reviewed at the Annual Review of Competency Progression to determine satisfactory progression and changes, if any, to the likely CCT date.



SECTION 1: PERSONAL DETAILS

Name

GMC number

GMC licence to practise renewal date

Revalidation date

Are you up to date with revalidation requirements?

SECTION 2: DOCTOR CHANGING SPECIALTY

National Training Number (original specialty)

Original specialty

Original programme

Current level of training

National Training Number (New Specialty)

New specialty

New programme

Exams: [1] completed, with date of completion

Exams: [2] planned, with anticipated date

Date of most recent ARCP

Outcome of most recent ARCP

List goals following ARCP

Log book of clinical skills, technical skills

Describe level of skill and competence achieved in training to-date (within old curriculum)

Describe how these map to new specialty

OR

Describe level of capabilities (in context of new curriculum format) achieved in original specialty with evidence

Demonstrate how these high level learning outcomes are applicable to new specialty

Identify any support required to achieve new specialty requirements in appropriate timescale

SECTION 3: OUTCOME OF GAP ANALYSIS

Components of Learning Agreement:

a) Mandatory training requirements

b) Identify any exam requirements in new specialty

c) Determine appropriate capabilities to be achieved according to stage of training

d) In work assessment of skills gained in original specialty

Identify workplace-based assessments required to demonstrate areas for development in new specialty

Provisional level of training based on gap analysis (ahead of ARCP)

Join at a level requiring further supervision

Consider for accelerated progress based on previous progression

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