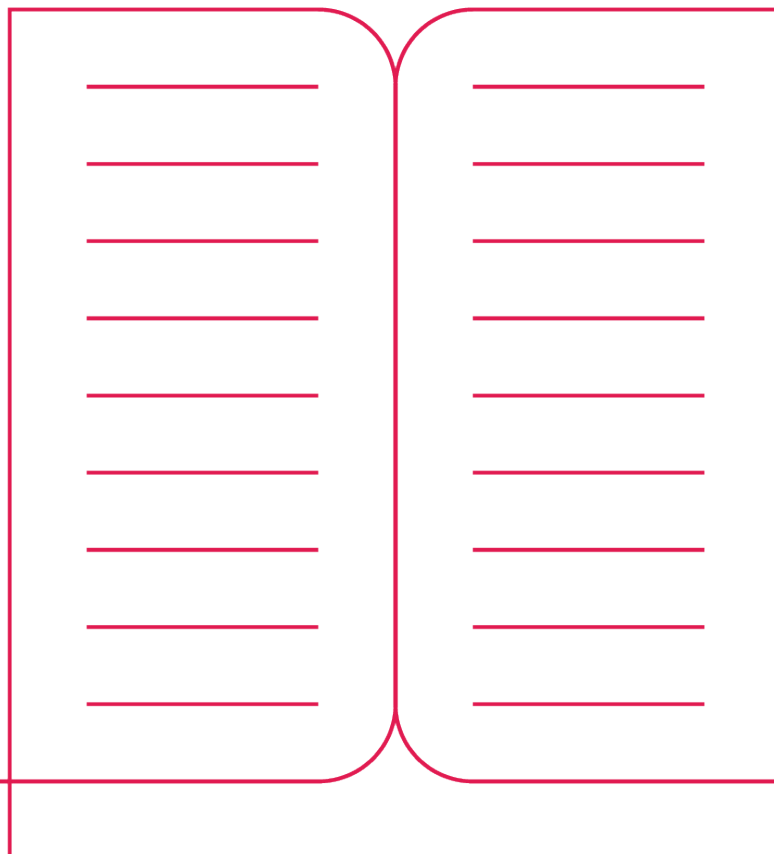


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Doctors in training who wish to change specialties

Frequently asked questions





This document accompanies the Guidance for *Doctors in Training who wish to Change Specialties – A How-to Guide* produced by the Academy of Medical Royal Colleges to provide information for all those involved with doctors in training who choose to apply to join a different specialty.

Questions for doctors in training

I am thinking of changing specialty, what should I do?

You should discuss your thoughts and plans with your Educational Supervisor, your Training Programme Director (TPD) and your Postgraduate dean to support your decision making and plans. You may also find it helpful to discuss with your local careers advisor and / or appropriate Royal College and Faculty Regional Advisors and / or their websites. You may be able to apply for an Out of Programme Experience (OOPE) / Out of Programme Pause (OOPP) to help in your decision making if you are unsure about a different specialty and wish to gain some experience before making the decision; this option can be explored further with your supervisor and TPD.

I have decided to change specialty. What should I do?

You will need to apply for the new specialty via the appropriate competitive national selection process (or equivalent). You need to ensure that the capabilities you have gained in your original specialty allow you to meet the criteria of the [person specification](#) of the new specialty. This can be done by doing a self-assessment of your portfolio.

You may also decide to leave your current programme to gain experience in your preferred specialty in a non-training role before applying for a training programme if you need to meet the person specification. This may confirm that this is the right specialty for you and allow the opportunity to improve your portfolio score for the national recruitment process.

How much time must I have spent in the first specialty before changing to the second?

There is no requirement for a specific time in the first specialty.

Do I have to have been awarded an Annual Review of Competency Progression (ARCP) 1 in my original specialty?

No. If there is any deficit within your training for which a corrective strategy is in place, you should have the support of your 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.

Once in the new specialty, will I have to repeat any capabilities / learning I have already achieved?

No. Many training curricula have common capabilities ([Generic Professional Capabilities](#)) and shared content. If you have successfully achieved some of these, and you change specialty, you will not have to do them again; these will be identified in the gap analysis conducted between yourself and TPD or deputy. This may reduce the amount of time that you will spend in the different specialty.

Will I have to complete the required examinations in my original specialty?

No. You will need to ensure that you meet the necessary requirements to be eligible for any examinations in the new specialty.



What happens when I join the new specialty apart from deciding my learning agreement?

You will complete a gap analysis with the TPD or deputy (ideally before starting or within the first month of starting) to identify what you have learnt in the original specialty and map this to the curriculum of the new specialty. This allows you to agree specific learning objectives which must be achieved within a certain time frame 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 and will state that this must be achieved by a certain time. The outcome of the gap analysis will be provisional and this will be reviewed at the first ARCP.

What is gap analysis?

A gap analysis in this context means a formative 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 doctor in training has moved. This allows previously gained competencies to be recognised in a new training programme and reduces repetition of training.

What happens at the first ARCP in the new specialty?

Your progress against the curriculum will be assessed in the normal way reviewing your portfolio with reference to the provisional gap analysis outcome. This may have an influence on your likely CCT date, although for the majority of specialties you will still need to complete the minimum training time in the new specialty.

Can capabilities gained outside the UK be included in the evidence for the gap analysis?

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

What happens if I am unsuccessful in my application via national selection or equivalent to change specialty?

If you wish, you will continue in your original specialty retaining your original National Training Number (NTN). Equally you can leave the training programme and consider changing your career plans.

How is the gap analysis quality assured to minimise the risk of variation?

The outcome of the gap analysis is provisional and is intended to inform the learning agreement. The usual Quality Assurance (QA) processes in place for ARCP will apply as the provisional outcome will be formally approved at the ARCP sign-off.



Questions for Programme Directors, Local Education and Training Boards (LETBs) and medical Royal Colleges and Faculties

Do we need to modify the person specification criteria in our job descriptions to allow for doctors in training who wish to change specialty?

The person specification for the destination specialty will need to state explicitly that doctors in training would be welcomed from other specialties. These person specifications should promote a proactive approach including the expectation that documented capabilities will be considered emphasising the need for evidence to ensure quality and patient safety.

If a doctor in training is not happy in or is not suited to the original specialty, should we encourage him / her to consider the option of changing specialty?

Doctors in training may choose to change specialty for a wide variety of reasons. Discussions should be open and transparent. Opportunities for OOPP / OOPE could be considered as part of the decisions process.

Changing specialties is an important option to support retention and can help cross specialty working. Once the decision is made you should provide all help and support that you can to facilitate the transition. There should be no stigma around changing specialties.

What is gap analysis?

A gap analysis in this context means a formative 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 doctor in training has moved.

What should the gap analysis include?

The gap analysis should include:

- Which previous capabilities are applicable from the previous specialty
- How previous capabilities relate to the requirements for certification in the new specialty
- What gaps there are in training and the requirements for successful completion of training which are clearly described in the Learning Agreement
- Confirmation that the decisions made during the gap analysis are provisional and will be subject to the definitive assessment and review at the first ARCP.

The gap analysis allows definition of capabilities which the doctor in training must complete after entry into the second specialty to ensure the level expected is achieved by the ARCP. This may relate to specific skill or could be a statement defining the progression expected at that level of training.

For example, the gap analysis may conclude: the first year of training must include emergency experience to achieve the curriculum defined capabilities for that level of training.

When should the gap analysis be undertaken?

The gap analysis should be undertaken to enable the learning agreement to be agreed ideally before starting or within one month of entry into the new specialty.

How can we quality assure the gap analysis process as there is a risk of variation?

The outcome of the gap analysis is provisional and is intended to inform the learning agreement. The usual QA and appeals processes in place for ARCP will apply as the provisional outcome will be formally approved at the ARCP sign-off.



What do we do if a doctor in training disagrees and appeals against the outcome of the gap analysis?

First, the outcome of the gap analysis is provisional and as it influences the learning agreement this can be modified, as is already an option at the first review.

Second, since the provisional outcome of the gap analysis is approved at the ARCP, challenges and appeals are covered within the appeals process for ARCP outcomes.

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