

Flexibility in postgraduate training and changing specialties

Transitioning between curricula

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Principles

Colleges and Faculties are currently involved in curricula revision in line with the requirements of the General Medical Council's standards in *Excellence by Design*. In some cases, the changes between old and new curricula will be a relatively straightforward process. However, for others it is likely to be a highly complex process with considerable logistical challenges.

One particular area that will be important for all trainees transferring while within a CCT programme is to define how learning and experience in the 'old' curriculum will map to the outcomes of the new one. This would ensure that capabilities acquired by trainees in uncoupled specialties are not 'lost' when transitioning to new curricula.

This would also support re-entry for trainees in uncoupled specialties who are between core and higher training but not currently in a training programme. As an example, this could be used to manage the gap analysis for a trainee who has completed core medical training (CMT) and then takes up an internal medicine year 3 (IMY3) post in order to be eligible to enter higher training in a group 1 specialty at ST4.

Practicalities

- Doctors in training requiring further information about returning following time out of programme to specialty training should seek advice from the relevant training programme director (TPD) and / or their previous educational supervisor
- Excellence by Design requires colleges and faculties to embed and contextualise the *Generic Professional Capabilities Framework* (GPC) outcomes in their curricula. In this context, trainees must demonstrate that they meet the outcomes set out in the relevant curriculum. Satisfactory completion of all elements of training including the GPC outcomes by the end of training will inform assessments and the award of the CCT
- Some specialties have defined different levels of attainment of outcome capabilities for the end of each year, which can vary between the respective old and new curricula
- There needs to be mapping of the capabilities defined in the "old" curriculum against the capabilities defined in the "new" curriculum
- Doctors moving either back into UK training or between curricula, where there are differences between old and new curricula, should undergo a gap analysis, similar to those for doctors moving between specialties
- Any "top-up" training would need to be in UK-recognised posts supported by appropriate educational supervision and governance
- The maximum time out of training will be three calendar (not whole time equivalent) years. In exceptional circumstances, this may be extended to five years, but the intervening time must have been in clinical practice.



Risks

- The number of trainees for whom this is required is unknown and could be quite high with the associated logistic implications for TPDs and related administrative staff
- It will be necessary to develop a robust gap analysis to ensure previously gained capabilities can contribute to CCT — again largely theoretical as the ARCP process would work to approve the provisional outcome of the gap analysis.

Gap analysis framework

Doctor transitioning to new curriculum within same specialty

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: DETAILS OF TRAINING COMPLETED

Year of training completed

Date of last ARCP

ARCP outcome

List goals following ARCP

Exams: [1] completed, with date of completion

Exams: [2] planned, with anticipated date

Description of activity undertaken in posts outside of training programme

Describe degree of supervision for clinical activities

Review of portfolio & assessments including ES reports

Log book of clinical skills, technical skills

Describe level of skill and competence achieved in training to date [within old curriculum] **

Identify any support required to achieve new curricular 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

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

Eligible for recruitment to this level [Y/N]

**Standard levels:

1. Knows of; 2. Knows basic concepts; 3. Knows generally; 4. Knows specifically and broadly. [Bespoke process of supervision and assessment for independent practice within the context of CiP]