September 2022

Academy of Medical Royal Colleges

COPMeD
CONFERENCE OF POSTGRADUATE MEDICAL DEANS OF THE UNITED KINGDOM

Best practice for Specialty Advisory Committees

Contents

Introduction

In 2020 the Conference of Postgraduate Medical Deans of the UK (COPMeD), on behalf of the Statutory Education Bodies (SEBs) in the four nations, approached the Academy of Medical Royal Colleges (the Academy) proposing a joint review of Specialist Advisory Committees (SACs) and the way they work. It was recognised that the work of SACs was invaluable, however, the approach and activities of SACs varied considerably across specialties. It was felt that, without seeking to be overly prescriptive, a more consistent approach might be beneficial and help trainees better understand the training system.

There is also a feeling, enhanced as we have been through the experience of COVID-19 and its impact on education and training, that the whole landscape of education and training is changing. This includes the roles of the SEBs and how Postgraduate education and training is designed and delivered. Therefore, it was a suitable time to look at the role of SACs, and representation and input into them from COPMeD to ensure the best added value.

The Academy Council, which represents all the colleges and faculties fully supported the idea of a review and sought college representatives to work alongside Deanery colleagues and external stakeholders.

The Review Group was jointly chaired by Bill Irish, Postgraduate Dean in the East of England, and Jeanette Dickson, President of the Royal College of Radiologists and Academy Vice-Chair for Education. We are hugely grateful to Jeanette and Bill for their work and leadership of the Review Group and to all the members who participated so actively in the work. It was a real achievement that the Review Group has succeeded in completing their work during the pandemic.

The report sets out what the Review Group has collectively agreed represents best practice in the operation of SACs. We believe that they have come up with a series of practical and constructive principles which are not overly prescriptive and leave room for appropriate flexibilities.

We believe that if implemented these principles will enhance the work of SACs and, most importantly, help improve the delivery of the best quality education and training for Postgraduate doctors which is the goal to which we are all committed.

Helen Stokes-Lampard
Chair, Academy of Medical Royal Colleges

Sheona MacLeod
on Behalf of the COPMeD Committee

Speciality Advisory Committees (SACs), or their equivalents, have been catalytic in shaping medical education over recent years.

Their contribution to the development of medical specialities has been huge; particularly in relation to development of modern speciality curricula, recruitment, and assessment.

Recently however, due to seismic changes in the medical education landscape, the four SEBs of the UK, COPMeD and the presidents of the medical royal colleges asked us to undertake this jointly led review. Our simple aim was to ensure that SACs' structure and function enable them to remain as influential and supportive of Postgraduate medical education during the next decade as they were in the last.

In this we were joined by a wide range of senior medical education colleagues, the General Medical Council (GMC) and most importantly our trainees. Without their positive and thoughtful contributions this work would not have been possible, let alone the consensus we have reached on so many key issues.

We hope that this document will be of particular use to support medical royal colleges and SACs in aligning their form and function with agreed best practice. And also, for Lead Postgraduate Deans who aim to support and advise these important bodies.

We would like to warmly thank everyone who have contributed their time and carefully constructed thoughts over the last 18 months. We appreciate your efforts greatly.

Jeanette Dickson
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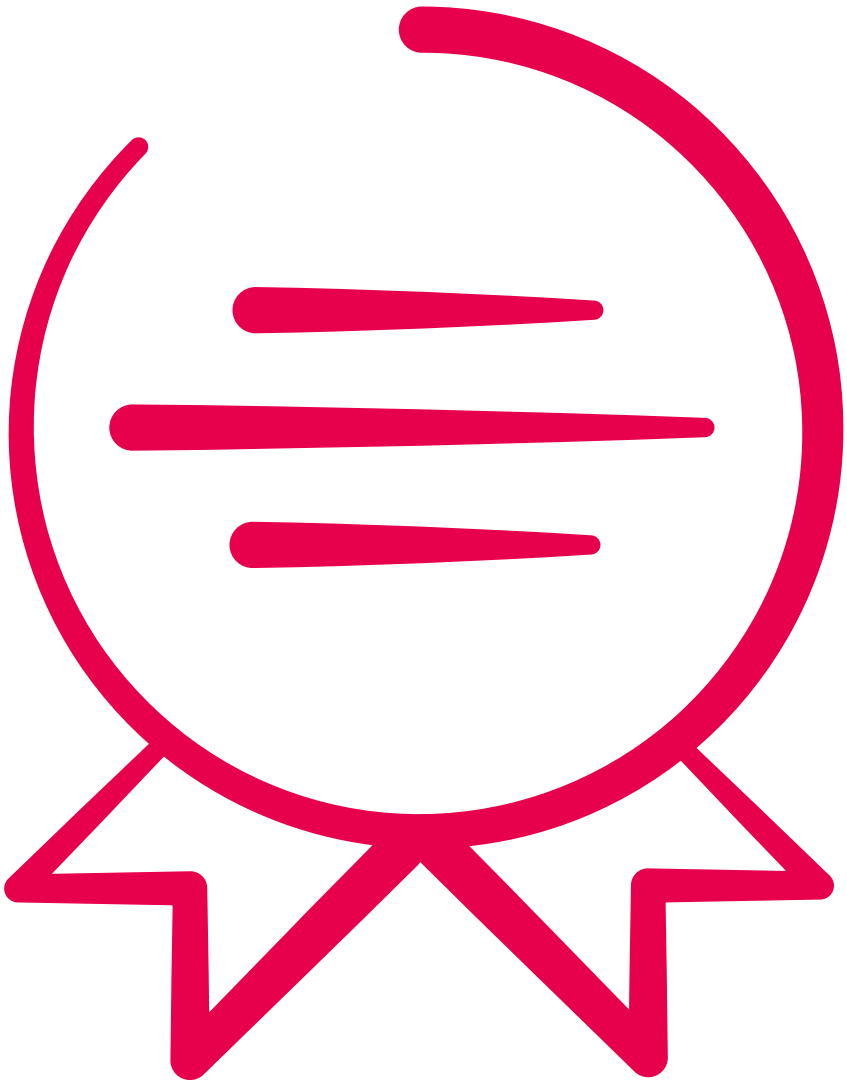
Principles for best practice for Specialty Advisory Committees



Background

The Speciality Advisory Committees Group (the Review Group) considered the Terms of Reference (ToR) of various SACs and held a discussion around their role and purpose. From this, a set of principles of good practice were created by the Review Group.

At the outset it was agreed it was not the role of the Review Group to prescribe the detail of arrangements for SACs. That must be for individual determination and allow for variation and flexibility to meet specialty requirements. The principles are not therefore expected to be all-inclusive.

However, it is expected that all SACs would align with the principles below and be able to map them to their local arrangements.

Principles

Role and purpose of SAC

The role and purpose of the SAC needs to be clearly defined. This should include:

- Clarity on the advisory role of the SAC
- Clear understanding of what is in and out of scope
- Expected outcomes and deliverables for the SAC
- Relationship with other bodies. This should include parent colleges, Deans/ Deaneries (and SEBs), employers, GMC.

Remit and responsibilities of SAC

The specific remit and responsibilities of the SAC should be clear. This should relate to:

- Curriculum development
- Workforce issues
- Quality Assurance (QA)
- Trainee progression
- Recruitment and selection
- Support to Specialty and Associate Specialist (SAS) doctors and Locally Employed Doctors (LED) , including expert input to the Certificate of Eligibility for Specialist Registration (CESR) process.

Membership and operation of the SAC

Arrangements for the membership and operation of the SAC should be clearly set out. This should include:

- Membership – ensuring appropriate input from trainees, Training Programme Directors (TPD) (including in England, heads of schools), employers, lay representatives, Lead Deans
- Co-options
- Terms of Office
- Frequency of meetings
- Size – while representative, they shouldn't be so large as to become unwieldy or ineffective
- Chair – eligibility, appointment, term of office.

Skills and Behaviours

There should be a clear and shared understanding of expected skills and behaviours, including:

- SAC members are to have experience of involvement in, or management of training
- Understanding of the breadth of the specialty, including differences between the four nations
- Induction to be provided for all new SAC members and Lead Deans
- The expected standards of behaviour in terms of respect, courtesy and inclusion which are required.

Review and self-assessment

All SACs should have a process for review and self-assessment:

- SACs working with their parent college(s) and Lead Dean should ensure that on a regular basis they are assessing their performance and effectiveness. This should incorporate seeking views of committee members and partner organisations, reviewing progress in achieving goals and setting future objectives.

Recommendation

SACs are asked to align their structures to the above principles to ensure consistency of approach.

Regional and devolved nation input into SACs

The management and oversight of educational quality in Postgraduate medical education is a vitally important function for all organisations involved in medical education. Clarity and the avoidance of any duplication of function is fundamental to this.

Management of the quality of placements is the responsibility of Deans working in partnership with the educational providers themselves.

College SACs have:

- A key role in the provision of quality data on Annual Review of Competence Progressions (ARCP) and programmes through their national reach, which provides an opportunity to benchmark. The relevant information must always be routinely shared with Lead and regional/devolved nation Deans, as well as to local TPDs and where appointed, Heads of School.
- A key responsibility to the GMC through their annual reporting framework is to give a high-level review of key issues and concerns around the speciality (including curriculum delivery, assessment, recruitment etc).

Provider organisations value the option to invite medical royal colleges (colleges) to undertake external reviews of challenging service issues. Where present these usually interface with significant education concerns. Effective two-way communication with the Dean responsible for education and the provider is crucial in such circumstances.

Deans, their teams and the SEBs value a close working relationship with SACs at an operational as well as a strategic level.

While the Lead Dean can act as a liaison on many issues this cannot replace effective communication and alignment between SACs and those delivering (often very large) programmes within regions and in the devolved nations.

This is particularly important when deciding on curricula essentials. A detailed understanding of the challenges around delivery and implementation in all geographies are clearly essential to all SACs in the context of their negotiations with the GMC.

There are two general approaches that allow Deans and SEBs to access appropriate speciality specific advice:

1. SEB employed TPDs can be co-opted onto SACs. This works well and allows those delivering speciality training in the devolved nations to align with and to contribute to broader conversations at a national level. Joint Royal Colleges of Physicians Training Board (JRCPTB) managed specialties adopt this approach.

2. Clear separation between the SAC and regional/devolved nation programmes. In General Practice for example this has resulted in the introduction and support of separate decision-making committees for the speciality hosted by the four SEBs. Other advisory groups have recently been established in other major specialities by Health Education England (HEE). SACs and their parent colleges should consider if these are a helpful direction of travel, or whether it would be preferable to provide comprehensive expertise in one place.

Other specialities adopt a "hybrid" approach with regional and devolved nation members who may be, but often are not, training programme directors. Few of those without such roles have direct access to deans or their senior team.

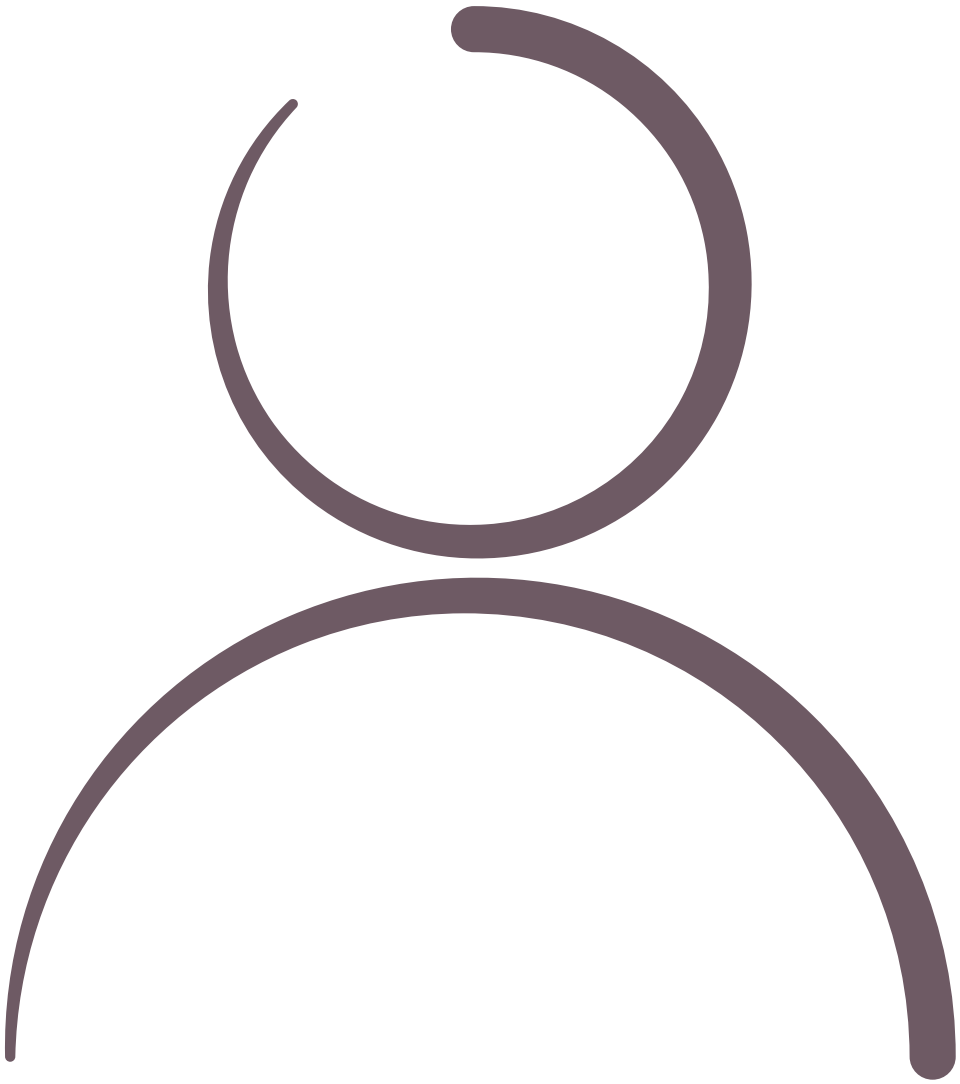
In England HEE is increasingly supporting internal groups of its Heads of School (HoS) to provide this function. Confederation of Postgraduate Schools of Surgery (COPSS) for surgical specialities, is an example of this, but there have been recent, and so far, occasional, meetings for HoS in others.

Recommendation

A separation between SACs and training programme directors (and HoS, within England) seems unhelpful to both colleges and SEBs/Deaneries. Close alignment between strategy and delivery is increasingly important as curricula develop.

The Review Group recommends that to achieve best practice SACs outline in their ToR how they explicitly seek input from TPDs of all four nations to ensure the curriculum delivery across diverse training environments.

The role of the Lead Dean



The Conference of Postgraduate Medical Deans of the UK (COPMeD) is a forum for Postgraduate Deans to discuss and share information on important issues that relate to Postgraduate medical training in the UK. COPMeD has close working relationships with a number of key stakeholders, but close cooperation between Postgraduate Deans (as educational leaders with statutory responsibilities as well as being agents of their respective statutory bodies) and the colleges and faculties is essential. Both for the effective planning and implementation of specialty training programmes (including general practice) and the continuing development of specialty training curricula and related assessment frameworks. Separate from the educational advisory role, Postgraduate Deans also have a role in ensuring appropriate educational input into national medical workforce planning across all four UK administrations.

To ensure an effective flow of information between Deanery/Local office and college systems, a Postgraduate Dean (or deputy nominated by the responsible dean) has been identified by COPMeD to act in an advisory capacity, as a link to each recognised medical speciality – **the Lead Postgraduate Dean**. Health Education England Deans (HEED) have nominated a HEE liaison Dean for specialties where the Lead Dean is from one of the devolved nations. The HEE liaison Dean provides a conduit and exchange of information to the Lead Dean on how HEE workforce transformation and education strategy might impact on the delivery of specialty training. It is not anticipated that they would attend SAC meetings.

There are also a number of roles and meetings that Postgraduate Deans may attend either as advisory or as leading work streams. They remain however, responsible

Role and responsibilities

Postgraduate Deans are employed by their parent organisations – HEE, NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW), Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Defence Medical Services. The GMC also allocates responsibilities to Postgraduate Deans, and as doctors they must also put the needs of patients first and meet GMC requirements.

The UK Lead Dean role provides an important advisory function at a UK level. They are responsible for advising the national SAC (or equivalent) to which they are attached, and for sharing relevant information with COPMeD, as well as with the relevant training bodies. Lead Deans may also have specific advisory roles relating to:

- Revalidation
- Careers
- GMC – Curriculum Advisory Group (CAG)
- Data Group

- LTFT forum
- Professional support group.

The role of the Lead Dean in relation to the SAC

The Lead Dean will:

- Normally attend SAC meetings (approximately 3 or 4 per year) in person or arrange for appropriate video/teleconference participation. The use of such communication technology to maximise the benefit of the time commitment and limit direct and opportunity costs should be supported where possible by the SAC. This time commitment must be accounted for within the overall job plans of deans and approved by their relevant management structures.
- Liaise with the SAC (or equivalent) for the speciality to provide advice relating to Local Offices and Postgraduate Deaneries and their functions.
- Liaise with a local Postgraduate Dean over specialty concerns about particular aspects of specialty training in that local office or deanery, at the request of a SAC or equivalent.
- On the rare occasion of the establishment of a new specialty, provide advice on governance arrangements for the specialty and the establishment of the SAC.
- Report the Dean's view on education and training issues to the SAC, without normally referring to COPMeD for an opinion, recognising that their function is as a general advisor only.
- Liaise with the SAC in the production of the GMC Speciality report.
- Liaise directly with the senior college officers as necessary.
- Report any issues relevant to Postgraduate training likely to have significant impact, to managers and COPMeD.

Areas of advice are likely to include:

Curriculum, assessment methods and training programme development

- The GMC has set standards for curricula and training programmes. The Lead Dean should provide advice on the interpretation of these standards during the development process of specialty curricula and assessment methods.
- The Lead Dean should be aware that all curricula will come to the GMC CAG which has representation from COPMeD. They will be required to critically and confidentially appraise curriculum submissions against a predefined template in advance of these.

Selection and recruitment of trainees

— Ensure close working between UK Medical and Dental Recruitment and Selection (MDRS), colleges and faculties, and local offices/deaneries as this is essential for effective recruitment.

Workforce planning

— Workforce planning is a function of the overarching bodies relating to medical training and is not a task delegated to the Lead Dean. HEE, NES, HEIW and NIMDTA have different interactions with their governmental structures that need to be acknowledged and respected.

— SACs are not anticipated to include workforce planning as part of their core function, but colleges may be asked for specific advice about their speciality by each SEB and may choose to consult their SAC(s) as part of this.

— Final decisions on numbers of and distribution of National Training Numbers (NTNs) will be made within the workforce planning mechanisms of each of the four devolved nations.

Quality management

— The Colleges provide an annual report for GMC. This is an important part of the QA process for medical training. The Lead Dean should liaise closely with the SACs to ensure appropriate learning points arising from the Annual Specialty Report (ASR) are fed back to COPMeD and the local offices/deaneries.

The role of the Lead Dean in relation to COPMeD

The Lead Dean will:

— Report back to COPMeD with updates on meetings and developments. Normally this will be by email of a standard format report which will be circulated to members of COPMeD and stored on the COPMeD website.

— Raise issues with COPMeD for guidance where for example, they are or may be contentious, the solution or solutions are not straightforward or where a solution or decision may set a new precedent. They may also relay a consensus view to the specialty, where appropriate, while not undermining the statutory bodies which need to be involved in policy setting.

— Seek views from other Lead Deans if an issue is likely to affect other training programmes for example, training in GP when this is undertaken in a hospital setting, or when specialist training is undertaken in a community setting.

— Feedback to COPMeD other relevant strategic issues related to the specialty.

Deputies

SACs appreciate a long-term relationship with their Lead Dean, who over time will become highly conversant with the key issues relating to that speciality.

Where possible attendance at SACs should be prioritised by Lead Deans, who should ensure that they have adequate time for the role in their job plan.

Occasionally attendance may not be possible, and a suitably briefed deputy should attend in place of the Lead Dean.

The responsibilities of SACs

SACs consider their Lead Dean to be an "educational expert and critical friend." Therefore, their attendance at meetings is invaluable and it is anticipated that they will be fully involved in most discussions at the SAC.

A carefully planned induction by the SAC chair of new Lead Deans is extremely helpful and must always take place. This induction should cover the role of the specialty, the aspirations for its development, current activities and concerns and perceptions about the state of the workforce in the specialty.

Effective remote video conferencing facilities are extremely helpful and should be provided by SACs or their parent colleges.

Appointment of Lead Dean

- Expressions of interest will be sought from COPMeD members for each Lead Dean position
    - Those who express an interest should ensure that there will be sufficient time in their job plan to complete the role
    - Lead Dean applicants should not normally currently work or have worked at a senior level or be on the speciality register in the speciality they advise.
    - Applicants should be conversant with recent COPMeD discussions and four nation policy issues. They should be of sufficient seniority to give a confident steer to SACs, without (normally) needing to seek further advice.
- Lead Deans will be supported by Postgraduate Deans who will maintain a broad overview of current discussions.

- The COPMeD executive will identify the most appropriate candidate and, subject to acceptance by the candidate and ratification of their managerial structures, notify the SAC, or equivalent, of the appointment.
- The term of office will normally be a minimum of 3 years and not more than 5 years.
- An up-to-date list of the Lead Dean appointments and contact details will be maintained on the COPMeD website.

The role of SACs in workforce planning

Decisions on recruitment numbers are made at the highest level by the four SEBs working with their respective governments. Not by SACs or Lead Deans. However, advice from colleges to the SEBs is very welcome and often helpful.

Where the workforce function sits is variable by speciality and college. Engagement will normally be orchestrated through a broader contact with the parent college(s) and their president(s) rather than directly with the SAC. The SEBs use and collate information on workforce data in different ways. Where the workforce function sits in colleges is variable and how the SAC can best inform that should be clear in each SAC ToR. This document is intended as a high-level overview rather than a blueprint for each SAC. Liaison with the Lead Dean can help ensure sharing of information among all partners.

Workforce planning across professions and specialities is very complex. It is informed by changes to practice and to patient demographics. The four SEBs and governments prioritise need and spend differently. An understanding of local approaches / political imperatives is essential as inferences made from the same data may not elicit the same response in another SEB / government.

SACs or their equivalents can, however, often provide useful demand data for specialties informed by novel delivery models / pathways, as well as robust international benchmarking data with contextual interpretation, where appropriate. Both are welcomed by the SEBs / governments.

Discussion around the impact of new technologies / impact of demographic changes is to be welcomed as providing clinical expertise and input into the process. A careful consideration of the multi-professional context – particularly in relation to SAS doctors as well as advanced clinical practice roles – will always form a key part of any such discussion. Accurate information on SAS and advanced clinical practice roles can be difficult obtain and, again, any robust, evidenced data on these roles will be useful. Evidence based specialty specific factors affecting geographical supply and demand in the UK are also welcomed.

The four SEBs regularly receive requests for additional training numbers in a given speciality. In the context of fixed budgets for medical education and training these are difficult to support unless there has been a political decision to expand a particular specialty. Extra resource can sometimes become available if there is a parallel, and evidence-based request, to decrease training numbers submitted in another speciality area.

While the Lead Dean will not be a decision maker on such matters in the way that they might have been in the past, they can provide commentary on regional / national context to the SAC.

Medical and Dental Recruitment and Selection SAC responsibilities

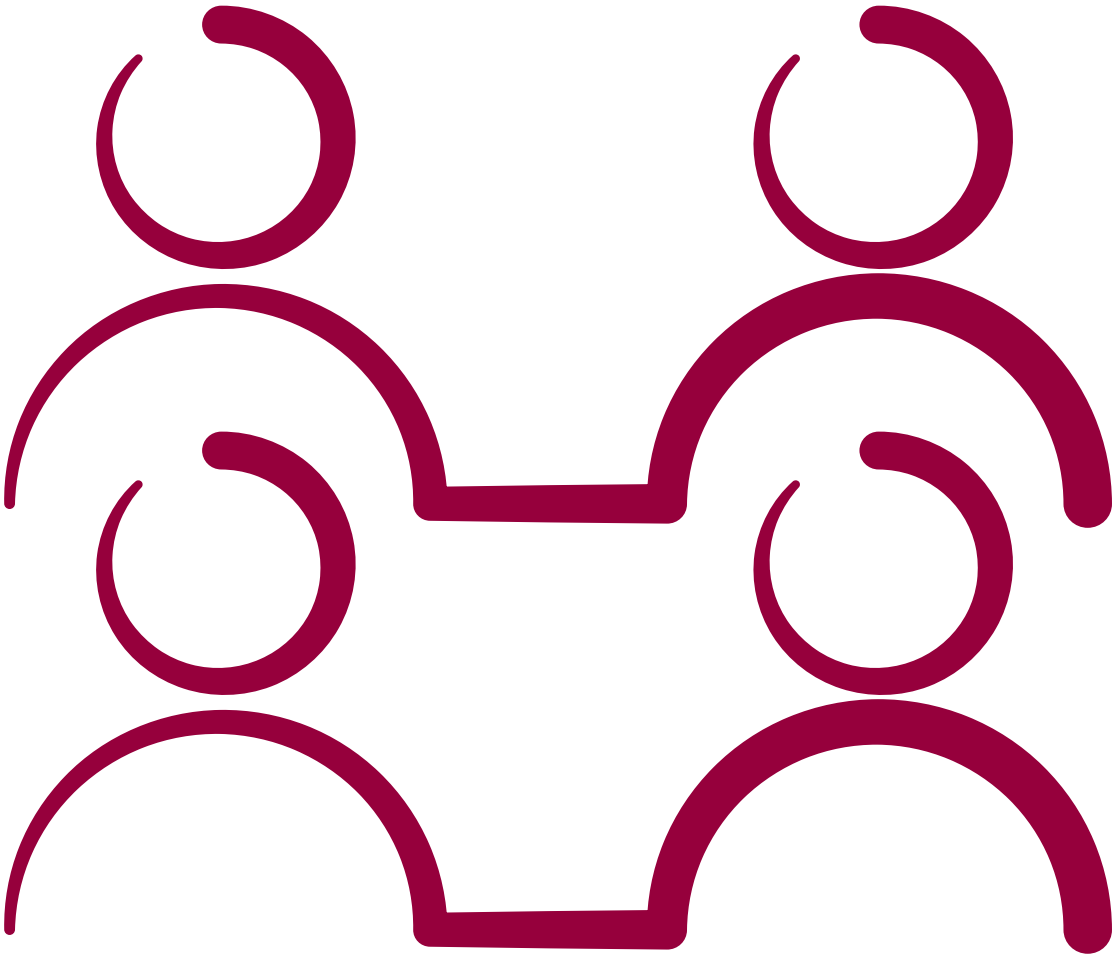
It is recognised that the GMC have overarching responsibility for Quality Assurance of recruitment and selection as outlined in both Promoting excellence (2015) and Excellence by design (2017).This is delivered by the MDRS and the SACs / colleges and faculties working together closely. The colleges should ensure that their recruitment advisory groups (whether that function resides within the SAC or not) have sufficient expertise to ensure that the entry point to training is set at the appropriate level.

Area of work	MDRA responsibilities	Lead recruiter responsibilities	College / faculty / SAC responsibilities
Recruitment Methodology (e.g. MSRA / interview / Multi-station assessment / Skills assessment)	— Assessment of administrative time and deliverability — Comparison with comparable specialty processes — Consistency of approach — Four nation agreement (SEB and government) — Commissioning of external expertise (e.g. Workforce Psychology Group) — Equality Impact Assessments — Oversight of ED&I performance of recruitment processes	— Adherence to national guidance and timescales in delivery of recruitment processes — Writing of specialty specific guidance for recruitment processes — Use of Oriel to deliver recruitment processes	— Design recruitment process — Assessment of faculty time and deliverability — Define eligibility criteria / personal specifications — Development of materials (standard questions etc) including Scoring criteria — Assessing recruitment methodologies against ED&I standards — Determination of criteria for appointability ('cut-off scores')
Training	— Training of recruitment teams on new systems via an *expert model*	— *Systems experts* to ensure that all recruitment team members are appropriately trained	— Assessor training — Pre-interview briefings

Area of work	MDRA responsibilities	Lead recruiter responsibilities	College / faculty / SAC responsibilities
Communications	— Coordinate comms regarding recruitment rounds — Ensure consistency of approach across specialties — Four Nation agreement regarding comms — Agreeing content and style of comms to candidates	— Communication with applicants on all stages of the recruitment process through Oriel e.g. longlisting, shortlisting, interview, offer — Respond to applicant queries	— Ensure four Nations have line of sight on comms via MDRS prior to release — Develop applicant guidance — Develop recruiter guidance
Data	— Define QA standards for data management and security — Ensure adherence to Data Protection Act 2018 and GDPR — Collect and store data for each recruitment round — Enter into Data sharing agreement with stakeholders — Commissioning of analysis of data, incl. ED&I criteria — Publication of core dataset on behalf of four Nation SEBs — Lead FOI and Parliamentary requests	— Support FOI and Parliamentary information requests — Ensure adherence to Data Protection Act 2018, GDPR and data security	— Utilisation of data to support recruitment best practice — Ensure adherence to Data Protection Act 2018, GDPR and data security

Area of work	MDRA responsibilities	Lead recruiter responsibilities	College / faculty / SAC responsibilities
Systems management	— Commission Oriel and associated recruitment systems — Systems development and revisions — Commission Application Programming Interfaces (APIs) to allow transfer of data between systems	— Involvement with User Acceptance Testing for new systems and new functionality for existing systems — Involvement within requirements and elaboration for new system functionality	
Stakeholder representation	— Trainee representative Groups (BMA / ATDG) — NHS Employers — GMC		— Specialty trainee representatives — Training Programme Directors

Specialty and Associate Specialist and Locally Employed Doctors



SAS doctors are an extremely heterogeneous group but none the less are highly valued by employers and make a huge contribution to service delivery within the NHS. SEBs have different funding streams available to support SAS doctors depending on the prioritisation by their respective governments. Many will have links to colleges or to individual employers, but reliance on the NHS Electronic Staff Record (ESR) to provide accurate data may be difficult given the multiple titles they are employed under.

The SAC function is generally associated with doctors on a conventional training path culminating in the Certificate of Completion of Training (CCT).

Specialty and Associate Specialist (SAS) doctors

An increasing cohort of colleagues are opting for SAS as their career "destination" for a wide variety of reasons, including the potential of a better work life balance. In general practice there is currently no SAS equivalent, but for all other specialties the prevalence of SAS doctors varies markedly. It is highly likely that recent trends will continue, leading to an increasing cohort of SAS doctors which the SEBs, Deans and individual employers may not have a clear line of sight on.

SACs continue to have an important and much appreciated role in supporting and assessing SAS doctors applying for CCT or CESR outside of conventional training pathways.

The host college or faculty and the SAC often has robust data on the prevalence, geographical distribution, working patterns and career ambitions of LED and SAS doctors in the specialty. Awareness of this data and using it to inform SAC discussions about future needs in the specialty should be actively encouraged.

Locally Emplyed Doctors (LEDs)

Increasing numbers of trainees are, however, choosing to take a break from conventional training pathways (e.g. F3 year), or are opting to pursue portfolio careers through training which often includes time spent transiently as locally employed doctors (LED).

With regulatory reform on the horizon, it is likely that many more colleagues will be able to obtain a future CCT via alternate routes. These doctors will play an increasing role in service delivery in the future, but often struggle to access appropriate support and advice as they are neither a trainee in the conventional sense, nor a permanent SAS doctor.

SAC Review Group membership and contributors

Membership

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Glossary

APIs	Application Programming Interface
ASR	Annual Specialty Report
ATDG	Academy Trainee Doctors' Group
BMA	British Medical Association
CAG	Curriculum Advisory Group
CCT	Certificate of Completion of Training
CESR	Certificate of Eligibility for Specialist Registration
COPMeD	Conference of Postgraduate Medical Deans of the United Kingdom
COPSS	Confederation of Postgraduate Schools of Surgery
ESR	Electronic Staff Record
ED&I	Equality, Diversity, and Inclusion
FOI	Freedom of Information
HoS	Heads of School
GDPR	General Data Protection Regulation
GMC	General Medical Council
HEE	Health Education England
HEED	Health Education England Deans
HEIW	Health Education and Improvement Wales
JRCPTB	Joint Royal Colleges of Physicians Training Board
LED	Locally Employed Doctors
MDRS	Medical and Dental Recruitment and Selection
MSRA	Multi-Specialty Recruitment Assessment
NES	National Health Service (NHS) Education for Scotland
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTNs	National Training Numbers
QA	Quality Assurance
SAC	Specialty Advisory Committee
SAS	Specialty Associate Specialist
SEBs	Statutory Education Bodies
ToRs	Terms of Reference
TPDs	Training Programme Directors

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