



A Reference Guide for upskilling and competency building training (Core Medical Training) in Internal Medicine - A partnership between Max Healthcare and the Joint Royal College of Physicians Training Board (JRCPTB-UK) at Max Healthcare, New Delhi, India

Diamond Book

CORE MEDICAL TRAINING



2018 - 2021

Diamond Book - Max Healthcare

“Diamond Book - Max Healthcare” sets out the local arrangement in agreement, between JRCPTB, UK and Max Healthcare, New Delhi, India for running the Core Medical Training at Max Healthcare. This guide is prepared by the Core committee of the programme at Max Healthcare to provide guidance to all the stakeholders of this programme. This document has been created for the convenience of trainees, supervisors, tutors and programme directors. The body of the document has been extracted from the approved UK curricula but only includes the syllabus requirements for CMT and not the further requirements for GIM or AIM

The guide is written under the following headings:

S.NO	TOPIC
	Section 1. Introduction and Background
	Section 2: Specialty Training: Policy and Organization
	Section 3: Key Characteristics of Specialty training Section 4: Applying for CMT
	Section 5: Selection Process
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	Section 7: Progressing as a specialty registrar Section 8: Being a Specialty Registrar and Employee

Abbreviations:

CMT – Core Medical Training

MRCP(UK) – Membership of Royal College of Physicians of the United Kingdom

JRCPTB (UK) – Joint Royal College of Physicians Training Board of United Kingdom

PACES - Practical Assessment of Clinical Examination Skills

NEET - National Eligibility cum Entrance Test

MIME - Max Institute of Medical Excellence

NABH – National Accreditation Board of Hospitals and Healthcare providers

ARCP - Annual Review of Competence Progression

Introduction to Core Medical Training (CMT)

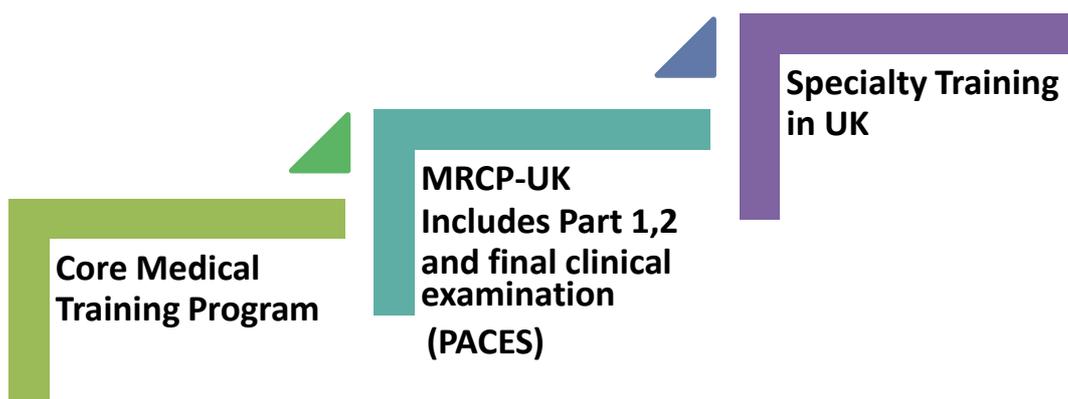
In UK, Core Medical Training forms the first stage of specialty training for most doctors training in medical specialties i.e. those specialties managed by the JRCPTB (UK) and prepares trainees for participating in the acute medical take at a senior level as well as managing patients with acute and chronic medical problems in outpatient and inpatient settings.

Max Healthcare with JRCPTB (Joint Royal College Of Physician Training Board, UK) will deliver CMT for the first time in North India.

The curriculum for CMT is a subset of both the curriculum for General Internal Medicine (GIM) and the curriculum for Acute Internal Medicine (AIM). The purposes of the curriculum are to define the process of training and the competencies needed for the successful completion of Core Medical Training.

There is undoubtedly a need for physicians with the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms, with the provision of high quality review skills for inpatients and outpatients fulfilling the requirement of specialist-led continuity of care. This curriculum will provide physicians with these skills.

Training Pathway in UK



The training pathway for achievement of Core Medical Training in UK is generally for two years after Foundation training. CMT programmes are designed to deliver core training for specialty training by acquisition of knowledge and skills as assessed by the work place based assessments and the MRCP (UK). In the UK this training programme is usually for two years and are broad based consisting of six placements in medical specialties. These placements over the two years must include direct involvement in the acute

medical emergencies as well as care of patients with chronic diseases. Trainees completing core training will have a solid platform from which to continue into Specialty Training.

About MRCP(UK)

The MRCP(UK) PACES examination is designed to test the clinical knowledge and skills of trainee doctors who hope to enter higher specialist training (ST3). Trainees must have passed the Part 1 written examination within the last 7 years before taking PACES. The examination sets rigorous standards to ensure that trainees are competent across a range of skills and ready to provide a high standard of care to patients. In PACES, candidates are assessed on their ability to carry out essential clinical skills. There are five clinical stations where there are either patients with a given condition, or trained stand-ins (surrogates). At each station, there are two independent examiners. These are senior physicians who have been recruited and trained to carry out PACES. These examiners will observe and evaluate the candidates' performance.

CMT in Max Healthcare - 3 years

In Max Healthcare the CMT programme is for **3 years** as trainees enter after internship. The trainees have to complete the full CMT programme including work place based assessments and their MRCP (UK) examinations during this period. The MRCP(UK) Part 2 Clinical Examination PACES examination (Practical Assessment of Clinical Examination Skills), is held in Max Healthcare and other sites in India.

Features of the CMT programmes are:

1. Trainee led - The ePortfolio is designed to encourage the trainee centered approach with support of educational supervisors. The ePortfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development.
2. Supervision: Each trainee has a series of people with clearly defined roles and responsibilities overseeing their training which includes supervisors, CMT programme Director and Head of the institution.
3. Competency based: Trainees must achieve certain competencies at the end of the programme.
4. Appraisal meetings with supervisors- Regular appraisal meetings and review of competence progression are set out in the ePortfolio.
5. Workplace based Assessments: - Regular workplace based assessments are conducted throughout training with an ARCP (Annual Review of Competence Progression). Students undergo ARCP at three points during the programme.

Enrolment with JRCPTB

Trainees are required to register (enroll) for specialist training with the JRCPTB at the start of their CMT training programme. In order to do this the co-ordinator in India is granted administrative rights to the ePortfolio and is responsible for collecting trainee fees due and adding trainee programmes and posts for

trainees in India on it. The list of all trainees given access to the ePortfolio and undertaking the training programme will then be provided by the local co-ordinator to the JRCPTB enrollments lead, who will enroll the trainees. Payment for the cohort of trainees will then be collected from the local coordinator by the JRCPTB Enrolments Lead. Trainees will not be recommended for a Certificate of Completion of CMT until all enrolment fees due have been paid in full.

Introduction to Max Healthcare

Max Healthcare is one of India's leading providers of comprehensive, seamless and integrated world class healthcare services. With a network of 14 hospitals, we offer treatment across all 29 specialties. We have 2300+ leading doctors with international level expertise who are committed to provide highest standards of medical excellence at a fraction of international costs. Our NABH and ISO accredited hospitals offer best in class services to our patients.

Max Institute of Medical Excellence (MIME), an educational division of Max Healthcare Institute Ltd. is a dedicated center for medical education and training for medical and non-medical professionals which enhances their skills and competencies. Since its inception 15 years ago, MIME has been proficient in conducting programs which are well crafted and are benchmarked to the highest standard.

Vision

To build a unique institution that drives excellence in healthcare delivery on a strong platform of continuous education and competency building

Core Element of our Training:

- World Class Faculty
- Extensive Practical Training
- Customized Training
- Certificate and Student Management System
- Online Library
- Simulation Lab

Max Institute of Medical Excellence provides an array of educational and training programs We have an association with National Board of Examination (NBE) since past 10 years to provide Diplomate of National Board (DNB) program to the medical professionals who wish to continue their medical education and training. Over the years the program has expanded to 23 Broad and Super Specialities and is functional at 7 Max Healthcare hubs with a total of 235 residents on board. We have a robust DNB program in Internal Medicine since 2009 and have 15 students enrolled for the same. DNB Family Medicine was started in 2012 and has 17 students enrolled. Also a gamut of Fellowship and Skill Building programs for medical professionals are offered who wish to develop their competencies in respective medical fields with the support of our esteemed and high profile medical faculty

Eligibility for the CMT programme

- Candidates must hold an MBBS degree from one of the recognized National or International Medical Institutions which are listed by the Indian Medical Council Act, 1956.
- Candidates must have completed the mandatory internship and after that have acquired permanent registration from Medical Council of India (MCI) or State Medical Council (SMC).
- Candidates who are still completing their internship may apply but only if it ends by 31st September 2018. There is no relaxation on this clause.
- Students must have appeared for the National Eligibility cum Entrance Test. It is mandatory to provide the NEET registration number in the application
- Max Healthcare will conduct a formal interview to select the students for the course

Duration of Core Medical Training	3 years
Number of seats (FY 2018-2019)	24
Location	SOUTH ZONE, EAST ZONE, NORTH ZONE
Application process	Application has to be submitted on line.
Application opens on	9 th May 2018
Closing Date	30 th June 2018
Interview	16 th and 17 th July 2018
Declaration of final selection	23 rd July 2018
Application Fee	INR 5000
Course commences on	1 st October 2018
Fee structure	INR 20,00,000 per annum
Stipend paid by Max Healthcare	INR 50,000 per month
Director Medical Education	Dr Shubnum Singh
Program Director	Dr Sujeet Jha
Associate Program Director	Dr R.S. Mishra, Dr Nevin Kishore
Program Administrator (MIME)	Dr Pallavi Chawla
General Manager Academics	Dr Vanita Mittal

Section 3 Key Characteristics Of CMT Training

CMT in Max is an “Uncoupled” training programme, where there are three years of core training followed by open competition for higher specialty training posts and progression to completion of training (provided the trainee satisfies all the competency requirements).

Training Programme Directors

CMT at Max will be led by the Core committee to oversee the process of implementation.

Clinical leads are appointed to chair the core group and to act as the main point of contact with the curriculum and education provider.

Program will have a lead manager/administrator. This person is likely to be a non –clinician, however he/she will need an excellent understanding of how postgraduate medical training is delivered locally and should be a member of the core group. They will need to make considerable practical arrangements, write management procedures and implement the ePortfolio. The Clinical lead will work closely with the manager or administrator in setting up the programme and implementing all aspects of the programme, in particular, ARCPs, recruitment and individual trainee issues.

Deputy Programme Director will help the Clinical Lead in all aspects of this programme.

- Provide support to clinical supervisors with in the programme.
- Participate in all academic activities (conferences, CMEs, seminars etc) organized by Max Institutions
- Take into account collective needs of the trainees when planning programmes.
- Contribute to the annual assessment outcome process.
- Helping the trainees who are in need of help and support in all aspects of training.

Training Programme Director has a Career Management role too.

- Ensure that there is a policy for careers management which covers the needs of all trainees in their programme.
- Have career management skills (or be able to provide access to them)
- Play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating Max sessions during foundation training, career fair representation, or liaison with specialty leads and with Royal Colleges/Faculties.

Educational and Clinical Supervision

- Max Healthcare shall explicitly recognize that supervised training is a core responsibility, in order to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and educational contracts/agreements developed between Max Healthcare and the JRCPTB will be based on these principles.

- Max Healthcare will develop locally based specialty trainers to deliver educational and clinical supervision and training in the specialty. This will be supported by the education department of the Royal College of Physicians of London. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.
- Clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by the JRCPTB. Trainers involved in appraisal and assessment of trainees must also be trained in these areas.
- Such training can be undertaken through a range of training modalities e.g. facilitated programmes, on-line learning programmes or self-directed learning programmes.
- All trainees will have a clinical supervisor for each placement in their specialty programme or each post. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities should be clearly defined
- It will be essential that trainers and trainees have an understanding of human rights and equality legislation. They must embed in their practice behaviours which ensure that patients and carers have access to medical care that is:
 - equitable
 - respects human rights
 - challenges unlawful discrimination
 - promotes equality
 - offers choices of service and treatments on an equitable basis
 - treats patients/carers with dignity and respect.

Educational Supervisor

The Max Healthcare CMT programme director will appoint an Educational Supervisor who is responsible for overall supervision and management of each trainee during his tenure of the course. He/she is responsible for the trainee's educational agreement.

Clinical Supervisor

Each trainee should have a named clinical supervisor for each placement. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

Section 4: Application Process For Core Medical Training In Max Healthcare, Delhi

The four steps are:

1. Create an account on <https://www.maxhealthcare.in/education/core-medical-training>
2. Download the application form
3. Fill in the application form and attach the required documents
4. Scan the application and mail it on cmt@maxhealthcare.com

The application opening and closing dates can be found on the following link:

<https://www.maxhealthcare.in/education/core-medical-training>

Section 5: The Selection Process

The main stage of application for CMT is the interview. The candidate will be assessed on six independent aspects of their candidature across 3 stations.

The time allocated to each interview station is 10 minutes, with five minutes' transfer time in between. Thus the total interview time will be approximately 45 minutes

Station 1

- Review and verification of documents to ensure that the content on the application form is correct.
- Area of assessment
 - Suitability and commitment to CMT
 - Achievements till date.

Station 2

- Area of Assessment
 - Handling of the clinical scenario.
 - Communication skills

Station 3

- Areas of assessment
 - Ethical scenario -Deals with consideration of the moral, ethical, legal, etc. issues of a particular situation.
 - Understanding of professionalism and governance in a given situation
 - Principles of GMC Good Medical Practice

Once your interview has been completed, feedback on your interview assessment and application status will be available.

Section 6 Structure of Training

Candidates need to undergo ACLS and BLS training before joining for the Core Medical Training at Max.

Curriculum : Curriculum of UK Core Medical Training

Duration of Clinical Postings

CATEGORY	SPECIALTY	MONTHS
GIM	INTERNAL MEDICINE	12
	INFECTIOUS DISEASE	2
	GERIATRICS	2
	PALLIATIVE	2
	ENDOCRINOLOGY	2
	CARDIOLOGY	2
	NEUROLOGY	2
	PULMONOLOGY	2
	GASTRO	2
	NEPHRO	2
	ICU	2
	MISC	PSYCHIATRY
EMERGENCY		0.5
DERMATOLOGY		0.5
RADIOLOGY		0.5
RHEUMATOLOGY		0.5
HEMATO ONCO		0.5
GENERAL	INDUCTION	1

Trainees are posted as CMT – Trainees in Max Healthcare, hence no accommodation will be provided to the candidates.

Examination:

MRCP Examination part-I to be completed by end of first year of CMT.

- rd PACES (Practical Assessment of Clinical Examination Skills) to be completed before end of 3 year.

For more details, please refer to the website of MRCP examinations.

FEES

CMT Trainees need to pay fees in two instalments every year which is non-refundable. Fee will be informed as the process of admission starts.

Additional Fees

Trainees will have to pay additional fees for

1. Examinations
2. Enrolment with JRCPTB
3. Fee for any other extra training

Misconduct of Candidates

Misconduct by the trainees has to be reported to the Training Programme Director. Necessary actions will be taken with the help of the CMT – Core Committee and Grievance Committee.

During their training

1. Trainees will be called as CMT Trainees.
2. They will receive a contract of employment from HR.
3. The contract rules will be the same as that of the residents.
4. They will be paid a stipend Rs 50000/- per month

Section 7 Progressing as a CMT Trainee -Competences, experience and performance

The UK CMT curriculum approved by the General Medical Council (GMC) for UK specialty training defines the standards of knowledge, skills and behaviours that must be demonstrated to achieve progressive development towards the award of the UK Certificate of Completion of Training (CCT). The curriculum is mapped against the GMC's standards in Good Medical Practice, which forms the basis of all UK medical practice. This program at Max replicates as much of that curriculum as possible and when accredited by JRCPTB is considered 'equivalent' by JRCPTB.

Competences, knowledge, skills and behaviours take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence-based programme of training must be an understanding of the minimum frequency of practice, level of experience and time required to acquire competence and to confirm performance in the specialty.

The assessment frameworks for specialty training complement the approved curricula and should deliver a coherent approach that supports the trainee in developing competences in a sustainable way, through a combination of workplace-based assessments, both formative, such as supervised learning events (SLEs), and summative, such as assessments of performance (AoPs) and examinations. This approach is designed programmatically so that the clinical and professional performance of trainees in everyday practice is assessed.

The emphasis on workplace-based assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments, and that educational supervisors must ensure that appropriate opportunities are provided to enable this to happen effectively. Trainees gain competences at different rates, depending on their own abilities, their determination and their exposure to situations that enable them to develop the required competences. The expected rate of progress in acquisition of the required competences is defined in the CMT curriculum. This will enable reasonable timeframes and resources for support and remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered. There are occasions where progress in training cannot be achieved because of events external to training, such as ill health. This will lead to training time being suspended (the training clock stops) and the prospective core training programme end date will be reviewed at the Annual Review of Competence Progression (ARCP). The decision to suspend training time is an important one and needs to be formalised with written agreement from the Director, Medical Education at Max Healthcare, Delhi on time out of training.

Curricula and assessment systems evolve and develop over time. In order to ensure that trainees receive the most relevant and up-to-date training and so that they are assessed using the most appropriate tools, they will be required to move to the most recent curriculum in their specialty and use the most recent assessment tools. As part of any developments, implementation plans for the transition of trainees to new curricula and assessment systems will be published Assessment of progression

Structured postgraduate medical training is dependent on having a curriculum that clearly set out the competences of practice, an assessment framework to know whether those competences have been achieved and an infrastructure that supports a training environment in the context of service delivery.

The three key elements that support trainees in this process are formative assessments and interactions (e.g. SLEs and other supervisor discussions), summative assessments (e.g. assessments of performance and examinations) and triangulated judgement made by a named educational supervisor. These three elements are individual but integrated components of the training process. While the formative elements are for use between trainee and educational supervisor, they will aid the supervisor in making their informed judgement so that together with the other elements they contribute to the ARCP.

Assessment is a formally defined and approved process that supports the curriculum. A trainee's progress in their training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress. A review (ARCP) results in an "Outcome" following evaluation of the written evidence of progress and determines the next steps for the trainee. A satisfactory outcome confirms that the required competences have been achieved.

Educational agreement

Each trainee should have an educational agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their most recent ARCP outcome. This should be the basis of all educational review discussions throughout all stages of training. The educational agreement will need regular review and updating.

The trainee's educational supervisor must ensure that the trainee is aware of and understands the trainee's obligations as laid down in the educational agreement, including (but not exclusively): awareness of the trainee's responsibility to initiate workplace-based assessments awareness of the requirement to maintain an up-to-date educational portfolio understanding of the need to address areas identified in the trainee's educational portfolio including undertaking and succeeding in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum awareness of the need to engage in processes to support revalidation

The educational supervisor and educational review

All trainees must have a named educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

Educational review is mainly a developmental, formative process that is trainee-focused. It should enable the training for individual trainees to be optimised, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the JRCPTB standards.

Appraisal is a continuous process. As a minimum, the educational section of appraisal should take place at the beginning, middle and end of each phase of training, and should be documented in the educational portfolio. However, educational review can be undertaken more frequently and this should

be the case where a previous assessment outcome has identified inadequate progress or where there are specific educational objectives that require enhanced supervision.

The educational supervisor is the crucial link between the educational review and workplace-based assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process. The outcome from the educational review underpins and provides evidence to employers about the performance of doctors in postgraduate training, and informs the ARCP and revalidation processes. This is supported by self-declaration evidence from the trainee as an employee about any relevant conduct or performance information.

The trainee's educational supervisor may also be their clinical supervisor (particularly in small specialties and small training units). Under such circumstances, the educational supervisor could be responsible for some of the workplace-based assessments and producing the structured report as well as providing the educational review for the trainee.

Great care needs to be taken to ensure that these roles are not confused. Indeed, under such circumstances, the trainee's educational supervisor should discuss with the Training Programme and Director, Academic Affairs— a strategy for ensuring that there is no conflict of interest in undertaking educational review and assessment for an individual trainee.

The purpose of educational review is to: help identify educational needs at an early stage and agree educational objectives that are SMART (Specific, Measurable, Achievable, Realistic, Time bound) provide a mechanism to receive the report of the review panel and to discuss this with the trainee provide a mechanism for reviewing progress, and a time when remedial action can be arranged and monitored assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career enable learning opportunities to be identified in order to facilitate a trainee's access to these provide a mechanism for giving feedback on the quality of the training provided make training more efficient and effective for a trainee

consider matters around fitness to practise and revalidation During their educational review discussion with their educational supervisor, trainees must be able to raise concerns without fear of being penalised. Patient safety issues must be identified by clinical incident reporting and reflective notes should be maintained in an educational portfolio, in addition to being reported through organisational procedures when they occur. However, where it is in the interests of patient or trainee safety, the trainee must be informed that the relevant element of the educational review discussion will be raised through appropriate clinical governance/risk management reporting systems. This will usually be with the Director, Medical Education in the local education provider (LEP) and the Chief of Medical Services. Trainees also need to be aware that any such discussions should be reported as part of the required self-declaration for revalidation.

The educational supervisor and trainee should discuss and be clear about the use of an educational portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.

Regular feedback should be provided by the educational supervisor regarding progress in training as part of educational review meetings. This should be a two-way process in the context of an effective

professional conversation. Trainees should feel able to discuss the merits or otherwise of their training experience and identify factors that may be inhibiting their progress.

Records should be made on the trainee's educational portfolio of these regular educational review meetings, and these must be shared between trainee and educational supervisor.

The educational review process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible.

Concerns should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances) and these should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns persist or increase, further action should be taken and this should not be left to the ARCP process. Direct contact should be considered with the TPD, the lead for professional support, trainee support groups (if appropriate), the employer and the Director, Medical Education for the hospital, alerting them to these concerns.

The Annual Review of Competence Progression (ARCP)

The ARCP provides a formal process that uses the evidence collected by the trainee, relating to their progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees in specialty training, and it will enable the trainee, the Director, Medical Education and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with performance and progression issues outside the annual review. It is not in itself a means or tool of assessment.

The ARCP fulfils the following functions:

1. Providing an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme or in a recognised training post,
2. Providing a means whereby the evidence of the outcome of formal assessments, through a variety of workplace-based assessment tools and other assessment strategies (including examinations that are part of the assessment system), is coordinated and recorded to present a coherent record of a trainee's progress
3. Providing a final statement of the trainee's successful attainment of the curricular competences for CMT and thereby the completion of the training programme
4. Enabling the Director, Medical Education to present evidence to JRCPTB so that it can award the trainee a certificate of completion of JRCPTB accredited CMT equivalent training.

The ARCP process is applicable to:

- All trainees, whose performance must be assessed to evaluate progression.
- Trainees who resign from a programme - such trainees should normally have their progress made up to their resignation date reviewed by an ARCP panel and an appropriate outcome should be recorded. If a review is not undertaken, this should be recorded using **N21 and N22 codes (Appendix 3)**.

ARCP: Assessment

This section deals with the elements of the ARCP that are designed to review evidence and arrive at a judgement, known as an outcome, of progress. It does not address the important processes of educational review and programme planning, which should respectively precede and follow from the ARCP process.

Assessment strategies will vary between curricula but will contain a variety of elements. These include items from the following non-exhaustive list:

Well-constructed and fit-for-purpose professional examinations that explicitly map back to the curriculum

- Direct observation of procedural skills (DOPS)
- Case note reviews
- Case-based discussion (CBD)
- Multi-source feedback (MSF)
- Assessments in clinical skills facilities
- Clinical evaluation exercises (mini-CEX)
- Direct observation of non-clinical skills (DONCS)
- Self-reflective learning logs

Workplace-based assessments are increasingly being grouped into formative, structured SLEs (assessments for learning) and AoPs (assessments of learning).

A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collected for each period of training. It would be expected that assessments are spread throughout the time period under review. These summaries will be provided as part of the educational supervisor's report to the ARCP panel .

Logbooks, audit or quality improvement reports/projects, research activity and publications, document of other sorts of experience and attainment of skills that trainees may need to demonstrate. They are not in and of themselves assessment tools but are a valid record to demonstrate progress. Information about these areas should be retained in a specialty specific educational portfolio, which all trainees must maintain to record their evidence about training and performance in training. The portfolio will also form the basis of the educational and workplace-based assessment process as well as of the annual planning process. Trainees should familiarise themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, it is the responsibility of the Faculty to notify trainees and trainers of the new requirements so that the changes can be implemented.

Trainees must also familiarise themselves with the requirements of the UK's GMC's *Good Medical*

- *Practice*. Trainees must:

- Maintain a portfolio of information and evidence, drawn from the scope of their medical practice
- Reflect regularly on their standards of medical Take part in regular and systematic clinical audit and/or quality improvement
- Respond constructively to the outcome of audit, appraisals and the ARCP process .
- Undertake further training where required by the Director, Medical Education engage with systems of quality management and quality improvement in their clinical work and training , participate in discussion and any investigation around serious untoward incidents in the workplace, and record reflection of those in their educational portfolio
- Inform their Director, Medical Education/TPD/CMS if they receive a criminal or civil conviction or a police caution

If genuine and reasonable attempts have been made by the trainee to arrange for workplace-based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace-based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the TPD. Between them, they must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

ARCP: Educational supervisor's report

The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the specialty curriculum (e.g. logbooks, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors should familiarise themselves with the relevant curriculum and assessment framework. Trainees should familiarise themselves with the relevant curriculum and assessment framework.

Through triangulation of evidence of progression in training and professional judgement, the named educational supervisor will contribute a structured report to the ARCP. This report must:

- 1] reflect the educational agreement and objectives developed between the educational supervisor and the trainee
- 2] be supported by evidence from the workplace-based assessments planned in the educational agreements
- 3] take into account any modifications to the educational agreement or remedial action taken during the training period for whatever reason
- 4] provide a summary comment regarding overall progress during the period of training under review, including (where possible) an indication of the recommended outcome supported by the views of the training faculty

The report should be discussed with the trainee prior to submission to the ARCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the educational supervisor to report the reasons to the ARCP panel in advance of the panel meeting.

If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns and they should be documented in their educational portfolio.

Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

ARCP: Collecting the evidence

Director, Medical Education with the TDP will make local arrangements to receive the educational portfolio from trainees, and they will give them and their trainers at least six weeks' notice of the date by which it is required. Trainees should obtain all necessary components. The educational portfolio must be made available at least two weeks before the date of the ARCP panel meeting. Trainees will not be "chased" to provide access to their educational portfolio by the required date. As a consequence, if trainees have not documented attained competences, they will not be able to progress.

As part of their documentary evidence for each ARCP, trainees must submit an updated documentation form giving accurate demographic details for use. It is up to the trainee to ensure that the documentary evidence that is submitted, including their educational portfolio, is complete. This must include all required evidence (including that which the trainee may view as negative). All AoPs should be included in the evidence available to the ARCP panel and retained in the trainee's educational portfolio so that they are available for discussion with the educational supervisor during educational review sessions.

It is important to ensure that all relevant evidence around revalidation is provided to the ARCP panel.. This includes details of all areas in which the trainee has worked as a doctor (including voluntary) as well as details of any investigations that have yet to be completed. (Reflective notes around completed investigations should have already been included in the educational portfolio.)

Where the documentary evidence submitted is incomplete or otherwise inadequate so that the panel cannot reach a judgement, no decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in Outcome 5

It may be necessary for the TPD to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. This is to ensure the trainee is aware of what had been reported; it is not intended that the trainee should agree the report's content. Where the report indicates that there may be a risk to patients arising from the trainee's practice (and this has not already been addressed), this risk needs to be shared immediately with the Director, Medical Education and CMS.. The trainee needs to be made aware that this will happen.

Trainees may submit as part of their evidence to the ARCP panel a response to their trainer's report or to any other element of the assessment documentation for the panel to take into account in its deliberations. While it is understood that for timing reasons, such a document will only be seen by the ARCP panel in the first instance, it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the TPD and the Director, Academic Affairs. The ARCP panel is constructed to look at matters of educational performance, assess progression in training and provide an opinion to the TPD in relation to revalidation. However, the

evidence provided to the panel may relate to other issues and concerns such as clinical safety or perceived undermining within the hospital. While the panel is not in a position to investigate or deal with allegations of this nature, it will bring such matters to the attention of the Director, Medical Education in writing immediately following the panel meeting for further consideration and investigation as necessary. Panels must take such allegations very seriously. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements and follow these policies, including reporting their concerns. LEPs must make such policies known to trainees as part of their induction.

The ARCP panel

The ARCP panel has the following objectives:

1. consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report.

2. consider the time out of training during the assessment period and from entry to the programme and to determine whether the training duration needs to be extended provided that adequate documentation has been presented, make a judgement about whether the trainee's progress has been satisfactory and whether they can progress to the next level of training. Trainees who are full time and receive Outcome 1 will progress to the next level.

3. consider suitability to progress to the next stage of training or confirm training has been completed satisfactorily

Composition of the ARCP panel

The ARCP panel has an important role, which its composition should reflect. It should consist of at least three panel members appointed by the training committee .

The Director, Academic Affairs, TPD, Educational Supervisors are all appropriate panel members. The panel could also have a representative from an employing organisation to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

The panel should have input from a lay member and two external advisors. One from another CMT equivalent site and one external assessor provided by JRCPTB from the UK., They must be trained for their roles. The lay advisor will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in the Gold Guide. The lay advisor should not be asked to judge whether the ARCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress. The lay advisor may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities but the role is to ensure the process is followed correctly, not to give an opinion on the outcome or the trainee's progress. The lay advisor is not performing the role of panel chairperson but has responsibility (along with all the panel members) to ensure that the conduct of the review conforms to good practice.

The Director, Medical Education or their nominated deputy must be present at any panel meeting involving cases where it is possible that a trainee could have an outcome indicating unsatisfactory progression, which may require an extension to training.

If either the lay member or an external advisor has concerns about the outcomes from the panel, these will be raised with the Director, Medical Education for further consideration. He may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended.

All members of the panel (including the lay member and those acting as an external advisor) must be trained for their role. This includes training on fitness to practise, and equality and diversity issues. This training should be kept up to date and refreshed every three years.

Educational and clinical supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member. Where there are any concerns about satisfactory educational progress, they should withdraw temporarily from the process while their trainee is being considered and the panel should be constituted such that in that situation it remains quorate in accordance with panel composition .

How the ARCP panel works

The ARCP panel will be convened by Director, Medical Education. The panel will normally be chaired by the Director, Medical Education or the TPD or Associate TDP.

The process is a review of the documented and submitted evidence that is presented by the trainee. As such, the trainees are not always required to attend the panel. However, the Director, Medical Education may wish to have trainees present on the day to meet with the panel after its discussion of the evidence and agreement as to the outcome(s).

Trainees must not be present while the panel considering the outcomes.

Where the TPD, educational supervisor or academic educational supervisor has indicated that there may be an unsatisfactory outcome(s) through the ARCP process. The trainee will be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgement, if an unsatisfactory outcome is recommended, the trainee must meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity.

The purpose of this meeting is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training towards the acquisition of specific competences (Outcome 2), then the timescale for this should be agreed with the trainee.

If additional remedial training is required (Outcome 3), the panel should indicate the intended objectives and proposed timescale. The framework of how a remedial programme will be delivered will be determined by the TPD. The remedial programme will be planned by the TPD, taking into account the needs of other trainees in the specialty and in related programmes, and it must be arranged with the full knowledge of the employer to ensure clinical governance aspects are addressed.

This additional training must be agreed with the trainee, trainers and the employer. The information transmission will be shared with the trainee. Agreement to it being shared is a requisite of joining and continuing in the training programme.

The panel should systematically consider the evidence as presented for each trainee against the specialty or sub-specialty curriculum, the assessment framework

Details of placements, training modules etc completed must be recorded on the ARCP form including where trainees continue to hold a training number but are out of the programme.

At the ARCP, the core training programme end date, should be reviewed and adjusted if necessary, taking into account such factors as: statutory leave, sickness or other absence of more than 14 (normal working) days in any year prior agreement with the TPD for training time to be paused (for the "clock to be stopped") a change to or from LTFT training time out of programme for experience (OOPE), time out of programme for research (OOPR) or time out of programme for a career break (OOPC) Outcomes from the ARCP

The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel for all trainees will be made available by the Director, Medical Education to:

a) The trainee – They must sign it and return it within ten working days. The trainee should retain a copy of the signed form in their educational portfolio. Where electronic systems are used, digital signatures will be acceptable. The trainee is signing the document to demonstrate that they have been informed of the outcome, not that they agree with the outcome. Signature of the outcome does not change the trainee's right to request a review or appeal.

- b) The TPD – The TPD (and/or the trainee’s educational supervisor) should meet with the trainee to discuss the outcome and plan the next part of their training documenting the plan fully.
- c) The trainee’s educational supervisor – This should be used to form the basis of the further educational review and workplace-based assessment that the educational supervisor undertakes on behalf of the employing organisation. It is the educational supervisor’s responsibility to raise any areas of concern about the trainee’s performance that link to clinical governance as documented by the ARCP process, with the Director, Medical Education (or their nominated officer).
- e) JRCPTB – These outcome documents are part of the minimum data set that will need to be maintained by JRCPTB to substantiate its recommendation of a final certificate of completion.

All trainees should receive standard written guidance relevant to their outcome, which as appropriate should detail the duration of any extension to training, requirements for remedial action, and reference to the review and appeal processes.

The panel will recommend one of the eight outcomes described below for each specialty/sub-specialty for each trainee, including those on integrated clinical/academic programmes.

Outcome 1 - Satisfactory progress

Achieving progress and the development of competences at the expected rate

Satisfactory progress is defined as achieving the competences in the CMT curriculum at the rate required. The rate of progress is defined in the CMT curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc). (It is possible for trainees to achieve competences at a more rapid rate than defined)

For the following outcomes (Outcomes 2–5), the trainee is required to meet with the panel after the panel has reached its decision.

Outcome 2 - Development of specific competences required

Additional training time not required

The trainee’s progress has been acceptable overall but there are some competences that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

Outcome 3: Inadequate progress

Additional training time required

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme. Where such an outcome is anticipated, the trainee must attend the panel. The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for Max Healthcare to determine the details of the additional training within the context of the panel’s recommendations, since this will depend

on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of Director, Medical Education but with an absolute maximum of two years additional training during the total duration of the training programme. The extension does not have to be taken as a block of 1 year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.

Outcome 4: Released from training programme

With or without specified competences

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented.

An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts at passing an exam without having received additional training time.

Outcome 5: Incomplete evidence presented

Additional training time may be required

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete their training programme. The additional time begins from the date the panel should have considered the trainee. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designate date, noting that available "additional" time is being used (see 1 above) in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done "virtually" if practicable) and issue an assessment outcome.

Alternatively the panel may agree what outstanding evidence is required from the trainee for an Outcome 1 and give authority to the Chair of the panel to issue an Outcome 1 if satisfactory evidence is subsequently submitted. However if the Chair of the panel does not receive the agreed evidence to support an Outcome 1 then a panel will be reconvened.

Outcome 6: Gained all required competences

Will be recommended as having completed the training programme and if in a run through training programme or higher training programme will be recommended for award of a CCT

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

Outcomes for trainees in FTSTAs, LATs, OOP

Outcome 7: Fixed-term Specialty Trainee (FTSTAs) or LATs

Trainees undertaking FTSTAs or LATs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and will result in one of the following outcomes:

Outcome 7.1 Satisfactory progress in or completion of the LAT / FTSTA placement. This means that the trainee has established that they have acquired and demonstrated the competencies expected of a trainee undertaking a placement of this type and duration at the level specified.

Outcome 7.2 Development of Specific Competences Required – additional training time not required

The trainee's progress has been acceptable overall; however, there are some competences not fully achieved, which the trainee needs to develop either before the end of their current placement or in a further post to achieve the full competences for this period/year of training. The rate of overall progress is not expected to be delayed, nor the prospective date for completion of training extended, nor is a period of additional remedial training required as this is a fixed term post. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next review of progression it will be essential to identify and document that these competences have been met. Failure to complete the competences in time will mean this period of training cannot be formally recognised.

Outcome 7.3 Inadequate Progress by the Trainee

The trainee has not made adequate progress for this period of training to be formally recognised towards either CCT, CESR/CEGPR(CP) or full CESR/CEGPR. If the trainee wishes to attain the described competencies, they will be required to repeat this period of training, not necessarily in the same post or with the same employer or

Health Education England or NHS Education Scotland region and Deanery in Northern Ireland and

Wales. If the trainee moves to a new post, employer or Health Education England or NHS Education Scotland region or Deanery in Northern Ireland and Wales, they must declare their previous outcome.

Outcome 7.4 Incomplete Evidence Presented

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The trainee will have to supply the panel with a written account within five working days of the panel meeting as to why documentation was not provided for the panel. However, the panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date. This evidence will then be considered by the panel. Failure to do so will mean that the period of training cannot be counted towards either CCT or CESR/CEGPR(CP).

The outcome should be sent to the trainee's educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment period/year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The Health Education England and NHS Education Scotland region and Deanery in Northern Ireland and Wales will also keep a copy on record.

Outcome 8: Out of programme for research, approved clinical experience or a career break (OOPR/OOPE/OOPC)

The panel should receive documentation from the trainee on the required form indicating what they are doing during their out of programme (OOP) time.

- OOPE - If the period Out of Programme is to gain clinical experience which will not contribute towards the competences required by the training programme (OOPE) then an annual OOP report form should be submitted including an indicative intended date of return.
- OOPT - If the trainee is out of programme on a training placement which has been prospectively approved by the GMC and which will contribute to the competences of the trainee's programme, then this Outcome should not be used, and a routine assessment of progression should be made.

- OOPR - If the purpose of the OOP is research the trainee must produce a research supervisor's report along with the OOPR indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate).
- OOPC - If a doctor is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.

SECTION : 8

Being a Specialty Registrar and an Employee Accountability issues for employers, TPDs and trainees

Trainees in specialty training are pursuing training programmes under the management of the TPD and are also employees in healthcare organisations. In fulfilling both of these roles, they incur certain rights and responsibilities.

While the TPD is responsible for managing the delivery of training to postgraduate trainees, this is always in the context of trainees being the employees of Max Healthcare. As a result, trainees have an employment relationship with their employer, and are subject to their employing organisation's policies and procedures.

It is important therefore that employers are fully aware of the performance and progress of all doctors, including trainees in their employment. In addition, there must be a systematic approach to dealing with poorly performing trainees. In this context, the relationship between the employer and the TPD must be clearly defined.

The TPD is responsible for the trainee's training and education while in recognised training posts and programmes. The TPD does not employ postgraduate trainees but commissions training from the employer, normally through an educational contract with the unit providing postgraduate education. Through this contract, the TPD has a legitimate interest in matters arising that relate to the education and training of postgraduate trainees in the employing environment.

Max Healthcare must ensure that mechanisms are in place to support the training of trainees, and to enable problems that may be identified to be addressed at an early stage in an open and supportive way. At a minimum this should include: Ensuring that clinical responsibility is tailored to a realistic assessment of the trainees' competence so that patient safety remains paramount and the trainee is not put at risk by undertaking clinical work beyond their competence, thorough induction to both the employer and to the specific specialty training unit. This should include, for example (but not exclusively),

1. introduction to key team members and their roles

2. clarity about any of the geographic areas where a trainee might need to work
3. a working understanding of the equipment that might be required (especially in an emergency situation)
4. access to and requirements for the use of protocols and guidance documents
5. supervision arrangements
6. out-of-hours arrangements and clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every trainee.
7. clearly defined and timely training arrangements for trainees, with objectives agreed early in their training placement with their educational supervisor ,
8. regular opportunities to continue to plan, review and update these objectives
9. regular assessment of competence, undertaken by trained assessors and handled in a transparent manner, with substantiated and documented evidence of poor performance and conduct where and when this is necessary
10. where necessary, the support to deliver defined and agreed additional remedial training access to pastoral support Transfer of information

The basic structure of specialty training programmes is a rotational experience that allows trainees to develop and demonstrate competences in a range of clinical settings and environments.

Trainees rely on the integrity of the training programme to support their growth and development within it.

Trainees must maintain an educational portfolio that is specialty specific and covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement in the training programme is fundamental to the training process and is applicable to every trainee

Trainees also have an important employee relationship with their employing organisation. In situations where an employer has had to take disciplinary action against a trainee because of conduct or performance issues, it may be that the employment contract ends before these proceedings are completed, in which case it may be appropriate for the employment contract to be extended while investigations are in progress. It is in the trainee's interest to have the matter resolved, even if they move on or have already moved on to the next placement in the rotation. The TPD will usually help to facilitate this.

It will be essential in such circumstances for the educational supervisor and Director, Medical Education at the trainee's next placement to be made aware of the ongoing training and/or pastoral needs to ensure that these are addressed.

Where a trainee has significant health issues that may impact on their education and these are under occupational health review commissioned by the employer, the trainee's consent to share such review reports will be necessary.

It is also essential, for the sake of patient safety and to support the trainee where required, that information regarding any completed disciplinary or competence issue (and a written, factual statement about these) is transferred to the next employer. This should make reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, any allegations that were upheld (but not those that were dismissed) and the outcome of the disciplinary action along with any ongoing or planned remedial training. Information about any completed disciplinary procedure that exonerated the trainee will not be passed on.

The ARCP process that incorporates educational and clinical supervisor reviews should ensure that employers are aware of the progress and performance of all its employees who are in postgraduate training.

Where a trainee has identified educational or supervisory needs that must be addressed as a result of the disciplinary process, information concerning these will be transferred by the TPD to the educational lead in the receiving employing organisation.

In all of these circumstances, the trainee has the right to know what information is being transferred and the right to challenge its accuracy but not to prevent the information being transferred,.

In all professions, it is recognised that employees may sometimes encounter difficulties during their career. These may show themselves in various ways (e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system).

Although it is recognised that the cost of training doctors is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety, which is of paramount importance.

Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with guidance such as local HR policy. The TPD should be involved from the outset. .

The end of an employment contract does not necessitate the discontinuation of a disciplinary process. Any warning or suspension notice would cease to have effect once employment with the issuing employing organisation ends but an inquiry should still proceed all the way to a finding. The range of responses to a disciplinary finding will, however, be limited by the expiry of the employment contract. For example, the employing organisation will not be able to dismiss an ex-employee or ask that a subsequent employer dismisses them. Any proven offence must be recorded by the investigating employing organisation and should be brought to the attention of the relevant TPD to assess any impact on the training programme for the trainee.

The TPD should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly.

Once a finding has been reached, the TPD will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange

further placements because the findings preclude further training, removal from the training programme is the natural consequence. The TPD must be involved from the outset.

The TPD will seek assurance from the employer through the educational contract that trainees will be managed in accordance with best employment practice.

The TPD must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee but may provide evidence to the panel and advise on training and education matters if required.

Termination of a trainee's employment contract after due process will mean that specialty training is discontinued and the training number is relinquished. An ARCP outcome will not be awarded in such circumstances. Poor performance and competence

In the first instance where there are issues around poor performance and professional competence, employers should advise the TPD of any trainee who is experiencing difficulties as well as the action being taken to support and remedy any deficiencies. The TPD and employer must work closely together to identify the most effective means of helping/supporting the trainee while ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures.

On occasion, a trainee might make or be involved in a critical or serious, isolated medical error. Such situations may lead to a formal investigation and are stressful for all staff involved. The TPD must be kept informed in writing at each stage of any such investigation and should ensure that pastoral support is offered to the trainee throughout the process.

Where a trainee is expected to move to another training placement before the inquiry has been completed, the TPD will ensure the continuing involvement of the trainee in the inquiry process. Poor performance and the TMC

On occasion, the performance of a doctor may be poor enough to warrant referral to the TMCs fitness to practise process. Trainees, in common with all doctors, may be subject to fitness to practise investigation and adjudication by the TMC. Significant fitness to practise concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. . The following applies to trainees absent from training when they would be expected to be training: The trainee must advise the employing organisation and the TPD if they are absent owing to ill health, if they are going to be taking maternity/paternity/adoption leave or if they have to attend jury service. If the trainee is taking time off from the training programme for sickness, jury service or maternity/paternity/adoption leave and the sum of these absences exceeds 14 days in any 12-month period, then a review of training should be undertaken and the expected end of training date adjusted if required.

Payment in respect of ill health, jury service, maternity/paternity/adoption absence remains the responsibility of the employing organisation.