

JRCPTB

Joint Royal Colleges of Physicians Training Board

**Handbook on the evaluation
of applications for a
Certificate of Eligibility for Specialist
Registration [CESR]**

April 2010

INTRODUCTION

This pack has three primary audiences:

- 1) those undertaking evaluations of applications under Article 14 on behalf of the JRCPTB/SAC and
- 2) those who are providing advice and guidance to prospective applicants.
- 3) It is also a useful guide for those physicians considering making an application for CESR.

The pack provides guidance and information on the law, the process, the documentation and the criteria defined by the GMC. It is by its nature an organic document, and changes to the content, particularly to section 3 are very likely.

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SECTION - THE LAW

The following paragraphs are illustrated diagrammatically at Appendix A to this section on page 7.

1. A Certificate confirming Eligibility for Specialist Registration, is awarded following a successful application under Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 now governed by the Medical Act 2005 which is concerned with "Specialists eligible for entry in the Specialist Register".
2. These guidelines have been drawn up to assist evaluators & applicants with the preparation of applications against Article 14[4] which says:

IN RESPECT OF THOSE APPLYING IN A CCT SPECIALTY(IES):

"(4) A person is an eligible specialist if

[(a) he does not fall within paragraph 3: but]

(b) he has

(i) undertaken specialist training, or

(ii) been awarded specialist qualifications,

in a specialty listed in Schedule 3, and he satisfies the Board that that specialist training is, or those qualifications are, or both when considered together are, equivalent to a CCT in the specialty in question".

IN RESPECT OF THOSE APPLYING IN A NON-CCT SPECIALTY(IES):

"(5) A person is also an eligible specialist if

(a) he has -

(i) undertaken specialist training, or

(ii) been awarded specialist qualifications

*outside the United Kingdom in a specialty not listed in schedule 3;
or*

[(b) he has knowledge of or experience in any medical specialty derived from academic or research work,]

and he satisfies the Board that these give him a level of knowledge and skill consistent with practice as a consultant in the National Health Service.

AND IN RESPECT OF BOTH SUB-PARAS ABOVE:

14[6] which says:

"(6) If a person falls within paragraph (4) or (5) and-

(a) he is also a person falling within sub-paragraph (a) or (b) of paragraph (3), and he has specialist qualifications awarded outside the EEA which have been accepted by another EEA State as qualifying him to practice in that State; or

(b) he has acquired specialist medical experience or knowledge wherever obtained,

the Board shall, when considering it is satisfied as mentioned in paragraph (4) or (5), take account of that acceptance or of that experience or knowledge"

There are two definitions that are important in this context:

Specialist training

Article 14(7) *"specialist training" means medical training that -*

- (a) comprises of theoretical and practical instruction in a post specifically designated as a training post;*
- (b) takes place in a university centre, a teaching hospital or other health establishment;*
- (c) is supervised by an appropriate authority or other body; and*
- (d) involves the personal participation of the person training to be a specialist in the activity and in the responsibilities of the establishment concerned."*

And the GMC has defined

Specialist qualification as follows:

For the purposes of Article 14 a specialist qualification shall be a diploma, certificate, accreditation, or other written evidence of success in a programme or programmes of postgraduate education or training in any medical specialty including general practice, which may or may not be listed in Schedule 3 of the 2003 Order. This shall have been awarded by an approved University, College, training body or institute as a result of success in an examination or formal assessment against defined standards. For the purpose of interpretation of this definition, 'approved' shall mean recognised by the official system in the jurisdiction where the qualification was awarded.

Therefore an evaluation has to be undertaken that considers the training and /or qualifications, and then takes account of knowledge and experience of the applicant in the specialty[s] concerned. The evaluation will be undertaken against the high level and generic criteria defined by the GMC set against the relevant curriculum[a] published by the JRCPTB. Each specialty will define specialty specific guidelines.

For the purposes of confirming eligibility for evaluation under Article 14(4), applicants should

- c. Not be covered by Article 14(3) which applies to EEA Nationals or persons with acquired rights holding a specialist qualification recognised in the EEA and,
- d. have specialist training [of a minimum of six months] or qualifications in a specialty listed in Schedule 3 to the Order [see *Appendix B [page8] to this section*]. Applicants with training in any other specialty should apply under Article 14(5)(a) for which the eligibility training or qualification must have been acquired outside the UK or for Academics under 14(5)(b).

In summary:

Evidence provided by the applicant must satisfy the GMC that he or she,

- ✓ can provide evidence of being a medical practitioner through having acquired a Primary Medical Qualification obtained from a medical school listed in the World Health Organisation's list of medical schools;
- ✓ has undertaken specialist training or obtained a specialist qualification as described above;
- ✓ can provide the names and contact details of five referees who can vouch for their training and/or professional practice, and who will provide structured reports on request.

The application will then be forwarded to the JRCPTB which will evaluate the evidence provided, to consider if it is satisfied the applicant:

- ✓ has a combination of training, qualifications and experience, which taken together, are equivalent to the current standard required for the award of a CCT in the UK at the date of application.
3. Where the Evaluators are not satisfied that the applicant should be entered in the specialist register, Article 14[9] applies, which says:

14(9) the Board shall give reasons as to why it is not satisfied, and, in particular, shall inform the person of -

1. *the period of additional training that the person must undertake, and the fields to be covered by it;*

2. *any examination, assessment (including a specified period of assessment) or other test of competence that the person must complete to the Board's satisfaction,*

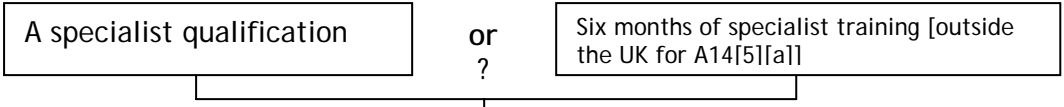
in order to qualify under paragraph (4) or (5)

Appendices to this section:

- A. A flowchart of the law and the evaluation.
- B. A copy of schedule 3 [JRCPTB extract].

OUTLINE OF A14 EVALUATION

Does the applicant have either



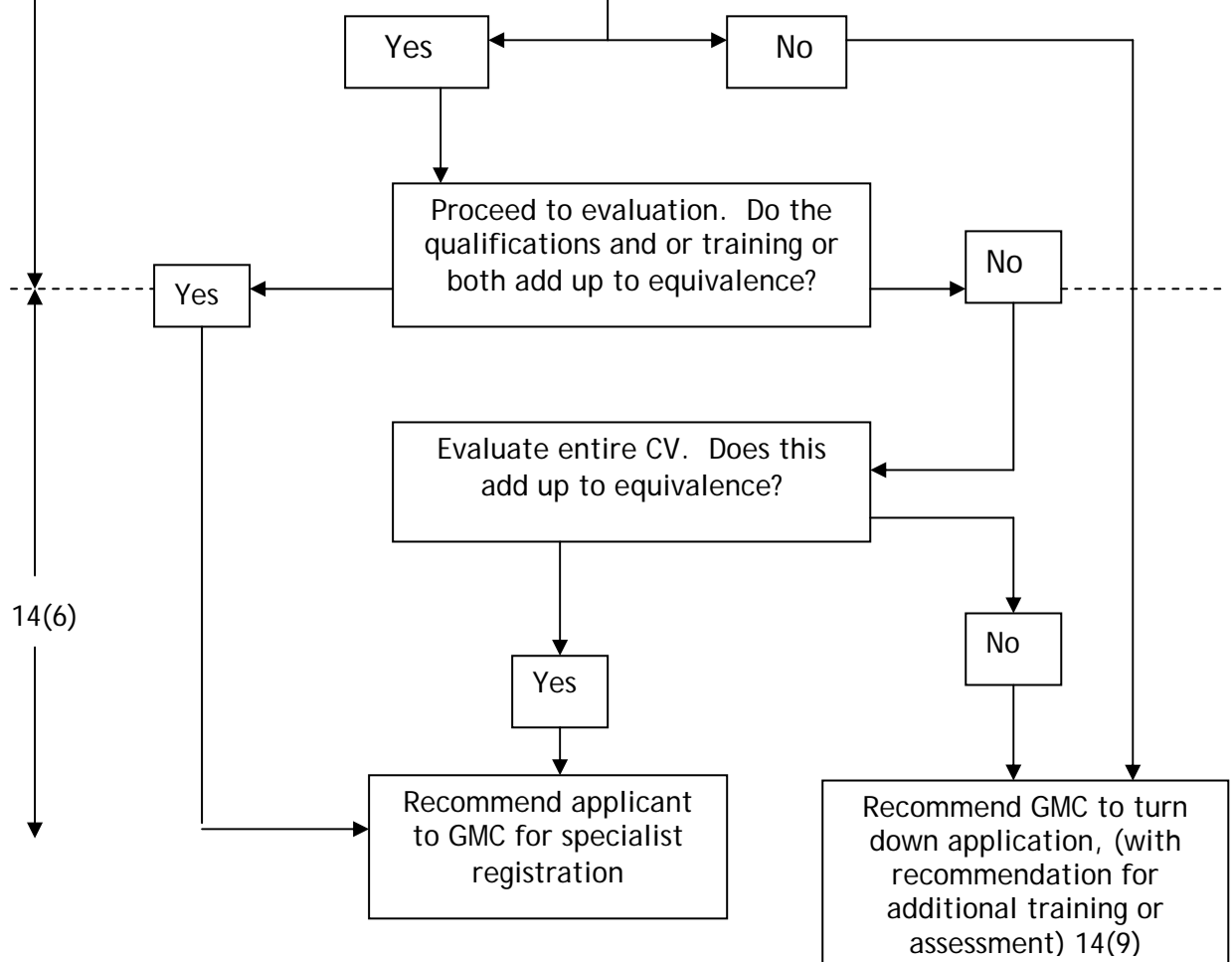
For the purposes of Article 14 a specialist qualification shall be a diploma, certificate, accreditation, or other written evidence of success in a programme or programmes of postgraduate education or training in any medical specialty including general practice, which may or may not be listed in Schedule 3 of the 2003 Order. This shall have been awarded by an approved University, College, training body or institute as a result of success in an examination or formal assessment against defined standards. For the purpose of interpretation of this definition, 'approved' shall mean recognised by the official system in the jurisdiction where the qualification was awarded.

Article 14(7) "specialist training" means medical training that -

- (a) comprises of theoretical and practical instruction in a post specifically designated as a training post;*
- (b) takes place in a university centre, a teaching hospital or other health establishment;*
- (c) is supervised by an appropriate authority or other body; and*
- (d) involves the personal participation of the person training to be a specialist in the activity and in the responsibilities of the establishment concerned."*

14(4)[b]
or
14(5)[a]

14(6)



**THE MEDICAL SPECIALTIES LISTED IN SCHEDULE 3 OF THE GENERAL AND
SPECIALIST MEDICAL PRACTICE [EDUCATION, TRAINING AND QUALIFICATIONS]
ORDER 2003**

Extract relating to the specialties of internal medicine only:

Acute Internal Medicine
Allergy
Audiological Medicine
Cardiology (<i>formerly known as cardio-vascular disease</i>)
Clinical Genetics
Clinical Neurophysiology
Clinical Pharmacology and Therapeutics [<i>(also known as Pharmacology)</i>]
Dermatology
Endocrinology and diabetes mellitus [<i>(also known as endocrinology)</i>]
Gastro-enterology
General (internal) medicine (<i>formerly known as general medicine</i>)
Genito-urinary Medicine [<i>(also) known as venereology</i>]
Geriatric Medicine (<i>formerly known as geriatrics</i>)
Haematology [<i>(also known as general haematology)</i>]
Immunology (<i>also known as immunopathology</i>)
Infectious diseases [<i>(also) known as communicable diseases</i>]
Medical Oncology
Neurology
Nuclear Medicine
Paediatric Cardiology
Palliative Medicine
Pharmaceutical Medicine
Rehabilitation Medicine
Renal Medicine [<i>(also known as renal disease and formerly known as nephrology)</i>]
Respiratory Medicine (<i>also known as thoracic medicine</i>)
Rheumatology
Sport & Exercise Medicine
Tropical Medicine [curriculum with Infectious Diseases]

Examples of non CCT specialties that have been offered:

Note: In non-CCT specialties the eligibility criteria must be acquired outside the UK (see 14(5) on page 3 and para 1d on page 5)

- ✓ Stroke Medicine (a recognised sub-specialty with a stand alone curriculum)
- ✓ Diabetes (curriculum contained within that for Endocrinology & Diabetes Mellitus.
- ✓ Transfusion Medicine

SECTION 2 - THE EVALUATION PROCESS

1. GMC has specified an administrative process for the evaluation of all CESR applications. In general terms it will control the process but has entered into specific agreements with the Colleges/Faculties in respect of the actual evaluation of each application. It has set down certain mandatory and recommended best practice in relation to this work:

College/Faculty evaluators will:

- a. Mandatory:

- ✓ Provide an evaluation for all applicants.
- ✓ Provide a recommendation for each one.
- ✓ Apply best practice when conducting evaluations.
- ✓ Provide a recommendation for additional training etc.
- ✓ Provide recommendations using GMC's admin arrangements.

- b. Recommended

- ✓ Should use three evaluators.
- ✓ Evaluators should complete their evaluations independently.
- ✓ Evaluators should record outcomes separately.
- ✓ Evaluators should record recommendations for additional training etc, separately.

The process:

Step 1. The applicant downloads application pack from GMC website together with any guidance documents, and links to specialty specific guidelines where these are available [see Section 3]. The role of the Colleges/Faculties during this stage is to provide applicants with advice - both general advice on the necessary evidence and the specialty specific guidance. There is no requirement for applicants to seek such advice, but experience suggests that in doing so, applications are a great deal better. Since the fee paid to the GMC is £1600, there should be a real imperative on applicants to maximise their chances through seeking help and guidance.

Step 2. The applicant prepares an application with the necessary evidence and five referee nominations. The application form is available from the GMC website together with a help sheet and FAQs. The GMC's philosophy is that the nominated referees should normally cover the last five years, although references from training supervisors would be appropriate in most cases. Applicants must nominate 5 referees* of which the following are required:

- ✓ The applicant's Medical Director or equivalent;
- ✓ two current clinical colleagues of substantive consultant status from the specialty in question;
- ✓ even if the applicant's most recent specialist training is more than five years ago, it is advisable to include in the list of referees a training supervisor or other person who can speak authoritatively about the training. However the GMC recognises that this may not always be possible.

The JRCPTB would also suggest:

- ✓ A FRCP holder from one of the UK Royal Colleges of Physicians or The Royal College of Physicians of Ireland or a doctor of comparable standing from an overseas institution.

The application form asks for a sixth [reserve] nominee in the event of difficulty in making contact with the five main nominees.

Where Applicants anticipate difficulties in nominating appropriate persons, they should contact the GMC or JRCPTB for advice on possible alternatives.

*Referees complete a structured report.

Step 3. The applicant submits the completed application pack to GMC. The GMC certification team checks the application for completeness and seeks additional information if required from the applicant.

Step 4. The GMC writes out for referee reports, and includes returned reports within the application pack. The complete pack including the referee reports are scanned and saved into the GMC website/database.

Step 5. On receipt of reports and all evidence from applicant GMC forwards the pack to the JRCPTB. This is done electronically, with the JRCPTB being advised by email of the pack's availability, which is then downloaded and printed from the GMC website. From this point the fee is non-refundable.

Step 6. JRCPTB submits the application, by mail, to the relevant evaluators for evaluation. It is not thought practical to forward the electronic files directly to evaluators although evaluators may request this if it suits them. The JRCPTB equivalence office will have part-completed the GMC's recommendation form which can then be used as an evaluators' checklist. The JRCPTB has decided that it will continue with the use of two evaluators per specialty who may be SAC members or other suitably qualified specialists, but who must have attended a training seminar. The evaluators will arrive at their conclusions independently. Where there is substantial disagreement between the evaluators an appropriate adjudicator will be used. **The GMC have advised that where the evaluators consider the application to be incomplete or the evidence is inadequate, this is a legitimate reason to turn it down.** Likewise there is no such thing as 'don't know' or 'can't decide' - these default as 'not recommended [+ additional training or assessment as per Article 14(9)]'. The JRCPTB cannot, during this process, have any further interaction with the applicant; which reinforces the need for applicants to seek pre-application advice [see step 1].

Step 7. JRCPTB makes a recommendation to the GMC within 7 weeks of stage 6. The JRCPTB will receive a payment from GMC on each recommendation.

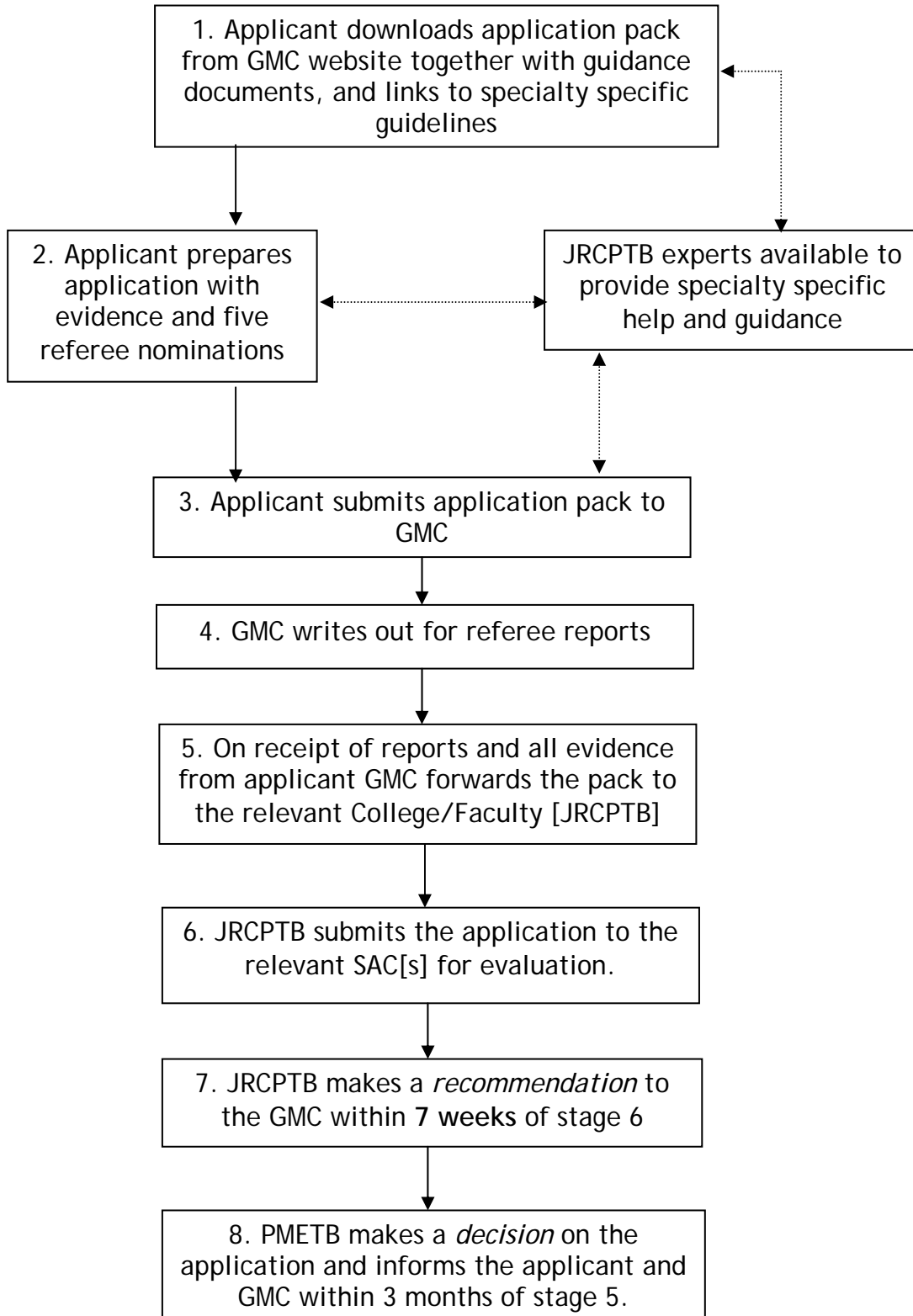
Step 8. GMC makes a decision on the application and informs the applicant within 3 months [a legal requirement] of stage 5.

If the GMC's decision is no [+ additional training/assessment] the applicant has recourse to an oral or written appeal to an independent appeal panel.

Appendices to this section:

- A. An outline [flowchart] of the process.

THIS FLOWCHART DEPICTS IN DIAGRAMMATIC FORM THE DETAILED PROCESS SPECIFIED BY THE GMC



SECTION 3 - THE CRITERIA AND SPECIALTY SPECIFIC GUIDANCE

The GMC has set out “high level and generic criteria” for evaluations and these are to be found on its website. The GMC’s criteria are based on the GMC’s *Good Medical Practice* and form a common theme throughout the documentation - the application form, the referee report and the recommendation form.

The Colleges and Faculties have been asked to provide specialty specific guidance [SSG] - putting specialty detail on the GMC criteria cross referenced to the curricula current at the date of application to GMC. The relevant JRCPTB SSG for each CCT specialty are to be found on the GMC website and will be updated as required.

Appendices to this section

- A. Advice for aspirant applicants for a CESR.

**ADDITIONAL ADVICE FOR ASPIRANT APPLICANTS
FOR A CERTIFICATE CONFIRMING ELIGIBILITY FOR SPECIALIST REGISTRTION
[CESR]**

These guidelines are intended to supplement the Guidance published by the GMC. They set out the type and range of suggested evidence applicants might need to demonstrate that they have reached the standard required of a consultant in the UK National Health Service.

DISCLAIMER – To Applicants for a statement of eligibility for registration under Article 14 of the General and Specialist Medical Practice [Education, Training & Qualifications] Order 2003, In providing you with specialty-specific advice and guidance in the preparation of your CESR, the JRCPTB is not responsible for giving guarantees or opinions as to the likelihood of your application being successful.

Application Applicants make their applications to the GMC from which the relevant application pack is obtained. Applicants will, in most cases, seek assistance and advice in completing their applications and are free to approach the JRCPTB office in this regard. These guidelines are written with such advice in mind. It is important to note that once defined complete by the GMC, an application will be evaluated by the JRCPTB and it will make a recommendation to GMC on the basis of the evidence provided. It is therefore in the interests of applicants to ensure that the evidence in support of an application is as complete, comprehensive and relevant as possible. The GMC has declared that inadequate or incomplete evidence, such that an evaluation cannot be made, will be a pertinent reason for turning down an application.

Detailed guidance The GMC has published Criteria for entry to the Specialist Register which will be the basis for considering applications under Article 14. These criteria are mapped onto the headings of *Good Medical Practice*¹. The JRCPTB has developed detailed guidance on the evidence which might be provided under each of the headings in GMC's criteria, and that guidance is shown on the GMC and JRCPTB websites.

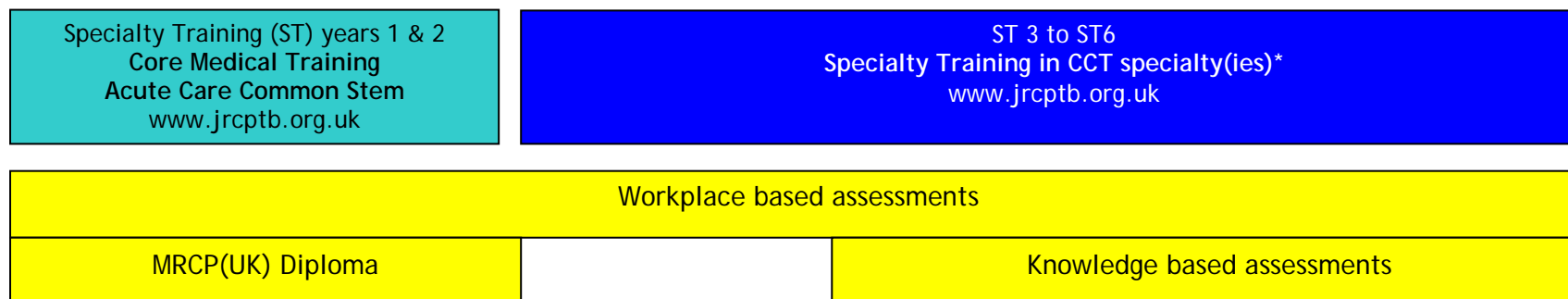
Equivalence The essential principle enshrined in Article 14 is that CESR is awarded to doctors who demonstrate through evidence that they have acquired the competencies (set out in curricula) required of those seeking specialist registration via UK training (CCT). Thus the application is seeking to demonstrate equivalence to the standards expected of a substantive consultant in the UK NHS and applicants should be able to provide evidence that achievement of the competencies associated with these can be derived from the totality of their training, qualifications and experience.

¹ Good Medical Practice. GMC. November 2006

OUTLINE OF SPECIALIST TRAINING IN THE PHYSICIAN SPECIALTIES IN THE UK

The CESR process is predicated on the criteria being sufficiently robust to ensure that those acquiring specialist registration do so to the same standards as those required for a Certificate of Completion of Training (CCT). The criteria for assessment in respect of the physician specialties are based on the curricula, in force at the time of application, to define the programme for UK specialist training leading to the award of a CCT.

Training for all physician CCTs begins with a period of approximately two years of core medical training (CMT) (formerly general professional training (GPT). This may be acquired in CMT or acute care common stem programmes (ACCS). In some specialties core training in other specialties is accepted (e.g paediatric or general practice). The acquisition of these competencies is common to, and **mandatory in all physician specialties**. Following CMT, specialty training follows the specialty curriculum with the specified competencies being achieved in an indicative minimum period normally at least that required for the specialty under EU Directive 2005/36/EC.



Assessment of progress through training is measured using a variety of methods, both in the workplace (testing skills and behaviours and the application of knowledge) and through formal examinations (testing knowledge). Satisfactory progression through training is monitored through the Annual Review of Competence Progression (ARCP) process. Specialists will be required to undertake regular workplace assessment. Trainees will be required to have completed the MRCP(UK) as the knowledge assessment test for entry to specialty training. In addition all specialties are working towards the introduction of knowledge based assessment to be completed during specialty training and mandatory before award of CCT. Both the curricula and the assessment blueprints may be found on the JRCPTB www.jrcptb.org.uk and GMC www.GMC.org.uk websites.

Applicants via Article 14 for CESR are **not required** to have undertaken these exact training requirements but are expected to provide convincing and appropriate evidence, drawn from their entire history of specialist training and experience that they have **acquired all the competencies designated in the curricula (the principle of equivalence of training) including the core medical training competencies.**

*See list at page 8

Overleaf is a list of 'top tips' for applicants

1. **Latest information** It is important to keep on checking the JRCPTB and GMC websites regularly before you submit your application.
2. **Read the guidance** Read every word of the guidance from GMC very carefully, both the main guidance notes and the SSG. It is apparent from some applications that applicants have ignored the guidance.
3. **Evidence** The evidence suggested by the JRCPTB, relevant to the specialties of internal medicine is indicated at the SSG. It is not necessary to provide all of the evidence listed except where it is stated as mandatory, (see paragraph 5 below), but it is most important that corroborated written evidence is provided to cover each aspect of GMP. The GMC application form is very helpful in this regard. Please remember the difference between **assertion** and **evidence**. Assertion (ie "My CV shows that I did the following...") will not be sufficient. It is vital that evidence is cross referenced to the part of the application it is supporting. Each area of GMP must be covered as thoroughly as possible.
4. **Structured reports** Applicants will be required to give the names and contact details of five persons who will be approached by the GMC to provide structured reports. It is a very long form - it would be advisable to warn them of this fact and to ask their permission to nominate them. The nominated persons should normally cover the last five years although references from training supervisors would be appropriate in most cases:

The GMC suggests that normally nominees should include:

- a. The applicant's Medical Director or equivalent;
- b. two current clinical colleagues of substantive consultant status from the specialty in question;
- c. even if your most recent specialist training is more than five years ago, it is advisable to include in your list of referees a training supervisor or other person who can speak authoritatively about your training. However the GMC recognises that this may not always be possible.

The JRCPTB would also suggest:

- d. A FRCP holder from one of the UK Royal Colleges of Physicians or The Royal College of Physicians of Ireland (or a doctor of comparable standing from an overseas institution).

The application form asks for a sixth [reserve] nominee in the event of difficulty in making contact with the five main nominees.

Where Applicants anticipate difficulties in nominating appropriate persons, they should contact the GMC or JRCPTB for advice on possible alternatives

5. **Specialty evidence** Where specialties indicate on the SSG that they require specific evidence, particular to the specialty, this must be provided. For example in Cardiology evidence of personal participation in clinical audit will be required. Where a specialty has a number of sub-specialty

modules within its curriculum, each of these must be covered by relevant evidence of completion. **It is vital to include validated evidence of all aspects of the CMT and Specialty Curricula.**

6. **Logbooks or similar** Not all specialties require or use logbooks or case lists. Where they do, applicants must provide (anonymised of all patient data) versions of their own logbooks or procedure records obtained during training (if available) and from current practice. Hospital records or clinic letters may be produced where they refer to work done by the applicant. JRCPTB evaluators cannot be expected to trawl through long lists of procedures seeking corroboration of an applicant's experience.
7. **Probity** The GMC has stated in its guidance that to include un-anonymised patient data within a application breaches patient confidentiality and the data protection act. It has also stated that severe instances of such actions may be reported to the GMC.
8. **Near miss applications** Evaluations can only be undertaken on those applications where the evidence has been validated and submitted to the GMC. The JRCPTB is not allowed to seek or receive additional information or clarification of that submitted after the GMC has sent it for evaluation. Thus if a piece of evidence covering a particular aspect of the curriculum or a GMP is inadequate or missing, the evaluators must turn it down.
9. **Finally**, try to empathise with the evaluators. They are doing this work unremunerated, often in their own time. Presenting your application in a clear and logical way, cross referenced to the GMP and the curriculum, would greatly assist them. It also gives you a useful way in which to marshal your evidence.

SECTION 4 - DOCUMENTATION & EVIDENCE

Since Article 14 is administered by the GMC both applicants and the JRCPTB are obliged to use its generic documentation and evidential requirements as follows:

Applicants will have to complete

1. *The application form* The application form and all supporting documentation, FAQs etc may be downloaded from [or obtainable from the GMC office]:

http://www.gmc-uk.org/doctors/registration_applications/specialist_registration.asp

Referees will be required to complete a

2. *Reference report form*. This is a structured report using the same headings as in the generic criteria and specialty specific guidelines [SSGs] [see previous section].

Evaluators/Colleges/faculties will make a recommendation on:

3. *The recommendation form* Again based on the generic criteria and SSGs.

The JRCPTB office will adapt this form to use as an evaluator guidance document covering each application.

SECTION 5 - RECOMMENDATIONS, APPEALS & ADDITIONAL TRAINING OR ASSESSMENT

JRCPTB is required to make recommendations which allow for two outcomes:

1. A recommendation for the award of a statement of eligibility for specialist registration.
2. A recommendation which recommends the application be turned down in line with Article 14[9] indicating the additional training and experience required in order to satisfy the criteria for specialist registration.

If an applicant is dissatisfied with the outcome:

- 1) He/she may request a review of the GMC's decision through the GMC office. The Colleges/Faculties may be asked to carry out any review which requires specialty input, and/or:
- 2) He/she may seek an appeal hearing through an independent appeal tribunal.
- 4) Further recourse to legal redress is available through the county and high courts.

Appeals are made against decisions of the GMC **not** the College / Faculty. The GMC has indemnified the Colleges / Faculties in this regard.

Appeals Applicants dissatisfied with the outcome of their application have recourse to an independent appeal system, the details of which are obtainable from the GMC.

At the time of writing, the following fees apply:

	Fees 2010/11
Review	£645
Appeal - written	£1500
Appeal - oral	£2250

ADDITIONAL TRAINING OR ASSESSMENT

Whilst applicants may be required to undertake additional training or assessments, there is nothing in the legislation that provides resources or sets out responsibilities for the delivery of this. Thus applicants have no legal right to the additional training. The Conference of Postgraduate Deans [COPMeD] has produced a useful discussion paper on managing the consequences of Article 14. It identifies a number of bodies that have a stake and potential responsibilities for this process. A précis of this document is at Appendix A to this section.

COPMeD discussion document [précis] on the provision of additional training and / or assessment.

A number of bodies have a stake and potential responsibilities for this process:

GMC

1. Determines the further training required and how it will be assessed.
2. Outlines the evidence to be collected by the assessor and the method of its submission.
3. Will develop national standard assessment documentation, a calibration system and a training programme for those to undertake work place based assessment.
4. Makes it clear that there is **no guarantee** of a work place based assessment or training placement.

The healthcare employer

1. Has a responsibility for the CPD of all doctors. As a consequence they should support, as far as possible, arrangements for work place based assessment and training for CESR applicants, ideally within the Applicant's employing authority.
2. Might consider secondments in association with other employing authorities and the Postgraduate Dean.
3. Might consider supporting additional training as part of on-going professional development. Such programmes should be discussed with the relevant Royal College to ensure that it conforms to GMC requirements. Postgraduate Deans may be able to help with advice.

The applicant

1. Should be aware that there is no guarantee of provision of a work place based assessment or additional training if the GMC recommends these as the result of an application.
2. Submits the recommendations to their NHS employer and discusses these and the opportunity to meet them within the context of appraisal discussions.
3. Where unemployed, they may discuss their options with Postgraduate Deans but must be aware that Deans are under no obligation to provide assessment, training or funding of any kind. Any assessments or additional training will have to be funded by the applicant.

The Postgraduate Deanery

1. Has no current responsibility for ensuring the availability of either in work assessments or additional training that may be recommended by GMC. They are

however ideally placed to take on this responsibility where local agreements including funding have been reached.

2. The Deanery may also wish [but has no obligation to] to advertise and appoint competitively to posts that offer suitable training for those assessed by the GMC with explicit training needs recognising the need to protect the position of existing StRs. There will be rules which make it clear that such posts are **not** part of formal StR programmes, no award of NTN will be made and the GMC's standard documentation for assessment [see above] will be used and not that for StRs.
3. Where appropriate Deaneries will ensure that there are opportunities for suitable applicants to apply for StR training programmes.

The Department of Health

1. Indemnifies Deaneries, in liaison with Health Authorities and Boards, against any challenges with regard to the implementation of Article 14.
2. NHS employees undertaking work place based assessment or training will have indemnity under local NHS employer arrangements.

CONTACTS

Advice and guidance on the application process is available from in the first instance:

- 1) The GMC
Regent's Place
350 Euston Road
London
NW1 3JN

Contact centre: +44 (0)161 923 6602

<http://www.gmc-uk.org/doctors/certification.asp>

or, for pre-application advice and guidance from:

- 2) JRCPTB
5 St Andrew's Place
Regent's Park
London
NW1 4LB

Tel: +44 (0)20 3075 1476 or 1344

or equivalence@jrcptb.org.uk