

A Reference Guide for Postgraduate Specialty Training in the UK

“The Gold Guide”

CORE TRAINING SUPPLEMENT

**Applicable to trainees taking up appointments in
core training programmes in England, Northern
Ireland and Wales which commence on or after 6
August 2008**

The Gold Guide
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Second edition

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Applicability

1. This supplement does not apply to postgraduate training in Scotland.
2. In England, Northern Ireland and Wales, it applies to those specialties that have “uncoupled” with effect from 6 August 2008. It means adding a competitive selection process between ST2 and ST3 (or between ST3 and ST4 in the case of specialties where core training is three years).
3. Arrangements for specialty training in Scotland, and for those specialties in England, Northern Ireland and Wales that are continuing with run-through training, are described in the main section of the Gold Guide, 2008 edition.

Definition of Core Training

4. Training in the first stage of uncoupled training is known as “core training”. For most uncoupled specialties, core training lasts for two years – although core training in the Acute Care Common Stem (providing eligibility for entry into ST4 emergency medicine and ST3 anaesthesia) and core training in psychiatry is for three years.
5. Successful completion of core training can contribute, but does not lead directly, to the award of a Certificate of Completion of Training (CCT), Certificate confirming Eligibility to the Specialist Register (CESR) or Certificate confirming Eligibility to the GP Register (CEGPR) – see paragraph 2.10 of the main section of the Gold Guide, 2008 edition.
6. Instead, successful completion of core training provides eligibility to apply for, in open competition, higher specialty training programmes in defined, related specialties and posts in the formal career grade structure. Arrangements for the higher specialty programmes that follow core training are covered in the main section of the Gold Guide, 2008 edition.

Terminology

7. Trainees in core training, like trainees at the equivalent level in specialties continuing with run-through training, will be Specialty Registrars (StRs).
8. To distinguish them from trainees taking up appointments in these specialties between 1 August 2007 and 5 August 2008, and trainees in run-through programmes or Fixed Term Specialty Training Appointments (FTSTAs), it is recommended they are referred to as “core trainees”. This would allow the use of the abbreviation “CT” in reference to these trainees and the posts they occupy – for example, the core training years should be referred to as CT1, CT2 (and CT3 for emergency medicine and psychiatry).

Specialties uncoupling from August 2008

9. The specialties that uncoupled with effect from 6 August 2008 are:

Anaesthesia
Chemical pathology - Metabolic medicine
Clinical oncology
Emergency medicine
Acute medicine
General medicine

Psychiatry specialties

General surgery
Otolaryngology
Paediatric surgery
Plastic surgery
Trauma & orthopaedic surgery
Urology
Cardiothoracic surgery

10. Training in the acute care common stem (ACCS) has also been uncoupled. All ACCS rotations provide placements in anaesthesia, intensive care medicine, acute medicine and emergency medicine in the first two years of the rotation (CT1 and CT2 ACCS). Three themed ACCS rotations are available:
 - Emergency Medicine themed ACCS rotation: doctors completing this theme do a third year in emergency medicine. They may

then competitively apply for entry into ST4 emergency medicine subject to achieving CT1-3 competences.

- Anaesthesia/Intensive Care Medicine themed ACCS rotation: doctors completing this theme do a third year in anaesthesia at the CT2 level. They may then competitively apply for ST3 anaesthesia subject to the achievement of CT1 and CT2 competences in anaesthesia.
- Acute Medicine themed ACCS rotation: Doctors having completed the two year ACCS programme have adequate experience to apply for ST3 Acute Medicine provided that they have achieved the CT1 and CT2 competences.

FTSTAs in Core Training

11. In time, most training posts in the previous system (run-through and FTSTAs) should be converted to new “core” specialty training (CT) programmes. These would provide the first two years of training (three in specialties where core training is longer), to be followed by open competition to higher specialty training programmes in individual specialties.

12. During transition there may be a continuing need for some one year FTSTAs to reflect local circumstances where deaneries are:

- unable to swiftly reorganise posts to deliver the requirements of the core curricula;
- unable to secure the funding for two (or three) year CT programmes;
- need to provide additional training opportunities for remedial training at CT 1 and 2 (3) levels;
- need to provide further one year opportunities for trainees that have successfully completed FTSTA2 in specialties where core training is three years

and where there is a service requirement for fixed term training posts at this level that might be lost in conversion to CT training.

13. As a result, FTSTAs will continue to be used in the short-term, but their use should diminish, possibly eventually to zero, in subsequent years.

Recruitment into core training

14. The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of age, sex, marital status, race, religion, sexual orientation, colour, disability or age. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.
15. Paragraphs 1 – 6 of PMETB's *Principles for Entry into Specialty Training* apply to core training and are set out in Box 1.
16. Guidance on recruitment into core training is available through the following links: [England](#) [Northern Ireland](#)
[Scotland](#) [Wales](#)

Box 1: PMETB Principles for Entry to Specialty Training

1. PMETB is committed to maintaining the generic nature of UK Foundation Training
2. The selection process must be fair to all candidates who may apply, whether UK, European Economic Area or international medical graduates
3. The selection process will be competitive and must be designed to identify the candidates most likely to complete the programme successfully
4. A mandatory requirement for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of the Foundation programme either by successfully completing that programme or by demonstrating that they have gained those competences in another way
5. Other evidence that may be sought or presented as part of the selection process may include evidence of excellence in terms of attributes such as motivation, career commitment etc, but no requirement for the completion of a particular post
6. Entry to specialty training programmes may be at different stages. A candidate must demonstrate any competencies required for the level of entry as defined in the curriculum approved by PMETB for that specialty

Offers of employment

17. The arrangements for offers of employment in core training are no different to those for other types of specialty training – see paragraphs 6.4 to 6.7 of the main section of the Gold Guide, 2008 edition.

Training Numbers

18. Core trainees will **not** be awarded National Training Numbers (NTNs), which will only be awarded to doctors in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCT/CESR. Instead, it is essential that deaneries have robust alternative numbering systems for core trainees to track their progress and to ensure future recognition of successful completion of approved training programmes. These numbers are for administrative purposes and do not confer any entitlement to entry to further specialty training.

Deferring the start of core training

19. The start of core training may only be deferred on statutory grounds (e.g. maternity leave, ill health).

Registering with the Postgraduate Dean

20. All core trainees must register with the Postgraduate Dean by obtaining and returning Registration Form R (see Appendix 1 of the main section of the Gold Guide, 2008 edition).

Arrangements for the Defence Medical Services

21. The arrangements for the Defence Medical Services (DMS) are no different to those for other types of specialty training (see paragraphs 6.44 to 6.47 of the main section of the Gold Guide, 2008 edition). However, in addition to deferral on statutory grounds, the start of core training may be deferred exceptionally to meet DMS operational requirements.

Less than full-time training

22. The arrangements for less than full-time training are no different to those for other types of specialty training – see paragraphs 6.71 to 6.80 of the main section of the Gold Guide, 2008 edition.

23. This guidance is based on *Principles underpinning the new arrangements for flexible training* (NHS Employers, 2005). Full guidance is available at: [England and Northern Ireland](#) [Scotland](#) [Wales](#) Advice may also be obtained from the local Postgraduate Dean.

Academic training, research and higher degrees

24. All of the specialty training curricula require trainees to understand the value and purpose of medical research and to develop the skills required to critically assess research evidence. In addition, some trainees will wish to consider or develop a career in academic medicine and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training. The following web links provide important advice on pursuing an academic clinical career. [Academic Medicine](#) [NCCRC](#).

25. Arrangements for pursuing such opportunities are detailed at paragraphs 6.69 to 6.72 of the main section of the Gold Guide, 2008 edition.

Taking time out of programme (OOP)

26. There are a number of circumstances when a trainee may seek to spend some time out of the specialty training programme to which they have been appointed. Arrangements are detailed at paragraphs 6.69 to 6.72 of the main section of the Gold Guide, 2008 edition.

27. All such requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. However, as time out of programme will not normally be agreed until a trainee has been in a training programme for at least one year, occasions when this is granted for core trainees are likely to be exceptional given the short period and nature of the training.

Movement between Deaneries (inter-deanery transfers)

28. Arrangements for movement between deaneries (inter-deanery transfers) are detailed at paragraphs 6.93 to 6.100 of the main section of the Gold Guide, 2008 edition.

29. Whilst it is possible for such transfers to be arranged there is no automatic entitlement or right for this to take place. An offer can only be made by the Postgraduate Deans. As an inter-deanery transfer will normally only be considered after the trainee has been in programme

for one year, occasions when this is granted for core trainees are likely to be exceptional given the short period and nature of the training.

30. However, postgraduate deans will do their best to deal sympathetically with trainees where they judge that there are well-founded personal reasons which justify such a move. Trainees who have direct caring responsibilities or those who need a move for reasons of ill health will have priority.

Progressing as a core trainee

31. The arrangements for progression as a core trainee are no different to those for other types of specialty training – that is the system based on the annual review of competence progression (ARCP) - see section 7 of the main section of the Gold Guide, 2008 edition.
32. The only exception to this is in respect of additional or remedial training. Given the short period and nature of core training, core trainees will be able to have additional aggregated training time of normally of up to **six months** within the total duration of the training programme, unless exceptionally, this is extended at the discretion of the Postgraduate Dean, but with an absolute maximum of one year additional training during the total duration of the core training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into core training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed.