

# JOINT MEMORANDUM OF AGREEMENT BETWEEN THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

## Constitution of the Joint Royal Colleges of Physicians Training Board

### PREAMBLE

1. The Royal College of Physicians of Edinburgh, The Royal College of Physicians of London and the Royal College of Physicians and Surgeons of Glasgow, together known as the Federation of the Royal Colleges of Physicians of the United Kingdom [The 'Federation'], has agreed to work together on specific objectives.

### AIM

2. The purpose of this agreement is to lay down the constitution of the Joint Royal Colleges of Physicians' Training Board [JRCPTB]

### AUTHORITY

3. The constitution of the JRCPTB was originally given by the 3 Presidents at the meeting of the Federation on 23<sup>rd</sup> November 2006.

### MEMBERSHIP

4. The membership is as follows:

#### **Representatives of the Royal Colleges**

Medical Director JRCPTB in the Chair (1)  
Deputy Medical Director [Vice Chair] (1)

President RCP London (1)  
President RCP Edinburgh (1)  
President RCPS Glasgow (1)  
Registrar RCP London (1)  
Head of Training RCPATH (1)  
Education lead, RCP London (1)  
Education lead, RCP Edinburgh (1)  
Education lead, RCPS Glasgow (1)

Head of Training RC Path (1)

Specialist Advisory Committee [SAC] Chairs, G(I)M,  
Cardiology, Respiratory Medicine, Gastroenterology  
& Geriatric Medicine,  
Representative of the Core Medical  
Committee (6)  
[Permanent seats]

Three Chairs drawn from the SACs in Dermatology,  
Endocrinology & Diabetes Mellitus, Haematology,  
Neurology, Medical Oncology, Renal Medicine

& Rheumatology [Biannual rotation]	(3)
One Chairman drawn from the remaining SACs [Biannual rotation]	(1)
Medical Director of MRCP(UK)	(1)
Two Heads of Deanery Postgraduate Schools of Medicine	(2)
One College CEO	(1)
One College Treasurer [Nominated by the Federation]	(1)
<b>Lay Members</b>	
Lay member, nominated by RCP London	(1)
Lay member, Scotland [RCP Edinburgh and RCPS Glasgow to nominate alternately]	(1)
<b>Other members</b>	
Academy of Medical Sciences	(1)
Postgraduate Dean (nominated by COPMeD)	(1)
Chair of the trainee's Committee RCP London	(1)
Trainee representative Scotland [RCP Edinburgh and RCPS Glasgow to nominate alternately]	(1)
Representative of NHS Employers	(1)
Representative of the ICHMT	(1)
Representative of the National Association of Clinical tutors	(1)
Representative from Wales	(1)
Representative from Northern Ireland	(1)
	<b>(37)</b>
<b>Observers</b>	
Head of Education RCPL	(1)
Chief Operating Officer MRCP(UK)	(1)
<b>Secretariat</b>	
Head of JRCPTB	(1)
Deputy Heads of JRCPTB	(1)

## ALTERNATES

- Royal College members shall have named alternates. Observers may send a deputy if they are unable to attend.

## **CO-OPTION**

6. For agenda items concerning recommendations for the award of CCT or for CESR , additional representatives of relevant SACs may be invited to attend.

## **QUORUM**

7. A meeting shall be quorate if at least 50% (19) members are present (excluding the secretariat and observers).

## **CHAIRMANSHIP**

8. Meetings will be chaired by the Medical Director of the JRCPTB. In his or her absence, the Deputy Medical Director will take the Chair.

## **VOTING PROCEDURES**

9. Recommendations will be approved on the basis of a straight majority vote. Should the vote be evenly split, the casting vote will be held by the Chairman, and such a decision will be ratified by the three Presidents. Should the workload demand it, decisions based on postal enquiry to voting members will be acceptable and in such circumstances the numerical rules outlined above will apply.

## **MEETINGS**

10. The JRCPTB will meet three times a year, once in London, once in Edinburgh and once in Glasgow. Additional meetings may be convened should the workload require it.

## **EXECUTIVE**

11. An executive shall be formed to manage the day to day business, with Terms of Reference agreed by the Federation. (See Appendix 1).

## **MEDICAL DIRECTOR & DEPUTY DIRECTOR**

12. The Medical Director and the Deputy Medical Director will be appointed through open competition on terms to be agreed by the Federation. He/she will be medically qualified. (See Appendices 2 & 3).
13. The Medical Director will have overall responsibility for the proper functioning of JRCPTB, will chair its meetings and will be directly accountable to the Federation. He/she should be invited to attend the Federation meetings.

## **TERMS OF OFFICE**

14. Members, with the exception of the Presidents, and the five permanent SAC Chairs (who will take their seats ex officio), and the CMT representative, will be appointed for a three year term, renewable for a further three years. Thereafter, there must be a lapse of three years before re-

appointment can be accepted. Casual vacancies may be filled immediately and appointments will be for a full term. Chairs of SACs that do not have permanent seats will be rotate biannually.

## RESERVED BUSINESS

15. College members will be entitled to discuss reserved items without the presence of observers. The trainees' representatives will be asked to withdraw when there is discussion relating to the award of a CCT to a particular trainee or about an appeal lodged by a trainee.

## TERMS OF REFERENCE

16. To be responsible to the Federation for carrying out the functions relating to the supervision of specialist medical training as devolved to it by the Postgraduate Medical Education and Training Board<sup>1</sup>, and by arrangement with any other organizations as may from time to time be required [e.g. the Postgraduate Deans' postgraduate training schools].
  - a) Thus, on behalf of the Federation it will, through the Medical Director, Deputy Medical Director the Executive and SACs:
    - i) Review and update core, generic and specialty curricula and submit them to the PMETB for approval.
    - ii) Provide professional support and advice to individual trainees.
    - iii) Work with the PMETB to develop appropriate performance and knowledge assessment mechanisms to evaluate trainee's competence.
    - iv) Enrol trainees onto training programmes, confirming the fulfillment of entry requirements at both core and specialty levels, and when appropriate, the provisional CCT date.
    - v) Continually monitor the progress of all trainees maintaining both paper and electronic records as required.
    - vi) Recommend to the PMETB the names of those eligible for the award of a CCT or CESR.
    - vii) Provide pre-application advice to applicants for evaluation of applications for a CESR under the provisions of the Specialist Order<sup>2</sup>.
    - viii) Evaluate applications and make appropriate recommendations to the PMETB in respect of applications for a CESR.
    - ix) Ensure that due attention is paid to the training needs of flexible and overseas trainees.
    - x) Work with Postgraduate Training Schools to provide a comprehensive service for the local quality assurance of core and specialty training programmes.
    - xi) Ensure that all JRCPTB rules and regulations are properly publicised both through formal publications and on a dedicated website.
    - xii) Provide specialist support to the PMETB appeals process in respect of physician appellants.
    - xiii) Work in co-operation with the MRCP(UK) central office in the development of specialist examinations.

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<sup>1</sup> The PMETB is the UK statutory body for the regulation of specialist medical training. The Colleges will undertake specific functions on behalf of the PMETB set out in Service Level Agreements

<sup>2</sup> The General & Specialist Medical Practice (Education, Training & Qualifications) Order 2003 (and where periodically amended).

- b) To be responsible to the Federation for the appointment of SAC members, ensuring that these committees are constituted according to the agreed recommendations, and for overseeing their work and monitoring their performance.
- c) To be responsible to the Federation for matters relating to the proper management of the organisation. These will include:
  - i) Management of the budget agreed by the three Colleges.
  - ii) Appointment and supervision of staff except the Head of JRCPTB who will be appointed by the Federation.
- d) Acting on behalf of the Federation to co-operate with the PMETB in all matters relating to appeals.
- e) Such other roles and responsibilities as may from time to time be required by the Federation.
- f) The JRCPTB will determine the extent to which its roles and responsibilities may be delegated to the Medical Director, Head of JRCPTB, the Deputy Head of JRCPTB, SACs, Regional Specialty Advisers, College Tutors, other College representatives, and Heads of Postgraduate Schools.

#### **SUB COMMITTEES**

- 17. In addition to its SACs, the JRCPTB may, in addition to the Executive, and subject to the approval of the Federation, appoint sub-committees as may from time to time be appropriate.

#### **LOCATION**

- 18. The offices of the JRCPTB are currently located at 5 St Andrews Place. The letter headings and other documents and publications will indicate a corporate identity.

#### **FINANCE**

- 19. The JRCPTB derives its funding from Department[s] of Health grants, from the PMETB under agreed Service Level Agreements, trainee subscriptions and contributions to the deficit from the three Colleges.

The deficit will be met by the three Colleges on the basis of London 50%, Glasgow 25% and Edinburgh 25%.

Each year a budget will be prepared for submission to a meeting of the Federation of the three Colleges.

#### **REVIEW**

- 20. This document will be reviewed in November 2010.

*Approved at the meeting of the Federation held at the Royal College of Physicians of Edinburgh on 20<sup>th</sup> November 2008*

Signed

Professor N J Douglas  
President  
RCP Edinburgh

Professor B A Williams  
President  
RCPS Glasgow

Professor I Gilmore  
President  
RCP London

## APPENDICES

1. Diagrammatic representation of relationships and Terms of reference for the Executive
2. Job description and person specification for the Medical Director
3. Job description and person specification for the Deputy Medical Director
4. Framework for SAC constitution.
5. Job description and person specification for an SAC Chairman
6. Job description and person specification for an SAC member
7. Constitution of the Core Medical Training Committee

**TERMS OF REFERENCE FOR THE EXECUTIVE  
OF JRCPTB**

**Membership:** Medical Director JRCPTB (in the Chair)  
Deputy Medical Director JRCPTB  
Education lead, RCP London  
Education lead, RCP Edinburgh  
Education lead, RCPS Glasgow  
A representative CEO  
A College Treasurer

**Secretariat** Head and Deputy Heads JRCPTB

**Co-opted:** Additional members may be invited as required.

**Terms of Reference:**

**To:**

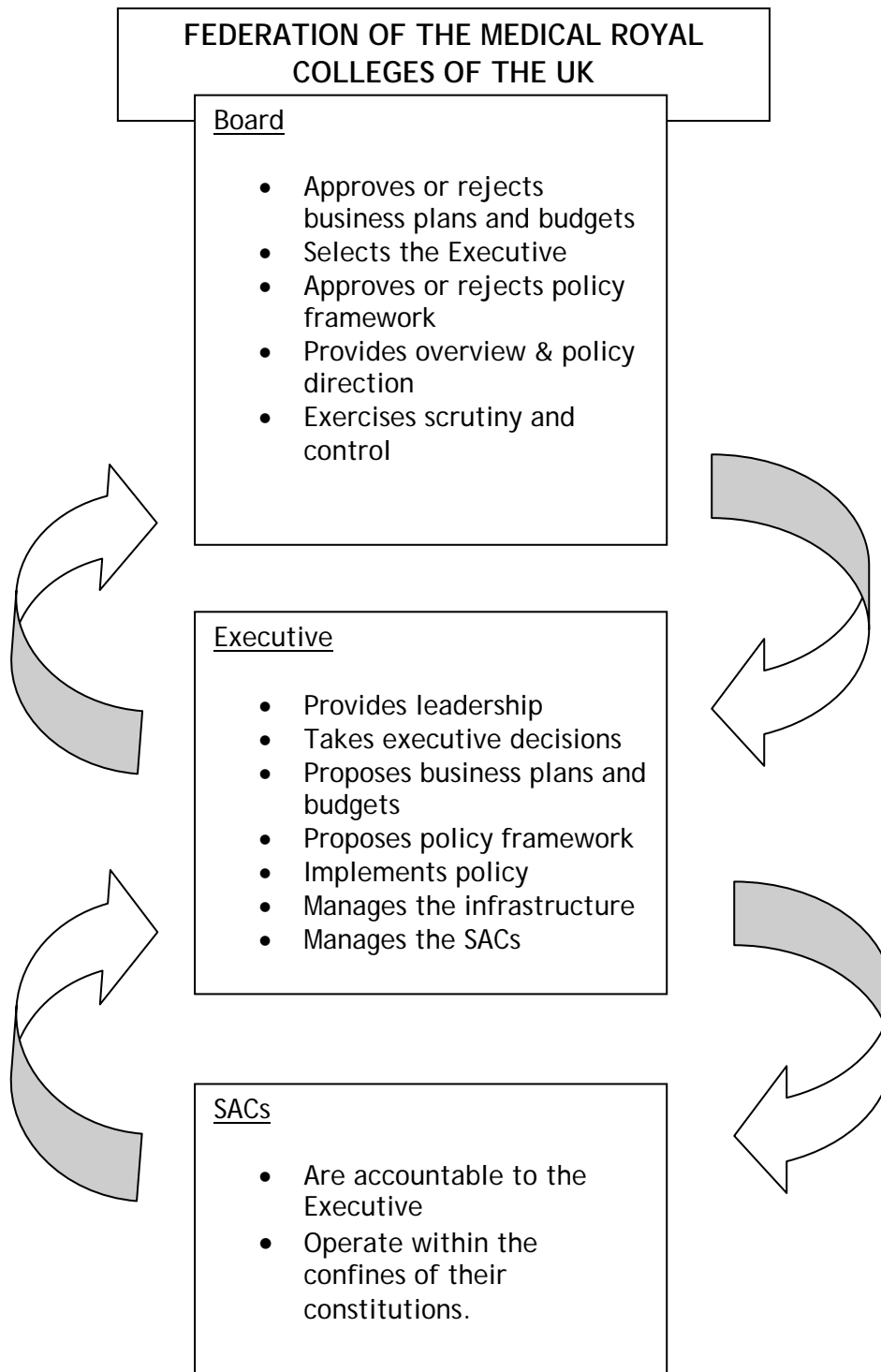
1. Provide leadership in the operational activities of the JRCPTB.
2. Take executive decisions on behalf of the Board.
3. Propose business plans and budgets.
4. Propose policy frameworks.
5. Implement policy
6. Manage the infrastructure
7. Manage the SACs

**Reporting:** Reports from the group will be presented to the JRCPTB and the Federation.

**Tenure:** The members as above will be drawn from the membership of the JRCPTB ex officio.

**Frequency of meetings:** Monthly

The relationship between the Board, the Executive and the SACs



JOB DESCRIPTION AND PERSON SPECIFICATION
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**MEDICAL DIRECTOR OF THE JOINT  
ROYAL COLLEGES' OF PHYSICIANS TRAINING BOARD  
(JRCPTB)**

**JOB CONTEXT**

The Medical Director is the Officer appointed by the Federation of the Royal Colleges of Physicians of the United Kingdom to act on its behalf, where appropriate through the Executive Group of the JRCPTB, on all delegated matters relating to core and specialist training in the medical specialties. The Federation discharges its role in specialist medical training through the JRCPTB. The Medical Director shall chair meetings of the JRCPTB.

The Medical Director shall be appointed jointly by the three Federation Colleges for a period of three years in the first instance. This may be renewable for a further three years, by mutual agreement. It is anticipated that the designate incumbent will understudy the incumbent Medical Director for a period of at least three months prior to taking up the substantive appointment.

**MAIN RESPONSIBILITIES**

1. To chair meetings of the JRCPTB and its Executive Group.
2. To sit as a member of the JRCPTBs sub-committees as may from time to time be constituted.
3. To advise the JRCPTB on the structure of any subordinate committees.
4. To be accountable to the Federation Colleges (directly to the Chair of the Federation) in overseeing the delivery of the JRCPTBs responsibilities arising from Service Level Agreements with the PMETB covering:
  - a. Best practice in evaluation of application for certification.
  - b. Applications for CCT certification.
  - c. Applications for assessment for specialist registration (CESR).
  - d. Applications for other statutory certificates.
  - e. Standards.
  - f. Quality assurance of training.
5. To work with other relevant stakeholders such as the Academy of Medical Royal Colleges (Academy Specialty Training Committee), Postgraduate Deans (Through JACSTAG) and the Departments of Health (for example eLfh).
6. Thus the Medical Director oversees the activities of the Core Training Committee and the SACs in:
  - a. Co-ordinating shared educational activities pertaining to trainees and trainers across all Colleges.

- b. Reviewing and updating core, generic and specialty curricula and submitting them to the PMETB for approval.
  - c. Providing professional support and advice to individual trainees.
  - d. Contributing to the development of appropriate performance and knowledge assessment mechanisms to assess trainees' competence.
  - e. Enrolling trainees onto programmes, confirming the fulfillment of entry requirements at both core and specialty levels, and when appropriate, the provisional CCT date.
  - f. Monitoring the progress of all trainees maintaining both paper and electronic records as required.
  - g. Recommending to the PMETB, the names of those eligible for the award of CCT.
  - h. Providing pre-application advice to applicants for evaluation for specialist registration under the provisions of the Specialist Order.
  - i. Ensuring that due attention is paid to the training needs of flexible and overseas trainees.
  - j. Working with Postgraduate Training Schools to provide a comprehensive service for the local quality assurance of core and specialty training programmes.
  - k. Ensuring that all JRCPTB rules and regulations are properly publicised both through formal publications and on a dedicated website.
6. To act as spokesperson for the JRCPTB when required to do so.

The anticipated workload is up to 4 notional PAs per week. Where the Medical Director is not retired, the JRCPTB will reimburse his employers for the time he spends in the Medical Director role. Necessary expenses will be reimbursed. Where he is retired, the JRCPTB will pay an honorarium, plus necessary expenses, at a rate to be mutually agreed. The Offices of the JRCPTB are currently located at the Royal College of Physicians of London.

A permanent staff headed by the Head of JRCPTB manages and conducts the day to day activities of the JRCPTB and is functionally responsible to the Medical Director.

Attribute or skill	Essential	Desirable
Specialist Expertise in training.	<p>To be an experienced consultant Physician having been actively involved in education and/or training.</p> <p>Has a thorough and up to date understanding and experience in the management of the regulations and processes of medical training.</p>	Is able to take an innovative approach to policy development.
Appropriate attitudes	<p>A recognised leader, with an ability to create consensus.</p> <p>Has good interpersonal and management skills.</p> <p>Has well honed Chairing skills</p>	Has an ability to effect change
Training experience	Has had experience of chairing a relevant National or Regional training committee.	
Clinical Expertise	<p>To have an entry in the GMC's specialist register.</p> <p>To be in good standing with employer and GMC</p>	Has made additional contributions to his /her specialty.
College representation	To be a Fellow, in good standing of one of the Federation Colleges	
Specialist Representation	To be an active member of a relevant Specialist Society	

JOB DESCRIPTION AND PERSON SPECIFICATION
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**DEPUTY MEDICAL DIRECTOR OF THE JOINT  
ROYAL COLLEGES' OF PHYSICIANS TRAINING BOARD  
(JRCPTB)**

**JOB CONTEXT**

The Deputy Medical Director is the Officer appointed by the Federation of the Royal Colleges of Physicians of the United Kingdom to act on its behalf, through the Medical Director of the JRCPTB, on delegated matters with primary responsibility for core and generic medical training. The Federation discharges its role in specialist medical training through the JRCPTB. The Deputy Medical Director shall act as chairman at meetings of the JRCPTB, where the Medical Director is absent.

The Deputy Medical Director shall be appointed for a period of three years in the first instance. This may be renewable for a further three years, by mutual agreement. It is anticipated that the designate incumbent will understudy the incumbent Deputy Medical Director for a period of at least three months prior to taking up the substantive appointment.

**MAIN RESPONSIBILITIES**

1. To act as deputy to the Medical Director in all matters relating to the operation of the JRCPTB.
2. To be the lead Officer, within JRCPTB, for overseeing its role in the management of core and generic medical training.
3. To Chair the Core Training Committee.
4. To take the lead in other areas of specific interest to the incumbent agreed on appointment.
5. To sit as a member of the JRCPTB's sub-committees as may from time to time be constituted.
6. To be accountable to the Federation Colleges, through the Medical Director, for overseeing the delivery of those of JRCPTB's responsibilities, delegated to him, arising from Service Level Agreements with the PMETB currently covering:
  - a. Best practice in evaluation of application for certification.
  - b. Applications for CCT certification
  - c. Applications for assessment for specialist registration
  - d. Applications for other statutory certificates.
  - e. Standards.
  - f. Quality assurance of training.
  - g. Residual work remaining on transition from the STA to PMETB.
7. Thus the Deputy Medical Director assists the Medical Director in agreed aspects of the work of the JRCPTB including, but not exclusively:

- a. Reviewing and updating core and generic curricula and submitting them to the PMETB for approval.
- b. Providing professional support and advice to individual trainees.
- c. Contributing to the development of appropriate performance and knowledge assessment mechanisms to assess trainees' competence.
- d. Enrolling trainees onto core training programmes, confirming the fulfillment of entry requirements.
- e. Monitoring the progress of all trainees maintaining both paper and electronic records as required.
- f. Confirming the eligibility of trainees to enter CMT.
- g. To confirm the successful completion of CMT.
- h. Ensuring that due attention is paid to the training needs of flexible and overseas trainees.

8. To act as spokesperson for the JRCPTB when required to do so.

The anticipated workload is up to 2 notional PAs per week. Where the Deputy Medical Director is not retired, the JRCPTB will reimburse his employers for the time he spends in the Medical Director role. Necessary expenses will be reimbursed. Where he is retired, the JRCPTB will pay an honorarium, plus necessary expenses, at a rate to be mutually agreed. The Offices of the JRCPTB are currently located at the Royal College of Physicians of London.

A permanent staff headed by the Head of JRCPTB manages and conducts the day to day activities of the JRCPTB and is functionally responsible to the Medical Director.

Attribute or skill	Essential	Desirable
Specialist Expertise in training.	<p>To be an experienced consultant Physician having been actively involved in education and/or training.</p> <p>Has a thorough and up to date understanding and experience in the management of the regulations and processes of medical training.</p>	Is able to take an innovative approach to policy development.
Appropriate attitudes	<p>A recognised leader, with an ability to create consensus.</p> <p>Has good interpersonal and management skills.</p> <p>Has well honed Chairing skills</p>	Has an ability to effect change
Training experience	Has been a member of a relevant National or Regional training committee.	Has been Chair of a similar National body.
Clinical Expertise	<p>To have an entry in the GMC's specialist register</p> <p>To be in good standing with employer and GMC</p>	Has made additional contributions to his/herspecialty.
College representation	To be a Fellow in good standing of one of the Federation Colleges	
Specialist Representation	To be an active member of a relevant Specialist Society	

## CONSTITUTION OF THE SPECIALIST ADVISORY COMMITTEES

### Background

Specialist Advisory Committees [SAC] are sub-committees of the Joint Royal Colleges of Physicians Training Board [JRCPTB] from early 2007). The role of the SAC is to contribute to the development of specialist training policy as it affects the specialty in question, and to supervise the delivery of specialist training to standards set by the JRCPTB in a number of key areas.

### TERMS OF REFERENCE

- To advise the JRCPTB on all training matters pertaining to its specialty.
- To write the specialty training curriculum (in line with PMETB standards) for submission for approval to PMETB.
- To review the curriculum regularly, ensuring its currency and validity to the specialty's needs.
- To work with specialist societies and others to determine the competencies of specialists in the future.
- To develop methods of performance assessment and criteria for certification as a specialist.
- To oversee trainee assessment (eg performance and knowledge based assessments).
- To provide advice on other specialty matters for the Federation.
- To provide an evaluation of doctors applications for direct entry to the specialist register (as required by PMETB).
- To work with deaneries and other stakeholders to assess and ensure the quality of training and appropriate support for trainees.
- To act as an advocate for specialist registrars in medicine, monitoring their training, ensuring the delivery of the curriculum and making recommendations to PMETB for the award of CCT.

### MEMBERSHIP OF SACS

Membership of SACs, with the exception of the Chairman, is through nomination. Membership of the SAC will represent key constituencies eg The Royal Colleges, Specialist Societies, Postgraduate deaneries and Trainees. Heads of Training are key to the delivery of post MMC training and will be accountable operationally to the Postgraduate deans but professionally accountable to the Royal Colleges. Royal Colleges, Postgraduate Deaneries and Specialist Societies will share their appointment and ensure/encourage local support for the appointment. Where such a person cannot be Thus members of the SAC should be:

Regional heads of specialty training ex officio	1 per Health Region (England), 1 each from NI, Scotland and Wales.
Trainees	1 each from England and Scotland. 1 from Northern Ireland & Wales
Each Royal College	1 normally from the heads of training cohort or maximum of 1 if separately nominated.
Patient/Public	Maximum of 2 representatives from either/or Royal College groups or

	appropriate voluntary sector groups.
Service	A medical or clinical director [could be selected from the RSA cohort]
Specialist Societies	2 normally from the heads of training cohort or maximum of 2 if separately nominated.
Academic	1 as required
Lead Postgraduate Dean for the specialty	1 nominated by CoPMED
Others	As decided - e.g Cross representation with other Royal Colleges, SACs, UEMS and relevant 'observers'

### Chair

The appointment of SAC chairs will be by open advertisement with a job description and person specification followed by interview and appointment.

JOB DESCRIPTION & PERSON SPECIFICATION
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### CHAIRMAN OF A SPECIALIST ADVISORY COMMITTEE

#### JOB CONTEXT

Specialist Advisory Committees [SACs] are sub-committees of the Joint Royal Colleges of Physicians Training Board. The role of these committees is to contribute to the development of specialist training policy as it affects the specialty in question, and to supervise the delivery of training to standards set by the JRCPTB in a number of key areas:

- To advise the JRCPTB on all training matters pertaining to its specialty.
- To write, review and maintain the relevant training curriculum, in line with PMETB standards, for submission for approval to PMETB.
- To work with specialist societies and others to determine the competencies of specialists in the future.
- To develop methods of performance assessment and criteria.
- To oversee trainee assessment (eg performance and knowledge based assessments).
- To provide advice on matters relevant to the specialty, for the Federation.
- To assist with the evaluation of doctors' applications for direct entry to the specialist register ("Equivalence") as required by PMETB.
- To work with deaneries and other stakeholders to assess and ensure the quality of training and appropriate support for trainees.
- To act as an advocate for registrars in medicine, monitoring and quality controlling their training, and making recommendations to PMETB for the award of CCT.

#### THE CHAIR REPORTS TO THE MEDICAL DIRECTOR OF THE JRCPTB.

#### MAIN RESPONSIBILITIES

- To Chair meetings of the SAC and to ensure that a programme of meetings is planned and agreed as far in advance as possible.
- To identify individual SAC members to undertake specific tasks or to be the lead member on specific topics as above.
- To act as spokesperson for the SAC when required to do so.

- To sit as a member on the JRCPTB in turn in accordance with the Board's constitution.

## **APPOINTMENT**

The Chairman will be appointed in open competition from the Fellowship of the Federation Colleges and the membership of the relevant Specialist Society[ies]. A person specification for the role is attached to this job description. The appointment committee will be chaired by the Medical Director or Deputy Medical Director of the JRCPTB, with representation from both the Royal Colleges and the Specialist Society[ies].

## **TENURE**

Chairmen normally serve for a period of 3 years. This can be extended to a maximum of 6 years, if re-elected.

## **ADMINISTRATIVE SUPPORT**

Each SAC is supported, through the central administrative office of JRCPTB, by a specialty co-ordinator who administers the SAC, and does all the day to day interaction with SAC members and deaneries. SAC Chairs should liaise closely with their co-ordinator on all aspects of the operation of the SAC. Specialty Co-ordinators are line managed by the deputy Head of the JRCPTB to whom any difficulties should be addressed. The Medical Director of JRCPTB attends SAC meetings where possible (at least one per year), together or alternatively by either the Head of JRCPTB or the Deputy Head. The JRCPTB maintains a comprehensive database and website which SACs are encouraged to utilise.

## **ATTENDANCE AT OTHER MEETINGS**

The JCHMT seeks a meaningful dialogue with SAC Officers and for this reason the SAC Chairman is invited to attend any meeting with the JCHMT to discuss matters of particular or mutual interest such as assessment, equivalence, Modernising Medical Careers and PMETB. The Chairman is usually invited to attend, but in the event of his absence another member of the SAC can attend. The JCHMT will seek the opinion of its SACs - usually through correspondence or email and the routine SAC meetings, but occasionally through additional meetings for specific issues.

## **MEMBERSHIP**

The Chairman will be asked for comments/instructions on the membership and the constitution of the SAC, in accordance with the policy laid down by JRCPTB. SAC constitutions should be reviewed annually to confirm continuing appropriateness.

## **FINANCIAL SUPPORT**

There is no central financial support for members of SACs. Members are expected to negotiate appropriate leave of absence from their employing body. Employing authorities (procedures vary in different administrations) are required to reimburse travel and subsistence costs arising from reasonable attendance at SAC events. A

small honorarium is payable to the NHS Secretaries (or others by request) by the JRCPTB on application to the Head of JRCPTB.

#### **TIME COMMITMENT**

It is difficult to be prescriptive as to the required time commitment, but experience indicates that the equivalent of one session per week should be allowed for.

**Appendix:** Person specification

## PERSON SPECIFICATION

Attribute or Skill	Essential	Desirable
Specialist Expertise in Training	<p>Thorough knowledge of the current medical training environment, at both core and specialist levels.</p> <p>Knowledge of PMETB principles and practices and of the process of implementation of MMC.</p> <p>Experience at a high level of administration/management of training, including recent membership of the SAC</p> <p>Experience as a Regional Specialty Advisor or as a Programme Director</p>	<p>Completion of an appropriate Training the Trainers course.</p> <p>Currently a member of the SAC.</p>
Appropriate skills	<p>Demonstrable leadership qualities.</p> <p>Evidence of recent training in equality and diversity and an ability to ensure its principles are implemented.</p> <p>Ability to work well in a team.</p> <p>Evidence of commitment to the NHS</p>	<p>Successful chairmanship of committees</p> <p>Evidence of the use of initiative.</p>
Education Expertise	<p>Demonstrable commitment to the development of specialist training in e.g.</p> <p>Recent attendance at an appropriate course on assessment and appraisal.</p>	<p>Evidence of professional development in education eg courses / qualifications</p> <p>Contribution to developments in organisation / delivery of education</p>
Clinical Expertise	<p>To have an entry in the GMC's specialist register.</p> <p>To be in good standing with employer and GMC</p>	<p>Achievement and additional contributions to specialty</p>
College Representation	<p>Fellow in good standing of 1 of the Federation Colleges. And to have had experience as a College Regional Adviser.</p>	
Specialist Representation	<p>To be an Member of a relevant Specialist Society.</p>	

JOB DESCRIPTION & PERSON SPECIFICATION
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### MEMBER OF A SPECIALIST ADVISORY COMMITTEE

#### JOB CONTEXT

Specialist Advisory Committees [SACs] are sub-committees of the Joint Royal Colleges of Physicians Training Board. The role of these committees is to contribute to the development of specialist training policy as it affects the specialty in question, and to supervise the delivery of training to standards set by the JRCPTB in a number of key areas:

- To advise the JRCPTB on all training matters pertaining to its specialty.
- To write, review and maintain the relevant training curriculum, in line with PMETB standards, for submission for approval to PMETB.
- To work with specialist societies and others to determine the competencies of specialists in the future.
- To develop methods of performance assessment and criteria.
- To oversee trainee assessment (eg performance and knowledge based assessments).
- To provide advice on matters relevant to the specialty, for the Federation.
- To assist with the evaluation of doctors' applications for direct entry to the specialist register ("Equivalence") as required by PMETB.
- To work with deaneries and other stakeholders to assess and ensure the quality of training and appropriate support for trainees.
- To act as an advocate for registrars in medicine, monitoring and quality controlling their training, and making recommendations to PMETB for the award of CCT.

#### MAIN RESPONSIBILITIES

- Attending SAC meetings.
- Actively contributing to the work of the SAC in the areas described above.
- Attending Penultimate Year Assessments on behalf of the SAC.
- Pro-actively undertaking other activities on behalf of the SAC.
- Attending centrally organised induction/training days organised by the JRCPTB.

## **TENURE**

SAC members normally serve for a period of 3 years. This can be extended to a maximum of 6 years with the agreement of the SAC Chair and the Medical Director of JRCPTB.

Co-opted Members will be appointed for an initial period of two years, subject to review. Co-opted members are appointed because of a special interest, or because they have been asked to undertake a specific project for the SAC.

Similarly, some members of the SAC are appointed as observers, eg from the Irish College or as the trainee representative. Membership is usually held for the tenure of appointment.

In all cases members should seek guidance on the requirement to provide feedback to the nominating body.

## **ADMINISTRATIVE SUPPORT**

Each SAC is supported, through the central administrative office of JRCPTB, by a specialty co-ordinator who administers the SAC, and does all the day to day interaction with SAC members, deaneries and trainees. Specialty Co-ordinators are line managed by the Deputy Head of the JRCPTB to whom any difficulties should be addressed. The Medical Director of JRCPTB attends SAC meetings where possible (and at least one per year), together or alternatively by either the General manager or the Deputy General Manager. The JRCPTB maintains a comprehensive database and website which SAC members are encouraged to utilise.

## **FINANCIAL SUPPORT**

There is no central financial support for members of SACs. Members are expected to negotiate appropriate leave of absence from their employing body. Employing authorities (procedures vary in different administrations) are required to reimburse travel and subsistence costs arising from reasonable attendance at SAC events.

## **TIME COMMITMENT**

It is difficult to be prescriptive as to the required time commitment, but experience indicates that the equivalent of one session per fortnight should be allowed for.

Attribute or Skill	Essential	Desirable
Specialist Expertise in Training	<p>Experience as a Regional Specialty Advisor or as a Programme Director</p> <p>Knowledge of the current medical training environment, at both core and specialist levels.</p>	<p>Completion of an appropriate Training the Trainers course</p> <p>Current SAC member</p> <p>Active or very recent experience as a trainer.</p>
Appropriate skills	<p>Evidence of recent training in equality and diversity and an ability to ensure its principles are implemented.</p> <p>Ability to work well in a team.</p> <p>Committed to contributing to the SAC.</p> <p>Evidence of commitment to the NHS.</p>	<p>Experience of committee work.</p>
Education Expertise	<p>Commitment to the development of specialist training .</p> <p>Recent attendance at an appropriate course on assessment and appraisal.</p>	<p>Evidence of professional development in education eg courses / qualifications</p> <p>Contribution to developments in organisation / delivery of education</p>
Clinical Expertise	<p>Where appropriate, to have an entry in the GMCs specialist register</p> <p>To be in good standing with employer and GMC</p>	
Representation	<p>Fellow of 1 of the Federation Colleges and to be a Member of a relevant Specialist Society.</p>	<p>Experience as a College Regional Adviser</p>

## Constitution of the Committee for Core Medical Training

### Background

The Committee for Core Medical Training (CMT) is a sub-committee of the Joint Royal Colleges of Physicians Training Board. The role of the Committee for CMT is to contribute to the development of core medical training and its curricula and to supervise the delivery of core medical training to standards set by the JRCPTB in a number of areas.

From August 2007, Core Medical Training (CMT) will be the first stage of training for trainees who wish to achieve a certificate of completion of training (CCT) in a Medical Specialty. CMT has been designed to provide further generic training following Foundation. Trainees completing CMT will have a solid platform in General Internal Medicine (Acute Medicine) from which they can continue into Specialty Training. Successful attainment of CMT competencies will be required in order to be eligible for entry into Specialty Training in any of the medical specialties.

Trainees intending a career in Acute Medicine may wish to undertake Acute Care Common Stem Training (ACCS) programmes, where they will train together with trainees in Critical Care and Emergency Medicine. ACCS (medicine) graduates can apply for entry to all of the 26 medical specialties and conversely CMT graduates will still have the option to apply for acute medicine training.

### Terms of reference

- To advise the JRCPTB on all training matters pertaining to CMT.
- To work with the SAC for General Internal (Acute) Medicine, those responsible for Basic Neuroscience Training (BNT) and Acute Care Common Stem (ACCS) Training and others in determining the competencies of core medical trainees in the future.
- To work with the SAC for General Internal (Acute) Medicine to write the CMT aspects of the General Internal Medicine (Acute Medicine) and the Generic Curriculum for the Medical Specialties.
- To review the curricula regularly, ensuring its currency and validity to the needs of CMT.
- To oversee the implementation of the assessment programme and criteria for certification of a CMT trainee.
- To provide advice on CMT for the Federation.
- To work with deaneries and other stakeholders to assess and ensure the quality of training and appropriate support for trainees.

- To act as an advocate for core training trainees, monitoring their training, ensuring the delivery of the curriculum and making recommendations regarding the continuation of training.

### Membership of the Committee for Core Medical Training

Membership of this committee with the exception of the Chairman is through nomination. Membership will represent the Royal Colleges, Postgraduate Deaneries and Trainees.

Members should therefore include:

Deanery Heads of CMT	1 per Deanery from England, Northern Ireland and Wales. 2 from Scotland (1 College, 1 Deanery)
Trainees: 1 ST1, 1 ST2, 1 ST3+	1 each from England and Scotland, 1 from Northern Ireland and Wales.
Patient / Public	Maximum of 2 representatives. 1 from the RCPL patient/carer group and 1 from another Royal College group or appropriate voluntary sector groups.
Each Royal College	1 normally from the heads of training cohort or maximum of 1 if separately nominated
Representative from the Acute Medicine SAC	Chair + 1 other
Representatives from ACCS	2 representatives (at least one physician)

Job descriptions and person specifications are the same as those for SAC members but aligned to CMT rather than specialty. See Appendices 5 & 6.