

## Generic standards for training





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## Introduction

1. The paper introduces the generic standards for training that PMETB has set. These are applicable to specialist training and educational programmes in postgraduate medicine. The process leading to their publication is summarised briefly below.
2. PMETB will hold Postgraduate Deans responsible for meeting these standards across the United Kingdom. The standards cover all postgraduate training programmes after the end of the Foundation years, for all specialties, including general practice.
3. The standards will apply across the health sector, in both NHS and independent environments, and will apply to all places where postgraduate medical training is provided.
  - Any additional provision of training outside NHS institutions, but forming part of a programme arranged/approved by the Postgraduate Dean (e.g. in the independent sector or elsewhere) will be subject to these standards.
4. As generic standards these will be relevant to all specialties and sub specialties, but there may be a requirement for some specialty specific standards within specific domains, for example domains 1,6 and 8. Where relevant these will be developed in partnership with Royal Colleges and Faculties. Standards for Foundation programmes are now being designed jointly by PMETB and the GMC using similar domains.
5. The standards are designed to run alongside the Standards for Curricula (March 2005) and the Principles for an Assessment System for Postgraduate Medical Training (September 2004). PMETB Standards will be reviewed from time to time. These generic standards will be reviewed after 12 months of implementation in spring 2007. Current versions of standards and principles will always be found on PMETB's website [www.pmetb.org.uk](http://www.pmetb.org.uk)
6. This paper describes:
  - how the standards have been developed;
  - the terminology used;
  - approval of training;
  - responsibility for meeting the standards;
  - what evidence will be used to determine whether the standards have been met;
  - how developmental standards will evolve;
  - the proposed standards.

## How the standards have been developed

7. These standards have had a long gestation and PMETB is grateful to all those who have already contributed their thoughts and allowed us to draw on their experience. During 2004 and early 2005 PMETB developed draft training standards within the Training Committee and its training environments sub-committee, drawing on the various models already in use in the UK and on the work done for the Academy of Medical Royal Colleges and the Open University to develop a set of national data-gathering instruments. The ideas developed in the committees were discussed at a consultation seminar on April 12 2005 and a further draft was sent out for discussion during the summer of 2005. They were further refined, prior to consultation, by the PMETB Training Committee which convened a Standards and a Surveys working group, chaired by Professor Elisabeth Paice, (Dean Director, London Deanery).
8. The draft standards were put out for consultation from December 2005 - January 2006. We are very grateful to all respondents for the time and effort they have put into their submissions.
9. An analysis of the consultation and emergent themes were considered by a small group of staff and Training Committee members at PMETB and the final version of the standards was presented to the PMETB Board in March 2006 and approved.

## Language

10. For these standards PMETB has adopted the framework of “domains”, which is a classification of areas in which certain standards must be achieved. The domains in this document will also be used by the GMC and PMETB for the standards for Foundation Training.
11. This document also uses the following definition of standards:  
**‘Standards**  
Standards are a means of describing the level of quality that health care organisations are expected to meet or aspire to. The performance of organisations can be assessed against this level of quality.’
12. This document sets out “mandatory” and “developmental” standards. “Mandatory” standards are the minimum standards considered by PMETB to be achievable in today’s UK health services. PMETB will use these standards to judge whether the quality of training is satisfactory. The standard will be fully reached when all the mandatory requirements are met. Where programmes or posts within programmes cannot meet these requirements currently, Postgraduate Deans and providers must agree a plan and timetable with PMETB that will ensure the standards are reached.
13. Standards are “developmental” where there is considerable agreement (though not always yet evidence) about what good practice looks like but where time is needed to enable training providers to bring their practices up to that level.
14. The standards are generic; that is they apply across all medical specialties, including general practice. PMETB will work to ensure these are further developed in a consistent way across specialties, and implemented and quality controlled within deanery programmes. As noted above, where speciality specific standards are relevant these will be developed in partnership with the relevant specialists.

## Approval of training

15. PMETB will normally approve training at the level of a programme, which is a series of posts (or rotation) that together enable the doctor undergoing training to acquire the competences they need for the award of a Certificate of Completion of Training (CCT). In order to assess whether a programme meets the standards, data must be collected about the trainees’ experience in posts; the principle is that each post must meet the standards. Where this is not the case, the problems will be addressed at post, programme or deanery level, as appropriate. Until all SHO posts are in programmes those posts will need to continue to be approved separately.

## Responsibility for meeting the standards

16. Under each standard in this document an indication is given of where responsibility lies for meeting the standard.
17. In March 2006 PMETB began a new system of inspection-based visits to postgraduate deaneries. Initially visits will continue to inspect individual posts and programmes but over time PMETB intends to move to a system of assurance through checking how deaneries, working with medical Royal Colleges/Faculties, will quality control postgraduate medical training at the local level. At that stage PMETB may set separate advisory standards for local quality control.

## What evidence will be used to determine whether the standards have been met?

18. Evidence will be needed from several sources to determine whether the standards have been met. These sources are:
  - Data collected by deaneries as part of their quality control processes. PMETB is working with Postgraduate Deans to develop these processes, including the data to be collected and the standards by which the quality of that data can be judged. This will be done in the following way: a study of existing practice in quality control, followed by the development of draft criteria and an analysis of current practice against the draft criteria for local quality control.
  - Surveys of trainees, trainers and those managing education and training. A PMETB/COPMeD national trainee survey has been developed, and forthcoming work in 2006 will address expanding the programme of surveys to include trainers and those responsible for managing training programmes to allow triangulation. The trainee survey will be applied from May to July 2006. The inclusion of specialty-specific questions into the national survey instrument will be dependent on the development of a robust web-based survey method.
  - Evidence from e.g. log books, examinations, and career progression after leaving the programme will form part of the evidence base describing educational outcomes of programmes.

- Data collected by other healthcare regulators and inspecting authorities across the UK, the facilities provided and, in particular, issues affecting patient safety and patient care. The Concordats between healthcare regulators in England and Wales are already enabling sharing of data and those processes will be further developed over the next 12 months. PMETB will need to seek similar arrangements in Scotland and Northern Ireland.
  - Visits carried out by PMETB to deaneries and training providers, whether as part of the rolling 5 yearly inspection process or as the result of a visit triggered by evidence of failure or poor practice. For the first time this information will be available to the public.
19. During 2006-7 and 2007-8 PMETB will analyse evidence from these sources to draw together, for the first time, a picture of the state of postgraduate medical education and training throughout the UK. This will show performance against standards by deaneries, training provider and specialty and will seek to show which factors are most significant in predicting good and poor educational outcomes. This benchmarking analysis will be the basis for the further development of the standards.

## How developmental standards will evolve

20. It is PMETB's intention in future years to describe more developmental standards where evidence exists that a particular practice or facility improves the quality of postgraduate education and training. These standards would then become mandatory standards in due course when training providers have had sufficient time to implement the necessary changes to achieve them.
21. Developmental standards will be designed using information from the following principal sources:
- Surveys of trainees, trainers and those who manage education and training programmes.
  - Visits.
  - Validated research on postgraduate medical education and training in the UK.
  - Feedback from training providers.
  - Similar information from other jurisdictions and from the education sector.
  - Feedback from surveys of patients and the public.

## List of domains and standards

### Domain 1. Patient safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.

### Domain 2. Quality Assurance, Review and Evaluation

Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate e.g. medical Royal Colleges/Faculties, specialty associations, training deliverers.

### Domain 3. Equality, Diversity and Opportunity

Postgraduate training must be fair and based on principles of equality.

### Domain 4. Recruitment, selection and appointment

Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.

### Domain 5. Delivery of curriculum including assessment

The requirements set out in the curriculum must be delivered.

### Domain 6. Support and development of trainees, trainers and local faculty

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.

## Domain 7. Management of Education and Training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

## Domain 8. Educational resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

## Domain 9. Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

## Domain 1. Patient safety

This domain is concerned with the essential safeguards on any action by trainees that affects the safety and well-being of patients.

### Responsibility:

Training deliverers (hospitals and other institutions where training takes place), clinical supervisors, trainees.

### Evidence:

Triangulated surveys, deanery quality control data, data from other healthcare regulators – e.g. The National Patients Survey - PMETB visits, material demonstrating application of processes and structures designed to guarantee patient safety.

**Standard: The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.**

### Mandatory:

- 1.1 Trainees must make the needs of patients their first concern.
- 1.2 Trainees must be appropriately supervised according to their experience and competence.
- 1.3 Those supervising the clinical care provided by trainees must be clearly identified, competent to do so, accessible and approachable by day and by night, with time for these responsibilities clearly identified within their job plan.
- 1.4 Trainees must be expected to obtain consent only for procedures which they are competent to perform.
- 1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation.
- 1.6 Trainees in hospital posts must have well-organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties.

## Domain 2. Quality Assurance, Review and Evaluation

This domain deals with governance issues and how the PMETB standards will be used in PMETB quality assurance. It refers to the quality control procedures of Deaneries and will be applicable to the current and future arrangements in all four UK countries.

### Responsibility:

Postgraduate Deans, within an overall local quality control system and drawing on the resources of local representatives of medical Royal Colleges/Faculties and others as appropriate.

### Evidence:

Deanery data, College/Faculty or other data and deanery-wide visits.

**Standard: Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.**

- 2.1 Programmes, posts, associated management, and data collection concerning trainees and local faculty must comply with the European Working Time Directive, Data Protection Act and Freedom of Information Act.

- 2.2 Deaneries must show that they are developing their capacity for quality control, review and evaluation to meet PMETB's standards.
- 2.3 Deaneries, working with others as appropriate, must have processes for local quality control of all postgraduate posts and programmes designed to ensure that the requirements of PMETB's standards for training, assessment and curricula are met.

PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; clinical tutors, GP vocational training scheme tutors, GP trainers, college tutors, programme directors, directors of medical education and others with specific roles in educational supervision.

### Domain 3. Equality, Diversity and Opportunity

This domain deals with equality and diversity matters pervading the whole of the training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.

#### Responsibility:

Postgraduate Deans and institutions providing training, trainers and trainees, other colleagues working with trainees and local faculties.

#### Evidence:

Surveys, outcome data, deanery quality control data and visits.

**Standard: Postgraduate training must be fair and based on principles of equality**

#### Mandatory:

- 3.1 At all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.
- 3.2 Information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and PMETB websites.
- 3.3 Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of PMETB Standards' Rules. Deaneries must take appropriate action to encourage trusts and other training providers to accept their fair share of doctors training flexibly.
- 3.4 Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.

#### Developmental

- 3.5 Trainees should have access to appropriate evidence on trainee recruitment, appointment, and satisfaction, and on RITA panel results analysed by ethnicity, place of qualification, disability, gender and part-time training/working.

### Domain 4. Recruitment, selection and appointment

The purpose of this domain is to ensure that the processes for entry into postgraduate training programmes are fair and transparent. Processes must be consistent with PMETB Principles for Entry to Specialist Training (attached at annex A).

#### Responsibility:

Deaneries.

#### Evidence:

Deanery data, trainee surveys.

**Standard: Processes for recruitment, selection and appointment must be open, fair, and effective**

## Recruitment and selection

### Mandatory:

- 4.1 Candidates will be **eligible** for consideration for entry into a specialist training programme if they:
  - a. are a fully registered medical practitioner or hold limited registration with the General Medical Council or are eligible for any such registration;
  - b. are fit to practise.
- 4.2 The **selection** process (which may be conducted by interview or by other process) must:
  - ensure that information about places on training programmes, eligibility and selection criteria and the application process is made widely available in sufficient time to doctors who may be eligible to apply;
  - use criteria and processes which treat eligible candidates fairly;
  - select candidates on the basis of open competition;
  - have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were unfairly discriminatory;
  - seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required.
- 4.3 Selection panels must consist of persons who have been trained in selection principles and processes.

### Developmental

- 4.4 In addition to 4.1, to be **eligible** for consideration for entry into a specialist training programme, candidates must be able to demonstrate the competences required to complete Foundation Training. (This covers candidates who have completed Foundation Training, candidates who apply before completion and those who have not undertaken Foundation training, but can demonstrate the competences in another way.)
- 4.5 Selection panels must include a lay person.

PMETB will set further criteria for entry to specialist programmes by August 2006 for introduction by August 2007

## Domain 5. Delivery of curriculum including assessment

This domain is concerned with ensuring that the requirements of the curricula set by Royal Colleges/Faculties or others developing curricula, **and approved by PMETB**, are being met at the local level and that each post enables the trainee to gain competence as envisaged in the given curriculum.

### Responsibility:

Deaneries in partnership with medical Royal Colleges/Faculties/ specialties and employers.

### Evidence:

Triangulated surveys, deanery data, visits.

**Standard: The requirements set out in the curriculum must be delivered and assessed**

### Education and Training

#### Mandatory:

- 5.1 Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the curriculum.
- 5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the curriculum and what must be delivered within each post.
- 5.3 Trainees must be able to access and be free to attend training days, courses and other material that forms an intrinsic part of the training programme.

## Assessment and appraisal

### Mandatory:

- 5.4 The assessment system defined in the curriculum must be implemented.
- 5.5 Trainees must have regular feedback on their performance within each post.

## Domain 6. Support and development of trainees, trainers and local faculty

This domain covers the structures and support, including induction, available to trainees.

### Responsibility:

Local faculty, employers and trainees.

### Evidence:

Log books, triangulated surveys, deanery quality control data, visits.

**Standard: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.**

### Induction

#### Mandatory:

- 6.1 Every trainee starting a post or programme must attend a departmental induction to ensure they understand the curriculum, how their post fits within the programme, their duties and reporting arrangements, to ensure they are told about departmental policies and to meet key staff.
- 6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives for the trainee to achieve in the post.

### Educational supervision

#### Mandatory:

- 6.3 Trainees must have a designated educational supervisor.
- 6.4 Trainees must sign a training/learning agreement at the start of each post.
- 6.5 Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative).
- 6.6 Trainees must have further meetings with their educational supervisor (or representative) at least three-monthly, to discuss their progress, outstanding learning needs and how to meet them.
- 6.7 Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of local faculty.
- 6.8 There must be ready access to career advice.

### Training

#### Mandatory:

- 6.9 Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy).
- 6.10 Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.
- 6.11 Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.
- 6.12 While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the curriculum.

- 6.13 Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.
- 6.14 Access to Occupational Health services for all trainees must be assured.
- 6.15 Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the educational supervisor, and have time protected for this activity.
- 6.16 Trainees must be able to access training in generic professional skills at all stages in their development.
- 6.17 Trainees must have the opportunity to learn with other healthcare professionals.

#### **Developmental**

- 6.18 Access to confidential counselling services should be available to all trainees when needed.

#### **Study leave**

##### **Mandatory:**

- 6.19 Trainees must be made aware how to apply for study leave and be guided as to what courses would be appropriate and what funding is available.
- 6.20 Trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.
- 6.21 The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.

#### **Standards for trainers**

##### **Mandatory:**

- 6.22 GP trainers must be trained and selected in accordance with PMETB requirements and the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.
- 6.23 Educational supervisors in hospital and community settings must have been trained and selected for the role. Resources and time must be available for this task to be carried out, and included in their job and personal development plans.
- 6.24 Other healthcare professionals required to act in a supportive or supervisory role must have their responsibilities and accountabilities clearly set out and be trained for the role.

PMETB will be developing standards to define the responsibilities of trainees and trainers, the standards to be met by trainers and other healthcare professionals and the support that should be available to them in their role as trainers. This work will begin in 2007.

#### **Academic training**

##### **Mandatory:**

- 6.25 Trainees should be exposed during their training to the academic opportunities available in their specialty.
- 6.26 Trainees who recognise that their particular skills and aptitudes are well-suited to an academic career should be encouraged and guided in that endeavour.
- 6.27 Trainees who elect, and are competitively appointed to, follow an academic path must be sited in flexible programmes of academic training that permit multiple entry and exit points throughout training (from standard training programmes).

## **Domain 7. Management of Education and Training**

This domain covers organisational management at administrative and executive level.

**Responsibility:** Deaneries, Royal Colleges/Faculties, employing organisations and others as appropriate.

**Evidence:**

Deanery and employer data, programme director surveys.

**Standard: Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.**

**Mandatory:**

- 7.1 Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of PMETB standards in the arrangement and content of training programmes.
- 7.2 The schedule must set out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges/Faculty/specialty associations etc, other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes. PMETB will publish a template for such a schedule following consultation.
- 7.3 There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.
- 7.4 It is highly desirable that all employing organisations, providing postgraduate medical education and training, have an executive or non-executive director at Board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in medical training.
- 7.5 Deaneries must comply with any educational management standards set by PMETB, in consultation with Royal Colleges/Faculties.
- 7.6 There must be clear accountability, a description of roles and responsibilities, and adequate resource available to those involved in administering and managing training and education at institutional level, such as Directors of Medical Education and Board level directors with executive responsibility, such as Medical Director, Finance Director, Director of Clinical Governance.

PMETB will be developing standards to define the responsibilities of local faculty.

## Domain 8. Educational resources and capacity

This domain addresses both the physical requirements for facilities to support training and also the service, workload, management, supervisory and educational capacity of the institution providing the training.

**Responsibility:**

Employers to provide, deaneries to secure, Royal Colleges and Faculties and others developing curricula to clarify in curriculum.

**Evidence:**

Deanery and hospital/other institution data, data from other regulators, surveys, visits.

**Standard: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.**

**Overall capacity****Mandatory:**

- 8.1 The overall educational capacity of the institution and any unit offering training posts within it must be adequate to accommodate the practical experiences required by the curriculum, along with the educational requirements of all health care professionals in the same unit.
- 8.2 There must be access to educational facilities (including a library), and resources (including access to the Internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the programme as specified in the curriculum.
- 8.3 There must be a suitable ratio of trainers to trainees and in due course specialty specific standards will make reference to this. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (e.g. undergraduate medical students, undergraduate and postgraduate health care professionals and non-training grade staff). With regard to trainers, including clinical supervisors, adequate time for training must be identified in their job plans (see also 1.3).

8.4 Relevant specialty specific educational resources must be available and accessible where these are stipulated in PMETB-approved curricula e.g. clinical skills centres, 'wet labs'.

8.5 Trainees must have access to meeting rooms and audio-visual aids.

## Domain 9. Outcomes

This domain will track the effects of meeting or exceeding the PMETB standards on the outcomes achieved by the trainees.

PMETB is considering the issue of the content and outcomes of postgraduate medical training. This work is at an early stage of development and will be made clearer when PMETB consults, in 2006/2007.

### Responsibility:

PMETB, medical Royal Colleges/Faculties/Specialty associations etc.

### Evidence:

RITA, assessments and examination results.

**Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.**

### Developmental

9.1 Trainees must have access to analysis of outcomes of assessments, RITAs and exams for each programme and each location benchmarked against other programmes. (PMETB, working with Royal Colleges/Faculties and others as appropriate, will be developing this analysis over the next three years to be available to trainees by deanery and College.)

## Annex A

### Principles for entry to specialist training (19 January 2006)

Principles for entry to specialist training were agreed by the PMETB Board at its meeting on 17<sup>th</sup> January 2006. The Principles, which reflect the responses to consultation undertaken in the summer of 2005, will form an intrinsic part of the PMETB Generic Standards for Training Programmes used in the PMETB Quality Assurance process.

PMETB recognises the immense amount of excellent work that has already been undertaken by Colleges and specialties in the ongoing development of specialty training programmes. We recognise that there will be a period of transition during which specialties move from existing arrangements to accommodate the Board's requirements outlined in our Principles for Entry to Specialist Training; Generic Standards for Training Programmes and Standards for Curricula. During this important period, we wish to work in partnership with the Academy of Medical Royal Colleges, Colleges and specialties on the fine detail. In addition the dialogue with the Conference of Postgraduate Medical Deans (COPMeD) on these issues will continue, examining the implications of the changes.

The principles are:

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 specialist 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
7. Any trainee accepted onto a programme leading to the award of a CCT will be able to continue in specialist training to award of a CCT so long as the trainee passes all necessary assessments at each stage of progression and does not give other cause for concern, and the trainee wishes to continue in the training programme
8. The application of Principles for Entry to Specialist Training will be monitored by PMETB by the inclusion of entry standards in PMETB's Generic Standards for Training and as part of the associated statutory quality assurance process.



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