

Gold Guide Reference Group (GGRG)

Summary of changes to the Gold Guide Version 9

1. Introduction

The work on Gold Guide version 9 due for release on 3 August 2022 is complete and is due to be signed off by UK MERG in June 2022. This document has been drawn up by the GGRG and summarises the changes, together with some narrative to explain the rationale. It is strongly recommended that deaneries and local offices should use this document as the definitive GG9 navigation guide and summary of changes in developing any local ARCP decision aids.

GG8 incorporated Foundation Guidance and that will continue with all GG versions going forwards. Whilst we work closely with Dental teams and the Dental Gold Guide aligns with Medical GG, the two will remain separate reflecting the different governance arrangements.

Stakeholders are reminded that the Gold Guide is not a contractual document and does not cover issues relating to employment and terms and condition of service. Many of the requests for changes include reference to rotas, rotation allocations hours working conditions, pay premia and nodal points all of which are out of scope of the Gold Guide.

These principles set out in GG8 Section 1 will remain and have been included in GG9.

1.11 The Guide is not a contractual document and will not cover every eventuality. There are occasions where it may be necessary to derogate from the guidance defined in this Guide.

1.12 The Postgraduate Dean has discretion to offer flexibility in making derogations from the Gold Guide/Purple Guide in exceptional circumstances and for sound educational reasons such as to accommodate changes and innovations in training delivery. Examples might include (but are not limited to) additional experience/competences/capabilities through credentialing programmes, and 'step in and out of training' options including *Out of Programme – Pause* (OOP Pause).

1.13 This Guide does not address issues relating to terms and conditions of employment (e.g. pay, the 'period of grace', job plans and work schedules) of doctors in foundation, specialty or general practice training.

2. Summary of changes to GG9

The changes are listed aligned to the GG Sections and chapter headings. This is not a comprehensive list of the changes requested as not all have been actioned but attempts to give the rationale for decisions relating to what is included and what is not. The guide gives the current GG8 reference (in black) and the equivalent paragraph in GG9 (in red).

There has been an extensive review of the language used throughout the document to reduce the use of pejorative terms. The section on ARCPs has been expanded to give greater clarity about the role of the educational supervisor, educational reviews and reports, and pre and post ARCP meetings. Where appropriate, terms have been defined in the glossary and are referenced in GG text appropriately.

GG9: 4.89 has been expanded to give greater clarity about the ARCP process and the meaning of different outcomes, similarly in section **GG9: 4.94** the outcomes and approved definitions for each are set out with greater clarity. It should be noted that Outcome 5 must only be applied for a maximum of 8 weeks and additional training time (ATT) is only permitted using an Outcome 3 (or 10.2 while COVID derogations apply).

“No fault” outcomes

The Outcome 10 derogations introduced as “no fault” outcomes to enable progression or additional time where training was disrupted by the COVID-19 pandemic in 2020–2021 will be retained in subsequent versions of the Gold Guide.

Outcome 10s (**GG9: 4.94**) must only be used following a directive from the UK statutory education bodies, which may be triggered in response to national emergencies such as a global pandemic. When the use of Outcome 10 is directed by the UK statutory education bodies, this may include the use of specific additional C codes for clarification.

The appendices and glossary have been updated to reflect curriculum and revalidation changes. It was originally intended that the conditions of training, Form R and ARCP forms could be included as a single new data appendix reflecting how these documents are moving to an electronic format included in the relevant foundation or specialty training portfolios. This has not been possible due to unforeseen circumstances and exemplar forms are included in the appendices recognising that for many training programmes the forms will be available in a similar electronic format in the portfolio.

3. SECTION 1: GG Introduction & background

GG8 ref: GG9 ref:	Reason for change	GG Team comments
1.2 ✓	Trainees and trainers would appreciate greater emphasis in the tone of the Guide on facilitating progress and encouraging trainees to remain in training.	This was a request from GG8 changes and has been a repeated theme in feedback particularly during COVID. We have worked with stakeholders to revise the use of language in PGMDE processes, specialty curricula and decision aids – this is ongoing work Full review of changes and use of language done – see 1.17 extra clause added to explain.
1.6 ✓	ICM have requested we look at this for dual CCT trainees (they have a lot of them). Dual Trainees have constant challenges with nodal pay. Some clarity will support LETB, Employers & Trainees	1.6 stays but has been reviewed to give greater clarity in the dual CCT section (GG8:3.86 – 3.89). Now included in GG9: 3.86 – 3.89 dual and triple training Nodal points & pay are T&Cs and employment which sits with employers not GG.
1.6 ✓	The footnote to GG8 1.6 reference to the GMC's position statement on transitioning to new curricula, has been updated to include 2021 link.	New GMC guidance link https://www.gmc-uk.org/-/media/documents/curricula-transition-policy-statement-20210510_pdf-86208277.pdf
1.15 ✓	BMA have requested flexibility on 2-year rule, not limited to OOPR. Some concerns about escalation process as approach 2-year limit. 1.15 Has been challenged by Judicial Review and ruled valid now enshrined in case law and referenced in subsequent cases.	2-year remains but has been adapted to reinforce that it is not automatic removal of NTN at 2 years and the Dean reviews maintenance of NTN, so it remains Dean's discretion. – see new footnote <i>The decision to withdraw the NTN/training contract under 1.15 is at the discretion of the Postgraduate Dean and is not "automatic" if the criteria for 1.15 are met, however the reasons for flexibility must be clearly set out in the decision letter in accordance with the principles set out in GG9:3.100.</i>
GG9:1.17	New paragraph added GG9 to explain use of language and terminology	1.17 Paragraph 1.2 describes the process by which the Gold Guide is supportive and formative. It is important that the use of language reflects that and is not pejorative. Progression is always described with respect to the stage of training as defined by the GMC approved curriculum relevant to foundation or specialty training. Phrases such as "insufficient or unsatisfactory" must only be used within this context. ¹ They must not be used to describe ARCP Outcomes (4.94).

¹ Must is used for an overriding duty or principle

4. SECTION 2: Roles & responsibilities

GG8 ref: GG9 ref:	Reason for change	GG Team comments
2.3 ✓	The Guide provides excellent detail on the various bodies and guidance / policies with influence and responsibility on postgraduate medical education. The links and dependencies with UG medical education are not clear in the document	GG does not cover Undergraduate See footnote added p 13 <i>Postgraduate Deans do not have governance responsibility for undergraduate medical training and education which is not covered by the Gold Guide</i>
2.40 - 41	Credentialing section has been updated by GMC	Liaised with GMC, amendments included in GG9, late January 2022
2.39 & associated cross references (2.4) ✓ 2.42 – 2.44	This whole section has been revised considering CESR (CP) & CEGPR changes with CCT award via the combined programme route.	Refs to CESR/CEGP (CP) reviewed throughout document and all aligned to award of CCT. ✓
2.48 – 2.54	Incorporated GMC changes to programme approval processes A programme is a formal alignment or rotation of posts that together comprise a programme of training in a given specialty or sub-specialty. Approval of training programmes and locations rests with the GMC. Postgraduate Deans submit their proposed training programmes and locations via GMC Connect. Support from the relevant royal college is required for approval of new programmes.	This amendment would more accurately describe the current process, where supporting evidence is required for approval of new programmes but not for the addition of new training locations to approved programmes. Changes made 29/7/21
2.60	Footnote added to explain additional supervision arrangements in some specialties	<i>Footnote 10 In addition to having educational and clinical supervisors, some specialties may include additional defined formal supervision arrangements for specific stages of training or modules in their curriculum.</i>

5. SECTION 3: Undertaking a Specialty Training Programme

GG8 ref: GG9 ref:	Reason for change	GG Team comments
3.12 & GG9:3.12	This is perhaps a bit too brief and needs clarification; at first reading it conveys the message that they cannot access the 2 year programme at all, when in fact they can access it, if only for one (F2) year of it.	This has been reworded to give greater clarity (in purple as relates to foundation) <i>Those eligible for full registration with the GMC can only participate in the second year of the foundation programme via the national F2 stand-alone application process.</i>
3.29 ✓	BMA requested information to explain a trainee's right to appeal decisions to refuse employment and withdraw a training offer	Employment is contractual and whilst GG can highlight that they can appeal, it's through employer process not GG. <i>GG9: 3.29 Footnote 12</i> <i>Where the employing organisation withdraws the offer of employment, in line with paragraph 4.170 below, there is no right of appeal against any decision of HEE, NES, HEIW or NIMDTA to withdraw the training offer.</i>
3.34	Currently, dual trainees have 2 NTN in some LETBs so this should be referenced here.	This will need to be addressed through AoMRC trainees should not hold more than 1 NTN No change to current position agreed COPMED Oct 2021
3.39 ✓	Deferrals – BMA asking for greater flexibility and > 2 years	It can be up to 2 years by exception (1.12) but beyond that (clash with GG9:1.15) would need further consideration of exceptional mitigation by PGD No change needed is already correctly cross referenced
3.87 ✓ GG9:3.86 - 3.89	Triple accreditation for ICM & certain Group 1 physician specialties (eg AIM, Respiratory and Renal Medicine), has been permitted by the GMC so needs to be referenced.	<i>See footnote 14 - 29/7/21</i> <i>Triple accreditation is not normally supported but Intensive Care Medicine and certain group 1 physician specialties (e.g. Internal Medicine and Acute Internal Medicine, Respiratory Medicine or Renal Medicine) is approved as an exception by the GMC.</i>
3.106 ✓	If a doctor is cleared of wrongdoing by the GMC MPTS, it is important that trainees are entitled to their training number back, rather than only being able to "request" it back.	This has been subject to Judicial Review, that confirmed PGD discretion, and that this should not be an entitlement, but has been made explicit that requests would be reasonably considered. 3.106 ii covers that.

		COPMED Oct 2021 no change but PGDs can continue to exercise the discretion allowed.
3.112 – 3.129 ✓ 3.113 - 3.133	The whole LTFT section has been updated	No categories in GG9 LTFTT but there is illustrative list of reasons to apply. Review done, all references to potential differing procedures across UK SEBS referenced as footnotes ✓
3.149 – 3.182 ✓ GG9:3.143 - 3.176	GG9 more than 1 OOP per programme enabled	Principles around OOPs agreed COPMED Oct 2021.
3.166	Give greater discretion to PGDs in the timing of length of these two areas (OOPs & Period of grace POG	POG is contract so out of scope COPMED Oct 2021 agreed no change as now detailed in some curriculum and the flexibility required is enabled through PGD discretion. – wording included Oct 21 ✓
3.166 ✓ GG9 3.160	3.160. Trainees may be able to take OOP to act up as a consultant and may be able to credit this time towards a CCT if it is explicitly allowed by the College/Faculty. This would normally be undertaken in the final year of training. Trainees acting up as consultants will need to have appropriate supervision in place. If the experience afforded by this post is in a location already approved for training in the relevant specialty by the GMC, additional prospective approval for OOPT is not required from the GMC. If acting up as a consultant is undertaken in another location, prospective approval will only be necessary if the acting up placement is relevant and contributes to gaining the capabilities, knowledge, skills and behaviours required by the curriculum. In these circumstances, OOPT will normally be for a period of three months or pro rata for LTFT trainees. However, length of periods approved for acting up as a consultant may be specified in the relevant College/Faculty guidance. Specific provisions around acting up roles need to be adhered to.	Suggested wording from GMC – changes done (track changes) 29/7/21.
3.189	Reference “The GMC has therefore determined that within each 12-month period where a trainee has been absent for a total of 14 days or more” it would be helpful in order to be fair to LTFT trainees , if this was worded ”training phase”	This is how it is phrased in GMC Position statement – 2012 is still reference authority. Will check no update to position statement by GMC Feb 2022
3.202 3.192 - 3.100	GG8 includes references to 2 IDT windows	We have moved the specific reference to 2 windows to future proof GG9 if UK SEBS adjust IDT windows for greater flexibility.

6. SECTION 4: Undertaking a specialty training programme

GG8 ref: GG9 ref:	Reason for change	GG Team comments
4.24 ✓ GG9: 4.24	The trainee's educational supervisor may also be their named clinical supervisor (particularly in small specialties and small training units). In such a case, the educational supervisor could be responsible for some of the workplace-based assessments and producing the structured report as well as providing the educational review for the trainee.	Changed to <i>appropriate structured reports</i> which makes it more permissive.
4.41 (iv) ✓	It is unreasonable that a trainee should be "expected to engage" with their ARCP if they are planning to resign.	<p>ARCP is equivalent to full scope of appraisal for purposes of revalidation which is professional GMC requirement – retained in GG9</p> <p>Explanatory footnote added 29/7/21 <i>This is to comply with appraisal and revalidation requirements where the ARCP is equivalent to the full scope of practice appraisal</i></p>
4.44	Add in reference to Multi Consultant Reports	<p>Changed wording of the stem</p> <p><i>Assessment strategies will vary between curricula but will contain a variety of elements. These include (but not limited to) items from the following illustrative list:</i></p> <p><i>Done Oct 2021 ✓</i></p>
4.49 ✓	4.49 vi. engage with systems of quality management and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the national training survey (GMC National Training Surveys))	<p>Agree it's SHOULD (recommended) rather than MUST (mandated) – changed 29/7/21</p>
4.57 ✓	Replace 'shortcomings' with 'developmental needs' Language should be used to describe the process as more supportive	<p>Revised use of language throughout.</p> <p>Changed 29/7/21</p> <p>Emphasised and cross referenced to 4.84 which stresses the importance of the pre ARCP ES meeting/review.</p>

<p>4.71 – 4.73 ✓ GG9:4.72 - 73</p>	<p>Review and if necessary, change wording regarding Lay Reps at ARCP panels.</p> <p>We have changed the wording so 10% is an indicative minimum.</p> <p><i>4.72 The panel should normally have input from a lay advisor (foundation, core and specialty ARCP panels) and an external advisor (core and specialty ARCP panels). They should review a random sample (indicative minimum 10%) of the outcomes and evidence supporting these, and any recommendations from the panel about concerns over performance (paragraph 4.128)².</i></p>	
<p>4.81✓ GG9:4.86</p>	<p>While trainees are not required to attend the panel the Gold Guide should also balance this by advising that trainees are able to attend if they so wish.</p>	<p>ARCPs are not face to face.</p> <p>Whole section updated and reworded accordingly, includes use of language that ARCP is in absentia but stresses importance of pre-ARCP ES review and post ARCP meeting to agree learning objectives etc.</p>
<p>4.91✓ GG9:4.94</p>	<p>This is whole section on ARCP Outcomes</p>	<p>O5 – Additional time required removed as confusing, additional time may be required after O5 review and other developmental outcomes given.</p> <p>Lot of work done on this review language and terms. Whole section on ARCP Outcomes reviewed including use of language.</p>
<p>4.91 ✓ GG9:4.94</p>	<p>Multiple requests to keep COVID O10s</p>	<p>Already agree O10 stays in but may need a modified trigger</p>
<p>4.105 GG9:4.108</p>	<p>This is section on time for additional training</p>	<p>Whole section reviewed and wording changed for greater clarity.</p>
<p>4.164 & 4.174 ✓ GG9:4.165</p>	<p>Where evidence is being submitted for a review or appeal this should relate to up to the time of the original ARCP panel and their decision being made, not subsequent to it (e.g., exam result)</p>	<p>Former footnote now included as part of GG9: 4.165 for greater clarity</p>

² Arrangements may change in exceptional circumstances (e.g., global pandemic)

7. SECTION 5: Being a specialty registrar as an employee & Appendices

Both section 5 and the appendices have been revised to ensure the language is aligned to local Standard Operating Procedures (SOPs), employment legislation and the most up to date terminology. It has been updated in line with GDPR and work with the revalidation and overarching data group to ensure that all appendices referenced are the correct versions e.g., Form Rs.

Similarly, section 5 has been updating to reflect legislative change in relation to Medical Regulation and Revalidation and where there may be differences in the UK SEBs for example where the Medical Director is the Responsible Officer (not the Postgraduate Dean).

GG9 is due for release in August 2022, if in the interim between versions there are updates the GG team will issue an update/position statement which should be available on COPMED website.

Gold Guide Reference Group (GGRG)
Authorised version of GG9 changes
May 2022