

PROTOCOL FOR APPROVING NEW SUB-SPECIALTIES AND DECOMMISSIONING THOSE NO LONGER REQUIRED

1. LEGAL FRAMEWORK

1.1. According to the Medical Act, a doctor can have sub-specialty training indicated against his/her name in the Specialist Register along with the main specialty if he/she satisfies the GMC that he/she has satisfactorily completed sub-specialty training approved by the GMC. A number of sub-specialties continue to be recognised by the GMC following their approval by its predecessor, PMETB or the Specialist Training Authority. A list of approved sub-specialties can be found here:

http://www.gmc-uk.org/education/approved_curricula_and_assessment_systems.asp

1.2. If, however, the need for recognition of a new sub-specialty arises, or a sub-specialty currently recognised by the GMC is no longer required, the applicant can apply to the GMC to either add or remove a sub-specialty from the list of recognised sub-specialties.

2. NEW SUB-SPECIALTIES

STEP 1 – APPLICATION: RATIONALE FOR NEW SUB-SPECIALTY

2.1. A formal application for recognition of a new sub-specialty should be submitted to the GMC. This will usually be made by a Royal College or Faculty. Every application must comply with the following criteria:

- a) A proposed sub-specialty cannot be one which is already a recognised CCT specialty;
- b) As a general rule, it will not be possible for several core CCT specialties to have sub-specialties with the same name. However, this may be possible where one sub-specialty is 'shared' by a number of CCT specialties;
- c) There should be a current or predicted future demand for such specialists in the health service. This should be supported by

information on how many doctors are expected to apply for the sub-specialty training;

- d) The application must clearly state which Royal College / Faculty or other relevant body is responsible for developing and administering the sub-specialty training, and which CCT specialty it will form part of;
- e) If the sub-specialty is shared by two or more CCT specialties, these should be listed. If these are run by different Royal Colleges / Faculties or other bodies, the leading organisation for sub-specialty should be specified, with evidence of clear support of all of the proposals from the others;
- f) A proposed sub-specialty should reflect a discrete body of knowledge, skills and competencies sufficiently distinct to justify its creation. A statement must be provided as to why the demand for the sub-specialists cannot be met through existing specialty and sub-specialty arrangement;
- g) Impact on main CCT specialties, approved sub-specialties and other health professionals must be assessed and prove to be positive. Any changes to their training, numbers and working practices must be deliverable without adverse overall effect on service;
- h) The GMC will not approve a sub-specialty with the same name as one listed in the European Medical Directives as a specialty in which a specialist certificate is awarded in other EEA member states even though it is not a UK CCT specialty;
- i) Evidence of clear willingness from the health service providers to support and develop the sub-specialty should be submitted;
- j) Application should elaborate on where within the specialty training it is considered appropriate to introduce the sub-specialty training and specifically whether it will be undertaken before or after CCT is awarded. Outline of the criteria for entry, assessment and successful completion of sub-specialty training should be presented;
- k) If the sub-specialty is agreed and then later becomes a CCT listed specialty, the two will have to be differentiated by different names and different training programmes;

STEP 2 – APPLICATION: APPROVAL OF CURRICULUM AND ASSESSMENT SYSTEM

- 2.2. If the GMC grants approval in principle to introduction of the new sub-specialty in line with the above criteria, the application can proceed to the next stage – approval of the details of the proposed training. The sub-specialty will not be fully recognised by the GMC unless this stage of the application is also successfully completed.

The applicant submitting this information to the GMC should ensure that it covers the areas described at sections 2.3, 2.4 and 2.5.

- 2.3. A short introduction should include the name of the sub-specialty, the name of the CCT specialty the sub-specialty relates to and indicative duration of training.
- 2.4. The curriculum for sub-specialty training must be compliant with the GMC's *Standards for Curricula and Assessment Systems* (July 2008, updated April 2010) relevant to sub-specialty training. A detailed statement of compliance with these standards must be presented to the GMC, cross-referenced to the appropriate sections of the curriculum. It is important that the following points are covered, as per Standard 1.
 - a) the recommended/expected point of entry into the sub-specialty (including whether within CCT envelope or post-CCT), with clearly defined entry criteria;
 - b) if the sub-specialty training is to be undertaken prior to award of a CCT, the applicant must describe how the curriculum fits within the curriculum for the parent CCT specialty and complements it, that is whether sub-specialty training will be undertaken alongside CCT training or as a separate stand-alone programme, and, in case of the latter, at which stage of the parent specialty training it is recommended.

The GMC's *Standards for Curricula and Assessment Systems* can be found here:

http://www.gmc-uk.org/education/postgraduate/standards_for_curricula_and_assessment_systems.asp

- 2.5. The assessment system, blueprinted to the curriculum, must be fully compliant with the GMC's *Standards for Curricula and Assessment Systems* and submitted in accordance with the appropriate Guidance published on the GMC's website which is relevant at the time of application.

STEP 3 – APPROVAL OF TRAINING PROGRAMMES (IMPLICATIONS FOR DEANERIES)

- 2.6. When the GMC is satisfied that the application for approval of a new sub-specialty meets its standards and requirements, the next step is for the local training programmes to be approved by the GMC. Applications for approval of training programmes should come from postgraduate deaneries. The GMC will not be able to certify trainees in a sub-specialty unless their training was completed in approved sub-specialty training programmes. Retrospective approval of a programme cannot be granted.

3. SUB-SPECIALTIES NO LONGER REQUIRED

- 3.1. Changes in care and treatment will sometimes mean that there is a reduction of demand for specialists with expertise in a particular narrow field within a CCT specialty. This will result in a sub-specialty becoming dormant, and recognition will no longer be required. In such cases, change has to be managed in a planned way to protect patient care and the career opportunities of doctors. All the interested bodies will need to work with the service to manage down numbers of trainees and trainers as necessary.
- 3.2. When an application is made to the GMC for decommissioning of the sub-specialty no longer required by the service, it should be accompanied by a statement supporting the application. The criteria to be applied in considering the future of the sub-specialty will effectively be the same as those for introducing a new sub-specialty, namely:
 - a) is there still a current or predicted future demand for the sub-specialty?
 - b) are there trainees currently in sub-specialty training programmes, and, if yes, how many?
 - c) is there still a clear willingness from the health service providers to support and develop the sub-specialty?
 - d) are there unacceptable, adverse consequences for other areas of health care if the sub-specialty is closed, for example for other specialties or recognised sub-specialties?
 - e) if a sub-specialty is shared by other specialties, especially those managed by other Colleges/Faculties/relevant bodies, a statement from the other body(ies) involved as to the agreement to the proposal to decommission the sub-specialty should be enclosed.
- 3.3. The GMC will cease recognising the sub-specialty only when there are no trainees in the system.

Protocol updated April 2010