

A Reference Guide to Core Medical Training in Iceland

Applicable to all trainees taking up appointments in Core Medical Training, which commence on or after 1. September 2015

The Icelandic Gold Guide
First Edition
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A Reference Guide for Core Medical Training in Iceland

Preface

This first edition of "A Reference Guide for Core Medical Training in the Iceland" (The Gold Guide 2016) provides guidance on the arrangements for specialty training in Iceland. This edition is written for Core Medical Training in Internal Medicine in Iceland. It could be adapted for other speciality training in Iceland as needed. It is based on the 5th and the 6th edition of the Gold Guide (February 2016), a reference guide for postgraduate speciality training in the UK (<http://specialtytraining.hee.nhs.uk/files/2013/10/A-Reference-Guide-for-Postgraduate-Specialty-Training-in-the-UK.pdf>), as well as the Icelandic regulatory framework. The guide will be reviewed biannually.

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Section 1: Introduction and background

1.1 This first edition of the *Icelandic Gold Guide* sets out the arrangements for postgraduate Core Medical Training (CMT) in Internal Medicine in Iceland and is applicable to all CMT trainees taking up appointments which commence on or after 1. September 2015. It **has been** reviewed by The Directorate of Health, the professor of internal medicine at the Medical School at the University of Iceland, Chief Medical Officer at Landspítali University Hospital, Akureyri Hospital, The Icelandic Society of Internal Medicine and the Royal College of Physicians. This edition is partly adapted from the corresponding UK document and adjusted to local circumstances in Iceland.

1.2 It is required that all trainees move to the current CMT curriculum and assessment system no later than 1st of September 2015.

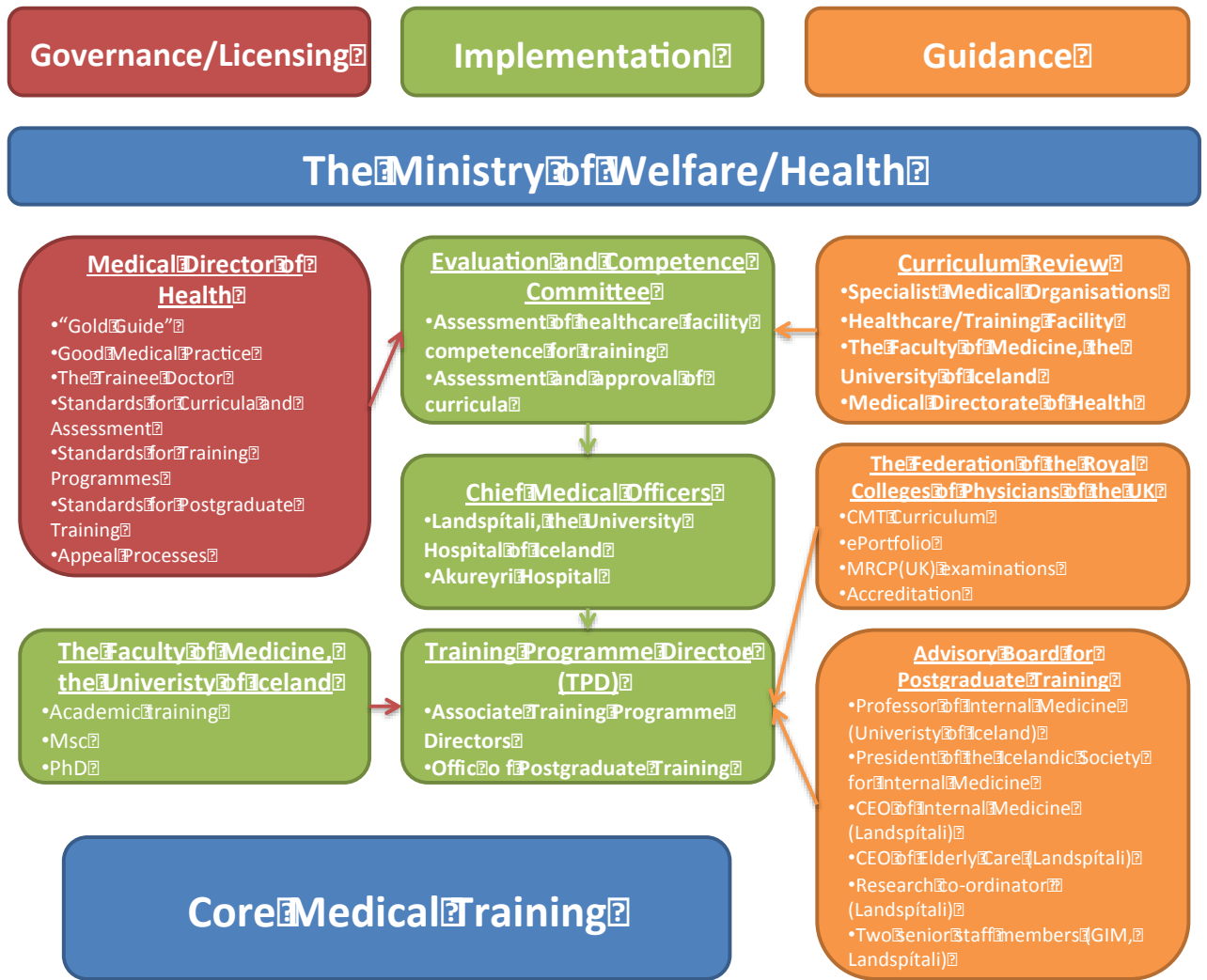
1.3 This Guide does not address issues relating to terms and conditions of employment (e.g. pay and conditions) of doctors in training.

1.4 Doctors who wish to enter Core Medical Training must apply in open competition.

Regulations that apply to for health education in Iceland

- Acts of Parliament:
 - [Health Service Act](#), No. 40/2007 (see appendix)
 - [Healthcare Practitioners Act](#) No. 34 from year 2012 (see appendix)
 - [Medical Director of Health and Public Health](#) Act No. 41, year 2007 (see appendix)
 - [Health Records Act](#), No. 55/2009 (see appendix)
- Regulations from Ministry of Welfare:
 - [Regulation on the education, rights and obligations of medical doctors and criteria for granting of licences to practise medicine and specialist medical licences](#), No. 467/2015 (see appendix)
- Recommendation and instruction from The Directorate of Health:
 - [Góðir starfshættir lækna](#) (Good Medical Practice) (see appendix)
- The Icelandic Medical Society rules and regulations applying to medical practice:
 - [Codex Ethicus](#) (see appendix)
 - ["Sáttmáli lækna. Fagmennska í læknisfræði í upphafi nýs árbúsunds \(Medical professionalism in the new millennium: a physicians´ charter\)](#) (see appendix)
 - [World Medical Association Declaration of Helskinki](#), (see appendix)
 - [Industry interactions with Healthcare professionals and Healthcare Organisations](#) (see appendix)

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Section 2: Specialty training policy and organization

2.1 Policy on undergraduate medical education in Iceland is the responsibility of the Ministry of Education. However the policy on postgraduate medical training is the responsibility of the Ministry of Health. It is the Minister of Health, who appoints the Medical Director of Health. The Ministry of Health publishes a Regulation on the Education, Rights and Obligations of Medical Doctors and Criteria for Granting of Licenses to Practice Medicine and Specialist Medical Licenses from April 2015, which states the structure and legalities regarding specialty training in medicine in Iceland. In addition there are laws/acts of parliament, which are applicable to specialty training. In addition to the Directorate of Health, the Icelandic Medical Society has published guidance for medical doctors or endorsed international rules and regulation applying to medical practice, which Icelandic

medical doctors are then obliged to follow.

Regulations for health education in Iceland

This section is a short review of the laws and regulations, which apply to postgraduate training in medicine in Iceland. In addition, the role of the regulators and the medical societies is discussed. Further information can be found in the appendices.

Healthcare Practitioners Act

2.2 The objective of the [Healthcare Practitioners Act](#) (No. 34 from year 2012) is to ensure quality of healthcare and patient safety by means of defining standards of education, knowledge and skill of healthcare practitioners, and their working procedures. Following are some relevant items in the act regarding licences for healthcare practitioners and their rights and responsibilities:

- The rights and responsibilities of healthcare practitioners and other healthcare staff are subject to the provisions of this Act, the Patients' Rights Act, the Medical Director of Health and Public Health Act, the Health Records Act and other legislation, as applicable.
- The right to use the professional title of an authorised health profession and to work as a healthcare practitioner in Iceland is confined to those who have been licensed by the Medical Director of Health.
- The Minister of Health shall, after consultation with the Medical Director of Health, the relevant professional association and educational institution in Iceland, issue regulations on the criteria to be fulfilled for the granting of a licence to use the professional title of an authorised health profession and to work as a healthcare practitioner in Iceland.
- The Medical Director of Health grants licences to applicants to use the professional title of an authorised health profession and to work as healthcare practitioners in Iceland, if they fulfil the criteria of this Act and regulations issued on the basis of the Act, and under international treaties to which Iceland is a party.
- The right to use the title of specialist in an authorised health profession and to practise as such in Iceland is confined to those granted a licence by the Medical Director of Health.
- The Medical Director of Health grants applicants a licence to use the title of specialist within an authorised health profession and to practise as such in Iceland, conditionally upon fulfilment of the criteria stated in this Act, and in regulations issued under the Act and under international agreements to which Iceland is a party.
- A healthcare practitioner shall display respect for the patient and perform his/her tasks vigilantly and conscientiously and in accord with the professional standards required at any time.
- A healthcare practitioner must be aware of his/her duties and ethical rules, maintain his/her knowledge and professional skill, master innovations in his/her field of work, and familiarise himself/herself with legislation and regulations applying to healthcare practitioners and healthcare services at any time.
- A healthcare practitioner is responsible, as applicable, for the diagnosis and treatment of patients who consult him/her. The duty of a healthcare practitioner to impart information to the patient is as provided in the Patients' Rights Act.
- A healthcare practitioner shall recognise his/her professional limitations, and seek assistance or refer the patient to another healthcare practitioner as necessary or possible, for instance if he/she judges that he/she cannot provide appropriate

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healthcare service.

- A healthcare practitioner is responsible for assistants and trainees working under his/her management having sufficient competence and knowledge, and receiving the necessary guidance, to carry out tasks which the practitioner allots to them.

Health Service Act, No. 40/2007

2.3 The [Health Service Act](#) applies to the organization of health care. Its objective is that all people of Iceland shall have access to the optimum health service which it is possible to provide at any time in order to safeguard mental, physical and social health. Health affairs are under the authority of the Minister of Health.

In the Act the following terms are defined:

University hospital: A hospital, which provides services in almost all recognized fields of medicine and nursing, with emphasis on research, development and teaching. The hospital works in close collaboration with a university, which carries out teaching and research in medicine and most other fields of health sciences, and as applicable with secondary schools. Hospital personnel who meet the university's standards of competence are employed both at the hospital and at the university, or have other professional ties with the university. Treatment of patients, tuition and research are combined in the daily work of the hospital.

Teaching hospital: A hospital which provides services in the principal specialist fields of medicine and nursing and has ties with a university which carries out tuition and research in medicine and other fields of health sciences, and with secondary schools as applicable. Hospital personnel involved in tuition and research work closely with the university faculties connected with the hospital.

Landspítali University Hospital: Iceland's main hospital and the only university hospital. It provides specialized hospital services, inter alia in outpatient departments, for all the people of Iceland, and general hospital care for the residents of the capital area. Its role is to:

- Provide health service which is consistent at any time with the obligations of such a hospital, inter alia specialist service in almost all recognized fields of medicine nursing and, as applicable, other fields of health sciences practiced in Iceland, with access to support departments and research departments.
- Carry out clinical training of university students, and of secondary-school students in healthcare studies, in undergraduate and postgraduate study.
- Carry out scientific research in the field of health.
- Provide university-educated staff with specialist training in health fields.
- Enable professionals to pursue scholarly work at the University of Iceland or other universities, and provide university staff with facilities to pursue research and other work at the Hospital.

Akureyri Hospital: The only teaching hospital in Iceland. It provides specialized hospital services, inter alia at outpatient departments, for the people of Iceland and general hospital services for its health region. Its role is to:

- Provide health service which is consistent at any time with the obligations of such a hospital, inter alia specialist service in the principal fields of medicine, nursing and, as applicable, other fields of health sciences practiced in Iceland, with access to

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support departments and research departments.

- Carry out clinical training of university students in the health sciences at the University of Akureyri.
- Participate in clinical training of other university students and secondary-school students in undergraduate and postgraduate studies, in collaboration with Landspítali University Hospital, the University of Iceland and other healthcare facilities and educational institutions.
- Carry out scientific research in the field of health.
- Enable professionals to pursue scholarly work at the University of Akureyri or as applicable other universities.
- Be a back-up hospital for Landspítali University Hospital.

Health Records Act, No. 55/2009

2.4 The purpose of the Health Records Act is to introduce standards on health records, so that patients can be provided with the best health service at any time, while also ensuring protection of health-and personal data.

In the entering and storage of health records and access to them, the patient's human integrity and right to self-determination shall be respected, taking account of the fact that health records contain sensitive personal information, and that health data are confidential.

Regulation on the education, rights and obligations of medical doctors and criteria for granting of licenses to practice medicine and specialist medical licenses, No. 467/2015

2.5 This Regulation applies to medical graduates who apply for a licence to practise medicine and medical doctors who apply for a specialist medical licence under, and those holding licences to practise medicine and specialist medical licences from the Medical Director of Health. ([Regulation on the education, rights and obligations of medical doctors and criteria for granting of licences to practise medicine and specialist medical licences](#))

Professional title.

The right to use the professional title of medical doctor and to practice as such in Iceland is confined to those who have been granted a license to practice medicine by the Medical Director of Health.

Criteria for granting of a license to practice medicine

A license may be granted to those who have completed six years' education (360 ECTS), culminating in candidate examination, the professional medical qualification of the degree of Candidatus Medicinae (Cand. Med.) from the University of Iceland Faculty of Medicine, and clinical training. The regulation also states how a license from other countries may be granted to those how have completed comparable qualification in other countries.

Clinical training for license to practice medicine

Clinical training (*Foundation year*) shall comprise twelve months of clinical training, organized in such a way that at least four months are in a department of internal medicine, two months in a surgical and/or emergency department, and four months at a primary healthcare centre.

Clinical training shall take place at a recognized healthcare facility or a recognized department of a healthcare facility, under supervision, and in accordance with a specialty

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training programme for clinical training for a medical license. Clinical training is provided on the responsibility of the medical director of the relevant facility. Clinical training may be carried out abroad, provided that the training meets the criteria of this regulation. The clinical training shall be carried out at a healthcare facility which is recognized for such clinical training by health authorities in the state where the clinical training takes place, and by Icelandic health authorities.

It shall be ensured that the medical graduate receives adequate clinical training as provided in the curriculum. The relevant healthcare facility bears responsibility for the clinical training being in accordance with the objectives of the curriculum, and for the medical graduate meeting its requirements.

The Minister shall appoint for a term of four years a committee with responsibility to organize specialist training programme and their number, and the process of appointing medical graduates to clinical training, in collaboration with the healthcare facilities which are recognized to provide such training.

As the foundation year is only 12 months in Iceland compared to 24 months in the UK, the Core Medical Training program in Iceland is 36 months compared to 24 in the UK. Thus it is expected that most trainees will be able to finish Core Medical Training in 48 months from graduation from medical school, as in the UK.

Specialist medical licenses

The right to use the title of specialist in a medical speciality and to practice as such in Iceland is confined to those granted a license by the Medical Director of Health.

Criteria for specialist medical licenses

In order to be entitled to receive a specialist medical license a medical doctor shall fulfill the following standards

- He/she shall have completed the medical education of Cand. Med. from the University of Iceland Faculty of Medicine and clinical training (foundation year), or have completed comparable training abroad.
- He/she shall hold a license to practice medicine in Iceland.
- He/she shall have completed recognized specialist training and acquired the knowledge, clinical and practical skills and methodology required for the relevant speciality.

An applicant for a specialist medical license in a medical speciality and subspecialty shall first have been granted a specialist medical license in the state where the specialist training, or the majority of the specialist training, took place, and where the specialist training was completed.

The total duration of study shall normally be a minimum of five years (60 months) for a speciality, and two years for a subspecialty.

Specialist medical training

Specialist medical training shall consist of theoretical and clinical training at a university or healthcare facility which is recognized by Icelandic health authorities, or at a university or healthcare facility recognised for such specialist training by in the state where the specialist

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training takes place.

Specialist training which can be pursued in Iceland shall take place at a healthcare facility or at a department of a healthcare facility which has been recognized for such specialist training by the Evaluation and Competence Committee. Specialist training which takes place in Iceland, in whole or in part, shall be carried out in accordance with training methods, and be consistent with the curriculum, which has been formulated for the speciality.

The curriculum shall provide inter alia for admission to the specialist training, the content, organisation and duration of specialist training and individual parts of the training, quality requirements, supervision, and skills evaluation.

Specialist medical training shall take place on the responsibility of the medical director of the healthcare facility recognized by the Evaluation and Competence Committee and the medical director shall appoint a coordinator of studies who holds a specialist license in the relevant speciality as supervisor of the specialist training. The medical doctor undergoing specialist training and the medical director shall make an agreement which provides for the rights and obligations of the healthcare facility and of the medical doctor undergoing specialist training, a schedule for the specialist training and the duration and organisation of the prospective period of specialist training. Up to one year of scientific work may be recognised instead of one year in a speciality, provided that this is consistent with the curriculum, and approved by the coordinator of studies.

Accrued summer holiday and off-duty periods as a part of shift work schedule taken during the period of specialist training are counted as part of the total period of training. Absence exceeding ten weeks will be made up by extending the specialist training. In specialist training, full-time (100%) work is to be the rule. In the case of part-time work, the minimum duration of training shall be extended, so that the total period of training is equivalent to at least 60 months full-time work.

Those who complete specialist training in both a speciality and a subspecialty in seven years may be permitted more flexible terms regarding duration of study in the speciality and the subspecialty respectively than are stated above, but duration of training in the speciality must never be less than three years.

Specialist medical licenses.

In order to be granted a specialist medical license in a subspecialty within the relevant speciality, the applicant shall have been granted a specialist medical license in the relevant speciality, and have completed formal recognised specialist training in the subspecialty. The word subspecialty refers to further specialisation in a theoretical and clinical field that falls within the relevant major speciality. In addition to two subspecialties, one additional speciality may be recognised.

Professional standards and responsibility

A medical doctor shall display respect for the patient and perform his/her tasks vigilantly and conscientiously and in accordance with the medical professional standards required at any time.

A medical doctor must be aware of his/her duties and ethical rules for medical doctors, maintain his/her knowledge and professional skill, and master innovations in his/her field of work.

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A medical doctor shall familiarise himself/herself with legislation and regulations applying to healthcare practitioners and healthcare services at any time and other legislation and government directives, as applicable.

A medical doctor is responsible for the medical diagnosis and treatment he/she provides.

A medical doctor shall recognise his/her professional limitations, and seek assistance or refer the patient to another healthcare practitioner as necessary or possible, for instance if he/she judges that he/she cannot provide the patient with appropriate healthcare service.

Evaluation and competence committee on clinical training to be granted license to practise medicine and on specialist medical training

The Minister appoints an evaluation and competence committee.

The committee shall assess the competence of a healthcare facility or a department of a healthcare facility to be recognized as a training facility for clinical training for a medical license, and to carry out specialist training.

The committee shall evaluate and confirm curriculums for clinical training for licenses, and approve curriculums for individual specialist programmes for formal specialist training, after having received opinions of specialist medical organisations, healthcare/training facilities, heads of departments at the University of Iceland, and the Directorate of Health.

Curriculums shall make provisions inter alia for organisation of specialist training and admission to it, content, arrangements and duration of specialist training and individual parts of the training programme, quality standards, supervision and competence assessment. In the formulation of curriculums, advice shall be sought internationally as deemed necessary.

The organisation of specialist training shall be of such a nature as to meet international quality standards.

The committee establishes its rules of procedure, which are subject to the Minister's approval.

The committee shall send the Minister curriculums, and also a register of the healthcare facilities and department of healthcare facilities recognised by the committee to provide clinical training and specialist training at any time.

A register of recognised healthcare facilities and the curriculums for clinical training and for specialist training programmes for formal specialist training shall be published on the website of the Directorate of Health.

A healthcare facility shall notify the committee of any changes in activities and manning which may impact on the competence of the healthcare facility or department of a healthcare facility for recognition as a training institution for clinical training for a license and to provide specialist training.

The committee shall review its evaluation of healthcare facilities and curriculums every four years, or more frequently if required.

The Directorate of Health (Landlæknir)

2.6 The Directorate of Health is a government agency headed by the Medical Director of Health for Iceland. The Directorate of Health has similar roles as the General Medical Council in the United Kingdom.

The Directorate of Health operates under the authority of the Minister of welfare. The Minister appoints the Medical Director of Health for a term of five years. The Medical Director of Health is responsible for the agency he/she heads operating in accord with law, government directives and the terms of its commission.

The Medical Director of Health has extensive role regarding specialty training:

- According to the law ([Medical Director of Health and Public Health Act](#), No. 41/2007) the role of the Medical Director of Health is inter alia as follows:
 - To issue licences to individuals who meet the criteria of legislation and regulations to use professional titles of authorised health professions.
 - To conduce to training of healthcare practitioners being consistent with the standards of the health service at all times.
- According to the Regulation on the education, rights and obligations of medical doctors and criteria for granting of licenses to practice medicine and specialist medical licenses (no467/2015) the Medical Director of Health has the following roles:
 - The right to use the professional title of medical doctor and to practice as such in Iceland is confined to those who have been granted a licence to practice medicine by the Medical Director of Health.
 - An application for a specialist medical license in a specialist medical field shall be submitted to the Medical Director of Health together with documentary evidence of professional education, work experience and competence, and any other documents deemed necessary by the Medical Director of Health.
 - The Minister of Health appoints the evaluation and competence committee of three medical specialists for a term of four years. One member is appointed on nomination by the Icelandic Medical Association, one on nomination by the University of Iceland Faculty of Medicine, and one on nomination by the Medical Director of Health. The committee evaluates and confirms curricula for clinical training for licenses and approves curricula for individual specialist programmes for formal specialist training, after having received opinions of specialist medical organisations, healthcare/training facilities, heads of department at the University of Iceland, and the Directorate of Health.
 - A register of recognized healthcare facilities and the curricula for clinical training and for specialist training programmes for formal specialist training shall be published on the website of the Directorate of Health.
 - The Medical Director of Health may refuse an application from a medical doctor for a license to practice and a specialist medical license. That is despite his/her meeting the provisions of this Regulation, should the Medical Director of Health be of the view that the training has not been sufficiently continuous, or if too much time has passed after completion of continuous training or specialist training until the application was received.

The Directorate of Health has made recommendation for medical doctors, which are based on "Good Medical Practice" (the General Medical Council, UK) ([Góðir starfshættir lækna](#)) (see appendix). In addition the Medical Director of Health has endorsed the following GMC

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publications: [Setja krækjur á vefsíður](#)

- [Promoting excellence](#)
- [Standards for curricula and assessment systems](#)
- [Quality Improvement Framework](#)
- [Recognising and Approving trainers implementation plan](#)

Directorate of Health - Standards for curricula and assessment systems

For further details refer to: [GMC | Standards for curricula and assessment systems](#)

Planning

Standard 1: The purpose of the curriculum must be stated, including linkages to previous and subsequent stages of the trainees' training and education.

The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.

Standard 2: The overall purpose of the assessment system must be documented and in the public domain.

Content

Standard 3: The curriculum must set out the general, professional, and specialty specific content to be mastered, including:

- (a) The acquisition of knowledge, skills, and attitudes demonstrated through behaviours, and expertise.
- (b) The recommendations on the sequencing of learning and experience should be provided, if appropriate.
- (c) The general professional content should include a statement about how 'Good Medical Practice' (Góðir starfshættir lækna) is to be addressed.

Standard 4: Assessments must systematically sample the entire content, appropriate to the stage of training, with reference to the common and important clinical problems that the trainee will encounter in the workplace and to the wider base of knowledge, skills and attitudes demonstrated through behaviours that doctors require.

Directorate of Health - Standards for curricula and assessment systems cont.

Delivery

Standard 5: Indication should be given of how curriculum implementation will be managed and assured locally.

Standard 6: The curriculum must describe the model of learning appropriate to the specialty and stage of training.

Standard 7: Recommended learning experiences must be described which allow a diversity of methods covering at a minimum:

- (a) Learning from practice.
- (b) Opportunities for concentrated practice in skills and procedures.
- (c) Learning with peers.
- (d) Learning in formal situations inside and outside the department
- (e) Personal study.
- (f) Specific trainer/supervisor inputs.

Standard 8: The choice of assessment method(s) should be appropriate to the content and purpose of that element of the curriculum.

Outcomes

Standard 9: Mechanisms for supervision of the trainee should be set out.

Standard 10: Assessors/examiners will be recruited against criteria for performing the tasks they undertake.

Standard 11: Assessments must provide relevant feedback to the trainees.

Standard 12: The methods used to set standards for classification of trainees' performance/competence must be transparent and in the public domain.

Standard 13: Documentation will record the results and consequences of assessments and the trainee's progress through the assessment system.

Review

Standard 14: Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.

Standard 15: Resources and infrastructure will be available to support trainee learning and assessment at all levels (national, deanery and local education provider).

Standard 16: There will be lay and patient input in the development and implementation of assessments.

Standard 17: The curriculum should state its compliance with equal opportunities and anti-discriminatory practice

Landspítali University Hospital

2.7 Landspítali ([Landspítali](#)) is the only university hospital in Iceland. The Chief Medical Officer, is the chief physician of Landspítali. His role is also stipulated in the Health Service Act as being responsible for professionalism, and the professional performance of the hospital, on behalf of the CEO. According to the Regulation on the education, rights and obligations of medical doctors and criteria for granting of licenses to practice medicine and specialist medical licenses, specialist medical training is the responsibility of the medical director of the healthcare facility recognized by the committee. The medical director appoints a coordinator of studies (Training Programme Director) who holds a specialist license in the relevant specialty as supervisor of the specialist training.

The Chief Medical Officer and the Chief Nursing Officer are jointly responsible for the departments of professional development and education. The department manages and organizes diverse educational activities. Its goal is to support and implement evidence based methods in general and to strengthen staff academic capability and performance. The department organizes curricula, workshops, lectures and teaching material in order to reach this goal.

Akureyri Hospital

2.8 Akureyri Hospital ([Sjúkrahúsið á Akureyri](#)) is the only teaching hospital in Iceland. It participates in clinical training of university students and secondary-school students in undergraduate and postgraduate studies, in collaboration with Landspítali University Hospital, the University of Iceland and other healthcare facilities and educational institutions. An agreement regarding collaboration has been made between Landspítali and Akureyri Hospital ([Samstarfssamningur milli Landspítala \(LSH\) og Sjúkrahússins á Akureyri \(SAK\)](#)) from May 13th 2015 . There it is stated that the hospitals will have close collaboration in training of health care professionals. Based on the agreement the hospitals have made an additional agreement regarding Core Medical Training ([Samstarfssamningur Landspítala \(LSH\) og Sjúkrahússins á Akureyri \(Sak\) um framhaldsnám í lyflækningum](#)). Trainees are offered to take up to one third of their Core Medical Training at Akureyri Hospital.

The Icelandic Medical Society

2.9 The Icelandic Medical Society has set professional standards for medical doctors including:

- [Codex Ethicus](#) (see appendix).
- ["Sáttmáli lækna. Fagmennska í læknisfræði í upphafi nýs árbúsunds \(Medical professionalism in the new millennium: a physicians´ charter\)](#) (see appendix).
- [World Medical Association Declaration of Helskinki](#), (see appendix).
- [Industry interactions with Healthcare professionals and Healthcare Organisations](#) (see appendix).

In Codex Ethicus it is stated that:

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- A doctor shall view his/her educational work as an axiomatic duty. A doctor shall endeavour to share his/her knowledge as broadly as possible with doctors and medical students, with other health professions and with the general public.
- A doctor shall acquaint him/herself with the laws and rules applying to medical practice and its work environment, the rights of patients, scientific research in the health sciences, personal data protection monitoring and the protection of personal information, laws and regulations pertaining to the profession and the international declarations and resolutions, to which the Icelandic Medical Association is a party.

The Icelandic Society of Internal Medicine (Félag íslenskra lyflækna)

2.10 As discussed in **paragraph 2.4** the Evaluation and competence committee on clinical training shall approve curriculums for individual specialist programmes for formal specialist training after having received opinions of specialist medical organisations, healthcare/training facilities, heads of department at the University of Iceland, and the Directorate of Health. Thus the Icelandic Society of Internal Medicine is to review the curriculum for the Core Medical Training.

Medical School at the University of Iceland

2.11 As discussed in **paragraph 2.4** the Evaluation and competence committee on clinical training shall approve curriculums for individual specialist programmes for formal specialist training after having received opinions of specialist medical organisations, healthcare/training facilities, heads of department at the University of Iceland, and the Directorate of Health. Thus the professor of Internal Medicine at the School of Medicine at the University of Iceland is to review the curriculum for Core Medical Training.

2.12 The University of Iceland offers education to a higher degree within Health Sciences and Medicine (Msc and PhD). The trainees in the Core Medical Training are encouraged to participate in academic training and are supported to do so within the resources of the training programme. The same governance, supervision, and responsibilities apply to CMT trainees as other students.

Advisory Board for Core Medical Training

2.13 The role of the Advisory Board for CMT is to give consultation regarding the structure of the training program. It meets at least twice a year and the Training Program Director chairs the meetings. The board has the following members:

- Professor of Internal Medicine University of Iceland
- President of The Icelandic Society of Internal Medicine
- Chief Internal Medicine Services
- Chief of Geriatric Medicine
- Supervisor of Trainees Research
- Two senior staff members Internal medicine
- Two representatives from the group of trainees

The Curriculum and the involvement of the Royal Colleges of Physicians

2.14 As previously stated this reference guide, the curriculum for Core Medical Training in Iceland, and the assessment system used are based on and adapted from the corresponding UK documents. This forms part of extensive collaboration between the Federation of Royal

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Colleges of Physicians of the UK and Iceland to implement postgraduate medical training in Iceland. The agreement and arrangements around this collaboration have been set out in a signed Memorandum of Understanding (see appendix). This also includes provision of the MRCP (UK) examinations and the development of a training accreditation process.

According to the Memorandum of Understanding the following is stated:

The JRCPTB (the Joint Royal College of Physicians Training Board) will, through its Medical Director and wider clinical and administrative staff, be responsible for supporting the Executive Director of Internal Medicine Services, Director, Assistant Director and associated clinicians and programme staff at Landspítali - University Hospital of Iceland in the:

- 1) Development and structure of postgraduate training in General Internal Medicine in Iceland (including provision of the MRCP(UK) Examinations) for a first intake, including the transition of existing trainees, in to the programme from September 2015.
- 2) Development and delivery of an accreditation programme from 2016 onward.

The Landspítali - University Hospital of Iceland will oversee all local arrangements.

The UK Core Medical Training curriculum is the intellectual property of the Federation of Royal Colleges of Physicians of the United Kingdom. This collaboration permits Landspítali - University Hospital of Iceland use of the JRCPTB Curriculum for Core Medical Training and its related material for use as a foundation on which to build its training programme. It also supports the use, in principle, of the ePortfolio and associated support as a tool of structured assessment.

The Curriculum and assessment process has been reviewed by and is approved by the Faculty of Medicine at the University of Iceland, the Icelandic Internal Medicine Association, and the Directorate of Health, and Landspítali – the University Hospital of Iceland.

2.15 All doctors in Core Medical Training (CMT) should enrol/register with the JRCPTB so that progress in their training can be kept under review and supported where required, they can access the learning/professional portfolio/log books and assessment documentation for the CMT, so that certification of completion of CMT training can be awarded.

2.16 All trainees must accept and move through suitable placements or training posts which have been designated as parts of the training programme prospectively approved by the Evaluation and competence committee on clinical training to be granted licence to practise medicine and on specialist medical training. In placing trainees, the Program Director, or their representatives must take into account the needs of trainees with specific health needs or disabilities. Employers must make reasonable adjustments if disabled trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee.

2.17 Program directors should take into account the assessments of progress and individual trainees' educational needs and personal preferences, including relevant domestic commitments wherever possible.

Section 3: Key characteristics of specialty training

Standards

3.1 Standards have been set by the General Medical Council in the UK, and refer to the standards that are published in [Promoting excellence](#). Those standards have been endorsed by Directorate of Health in Iceland.

3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills, attitudes and an indicative duration (time).

Structure

3.3 Up to three years of training is offered in Core Medical Training in Internal Medicine. This will normally be followed by further training abroad to complete speciality training ("uncoupled" programmes).

3.4 There are other job opportunities such as one-year training posts in Core Medical Training (tímabundnar námsstöður). If such a trainee seeks transfer to the three year CMT program it can be accepted as long as full requirements and competence progression have been made as evidenced by an ARCP outcome

3.5 For trainees in other disciplines that seek transfer to CMT training, up to three months of training can be approved, as long as all training requirements have been met and these posts are a part of the rotational training scheme for CMT (such as emergency medicine, neurology, intensive care). The training programme committee has to approve the application on an individual basis. Sufficient evidence must at all times be presented at ARCP for successful progression. Competences gained in such posts will usually contribute to the attainment of required competences.

Section 4. Setting Standards

Approval of Training Programme: standards of training

4.1 Approval of the training programme and posts rests with the Evaluation and Competence Committee. It has determined that "a programme is a formal alignment or rotation of posts which together comprise a programme of training." A programme may either deliver the totality of the curriculum through linked stages in an entirety, or the programme may deliver component elements of the approved curriculum. For uncoupled training (see 3.3) the two elements of core training and higher specialty training are regarded as separate programmes and both require approval. They are managed by a Training Programme Director (TPD). A programme is not a personal programme undertaken by a particular trainee.

4.2 In order for the Core Medical Training programme to gain the Evaluation and Competence Committee approval, the committee relies on the Program director to submit his proposed training programme and posts. The Evaluation and Competence Committee then seeks approval from:

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- The Medical School of the University of Iceland.
- The Icelandic Internal Medicine Association.
- The Directorate of Health.
- Landspítali University Hospital.

Directorate of Health - Standards for Postgraduate Training

Domain 1: Patient safety

The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Domain 2: Quality Management, review and evaluation

Training must be quality managed, monitored, reviewed evaluated and improved.

Domain 3: Equality, diversity and opportunity

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.

Domain 5: Delivery of approved curriculum including assessment

The requirements set out in the approved curriculum and assessment system must be delivered and assessed.

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 and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn.

For standards for trainers reference can be made to [GMC | Recognition and approval of trainers](#)

Domain 7: Management of education and training

Education and training must be planned and managed 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 made to improving the quality of training and the outcomes of the training programmes.

Quality assurance of postgraduate medical education

4.3 According to the [Regulation on the education, rights and obligations of medical doctors and criteria for granting of licences to practise medicine and specialist medical licences](#) the curriculums shall make provisions inter alia for organisation of specialist training and admission to it, content, arrangements and duration of specialist training and individual parts of the training programme, quality standards, supervision and competence assessment.

- In the formulation of curriculum, advice shall be sought internationally as deemed necessary. The organisation of specialist training shall be of such a nature as to meet international quality standards. In this respect the Core Medical Training programme in Iceland has sought advice and collaboration to the Royal College of Physicians in the UK. It uses the curriculum for Core Medical Training in the UK with minor adaptations. CMT in Iceland is in the process of accreditation from the JRCPTB, which is expected in June 2016.
- The committee establishes its rules of procedure, which are subject to the Minister's approval. These rules shall make provision inter alia for the standards to be borne in mind in evaluation of facilities, and for the nature of consultation with facilities to be evaluated at any time.
- The committee shall be based at Landspítali University Hospital which provides work facilities and an administrative assistant who keeps minutes and deals with administration of cases and handles the committee's business between meetings.
- The committee shall send to the Minister curriculum, and also a register of the healthcare facilities and department of healthcare facilities recognised by the committee to provide clinical training and specialist training at any time.
- A register of recognised healthcare facilities and the curriculum for clinical training and for specialist training programmes for formal specialist training shall be published on the website of the Directorate of Health.
- A healthcare facility shall notify the committee of any changes in activities and manning which may impact on the competence of the healthcare facility or department of a healthcare facility for recognition as a training institution for clinical training for a licence and to provide specialist training.
- The committee shall review its evaluation of healthcare facilities and curriculums every four years, or more frequently if required.

Managing CMT training

4.4 The day to day management, including responsibility for the quality management of *the* specialty training programme, rest with the Training Program Director who is accountable to the Chief of Postgraduate training at the University Hospital (*Chief Medical Officer*), **who in turn is accountable to Directorate of Health.**

4.5 The Training Programme Director need to have in place an educational contract or agreement with all providers of postgraduate medical education which sets out the number of potential training posts within the provider unit, the standards to which postgraduate medical education must be delivered in accordance with the regulations in Iceland and the monitoring arrangements.

4.6 A range of issues will be covered in the educational contract. These may include:

- Study leave access and budget.

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- Administrative support for postgraduate medical education.
- Clinical medical education staff.
- Programmed activities (PAs) to support educational supervisors.
- Local/*foreign* course delivery (which may be part of a regional programme).
- Provision of library services and resources, and supporting IT access.
- Provision of simulation facilities.
- Faculty development.

4.8 The training program director will seek advice and input from JRCPTB and the relevant authorities in Iceland, including The Medical School of the University of Iceland, The Icelandic Internal Medicine Association, The Directorate of Health and Landspítali University Hospital on specialty training issues, including such areas as the local content of programmes, assessments of trainees, remedial training requirements and the recognition and training of trainers.

Training Programme Director

4.9 Training programmes are led by Training Program Director (The Training Programme Director with the associate Training Programme Directors for Core Medical Training in Iceland are collectively termed TPD in the text).

4.10 The Training Programme Director has responsibility for managing the specialty training programmes. They should:

- Participate in the local arrangements to support the management of the specialty training programme(s) and ensures that programmes deliver the curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience.
- Takes into account the collective needs of the trainees in the programme when planning individual rotational training posts.
- Provides support for clinical and educational supervisors within the programme contribute to the annual assessment outcome process in the specialty.
- Contribute to the Annual Review of Competence Progression (ARCP) process.
- Helps to manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where require.
- Ensures, with the help of administrative support, that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.

4.11 The Training Programme Director also have a career management role. They will need to:

- Ensure that there is a policy for careers management, which covers the needs of all trainees in their programme.
- Have career management skills (or be able to provide access to them).
- Play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates.

Educational and clinical supervision

4.12 Healthcare organisations should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and educational contracts/agreements developed between Training Programme Director and educational providers should be based on these principles and should apply to all healthcare organisations that are commissioned to provide postgraduate medical education.

4.13 Training Programme Director, is responsible for developing locally based specialty trainers to deliver educational and clinical supervision and training in the specialty. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.

4.14 Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved for the specialty. Named educational and clinical supervisors are required to be recognised and/or approved for every trainee at every post. Guidance can be sought at:

[Role of the Trainer](#)

[Recognising and Approving Trainers: The Implementation Plan](#) (August 2012).

4.14 Training Programme directors will need to be satisfied that those involved in managing and postgraduate training have the required competencies. This includes educational supervisors, clinical supervisors, and other employers, who deliver or manage training.

Training for trainers can be undertaken through a range of training modalities e.g. facilitated programmes, on-line learning programmes or self-directed learning programmes. Trainers involved in appraisal and assessment of trainees must also be trained in these areas.

4.15 All trainees must have a named clinical and educational supervisor for each placement in their specialty programme or each post. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities should be clearly defined. In integrated academic training, a trainee will have a named academic supervisor.

4.16 Educational supervisors should be specifically trained for their role. There should be explicit and sufficient time in job plans for both clinical and educational supervision of trainees.

4.17 It will be essential that trainers and trainees have an understanding of human rights and equality legislation. They must embed in their practice behaviours, which ensure that patients and carers have access to medical care that:

- Is equitable.
- Respects human rights.
- Challenges unlawful discrimination.
- Promotes equality.

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- Offers choices of service and treatments on an equitable basis.
- Treats patients/carers with dignity and respect.

Educational supervisor

4.18 An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement.

Clinical supervisor

4.19 Each trainee should have a named clinical supervisor for each placement to ensure that educational governance requirements are met. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.

Section 5: The Structure of Training

5.1 Core medical training can be achieved in Iceland. Trainees will be expected to enter further speciality training in medical specialities abroad through competitive entry following completion of CMT training.

5.2 In addition to Core Medical Training, the programme also takes part in the training programme for General Practice since GP trainees train for 8-12 months in Internal Medicine. In addition the medicine program participates in the provision of Acute Common Core Stem (ACCS) training with Emergency Medicine and Intensive Care Medicine/Anaesthesia. ACCS trainees spend 6-18 months in General Internal Medicine and Acute Medicine and are expected to participate in all training activities within CMT training during this period..

Filling gaps in training programmes

5.3 It is inevitable that there will be gaps to fill in training programmes as a result of incomplete fill at recruitment, trainees taking time out of programme, trainees leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur.

5.4 Vacancies or gaps in training programmes can be filled by locums where there is a service/workforce requirement to do so.

Section 6: Becoming a trainee in Core Medical Training

Recruitment into specialty training

6.1 Equal opportunities policies are promoted and implemented. There is no place for unlawful discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual

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orientation. Advertisements for training programmes will incorporate a clear statement on equal opportunities including the suitability of the post for part-time/job-share working. Appointment processes must conform to employment law as well as best practice in selection and recruitment. All individuals involved in the recruitment process, including interviewers, must have completed equality and diversity training.

6.2 Theme 2 of the General Medical Council (GMC) standards [Promoting Excellence](#) requires that organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.

6.3 The recruitment process is coordinated between different specialities. A structured application form informs a transparent scoring system on which shortlisting is based. All shortlisted applicants are invited for an interview. Ranking of applicants and offers of employment are based on joint scoring of application forms and performance at interview. The structure and governance of the recruitment process is based on the UK CMT recruitment process.

Offers of training

6.4 Trainees will have an educational agreement with the Training Programme Director that enables them to continue in a training programme subject to satisfactory progress. They will also be offered an employment contract for the placement(s) they will be working in. Some trainees will be employed by one employer throughout their period of training. This employer is known as the lead employer for that programme. Other trainees will have more than one employer so doctors may have a series of contracts of employment throughout a training programme. The trainee's employment is separate from their training.

Deferring the start of a specialty training programme

6.5 The start of training may only be deferred on statutory grounds (e.g. maternity/paternity/adoption leave, ill health).

Registering in the Training Program

6.6 Before the start of the training the trainee will be required to indicate formally that they accept the [Conditions of taking up a training post \(Appendix 1\)](#). In addition, trainees should:

- Be engaged in activities approved by and agreed with the Training Programme Director, if not currently taking part in the training programme, which are compatible with their training programme, (e.g. research or agreed leave of absence for a career break). If time out of the training programme is agreed, the trainee must ensure that the Program Director is informed of their proposed plans/timescale to return to the training programme.
- Ensure that both employer and Program Director processes are followed in relation to the reporting of absences.
- Agree to engage in the training and assessment process e.g. participate in setting educational objectives, appraisal, attend training activities, ensure that documentation required for the assessment process and revalidation.
- Not undertake locum activities, which compromise their training or make them non-compliant with working time regulations.

When is a training post withdrawn?

6.7 The training post will be withdrawn when a trainee:

- a) Has completed their training programme.
- b) Is assessed as not being suitable for continuing training.
- c) Does not comply with the requirements for registering or maintaining their registration.
- d) Does not hold a licence to practice.
- e) Is erased or suspended from the Medical Register or where restrictions are applied to their licence to practice (including loss of licence) where such measures are incompatible with continuing in a medical training programme.
- f) Is dismissed by an employer.
- g) Resigns their place in a training programme.

6.8 In all cases where a training post is withdrawn, the Training Programme Director will inform the trainee in writing of the reasons for this decision and (where necessary) their right of appeal. Depending on the reason for withdrawal of a training post, an ARCP panel is not necessarily required for this to occur.

6.9 The doctor can appeal the decision of the Training Programme Director to the Chief Medical Officer of the hospital where training takes place. The doctor can further appeal to the Medical Director of Health, which seeks opinion from the Professor of Internal Medicine at the University of Iceland, before making his decision.

6.10 The provision of 6.6e relates to decisions of the **Medical Director of Health** after **his** full and formal processes.

6.11 Provided there are no outstanding fitness to practise issues, it is open to those who have had their training **post** withdrawn or have given **it** up voluntarily to reapply to Core Medical Training at a later date. Re-entry in such cases will be by competitive process with other applicants as previously described (6.1-6.3).

Less than full-time training

6.12 Less than full-time training (LTFT) shall meet the same requirements in Core Medical Training as full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week.

6.13 All trainees can apply for less than full-time training either at the point of application for entry into Core Medical Training or at any time once they have been accepted into the training. As for all other applicants wishing to enter into Core Medical Training, competitive appointment into the training is required but must not be affected or influenced by the applicant's wish to be considered for less than full-time training. The aims of less than full-time training are to:

- Retain within the workforce doctors who are unable to continue their training on a full-time basis.
- Promote career development and work/life balance for doctors.
- Ensure continued training in programmes on a time equivalence (pro-rata) basis.
- Maintain a balance between less than full-time training arrangements, the educational requirements of both full and part-time trainees and service need.

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6.14 The Evaluation and competence committee on clinical training to be granted licence to practices medicine and on specialist medical training has agreed that if a post is approved for training, then it is also approved for training on a less than full-time basis.

6.15 As far as possible, Training Programme Directors will seek to integrate less than full-time training into mainstream full-time training by:

- Using slot/job shares where it is possible to do so.
- Using full-time posts for less than full-time training where it is possible to do so.
- Ensuring equity of access to study leave.

Eligibility for less than full time training

6.16 Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons. The following categories serve as guidelines for prioritising requests for less than full-time training. The needs of trainees in Category 1 will take priority.

Category 1 Doctors in training with:

- Disability.
- Ill health.
- Responsibility for caring for children (men and women).
- Responsibility for caring for ill/disabled partner, relative or other dependant.

Category 2 Doctors in training with:

- Unique opportunities for their own personal/professional development, e.g. training for national/international sporting events.
- Religious commitment involving training for a particular role, which requires a specific time commitment.
- Non-medical professional development such as management courses, law courses, fine arts courses, etc.

6.17 Other well-founded reasons may be considered by the Training Programme Director in consultation with the Chief Medical Officer at the hospital, but support will be dependent on the capacity of the programme and available resources.

Applying for less than full-time training

6.18 The normal process for acceptance to LTFT training will include the following stages:

- All trainees can apply for LTFT training either at the point of application for entry to specialty training or at any time once they have been accepted into specialty training. As for all other applicants wishing to enter specialty training, competitive appointment to specialty training is required but must not be affected or influenced by the applicant's wish to be considered for LTFT training.
- The trainee will need to first submit their reason for requesting LTFT to the Training Programme Director, which will be assessed and prioritised based on the categories above in order to be considered for a LTFT placement.

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- Once a LTFT training placement has been identified, the trainee will need to agree a LTFT training plan with the Training Programme Director. Approval will normally be given for the duration of the placement and will be subject to annual review.

6.19 LTFT trainees who wish to revert to full-time training must, in the first instance, contact their TPD. A suitable full-time placement may not be immediately available, and will depend on the current LTFT arrangement for that trainee and the training programme.

6.20 The administration of an application may take up to three months and applicants must not expect to be placed immediately. Giving as much notice as possible will facilitate the process for all concerned. The inability to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and as a result, LTFT training cannot always be guaranteed.

Progression in training as a LTFT trainee

6.21 As for all trainees, LTFT trainees will need to meet the requirements for progression in training as set out by approved curricula for training and they will be assessed in accordance with the ARCP process set out in Section 7. For clarity, key points with regard to progression in training for LTFT trainees have been set out below.

6.22 The ARCP is normally undertaken on at least an annual basis for all trainees, both full-time and LTFT trainees.

6.23 LTFT trainees will be expected to undertake the requirements for assessment as set in their relevant curricula on a pro rata basis and to spread the balance of workplace based assessments evenly.

6.24 Should an extension to training be required following the award of ARCP Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met.

6.25 If an extension to training is required following the award of ARCP Outcome 3 and the LTFT trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and not pro rata.

Academic training, research and higher degrees

6.26 The Core Medical Training curricula requires trainees to understand the important value and purpose of medical research and to develop the skills and attributes required to critically assess research evidence. In addition, some trainees will wish to consider or develop a career in academic medicine and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training.

6.27 Such opportunities are available and it is the responsibility of the trainee to seek the prospective agreement of the Training Programme Director to take time out of programme to undertake research or an appropriate higher degree. A trainee can also seek prospective agreement to be in a combined clinical and research post with dedicated time for both. In this case an agreement must be reached with the Training Program Director regarding the timing of each so that it is compatible with the overall training rotation.

6.28 Trainees undertaking research with no clinical care component should also note the importance of maintaining clinical skills. During such a period it may be desirable to continue to have some clinical duties such as an outpatient clinic and contribution to the on call rota.

Returning to the programme

6.29 A trainee who has previously chosen to leave the CMT programme (for reasons other than sickness, maternity/paternity leave or research) and wishes to change their mind and return to core medical training can seek approval to have their previous training acknowledged as long as this is within a three year period from leaving CMT. The trainee may however be required to lengthen their training depending on competencies.

Absences from training and impact on the *completion of training*

6.30 Absences from training, other than for study leave or annual leave, may have an impact on a doctor's ability to demonstrate competence and progression through the curriculum. If a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work) within each 12 month period a review of whether the trainee needs to have their training date extended will be triggered.

[Time out of Training -GMC position statement](#)

Section 7: Progressing in Core Medical Training

Competences, experience and performance

7.1 The curricula approved by the **Evaluation and Competence Committee** for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the **MRCGP** and completion of Core Medical Training. The curricula are mapped against the Good Medical Practice standards (Góðir starfshættir lækna) which form the basis of all medical practice.

7.2 Competences, knowledge, skills and behaviours take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence based programme of training must be an understanding of both the minimum frequency of performance, level of experience and the time required to acquire competence and to confirm performance in the specialty.

7.3 The assessment frameworks for specialty training complement the approved curricula and should deliver a coherent approach that supports the trainee in developing competences in a sustainable way, through a combination of both formative and summative work place based assessments and examinations. This approach is designed programmatically so that the clinical and professional performance of trainees in everyday practice is assessed.

7.4 The emphasis on work place assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments,

and that employers must ensure that appropriate opportunities are provided to enable this to happen effectively.

7.5 Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations which enable them to develop the required competences. The expected rate of progress in acquisition of the required competences is defined in the curriculum. This is important so that trainers, trainees and employers are clear as to what is acceptable progress within training. This will enable reasonable time limits and resources for remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered. There are occasions where progress in training cannot be achieved because of events external to training, such as ill-health. This will lead to training time being suspended (the training clock stops), date will be reviewed at the ARCP (see 7.68).

[Time out of Training -GMC position statement](#)

7.6 Curricula and assessment systems evolve and develop over time. To ensure that a trainee receives the most relevant and up to date training and that they are assessed using the most appropriate tools, trainees will be required to move to the most recent curriculum in Core Medical Training and use the most recent assessment tools. As part of any developments, implementation plans for the transition of trainees to the new curricula and assessment system will be published.

Assessment of progression

7.7 Structured postgraduate medical training is dependent on having curricula, which are mapped to Good Medical Practice (Góðir starfshættir lækna) and clearly set out the competences of practice, an assessment framework to know whether those competences have been achieved and an infrastructure which supports a training environment within the context of service delivery.

7.8 The three key elements which support trainees in this process are formative assessments and interactions (eg. supervised learning events and other supervisor discussions); summative assessments (eg. assessments of performance and examinations); and triangulated judgement made by a named Educational Supervisor. These three elements are individual but integrated components of the training process. Whilst the formative elements are for use between trainee and Educational Supervisor they will aid the supervisor in making their informed judgement so that together with the other elements they contribute to the Annual Review of Competence Progression (ARCP).

Annual Review of Competence Progression (ARCP)

7.9 Assessment is a formally defined and approved process that supports the curriculum. A trainee's progress in their training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress. A review (ARCP) results in an *Outcome* following evaluation of the written evidence of progress and determines the next steps for the trainee. A satisfactory Outcome confirms that the required competences, together with ongoing conformance to GMP, have been achieved.

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7.10 Educational review (sometimes known also as formative assessment) provides a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/ requirements of the employer. Supervised Learning Events (SLEs) may contribute to educational review but will not usually be part of the written evidence of progress (see paragraph 7.23).

7.11 All trainees must have a named educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

7.12 Through triangulation of evidence of progression in training and professional judgement, the named educational supervisor will contribute a structured report (Educational Supervisor's Report) to the ARCP.

7.13 The educational supervisor is the crucial link between the educational and workplace based assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process. The outcome from the review underpins and provides evidence to employers about the performance of doctors in postgraduate training, and informs the ARCP and Revalidation processes. This is supported by self-declaration evidence from the trainee as an employee about any relevant conduct or performance information.

7.14 During their educational review discussion with their educational supervisor, trainees must be able to raise concerns without fear that they will be penalised. Patient safety issues must be identified by clinical incident reporting, and reflective notes maintained within a portfolio, in addition to being reported through organisational procedures when they occur. However, where it is in the interests of patient safety or of the trainee, then the trainee must be informed that the relevant element of the educational review discussion will be raised through appropriate clinical governance/risk management reporting systems.

Educational review

7.15 The purpose of educational review is to:

- Help identify educational needs at an early stage by agreeing educational objectives which are SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imebound).
- Provide a mechanism to receive the report of the review panel and to discuss these with the trainee.
- Provide a mechanism for reviewing progress and a time when remedial action can be arranged and monitored.
- Assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career.
- Enable learning opportunities to be identified in order to facilitate a trainee's access to these.
- Provide a mechanism for giving feedback on the quality of the training provided.
- Make training more efficient and effective for a trainee.
- Consider matters around Fitness to Practice and other continued professional development.

7.16 Educational review is mainly a developmental, formative process which is trainee focussed. It should enable the training for individual trainees to be optimised taking into

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account the available resources and the needs of other trainees in the programme. Training opportunities must meet the training standards.

7.17 Appraisal is a continuous process. As a minimum the educational section of appraisal should take place at the beginning, middle and end of each phase of training and should be documented within the educational portfolio. These sections of training are normally marked by the ARCP process. However educational review can be undertaken more frequently and this should be the case where a previous assessment outcome has identified inadequate progress or there are specific educational objectives which require enhanced supervision.

7.18 Each trainee should normally have a learning agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their most recent ARCP outcome. This should be the basis of all educational review discussions throughout all stages of training. The learning agreement will need regular review and updating.

7.19 The educational supervisor and trainee should discuss and be clear about the use of a learning portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.

7.20 Regular feedback should be provided by the educational supervisor regarding progress in training as part of educational review meetings. This should be a two way process in the context of an effective professional conversation. Trainees should feel able to discuss the merits or otherwise of their training experience and identify factors which may be inhibiting their progress.

7.21 Records should be made of these regular educational review meetings and must be shared between trainee and educational supervisor. There is normally no need for these records to be seen by anyone else but they do form a contemporaneous record of progress that can be used to inform other reports and systems such as reports to the ARCP panel. The notes or a summary of them should be stored within the trainee's educational portfolio. Such records can include structured learning events.

7.22 The educational review process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. Examples of some early warning signs which should alert the educational supervisor that intervention may be required are:

- Failure to engage in undertaking workplace based assessments or other aspects of training.
- Issues raised in multi-source feedback.
- Complaints/concerns from either staff or patients.
- Significant, unexplained or multiple absences.
- Serious Untoward Incidents (SUIs).
- Critical and significant incidents involving patients and their care.

7.23 These concerns should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors, which might affect performance (for example, health or domestic circumstances) and should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns persist or increase, further action should be taken, and this should not be left to the ARCP process. Direct contact should be initiated

with the Training Programme Director, and the support process for trainees in difficulty activated (Section 8)

Assessment and the Annual Review of Competence Progression (ARCP)

7.24 Assessment strategies have been developed which are blue-printed against the Core Medical Training curriculum and the requirements of the *Good Medical Practice (Góðir starfshættir lækna)*.

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7.25 This section deals with the elements of the ARCP, which are designed to review evidence and arrive at a judgement, known as an outcome of progress. This section does not address the important processes of educational/workplace based educational review and programme planning which should respectively precede and follow from the ARCP process.

7.26 Assessment strategies will contain a variety of elements. These include items from the following non-exhaustive list:

- Well constructed and fit for purpose professional examinations which explicitly map back to the curriculum.
- Directly Observed Procedures (DOPs).
- Case Note Reviews.
- Case Based Discussion (CBD).
- Multi-source Feedback Reports (MSF).
- Observed video assessments.
- Assessments in clinical skills facilities.
- Assessments of clinical examinations (Mini CEX).

Workplace assessments are grouped into formative structured learning events (assessments **for** learning) Summative learning events (assessments **of** learning).

7.27 A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. This will be provided as part of the educational supervisor's report to the ARCP Panel. For core Medical Training in Iceland this information is gathered in the ePortfolio for each trainee.

7.28 Log books, audit or quality improvement reports/projects, research activity and publications document other sorts of experience and attainment of skills which trainees may need to demonstrate. They are not in and of themselves assessment tools but are a valid record to demonstrate progress. Information about these areas should be retained in a specialty specific learning portfolio which all trainees must maintain in order to record their evidence about training and performance in training. The portfolio will also form the basis of the educational and workplace based assessment process and of the annual planning process. For core Medical Training in Iceland this information is gathered in the ePortfolio for each trainee ([paragraph 7.117 onwards](#)).

7.29 Trainees should familiarise themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, trainees and trainers *must be notified* of the new requirements so that the changes can be implemented.

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7.30 Trainees must also familiarise themselves with the requirements of *Good Medical Practice (2013) (Góðir starfshættir lækna)*. Trainees need to undertake ARCP as it is the vehicle for educational progression.

Trainees must:

- Maintain a portfolio of information and evidence, drawn from their medical practice.
- Reflect regularly on their standards of medical practice in accordance with **Medical Director of Health** guidance on licensing and revalidation.
- Take part in regular and systematic clinical audit and/or quality improvement.
- Respond constructively to the outcome of audit, appraisals and the ARCP process.
- Undertake further training where required by the Training Programme Director.
- Engage with systems of quality management and quality improvement in their clinical work and training.
- Participate with discussion and any investigation around serious untoward incidents in the workplace and record reflection of those in their portfolio.
- Inform the Training Programme Director if they receive a criminal or civil conviction or police caution.

7.31 The trainee's educational supervisor must ensure that the trainee:

- Is aware of the trainee's responsibility to initiate workplace based assessments.
- Is supported in preparing for those assessments.
- Is aware of the requirement to maintain an up to date educational portfolio.
- Considers the need to address areas identified in the trainee's educational portfolio including undertaking and succeeding in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum.
- Is aware of the need to engage in processes of other continued professional development.

7.32 If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the Training Programme Director and between them, must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

7.33 The educational supervisor is responsible for completing a structured report for the ARCP Panel. This report must:

- Reflect the learning agreement and objectives developed between the trainee and their educational supervisor.
- Be supported by evidence from the workplace based assessments planned in the learning agreements.
- Take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.
- Provide a summary comment regarding overall progress during the period of training under review, including where possible an indication of the recommended outcome supported by the views of the training faculty.

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The report should be discussed with the trainee prior to submission to the Panel. The report and any discussion which takes place following its compilation must be evidence based, timely, open and honest. If such a discussion cannot take place it is the duty of the educational supervisor to report the reasons to the ARCP panel in advance of the panel meeting.

7.34 If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

The Annual Review of Competence Progression (ARCP)

Collecting the evidence

7.35 The assessment processes is mapped against the approved curriculum and *Good Medical Practice (Góðir starfshættir lækna)*. A structured report should be prepared by the trainee's educational supervisor which should reflect the evidence that the trainee and supervisor agreed, and should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace based assessments, examinations and other experiential activities required by the specialty curriculum (e.g. log books, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors should familiarise themselves with this guidance as well as the relevant curriculum and assessment framework. Trainees should familiarise themselves with the relevant curriculum and assessment framework and it is strongly recommended that they also take note of the guidance the Icelandic authorities have endorsed. Some of this guidance is available at:

[GMC | Curricula and assessment systems approval](#)

7.36 The trainee's educational supervisor may also be his/her clinical supervisor (Under such circumstances, the educational supervisor could be responsible for some of the workplace assessments, for producing the structured report, as well as for providing the educational review for the trainee.

7.37 Great care needs to be taken to ensure that these roles are not confused and indeed, under such circumstances, the trainee's educational supervisor should discuss with the Training Programme Director a strategy for ensuring that there is no conflict of interest in undertaking educational review and assessment for an individual trainee.

7.38 The Training Program Director will give the educational supervisors and their trainers at least six weeks notice of the date by which it is required so that trainees can obtain all required components. The educational portfolio must be made available to the Training Program Director at least two weeks before the date of the ARCP panel. Trainees will not be "chased" to provide access to their educational portfolio by the required date but should be aware that failure to do so could result in the panel awarding an outcome 5. As a consequence, the trainee will not be able to document attained competences or progress in

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the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in paragraph 7.44.

7.39 It is up to the trainee to ensure that the documentary evidence, which is submitted (including their educational portfolio) is complete. This must include all required evidence, even that which the trainee may view as negative. All workplace based assessments should be included in the evidence available to the ARCP panel and be retained in the trainee's educational portfolio so that they are available for discussion with educational supervisors during educational review sessions.

7.40 Where the documentary evidence submitted is incomplete or otherwise inadequate so that the panel cannot reach a judgement, no decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an Incomplete outcome (Outcome 5) and will require the trainee to explain to the panel in writing the reasons for the deficiencies in the documentation. The trainee will also be required to provide the relevant evidence within a specified time once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.

7.41 Following an Outcome 5 if the relevant evidence is not provided within the agreed timescale then an Outcome 3 will also be issued for the period under review. The Training Programme Director should also then consider if this requires further action, by reviewing the trainees progression overall: Outcome 4 may be more appropriate.

7.42 It may be necessary for the Training Programme Director (TPD) to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. This is to ensure that the trainee is aware of what had been reported, and it is not intended that the trainee should necessarily agree the report's content. Where the report indicates that there may be a risk to patients arising from the trainee's practice, this risk needs to be shared with the Training Programme Director, the current employer and **the Directorate of Health**. The trainee needs to be made aware that this will happen.

7.43 The trainee may submit as part of their evidence to the ARCP Panel a response to the trainer's report or to any other element of the assessment documentation for the Panel to take into account in their deliberations. Whilst it is understood that for timing reasons such a document will only be seen by the ARCP Panel in the first instance it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the training programme, or the employer.

7.44 The ARCP Panel is constructed in order to look at matters of educational performance, assess progression in training, and provide an opinion. The panel may relate to other issues and concerns such as clinical safety or perceived undermining within the training institution. Whilst the Panel is not in a position to investigate or deal with allegations of this nature it will bring such matters to the attention of the TPDs in writing immediately following the Panel for further consideration and investigation as necessary. Panels must take such allegations very seriously. *Medical Director of Health* will have policies on managing allegations of inappropriate learning and working environments. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements and follow these policies, including reporting their concerns. The TPDs must make such policies known to trainees as part of their induction.

What is the purpose of the ARCP?

7.45 The ARCP provides a formal process, which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking *Core Medical Training* and will enable the trainee, the Training Programme Director and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with performance and progression issues outside the annual review. It is not in itself a means or tool of assessment.

7.46 The ARCP fulfils the following functions:

- Provide an effective mechanism for reviewing and recording the evidence related to a trainee's performance within the training programme or in a recognised training post
- Provide a means whereby the evidence of the outcome of formal assessments, through a variety of workplace assessment tools and other assessment strategies, including examinations which are part of the assessment system are coordinated and recorded to provide a coherent record of a trainee's progress.
- Provide a mechanism for the overview of out of programme experience and record its contribution, where approved, to progress.
- Provided adequate documentation has been presented, to make judgements about the competences acquired by a trainee and their suitability to progress to the next stage of training if they are in a training programme.
- Provide a final statement of the trainee's successful attainment of the curricular competences.

7.47 The ARCP process is applicable to all trainees enrolled in Core Medical Training in Iceland

The Annual Review of Competence Progression Panel (ARCP Panel)

7.48 The panel has the following objectives:

- To consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report.
- To consider the time out of training during the assessment period and from entry to the programme and determine whether training duration needs to be extended or not.
- Provided that adequate documentation has been presented, to make a judgement about whether the trainee's progress has been satisfactory and whether they can progress to the next level of training. Trainees who are full time and receive an outcome 1 will progress to the next level. Trainees who are less than full time may have satisfactory progress but progress to the next level will depend on the competencies gained in the time available to them.
- To consider suitability to progress to the next stage of training or confirm training has been satisfactorily completed.

Composition of the ARCP Panel

7.49 The panel has an important role, which its composition should reflect. It should consist of at least three panel members appointed by the training committee, or an equivalent group, of which one must be either the Training Programme Director (or their deputy), educational supervisor, or Associate Programme Directors. Where more than one specialty is being assessed in the same panel (for example dual training or sub specialty training in parallel with main specialty training) or where the trainee is on an integrated academic programme, the panel will include relevant specialist/sub-specialist input. The panel should have input from a lay member and an external adviser who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over performance (paragraph 7.71).

7.50 If either the lay member or the external adviser has concerns about the outcomes from the panel, these will be raised with the TPD for further consideration. The TPD may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended.

7.51 All members of the panel (including the lay member and those acting as external adviser) must be trained for their role. This includes about fitness to practice, equality and diversity issues. This training should be kept up to date and should be refreshed every three years.

7.52 Educational and clinical supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member. Where there are any concerns about satisfactory educational progress they should withdraw temporarily from the process whilst their trainee is being considered and the panel should be constituted such that it remains quorate in that situation.

How the panel works

7.53 The panel will normally be chaired by the Training Programme Directors or his associate. The external adviser to the panel need only attend as required to fulfil his/her responsibilities as outlined above and so may only be required towards the end of the process, especially in large specialties.

7.54 The process is a review of the documented and submitted evidence that is presented by the trainee and as such the trainee should not attend the panel. However, the panel may wish to have trainees present on the day to meet with the panel after their discussion of the evidence and agreement as to the outcome or outcomes. This is to discuss next steps and their future training requirements.

7.55 Trainees must not be present at the panel considering the outcomes.

7.56 Where the Training Programme Director, educational supervisor or academic educational supervisor has indicated that there may be an unsatisfactory outcome(s) through the ARCP process [Outcomes 2, 3 or 4 (see page 63)] the trainee will be informed prior to the panel of the possible outcome and must meet with panel members but only after the panel has considered the evidence and made its judgement.

7.57 The purpose of the trainee meeting with the panel after it has reached its decision(s) is to discuss the recommendations for focused or additional remedial training if these are

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required. If the panel recommends focused training towards the acquisition of specific competences (outcome 2) then the timescale for this should be agreed with the trainee.

7.58 If additional remedial training is required (outcome 3), the panel should indicate the intended objectives and proposed timescale. The details of how a remedial programme will be delivered will be determined by the Training Programme Director. The remedial programme will be planned taking into account the needs of other trainees in the specialty and in related programmes and must be arranged with the full knowledge of the employer to ensure clinical governance aspects are addressed.

7.59 This additional training must be agreed with the trainee, trainers and the employer. The information about the circumstances leading to the additional training requirement will be shared with the trainee and agreement to it being shared with the trainers is a requisite of joining and continuing in the training programme.

7.60 The panel should systematically consider the evidence as presented for each trainee against the curriculum, assessment framework, and GMP (Góðir starshættir lækna) and make a judgement based upon it so that one of the outcomes is agreed.

7.61 Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 4) including where trainees are temporarily out of the programme, with the agreement of the Training Programme Director.

7.62 At the ARCP the provisional dates for progression and completion of training should be reviewed, and adjusted if necessary, taking into account such factors as:

- Statutory leave, sickness or other absence of more than 14 (normal working) days in any year.
- Where prior agreement has been made with the TPD for training time to be suspended (the 'clock to stop').
- A change to or from less than full time training.
- Leave of absence from the programme to pursue research.
- Delays in achieving the competences.
- Failure to demonstrate achievement of competences (Outcome 3) as set out in the specialty curriculum.

The adjusted date should be entered on page 2 of the Specialty Annual Review of Competence Progression (ARCP) - Outcome Form (Appendix 4).

Outcomes from the ARCP

7.63 The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel (Appendix 5) for *all* trainees will be made available by the ARCP panel to the:

a) Training Programme Director (TPD). The TPD will receive results of the outcome.

- The TPD sends the results to the trainee's educational supervisor. This should be used to form the basis of the further educational review and workplace based assessment that the educational supervisor undertakes on behalf of the employing organisation. It is the educational supervisor's responsibility to raise any areas of concern about the trainee's performance that link to clinical

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governance as documented by the ARCP process, with the medical director (or their nominated officer). If the review has been undertaken shortly before rotation to a new placement has occurred the documentation should be forwarded by the TPD to the medical director where the trainee is due to start.

- The trainee should retain a copy of the signed form in their educational portfolio.
- The TPD (and/or the trainee's educational supervisor) should meet with the trainee to discuss the outcome and plan the next part of their training (paragraphs 7.117 – 7.120) and documenting the plan fully.

b) Chief Medical Director

c) The Directorate of Health

7.64 Any concerns which emerge about a trainee's Fitness to Practise must be reported to the Training Programme Director, for further advice and guidance.

7.65 The panel will recommend one of the following outcomes for each trainee, including those on integrated clinical/academic programmes: (Outcomes 1-8 as set out overleaf)

Annual Review of Competence Progress (ARCP) Outcomes

Outcome 1: Satisfactory Progress - Achieving progress and the development of competences at the expected rate

Satisfactory progress is defined as achieving the competences within the curricula at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exams, etc.

For the following outcomes the trainee is required to meet with the panel (Outcomes 2, 3, 4 & 5) after the panel has reached their decision.

Outcome 2: Development of specific competences required - Additional training time not required

The trainee's progress has been acceptable overall but there are some competences, which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development, which is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.

Outcome 3: Inadequate progress - Additional training time required

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme. Where such an outcome is anticipated, the trainee must attend the panel. The trainee, educational supervisor

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and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of six months for core trainees unless exceptionally, this is extended at the discretion of the Training Programme Director, but with an absolute maximum of one year additional training during the total duration of the training programme. The extension does not have to be taken as a block of 1 year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.

Outcome 4: Released from training programme - With or without specified competences

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences, which have been achieved by the trainee are documented. The trainee will be required to give up their training post but may wish to seek further advice from the Programme director or their current employer about future career options, including pursuing a non-training but service-focused career pathway.

Outcome 4 may also be recommended in circumstances where there is no performance- linked need for additional training.

Outcome 5: Incomplete evidence presented - Additional training time may be required

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete their training programme. The additional time begins from the date the panel should have considered the trainee. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designate date, noting that available "additional" time is being used (see 1 above) in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done "virtually" if practicable) and issue an assessment outcome.

Alternatively the panel may agree what outstanding evidence is required from the trainee for an Outcome 1 and give authority to the Chair of the panel to issue an Outcome 1 if satisfactory evidence is subsequently submitted. However if the Chair of the panel does not receive the agreed evidence to support an Outcome 1 then a panel will be reconvened.

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Outcome 6: Gained all required competences - Will be recommended as having completed the training programme

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the Directorate of Health.

When an outcome is not issued

The ARCP panel would not issue an outcome when the trainee is absent due to statutory leave: maternity leave or sick leave or where training has been suspended – see paragraph 7.69 below. In these circumstances the panel will record the reasons for this via agreed methods.

Additional or remedial training

7.66 The panel may identify the need for additional training time (Outcome 3) which extends the indicative Core Completion date. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other trainees at the same level of training. The opportunity costs for other trainees in the programme and critically, for those who want to gain entry into the specialty are considerable.

7.67 However, because it is recognised that trainees may gain competences at different rates for a number of reasons, trainees will be able to have additional aggregated training time. This will be up to six months for core training. This does not include additional time, which might be required because of statutory leave such as ill health or maternity/adoption/paternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into training in the specialty. If the trainee fails to comply in a timely manner with the educational plan for the additional training, he/she may be required to leave the training programme before the additional training has been completed in accordance with 6.30 of the Gold Guide.

7.68 The educational progress of the trainee during any additional or remedial training will be reviewed by the ARCP panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. The panel will decide if the outcome of the additional training is that the trainee can continue in their specialty training programme, requires further additional training, or if they have not met or cannot meet the standards required. If it is decided that the trainee is unable to meet the standards, this will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Training Programme Director will advise the trainee that their training post appointment has been withdrawn.

7.69 Whilst the ARCP Panel must recommend the outcome for an individual trainee on the basis of the submitted evidence, it must also take into account any mitigating factors on the trainee's part such as personal circumstances, during which period the training time with respect to progress may have been suspended (see 7.62). Suspending training is a decision that should be taken outside of the ARCP process. It is a neutral action that should be

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agreed between the trainee, the TPD and the employer as early as reasonably practical and documented. Suspension of training should not be assumed and needs to be supported with suitable evidence of need. This may mean that a shorter period of time than expected has been available in which to make progress and the Panel decision should take this factor into consideration. Such suspensions of training time will also require an adjustment to the expected *Core Medical training* date (see 7.70).

7.70 The Panel should also consider aspects within the training environment such as changing circumstances or the supervision available, in determining its specific recommendations with respect to any additional time which may be required. This includes considering if any training time should be discounted. Whilst these factors should be taken into account in planning future training for the individual trainee they in and of themselves should not change the outcome arrived at based on the available evidence received by the Panel for the period of active training.

Quality Assurance of ARCPs

7.71 Since decisions from the panel have important implications for both patient safety and for individual trainees there should also be external scrutiny of its decisions from two sources:

- A lay member to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress. Lay members will be appointed from a list compiled by the Training Programme Director. Lay participants will have been trained to undertake this work.

The role of the Training Programme Director in the ARCP

7.72 The Training Program Director, or his associate, has responsibility for a range of managerial and operational issues with respect to postgraduate medical training. Amongst these is the management of the ARCP process, including the provisions for further review and appeals (see below). The process is carried out by a panel.

7.73 The Training Programme Director should maintain a training record for each trainee in which completed ARCP outcome forms are stored. For security purposes a photograph of the trainee should be incorporated within this record. The record, including previous outcome forms and supporting documentation must be available to the panel whenever the trainee is reviewed. The Training Programme Director's staff will provide administrative support for the panel. The training record may be physical or stored electronically with suitable measures to maintain its integrity. For Core Medical Training in Iceland, the ePortfolio has this function.

7.74 On entry to the training programme the Training Programme Director will: Send an appropriate letter outlining the conditions of taking up a training Post, reminding them of their professional obligations, including active participation in the assessment and review process. The return of the signed letter registers the trainee with the Training Programme Director.

7.75 At the end of each review process the Training Programme Director will forward copies for the outcome documents in respect of each trainee to the recipients identified in 7.63.

7.76 Where concerns about a trainee have been raised with the Training Programme Director, either following an outcome from the ARCP process or through some other mechanism, the TPD (or named deputy) should liaise directly with the Chief Medical Officer where the trainee is employed/working to investigate and consider whether further action is required.

7.77 When an Outcome 4 recommendation is made the Training Programme Director (or named deputy) will consider that recommendation and write to the trainee with their decision. This will be done either ten days after the original recommendation is made or at the completion of the appeal process (7.121 – 7.146), whichever is later. The effective date for the cessation of the training programme is the date of the panel decision issuing an Outcome 4.

7.78 The TPD is responsible for ensuring that the trainee and his/her current educational supervisor receive a copy of the ARCP outcome document within ten working days following the decision.

7.79 If the outcome is satisfactory and is as anticipated then the TPD and/or educational supervisor should meet with the trainee to plan and document the next stage of training, unless this has already been agreed. If the trainee is due to rotate and change training units, this meeting could take place with the trainee's new educational supervisor.

7.80 If the outcome is not satisfactory then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the ARCP panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.

7.81 The purpose of this meeting is to discuss the further action which is required as a result of the panel's recommendations. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee's file. It is important to note that this meeting is not about the recommendation made by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

What is required of the trainee?

7.82 Trainees will need to send to the Training Program Director a signed copy of the Conditions of taking up a training post (Appendix 3) which reminds them of their professional responsibilities, including the need to participate actively in the assessment and revalidation processes. These obligations relate to professional and training requirements and do not form any part of the contract of employment.

7.83 Trainees will sign a contract of employment with the relevant hospital, which includes information about their contractual responsibilities.

7.84 Trainees will sign an educational agreement, which is kept within their ePortfolio and is renewed as required throughout their training.

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The ARCP for trainees undertaking joint clinical and academic training programmes

7.85 Some doctors will undertake joint clinical and academic training programmes. Trainees in such programmes will have to successfully complete both the full training programme and meet the requirements of the academic programme.

7.86 Individuals undertaking academic training must have an academic educational supervisor who will normally be different from the trainee's clinical educational supervisor.

7.87 The academic supervisor is responsible for drawing up an academic training programme with the trainee and their clinical educational supervisor, so that there is a realistic/achievable timetable with clear milestones for delivery covering both academic and clinical aspects of the programme. Research plans should be drawn up to include specific training, where required, together with plans for research experience and outputs. These targets will be summarised within the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.

7.88 On entry into specialty training the academic supervisor should make research plans with the trainee, as the context against which to assess their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. A joint meeting with both clinical and academic educational supervisors may be advantageous to ensure that both aspects of the programme are realistic. The educational supervisor and academic supervisor should ensure that clinical and academic objectives are complementary. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

7.89 Assessment of clinical progress of academic trainees should be competence based, rather than time based. Setting a target date for completion of CMT should be determined flexibly and tailored to the needs of the individual academic trainee.

7.90 Assessment of academic progress of academic trainees would be according to the research plan and carried out through the assessment process in place at the University of Iceland. Academic trainees should be registered with the University working towards a higher degree (Msc or PhD). If their progress is deemed appropriate by the assessment process at the University of Iceland intended for such studies, their academic progress within CMT will be considered appropriate.

The ARCP for trainees in less than full-time training

7.91 The annual review process for trainees in less than full time training will take place at the same frequency as full-time trainees i.e. once per calendar year. The panel should take particular care to consider that progress has been appropriate to the training time undertaken, and that the estimated time for completing the training programme is reviewed. It is helpful to express the part-time training undertaken by a trainee as a percentage of full-time training so that the calculation of the date for the end of training can be calculated based on the specific specialty curriculum requirements.

Annual planning

7.92 Once the outcome for a trainee is known, trainees must meet with their educational supervisor and/or TPD to plan the next phase of their training.

7.93 The plan for the trainee's next phase of training should be set within the context of the objectives that must be met during the next phase of training and must reflect the requirements of the relevant specialty curriculum.

7.94 The educational review and planning meetings should be coordinated to ensure that the trainee's objectives and review outcomes drive the planning process, rather than the reverse.

7.95 Once the plan for the trainee's next phase of training has been agreed, this should be documented within the trainee's learning portfolio.

Appeals of the Annual Review of Competence Progression outcomes

7.96 It should never come as a surprise to trainees that action through the ARCP process is under consideration since any performance and/or conduct shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress (paragraph 7.23).

7.97 As identified in paragraph 7.57 the ARCP Panel will meet with all trainees who are judged on the evidence submitted to:

- Require further development on identified specific competences (Outcome 2, or 7.2)
- Require additional training time for all reasons other than "the clock stopped" (Outcome 3, or 7.3) or
- Be required to leave the training programme before completion, with identified competences achieved or with an identified and specified level of training attained (Outcome 4).

7.98 The purpose of the post-ARCP review meeting identified in 7.92 is to inform the trainee of the decision of the Panel. The meeting should also plan the further action which is required to address issues of progress in relation to outcomes 2 and 3, or to make clear to the trainee the competencies with which they will leave the programme in relation to outcome 4, or to explain the reason for withdrawal of a training number for another reason.

7.99 However, a trainee has the right to request a review and in some circumstances, an appeal if one of these outcomes is recommended by the ARCP panel.

Reviews and appeals

7.100 A review is a process where an individual or a group who originally made a decision, return to it to reconsider whether it was appropriate. This can be undertaken by virtual methods such as video-conferencing or tele-conferencing where this can expedite the review. The review must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.

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7.101 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant. Those involved in an appeal panel must not have played a part in the original decision or the review.

7.102 Through the process of review or appeal it may be decided at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in 7.63.

Review of Outcome 2

7.103 It is essential that representatives of the ARCP panel meet with the trainee after they have made their decision to explain the evidential basis on which the decision was made. The purpose of this meeting is also to reach a common understanding of the situation to ensure that everyone is aware of any relevant issues or concerns and to identify an appropriate course of action.

7.104 If the trainee disagrees with the decision they have the right to ask for it to be reviewed. Requests for such review must be made in writing to the Chair of the ARCP Panel within ten working days of being notified of the Panel's decision. The Chair will then arrange for a review (which can be virtual) by members of the original panel and it should take place within 15 working days of receipt of such a request from a trainee. The panel should be quorate to change the outcome. Trainees may provide additional evidence at this stage and this must be received at least five working days before the review so that the panel is able to consider it in detail. After the review a further meeting with the trainee will also be arranged.

7.105 The review of an Outcome 2 recommendation should be documented. An account of the proceedings should be given to the trainee and also retained by the TPDs and forwarded to the Chief Medical Officer. The decision of the review is final and there is no further appeal process.

Appeal against Outcomes 3, 4 or withdrawal of a training posts.

7.106 Trainees have the right of appeal if they receive an outcome which results in a recommendation for:

- An extension of the indicative time to complete the training programme (Outcome3), or
- Release of the trainee from the training programme with or without identified competencies having been achieved and without completion of the programme (outcome 4)

7.107 Appeal requests should be made in writing to the Training Programme Director within ten working days of the trainee being notified of the decision. The Training Programme Director will determine local arrangements for receiving such requests.

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7.108 The request should specifically state the grounds for appeal. These may include: relevant evidence not being available to the Panel, concerns about the ARCP process, concerns about misinterpretation of facts.

7.109 On receipt of an appeal request the Training Programme Director may arrange for a review of the original recommendation. A review is not always necessary and there will be occasions where the Training Programme Director determines that they should proceed directly to appeal hearing. If a review is arranged it will follow the process outlined in 7.103 - 7.105. The decision of the Review Panel will be communicated to the trainee. If the Review Panel modifies the original decision of the ARCP Panel then a further meeting with the trainee will be arranged.

7.110 Where the Review Panel has modified the decision of the original ARCP Panel to an Outcome 2 this completes any Appeal process.

7.111 Where the Review Panel does not alter the decision of the original ARCP Panel or where the Training Programme Director determines to omit review, an appeal hearing will be arranged.

Appeal Hearing

7.112 A formal Appeal Hearing should normally take place where practicable within 15 working days of the completion of any review (if arranged) or if no review within 15 working days of the request for appeal. Members of the original ARCP Panel must not take part as members of the Appeal Panel. Trainees may support their appeals with further written evidence relevant to the original ARCP panel consideration, but this must be received at least five working days before the Appeal Panel meets so that the Panel is able to consider it in detail. All documentation presented to the Appeal Panel must also be made available to the trainee.

7.113 The Training Programme Director should always attempt to obtain written confirmation where the trainee does not apply for an Appeal Hearing following an Outcome 4.

7.114 The Training Programme Director will convene an Appeal Panel to consider the evidence and to form a judgement. It should consider representations and evidence from both the trainee and from those who are closely involved with their training such as the educational supervisor.

7.115 The Appeal Panel should include:

- Director of Health or his associate
- Professor of Medicine, University of Iceland
- President of the Society of Internal Medicine or his associate
- A senior doctor from within the same specialty as the trainee, which whom they have not worked.
- A senior doctor from a different specialty to the trainee.
- A senior trainee from a different specialty to the trainee.
- A lay representative.

Membership of the Panel should not include any of those involved in the original ARCP

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Panel. A representative from the Human Resources Directorate of the employer must be available to advise the Chair on, for example, equal opportunities matters. Administrative support should also be available to make a written record of the proceedings of the Appeal.

7.116 Trainees also have a right to be represented at an Appeal, to address it and to submit written evidence before the hearing. They may choose to be represented, for example, by a friend, colleague or a representative from their professional body. If a trainee wishes to be represented by a lawyer then legal representatives should be reminded that Appeal Hearings are not courts of law and the Panel governs its own procedure including the questioning to be allowed of others by the legal representative.

7.117 Trainees should be notified in writing within five working days of the outcome of the appeal hearing, with a formal report being provided as soon as is practicable. The appeal process described above is the final internal avenue of appeal.

7.118 It may be that the outcome of an appeal is to alter an earlier decision while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel.

7.119 In appeals relating to outcomes 3 and 4 the employer should be kept informed of progress at each step in the appeal process.

Termination of a training contract

7.120 A trainee dismissed by an employer will be deemed by the Chief Medical Officer of the relevant hospital to be unsuitable to continue in the training programme.

7.124 When a training contract is terminated by the Chief Medical Officer, the TPDs must ensure:

- The trainee's training post is removed.
- Current and future employers within the trainee's programme are notified.

Section 8: Being a Trainee and an Employee

Accountability issues for employers, Training Programme Director and trainees

8.1 Trainees in specialty training are both pursuing training programmes under the management of the TPD and are employees in healthcare organisations. In fulfilling both of these roles they incur certain rights and responsibilities.

8.2 While the Training Programme Director is responsible for managing the delivery of training to postgraduate trainees this is always within the context of trainees being the employees of another organisation. Trainees therefore have an employment relationship with their employer and are subject to their employing organisations' policies and procedures.

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8.3 It is important therefore that employers are fully aware of the performance and progress of all doctors, including trainees in their employ. In addition, there must be a systematic approach to dealing with poorly performing trainees. In this context, the relationship between the employer and the Training Programme Director must be clearly defined.

Roles and responsibilities

8.4 The Training Programme Director is responsible for the trainee's training and education while in recognised training posts and programmes, through their defined role under the responsibility of the Chief Medical Officer at the relevant Hospital. The TPD furthermore oversees:

- Organising training programmes/posts for postgraduate trainees.
- Recruiting trainees through nationally defined processes.
- The Annual Review of Competence Progression process (ARCP).

8.5 Equally, employers have a legitimate interest in being clear about the performance of trainees as their employees. Excellent two-way communication between Training Programme director and employers about the performance of trainees is therefore essential (see 7.49, 7.63 and 7.124).

8.6 Both the Training Program Director and employers must ensure that mechanisms are in place to support the training of trainees and to enable problems which may be identified to be addressed at an early stage in an open and supportive way. At a minimum this should include:

- Ensuring that clinical responsibility is tailored to a realistic assessment of the trainees' competence so that patient safety remains paramount and the trainee is not put at risk by undertaking clinical work beyond his/her competence.
- Through induction to both the employer and to the specific training unit. This should include, for example, introduction to key team members and their roles, clarity about any of the geographic areas where a trainee might need to work, a working understanding of the equipment which might be required (especially in an emergency situation), access to and requirements for the use of protocols and guidance documents, supervision arrangements, out-of-hours arrangements, etc clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every trainee.
- Clearly defined and timely training arrangements for trainees, with objectives agreed early in their training placement with their educational supervisor.
- Regular opportunities to continue to plan, review and update these objectives.
- Regular assessment of competence based on the approved assessment blueprint for the specialty, undertaken by trained assessors and handled in a transparent manner with substantiated and documented evidence of poor performance and conduct where and when this is necessary.
- Where necessary, the support to deliver defined and agreed additional remedial training.
- Access to psychological and social support as deemed needed.

Transfer of information

8.7 The basic structure of core medical training programmes is a rotational experience which allows the trainee to develop and demonstrate competences in a range of clinical settings and environments. Trainees rely on the integrity of the training programme to support their growth and development within it. The ability to demonstrate competences and conduct appropriate to the level of training and the (Góðir starfshættir lækna) forms part of this continuum.

8.8 Trainees must maintain a learning portfolio, which covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement within the training programme is fundamental to the training process and is applicable to every trainee.

8.9 It will be essential in such circumstances for the educational supervisor and TPDs at the trainee's next placement to be made aware of the on-going training and/or supportive (?) needs to ensure that these are addressed.

8.10 It is also essential, for the sake of patient safety and to support the trainee where required, that information regarding any completed disciplinary or competence issue and a written, factual statement about these, is transferred to the next employer. This should make reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, any allegations that were upheld, but not those that were dismissed, and the outcome of the disciplinary action along with any on-going or planned remedial training. Information about any completed disciplinary procedure which exonerated the trainee will not be passed on.

8.11 Under these circumstances the information should be transferred with the knowledge of the trainee and TPDs to the Chief Medical Officer in the next employing organisation. This also applies to existing, unexpired disciplinary warnings.

8.12 Where a trainee has identified educational or supervisory needs, which must be addressed as a result of the disciplinary process, information concerning these will be transferred by the TPDs to the Chief Medical Officer in the receiving employing organisation.

8.13 In all of these circumstances, the trainee has the right to know what information is being transferred and has the right to challenge its accuracy, but not to prevent the information being transferred, subject to the requirements of the Data Protection Act.

Managing concerns over performance during training

8.14 In all professions it is recognised that sometimes employees may encounter difficulties during their career. These may show themselves in various ways, e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system.

8.15 Although it is recognised that the cost of training doctors is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety, which is of paramount importance.

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8.16 Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with regulations by the Directorate of Health. In all cases, the Programme Director should be involved from the outset.

8.17 It is possible that disciplinary action initiated by one employing organisation will not be completed before the trainee's employment contract expires and the trainee moves on to the next employing organisation in a rotational training programme.

8.18 The end of an employment contract does not have to mean the disciplinary process may not continue. Any warning or suspension notice would cease to have effect once employment with the issuing employing organisation ends. However an enquiry may, if the employing organisation is willing, still proceed all the way to a finding. The range of responses to a disciplinary finding will, however, be limited by the expiry of the employment contract. For example, the employing organisation will not be able to dismiss an ex-employee or ask that a subsequent employer dismisses him or her. Any proven offence must be recorded by the investigating employing organisation and should be brought to the attention of the relevant TPD to assess any impact on the training programme for the trainee.

8.19 The TPD should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly. If a trainee is excluded when an employment contract ends, the TPD may decide not to arrange for further placements to be offered until the enquiry has concluded. The best course in these circumstances may be to arrange with the existing employer an extension of employment until the matter is resolved. An employment contract cannot, however, be extended purely to allow disciplinary action, such as suspension, without the employee's express consent.

8.20 If practice is restricted for whatever reason when an employment contract ends, it would be reasonable for the TPDs to arrange further placements with appropriate restrictions until the enquiry had reached a finding.

8.21 Once a finding has been reached, TPD will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outline in 7.106 – 7.109).

8.22 Misconduct should be taken forward in accordance with the employer's agreed disciplinary procedures in line with local policies. Processes must be in accordance with those set out in the relevant national guidance on maintaining high professional standards. The TPD must be involved from the outset.

8.23 The TPDs will seek assurance from the employer through the Educational-and employment contract that trainees will be managed in accordance with best employment practice.

8.24 TPD (must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee, but may provide evidence to the panel and advise on training and education matters if required.

8.25 Termination of a trainee's employment contract after due process will mean that core medical training is discontinued.

Poor performance and competence

8.26 In the first instance where there are issues around poor performance and professional competence, employers and trainers should advise the TPD of any trainee who is experiencing difficulties and the action being taken to support and remedy any deficiencies. The PD and employer must work closely together to identify the most effective means of helping/supporting the trainee, whilst ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures.

Critical Incidents

8.27 On occasion a trainee might make or be involved in a critical or serious, isolated medical error. Such situations may lead to a formal inquiry and are stressful for all staff involved. The TPD should be kept informed in writing at each stage of any such inquiry and should ensure that pastoral support is offered to the trainee throughout the process.

8.28 Where a trainee is expected to move to another training placement before the inquiry has been completed, the TPD will ensure the continuing involvement of the trainee in the inquiry process.

Poor performance and the Directorate of Health

8.29 On occasion, the performance of a doctor may be poor enough to warrant referral to the Icelandic Directorate of Health. Trainees, in common with all doctors, may be subject to fitness to practise investigation and adjudication. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Guidance on managing such situations is available from the Directorate of Health: <http://www.landlaeknir.is/kvartanir>

Managing absence from training other than annual leave

8.30 The minimum training times for core medical training is three years. The course of training is competency based. The following applies to trainees absent from training when they would be expected to be training:

- The trainee must advise the employing organisation and the PD if they are absent due to ill-health or if they are going to be taking maternity/adoption/paternity leave .
- If the trainee is taking time off from the training programme for sickness, maternity leave, adoption leave or paternity leave, and the sum of these absences exceeds 14 days in any 12 month period, then a review of training should be undertaken and the expected end of training date adjusted if required.

Ill health

8.31 When identified, matters relating to ill-health or to substance misuse should be dealt with through employers' occupational health processes and outside disciplinary procedures where possible. When the doctor's fitness to practise is impaired by a health condition, the Directorate of health must be told and the TPD should be informed in writing.

Appendices