



# MMC: The Facts



MMC Conference 2006:  
the future of specialty training

# MMC: The Facts

## What is MMC?

Modernising Medical Careers (MMC) aims to ensure that more patients are treated by fully trained doctors, rather than doctors in training. The new career structure and training programmes will give doctors a clear career path where advancement is attained through the acquisition of set competences rather than time spent in a particular role. It will improve patient safety by ensuring junior doctors in their early years of training are well supervised and assessed against explicit standards set out in curricula for each specialty.

## Why change?

The groundwork was laid for the MMC framework by '*Unfinished Business - proposals for reform of the Senior House Officer grade*', a consultation from the Chief Medical Officer published in August 2002. A key recommendation was to put an end to the "lost tribe" of SHOs, many of whom had spent years of unproductive time in the grade before securing a place in a specialty training programme. The report found that though training was excellent in many areas, it was not consistent. It highlighted serious issues with existing training programmes: they were not well planned, doctors were variably supervised and increasingly expected to deliver heavy service workloads whilst in training.

*Unfinished Business* reflected the conclusions of other independent reports from as far back as the 1960s which also expressed concern over the heavy reliance of the health service on doctors in training to provide significant amounts of patient care. Government policy and intent to reform medical education was crystallised in the publication '*Modernising Medical Careers: The Next Steps*' in April 2004 which broadly re-defined the future shape of foundation, specialist and general practice training.

MMC policy recognises the need to change medical training, so that it:

- focuses on ensuring that explicit and defined standards of medical training develop doctors who have the required competences, and can sustain and demonstrate these in clinical practice;
- is responsive to disease change and changing patterns of healthcare delivery; and
- develops a workforce of trained doctors working within clinical teams, providing the majority of front-line medical management and care for patients thus reducing the reliance on doctors in training to provide a significant proportion of patient care.



Transitional arrangements from the current system to the new system are being finalised. The new training programmes will start from August 2007. The Postgraduate Medical Education and Training Board (PMETB) is considering the new specialty curricula, all of which have now been submitted and many of which are already approved. They have indicated that the process will be completed by early 2007. We are also finalising:

- the proposed number of posts available for recruitment into specialty and general practice training. Current indications are that 2007 will provide an enormous opportunity for doctors to compete for entry into training – probably the best ever;
- new recruitment arrangements supported by an electronic application portal which will be far more efficient for applicants and for the service, resulting in a transparent and cost-effective process.

MMC is perhaps the most fundamental change to medical training since the NHS came into being, with major implications for how clinical services are delivered. Doctors will be trained to explicit national standards determined by a new statutory body, the Postgraduate Medical Education and Training Board (PMETB). Patient services will be delivered by more fully-trained doctors which will improve patient safety and care; and patients, junior doctors and employers will understand what they can expect and what is expected of them. The time is right, preparation is in the final stages and we will be ready for the planned launch of the new specialty training programmes from August 2007.

## In this booklet, you will find:

### 1. How will the changes affect me?

- Medical students
- Foundation doctors
- Senior House Officers
- Specialist Registrars
- Consultants
- GPs
- SAS doctors
- Researchers
- Less than full time trainees
- trainees who want out-of-programme experience
- Non-UK doctors
- Tutors
- Medical managers
- Medical staffing personnel

- Deanery staff
- Royal college representatives
- Nursing staff and allied health professionals
- Patients/public
- Other groups

### 2. Recruitment and selection

### 3. Where do I go for more information?



# 1 How will the changes affect me?

We asked you in a recent survey what you wanted the conference to address. There were four key topics:

- **What do I need to do next?**
- **How will the recruitment and selection process will work?**
- **How will the Medical Training Application Service [MTAS] work?**
- **What is the timescale for implementation?**

Thank you to the 700+ of you who responded. You will have plenty of opportunities to ask questions not covered by this information in the Q&A section of the conference.

In this section, we will explore what the changes are likely to mean to each group, followed by a concise description of how recruitment, using MTAS will work, followed up with the timeline for implementation.

**Please note: this information is correct as of the time of printing (3 November 2007), but as we are continuing to consult with junior doctors and other stakeholders on the final details, the information is subject to change in light of their suggestions. Please check the websites for the most current information. A list of relevant websites is on the back page of this guide.**

## Medical students

In October, a new online application system for the Foundation Programme was launched. It allows you to submit a single electronic application to any foundation school and programme in the UK. The deadline for applications is 5 December 2006 and no applications will be processed after that date.

Halfway through your F2 year, you will apply for a specialty/GP training programme or a fixed term specialty training appointment. Having undertaken placements in a number of specialties during foundation training, you must make a choice, based on your preferences and aptitudes, on what geography and general specialty grouping you want to apply for. Careers advice will be available through your foundation school.

## Foundation doctors

Foundation doctors will be able to apply for a run-through specialty or GP training programme during their F2 year.



Applicants can apply for:

- two specialities in two locations; or
- one specialty in four locations; or
- four specialities in one location.

You will only be able to apply at the first year level of training in any specialty (ST1). Carefully read the person specifications for ST1 and consider what direction you want your career to take. Careers advice will be available to you through your clinical tutor or educational supervisor, as well as the careers advisor in your foundation school. Specialty tutors will continue to be available to answer questions about individual specialities. You should think widely and flexibly about your career options – consider a Plan A, B and C!

You will need to provide evidence that you have the competences set out in the Foundation Programme curriculum, and you may want to include information on why you are interested or committed to pursuing a particular specialty.

If you are an F2 doctor and are thinking about going to work abroad or take time out after you complete your foundation training, you might wish to consider whether this is the best time to do so. Since there should be many opportunities available for entry into specialty/general practice training in 2007 (the transition year) you are likely to have the best chance of competing for a national training number (NTN). You might want to apply for an NTN in 2007, start your specialty training and then, in discussion with your training programme director, consider whether time out of your training programme is something you want to pursue. Importantly, you will not be able to defer the start of your training programme for the purpose of going abroad if you gain a place on a programme starting in 2007.

## Senior House Officers (SHOs)

If you want to get into a specialty/GP training programme, you will need to apply in January 2007. We anticipate that there will be a significant number of entry points across a range of specialities and locations.

Like foundation doctors, you can apply for two specialities in two locations; one specialty in four locations; or four specialities in one location.

The person specifications will be available shortly on the MMC and MTAS websites. You should consider at what level you are eligible to apply for a specialty. Bear in mind that you will need to provide evidence of competences as indicated in the appropriate person specification (you can find details of what is considered appropriate evidence on the royal college websites).



A communications plan is in place to ensure junior doctors are informed about the changes and what is required of them. This includes the dissemination of information through local presentations, press (BMJ Careers etc.), the distribution of printed publications, as well as information published on the MTAS, MMC and other websites. See the back of this booklet for useful websites.

### **IMPORTANT TO NOTE:**

- Entry to the SHO grade will end in July 2007. For SHOs who have employment contracts extending beyond that date, contracts will be honoured, if the SHO so wishes. However, if you are in this position, you are advised to apply for entry into specialty training for 2007 since, during this transition year, there will be many more opportunities available than at any other time. You do not have to resign your SHO contract if you decide to apply – only if you are successful and decide to accept an offer into specialty training;
- doctors in the new training grade will be called Specialty Registrars (StRs); and
- we are working with the local postgraduate deaneries and trusts to make sure that requests at short notice for time off for interviews will be honoured during the recruitment period.

## **Specialist Registrars (SpRs)**

As a Specialist Registrar, you can continue your training as it is currently structured. However, you might consider looking at your new curriculum (available from the relevant royal college website) and discussing whether it would be advantageous for you to make the move to the new curriculum with your training programme director.

### **IMPORTANT TO NOTE:**

- Entry to the SpR grade will end in January 2007, but those in the grade will be able to continue until they have finished their programme (subject to their progress); or apply to switch to the new programme.

## **Consultants**

The implementation of the new PMETB approved specialty curricula will mean that consultants who supervise or train postgraduate doctors will have clarified and explicit responsibilities with respect to their supervision, training and assessment. You may want to consider raising this in your job planning discussions with your employer since time for this important role will need to be identified.

During the transition period, the most immediate issue to consider is recruitment. This will naturally be a very busy time of year, so early planning is essential. Good planning will enable the patient care to continue without disruption and will ensure that you are able to play an active role in recruiting trainees into your specialty where it is appropriate to do so. You should consider the following:



- Will you be required for a local specialty selection panel? Find out now from your deanery whether you will be needed. Every deanery has already prepared an interview diary schedule and knows when recruitment panels for each specialty are planned;
- if you are to be on a selection panel you must be trained in the selection methodology. You will need to find out from the deanery when the selection training days are taking place within your deanery;
- you should also ensure that your training in equal opportunities and diversity is up-to-date (have had training within the last 3 years) since this is a requirement for sitting on a selection panel; and
- if you can't attend on these dates, speak to your deanery about potential alternative arrangements for this training.

If you have responsibility for foundation doctors and SHOs, it is important to think about the potential impact on the service that you and your team need to provide during the six week period of interviews. You should review your service arrangements, consider whether your SpRs can ensure their availability during this period and work with colleagues to minimise disruption.

Finally, it would be a good idea to tell your junior doctors that you need plenty of notice if they are planning to nominate you as a referee. If they are, then you will receive an email from the electronic service as soon as they have submitted their application, inviting you to complete an online reference. It would be extremely helpful if you completed this as soon as possible – and did not wait to hear if the trainee is short-listed. You will also need to send the trainee a hard copy of the reference signed by you for them to take along to their interview.

## General Practitioners

If you would like to apply for general practice, you will be able to apply for the full programme using the new curriculum, or during the transition year (2007), it is likely that you will be able to apply at the level of ST2 or ST3, using the existing curriculum. The new programme for GP training (beginning at ST1 in 2007) will be based on the new curriculum recently approved by PMETB and will be assessed by the new MRCGP examination. Details of this can be found on the RCGP website – [www.rcgp.org.uk](http://www.rcgp.org.uk). It will consist of three elements:

- a knowledge test;
- a clinical skills assessment which will include observed consultations using patient simulators; and
- work-based assessment carried out during the training placement.



If you are on a GP Vocational Training Scheme (VTS) you will be able continue your training as it is currently structured. Entry to Vocational Training Schemes (VTS) will close and the “Do-it-yourself” programmes will no longer be available. After the transition year, doctors will enter into the new programme using the new curriculum.

To prepare for the changes:

- familiarise yourself with the main learning requirements of the new programme which are best presented in the first curriculum statement “Being a GP” available at the RCGP website as above; and
- seek advice if need be from local GP teachers in your medical school, foundation school and GP training programme.

## SAS doctors

As an SAS doctor, you will be eligible to apply for entry to specialty training programmes like all other applicants, provided you match the requirements laid out in the relevant person specifications.

### IMPORTANT TO NOTE:

You will need to provide evidence that you have acquired the required competences. You can find details of what is considered appropriate evidence on the medical royal college websites.

## Research trainees

For the transitional year (2007), research will continue to be a feature of the person specifications for all levels. This is to ensure that if you are a current SHO who has made the career choice to undertake research, you are not disadvantaged.

If you are in the middle of a research degree but meet the entry requirements for a specialty, you are eligible to apply for a national training number (NTN) now and ask for a deferred start date. Deferrals will be for up to 3 years from the time you registered for your degree.

There are research opportunities at:

- foundation level through one- and two-year integrated academic programmes; and
- specialty level through the Academic Clinical Fellowship and Clinical Lecturer programmes.

See the [www.nccrd.nhs.uk](http://www.nccrd.nhs.uk) for more information about these opportunities.



Doctors in specialty training can also take 'time out' to undertake research, but this should be in order to pursue a formal research qualification (e.g. MD or PhD). If you are considering an academic research career, you should seek advice from your postgraduate deans.

### Less than full time trainees

The introduction of MMC will not interfere with current arrangements for less than full time training in any way. Indeed, it may be that the duration of time a flexible trainee will spend in training will shorten overall as the full impact of the new competence-based curricula is realised.

If you need to work less than full time and have good reasons to do so, you will need to have a discussion with your postgraduate dean to ensure that you are eligible. Decisions will be made on a case by case basis, but acceptable reasons include: disability or ill-health; caring for an ill/disabled partner, relative or other dependent; or childcare. Please note that doctors must undertake training on at least a half-time basis in order to comply with the requirements of the European Specialist Qualification Order (1995).

If you intend to apply to specialty/GP training in the 2007 application rounds, you will need to compete for entry in the normal way and, if successful, discuss your requirement to train less than full time with the deanery responsible for the programme. Current flexible training arrangements will not be transferred automatically to a new programme.

#### **IMPORTANT TO NOTE:**

If you need to train less than full time and are planning to apply in the 2007 application process, you:

- will need to confirm with your local deanery that you are eligible;
- will need to indicate your wish to train less than full time on your application form, but this will be "protected" information and will not be seen by anyone involved in the selection process;
- will need to discuss the details of your training needs with the relevant deanery, if you are selected
- may be offered the opportunity to slot share, or to occupy a full time post, but take less than full time training through it; or
- may be offered a separately funded flexible training post.

These arrangements will vary within deaneries and in some cases, you may have to wait for a training placement to become available.



## Trainees who want out-of-programme experience

You will still be able to take time out of your run-through training programme, as long as you have the prospective agreement of the postgraduate dean and programme director. This is arranged on a person-by-person basis. The rules about out-of-programme experience are unlikely to change significantly from current arrangements, although the basis on which competences acquired outside of UK training programmes will be assessed towards the award of a CCT remains an issue for PMETB guidance.

## Non-UK doctors

If you have not undertaken your early training in the UK, you are still eligible to apply for specialist/GP training at the appropriate level, indicated by the specialty person specification. If you have not undertaken a UK Foundation Programme, you will need to offer evidence to appointment panels that you have acquired the foundation competences. There will be advice available on royal college websites concerning the type of evidence which might be relevant.

## Clinical and college tutors

In addition to your job as a consultant or GP, your role as clinical tutors and specialty tutors will have an important part to play in the upcoming changes. Your help and support will be invaluable as doctors will be making a beeline for you asking for career advice and information.

The MMC team is developing a series of presentations which will help you advise your junior doctors about the changes including:

- Specialty selection and recruitment (you would have seen this in September)
- careers advice – choosing your specialty (coming in November); and
- detailed advice of how to apply online for your junior doctors (coming in November).

Information is always available on the MMC website and you can sign up for regular e-updates, which give you the latest changes as they happen. The MMC team cascades much of its information through the National Association of Clinical Tutors (NACT) which has been very supportive of the process. The Academy of Medical Royal Colleges also ensures that royal colleges and their tutors are regularly updated.



## Medical managers

The major phase of reform of postgraduate medical education occurs within the next 10 months. During this period the SHO grades will disappear and recruitment to the SpR grade ceases. These grades will be replaced by a run-through specialty training grade of Specialty Registrars (StRs) or fixed-term specialty training posts (FTSTAs). Doctors will begin taking up these new posts from August 2007.

Because this is a substantial change, junior doctors will need to seek help and advice about their future careers. They will apply for up to two specialties in up to two geographical areas, one specialty in four locations or four specialties in one location. This will mean that a doctor can only have a maximum of four interviews (as opposed to current arrangements when many SHOs have many more interviews than four). However, all of the first round interviews will take place over a six week period from early March – mid-April 2007. These could be anywhere in the country and some may be at short notice. Junior doctors not appointed in the first round will need to re-apply and will be interviewed during a shorter interview period in June 2007.

Consultants may be asked to provide career information and support to juniors affected by these changes and as such, will need training in the new selection processes.

In February, the process for shortlisting will be agreed locally between the deanery and the trust. All specialties will be involved and it is anticipated that most trusts will want their consultant staff to be engaged in the appointment process where this is appropriate.

In March and April and towards the end of May and in June, consultants again may need to be involved in appointing to the training programmes. Deaneries are currently in the process of setting out the details of the appointment panels and should be able to request individual consultant support for panels far in advance of the required date. This will enable trusts and services to be fully prepared for this period. If participation in the process is shared out fairly across trusts that offer training in the specialty, then it should be manageable.



## Medical staffing personnel

Since the Unit of Application (UoA) will be receiving electronic applications, trust personnel offices will receive fewer paper applications.

Trainees who are appointed will need CRB and other pre-employment checks. NHS Employers are working to make recommendations for managing this and these will be distributed when available. To help you meet tight deadlines, MMC is working to appoint as many doctors as possible in the first round of recruitment through the MTAS process. However, a large volume of pre-employment checks for new staff in spring/summer will be unavoidable and you should be prepared for this.

In addition to MMC and NHS Employers, the National Association of Medical Personnel Specialists (NAMPS) network is committed to ensuring support and information is provided to employers in plenty of time for implementation.

## Postgraduate dean/deanery staff

Deaneries are responsible for ensuring local implementation of the new training programmes. As part of this, deaneries are responsible for recruitment into specialty training. A logistics guide to recruitment and selection is being produced jointly by the postgraduate deans and NHS Employers. This will give details and advice on how deaneries can implement the new recruitment arrangements, which will involve national standards around recruitment. The guide will be available on the COPMeD and NHS Employers websites by the end of November.

To remain informed about developments in medical training, consider signing up for email alerts from MMC. Often, information will be targeted at postgraduate deans for cascading, so it may be useful to ensure you have good channels of communication within your deanery to keep you up to date with developments.

## Royal college representatives

The assessment process for each specialty will be part of each specialty curriculum. Assessments will need to be 'blueprinted' against competences within the curriculum. In this way, trainees will be able to demonstrate progress through a training programme. Trainees' success in royal college examinations is likely to be a crucial element to the assessment programmes. They will not, however, be part of the eligibility criteria for entry into specialty training at the ST1 level.

The recruitment and selection process will require representation from royal colleges as is currently the case. Deaneries will need to plan their panels accordingly.



## Nurse/allied health professionals

The changes planned to medical training through the MMC programme are designed to improve safety for patients by ensuring that doctors are meeting explicit standards, linked to defined competences. One of the key aims of foundation training is to enable doctors who are recent graduates to enhance their professional skills such as team working and communications skills in the work environment so they can participate effectively as part of a Hospital at Night team.

As senior nurses and allied health professionals, you may be asked to assess doctors on these skills using a multi-source feedback assessment tool. You may also be asked to assess foundation doctors on some of the basic clinical skills.

## Patients and public

All UK medical graduates will undertake a two-year Foundation Programme to support them in the transition from being a medical student to entering the challenging role of working in the NHS as a doctor. The programme ensures that all newly qualified doctors are well supervised and formally assessed in acquiring the skills needed to care for ill patients.

During the programme, there is an emphasis on ensuring that doctors learn at the outset about how to ensure safe care for patients, communicate effectively and appropriately with both patients and carers and how to work best for patients with the other members of the healthcare team. Many doctors during this time are given the opportunity to work in hospital and in general practice so that they understand the whole of the “patient’s journey” when medical intervention is required.

The next stage of training takes doctors into “specialty” and general practice training programmes. These are based on national standards of training for each specialty which are set out in an agreed curriculum. The doctors in these programmes are all fully registered with the General Medical Council (GMC) and are responsible for delivering a significant amount of care to patients. While doing this, they also learn about the specialty in which they are training under the supervision of more senior doctors. These junior doctors are then continually and formally assessed to ensure that they have acquired the knowledge, skills and expertise required of a specialist. Overall, the aim of MMC is to ensure that more patients are cared for by doctors who have completed a full specialty/GP training programme.

## Other groups

If you have any questions that have not been dealt with either in this publication or during the conference, there are a range of web resources listed in on the back page.



## 2 Recruitment and Selection

### Introduction

Next year sees a new approach to the recruitment to and implementation of specialty/ GP training programmes. These changes will have a number of practical effects, including:

- a single, online application website - the Medical Training Application Service (MTAS);
- the introduction of other efficiencies to the process of application and recruitment to specialties;
- an increase in the amount of formal supervision and guidance for doctors in their first years of practice; and
- guidelines to ensure unsupervised doctors only perform procedures on patients once they have demonstrated their competency to do so.

### MTAS – making applications easier

Integral to improving the overall training experience is the effort to introduce efficiencies to the process of recruitment. MTAS is an online application tool designed to support the national recruitment and selection process for specialist and GP training programmes. This will deliver cost, time and administrative savings to applicants and employers alike.

It provides:

- a single source of information for applicants about vacancies across the UK;
- a single source of the national documentation for applicants (application form, person specifications);
- a central point for standardised, convenient, online applications to multiple deaneries;
- a single source of information for recruiters;
- automation of some of the administrative aspects of the recruitment process (e.g. communicating with applicants and referees); and
- a reporting tool (and audit trail) for managing and tracking applications and vacancies.

Training and support for implementing the new recruitment and selection methodology, including training on how to use MTAS, will be given to deaneries and trust staff. Additionally, a technical helpdesk will be available to deal with any MTAS problems.



## How recruitment will work

Delivering better training starts with ensuring that the right applicants are able to find positions in the most appropriate training programmes for them.

Applicants will be expected to provide evidence that they have acquired the competences required for the specialty and the entry level to which they are applying.

In addition, a panel of senior medical professionals will interview every shortlisted applicant face-to-face. The panel will measure the applicant against the criteria in the relevant person specification, and participate in an open discussion with the applicant.

## Application

Applicants will be required to complete a single online application form on MTAS. There will be generic sections applicable to all specialty/location choices and other sections that are specialty specific. The specialty-specific questions will relate directly to the criteria stated in the relevant person specification.

The application will then be made available to the relevant Unit of Application via MTAS, so that it can be processed locally.

## The selection panel

Applications will be made available to panels, who will carry out shortlisting and selection interviews. Each panel should comprise:

- a lay chair;
- regional college adviser or nominated deputy;
- a university representative;
- programme director or chair of the specialty training committee;
- consultant representation from the training programme(s); and
- a senior management representative.

The outcome of the panels' assessments will be recorded on MTAS and used to trigger further communication, as required, with the applicant.



## Panel shortlisting

The panel will assess each applicant against the criteria stated in the relevant person specification. Shortlisting will take place using standardised scoresheets.

Short-listing scores will be entered onto MTAS and shortlisted applicants will be invited to attend a selection centre/interview.

## Selection centre/interview

Selection interviews will take place in a six-week period during March/April 2007. This will consist of a minimum of a 30-minute face-to-face assessment time. The actual format of the selection centre will be decided locally. For example, some specialties or UoAs may choose to split the 30 minutes into 3 x 10 or 2 x 15 minute slots. All selection will be against the criteria stated in the relevant person specification. This ensures a fair and comparable, competence-based assessment for all applicants without compromising flexibility in considering local arrangements.

**This is likely to be a very busy period for applicants and panel members, so all relevant staff must consider the impact of multiple absences during this time.**

Selection results will be recorded on MTAS.

## Offers to successful candidates

Once all scores have been recorded on MTAS and the selection outcomes confirmed by the local deanery, the system will inform successful candidates who will have 2-4 days to accept or reject their offers.

## Recruitment for GPs

Recruitment to GP specialty training will be supported by the same web-based process as all other specialties, using the same application form. National recruitment to GP specialty training will continue as in previous years.

Eligible applicants will be invited to take part in the national GP knowledge test. The scores from this will be used to shortlist applicants. Shortlisted applicants will then be invited to attend a selection centre at their first choice deanery. The deanery-based selection involves:



- an observed consultation with a GP patient;
- a group task; and
- an interview.

Successful applicants will be notified of the selection centre results on the same day as other specialties.

Full details of the national GP recruitment process can be obtained from the GP recruitment website ([www.gprecruitment.org.uk](http://www.gprecruitment.org.uk)).

## Second round

MTAS will identify unfilled vacancies and, once confirmed by the deanery, make these available for further applications in the second round. Unplaced applicants will be contacted and invited to re-apply. A second round of applications, shortlisting and selection interviews will take place, using the process outlined above.

## Offers

Once an applicant has accepted an offer of a training programme, their details will be passed to the employing organisation (e.g. a trust) and they will undertake pre-employment checks before making a final offer of employment.

All being well, the contract of employment is issued, appropriate inductions carried out and the doctor becomes a functioning member of the team. Throughout the training programme, assessments will be carried out and junior doctors will be closely supervised until they gain the competences enabling them to become an increasingly effective member of the medical team.



## Timeline for recruitment

November 2006	Explanation of the new process published through medical press and online
December 2006	Details of specialty registrar training programmes available on deanery websites
<b>22 January – 4 February 2007</b>	<b>Applicants submit their applications</b>
February 2007	UoAs shortlist applicants and issue invitations to interview
28 February – 13 April 2007	Local selection activities take place (eg structured interviews)
End April 2007	Offers made to successful applicants
End April 2007	Unfilled vacancies identified and re-advertised (stage 2)
May 2007	Round 2 applications submitted
May 2007	Round 2 shortlisting complete and results communicated
June 2007	Round 2 local selection activities take place
End June 2007	Round 2 offers made to successful applicants
August 2007 onwards	Specialty training and FTSTA posts commence

## For more information . . .

These changes will affect a wide variety of people across the NHS in different ways. A communications programme is in place to ensure that information is disseminated to all stakeholders as it becomes available.

In addition, the following sources may prove useful if you require further information:

### Online

**Modernising Medical Careers ([www.mmc.nhs.uk](http://www.mmc.nhs.uk))** – the latest information on the changes to postgraduate medical training, podcasts, press releases, news and frequently asked questions.

**Medical Training Application Service ([www.MTAS.nhs.uk](http://www.MTAS.nhs.uk))** - The online tool for applications to specialty training posts.



**Deanery websites** – for information about person specifications and curricula for specific specialty training programmes. A list of deanery website addresses can be found at [www.mmc.nhs.uk/pages/deaneries](http://www.mmc.nhs.uk/pages/deaneries).

**GP recruitment ([www.gprecruitment.org.uk](http://www.gprecruitment.org.uk))** - information about recruitment and assessment for the GP specialty.

**Royal college websites** – information on specialties and the specialty curricula are available from each medical royal college website.

### Other sources

**Postgraduate deaneries:** your deanery is the best source of information and individual career advice. A list of postgraduate deaneries is on the MMC website at [www.mmc.nhs.uk/pages/deaneries](http://www.mmc.nhs.uk/pages/deaneries).

**The Logistics Guide for Recruiters:** a practical guide for employers and recruiters to the nuts and bolts of implementing the new system. This online guide is available on the NHS Employers and COPMeD websites.

**The Applicant's Guide:** the general guide to the application process for doctors applying to specialty and GP training programmes. This online guide will be available at [www.mmc.nhs.uk](http://www.mmc.nhs.uk) from mid-November.

**Email alerts** – updates and news on developments from MMC directly to your inbox. Go to [www.mmc.nhs.uk](http://www.mmc.nhs.uk) and sign up.

Medical press – regular features and information will appear in the medical press as appropriate, particularly check the next few issues of BMJ Careers.

NHS Workforce Bulletin and other DH bulletins – information will be distributed through these e-bulletins as it becomes available – ensure you sign up to receive them.



