

ST Training or Clinical Fellow - Which Option Is Right for Me?

On completion of Foundation training, doctors have a range of options in what to do next. This can include working overseas, taking a career break or finding work in an industry other than clinical medicine. A common decision is choosing between specialty training or working as a Junior Clinical Fellow (JCF). There are advantages and disadvantages in both options and the best choice will depend on the personal circumstances of the individual doctor.

This guide outlines potential career pathways for both options to help doctors identify which pathway might suit them best.

Basic Definitions

Specialty Training

- The doctor is trained on a GMC approved programme to gain the knowledge and skills required to work as a consultant or GP
- The programme can be run through (continuous training from ST1 to ST6-8) or involve core training followed by specialty training (CT1-3 then ST3 to ST6-8)
- The doctor applies for specialty training via Oriel. Many will then require the Multi Specialty Recruitment Assessment ([MSRA](#)) examination. A formal interview may also be required.
- Most specialty trainees will be employees of NHS Education for Scotland (NES) for the duration of their training
- Study leave time and budgets are included in training
- Often involves working in a variety of units and locations

JCF

- Doctors gain experience by providing service to hospital patients
- These are often referred to as “non-training posts” because the experience gained does not allow entry onto a specialty training programme above CT1/ST1. However, any relevant research, audit and clinical experience gained as JCF can be used as evidence to improve the chance of entry into CT1/ST1
- Doctors are trained to a level they are expected to provide service at (commonly CT1 / ST1 equivalent) without any mandatory need to progress
- Posts are advertised online and the requirements and working conditions are defined locally by the hospital
- The doctor is an employee of the local hospital
- Normally involves working in the same unit and location for the duration of the post
- JCF posts can be coupled with research, teaching or development opportunities
- Most doctors in JCF posts will go on to apply for ST posts once they feel they are ready

The BMA provides information on the pay scales for resident doctors on training programmes and non-training doctors on specialist contracts.

<https://www.bma.org.uk/pay-and-contracts/pay>

Why do foundation doctors opt for JCF posts?

Feedback from doctors in JCF posts frequently highlights their need to take more time in making career planning decisions. It is a fact that career planning requires integration with home and family requirements, personal health and wellbeing, and social connections and commitments. Financial and geographical considerations often form part of these decisions. Planning career progression may not be possible if these other factors are under development. JCF posts could potentially provide flexibility in these initial years, allowing a doctor address other work – life integration requirements before they are ready to apply for an ST post. Longer term, non-training posts may provide further flexibility that is not available in structured training.

Additionally, time may be desired to gain experiences that will bolster the CV, potentially improving success at ST application. JCF posts can be coupled with research or teaching opportunities which can gain points for the ST application.

Most doctors in JCF posts plan to apply back into structured training once adequate experience is gained. JCF doctors must ensure that they have kept previous foundation competencies and other basic qualifications (e.g. ALS) up to date to meet eligibility criteria for specialty applications.

Some doctors in JCF posts may choose to remain in non-training posts for the rest of their careers but the two pathways are not exclusive as a doctor can move from one to the other and back again if desired.

Options for career progression and development exists for doctors that wish to remain in non-training posts for their whole career.

Career progression

Entry to the GMC Specialist Register is required for doctors to work as a consultant or a general practitioner in the UK. Doctors must prove that they are eligible to be entered onto the register by proving evidence that demonstrates that they are competent in the specific requirements for their individual specialty.

Successful completion of the specialty training pathway is expected to lead to entry into the GMC Specialist Register. There is no requirement for progression as a JCF but options to progress exist either by entering specialty training or via the portfolio pathway to registration.

The difference between these two pathways can succinctly be summarised as follows:

Specialty Training	Portfolio Pathway
I need to gain competence in my specialty requirements through future years of training and provide prospective proof of this competence to the GMC	I am already competent in my speciality requirements through past years of experience and need to provide retrospective proof of this competence to the GMC

Specialty competence is gained through years of clinical experience. This can be achieved on either pathway.

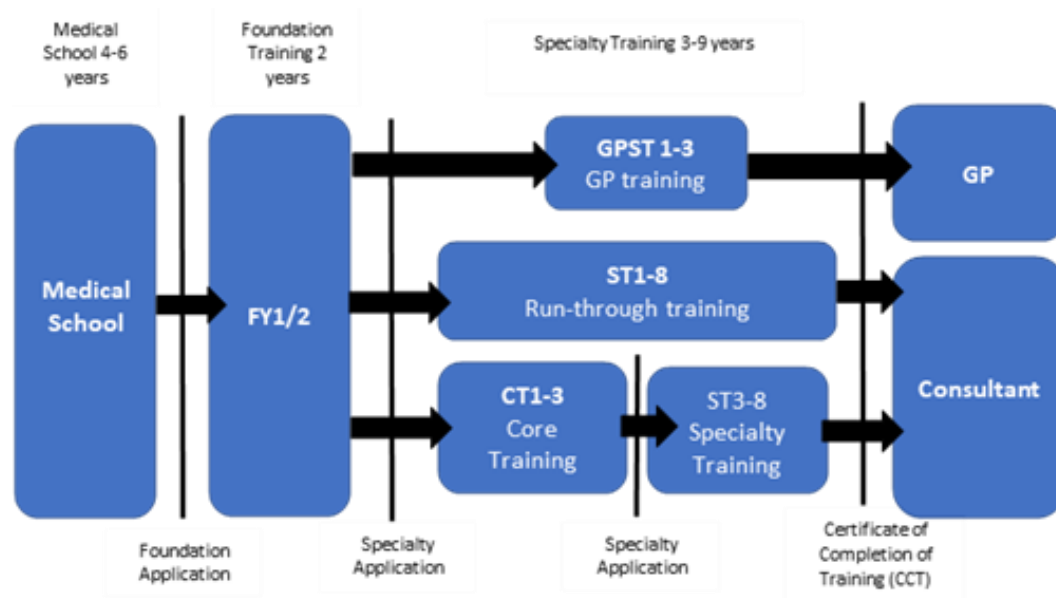
In specialty training, proof of competence requires to be demonstrated at regular, set intervals within a timeframe. Examples of this are the annual review of competence progression and other specific requirements such as Royal College examinations.

On the portfolio pathway there is no requirement to prove competence at regular intervals. The doctor must keep their own records of the skills they are developing, ensuring that these records are of sufficient quality if they are later intended to be used as proof of competence.

Note how this demonstrates that both pathways are evidence based. Entry to the register is not based on recommendations from colleagues on either pathway.

Neither of these pathways can be viewed as an “easy option”. Both require arduous effort and dedicated commitment for completion. Deciding upon the best option should be based on personal circumstances.

What does specialty training look like?



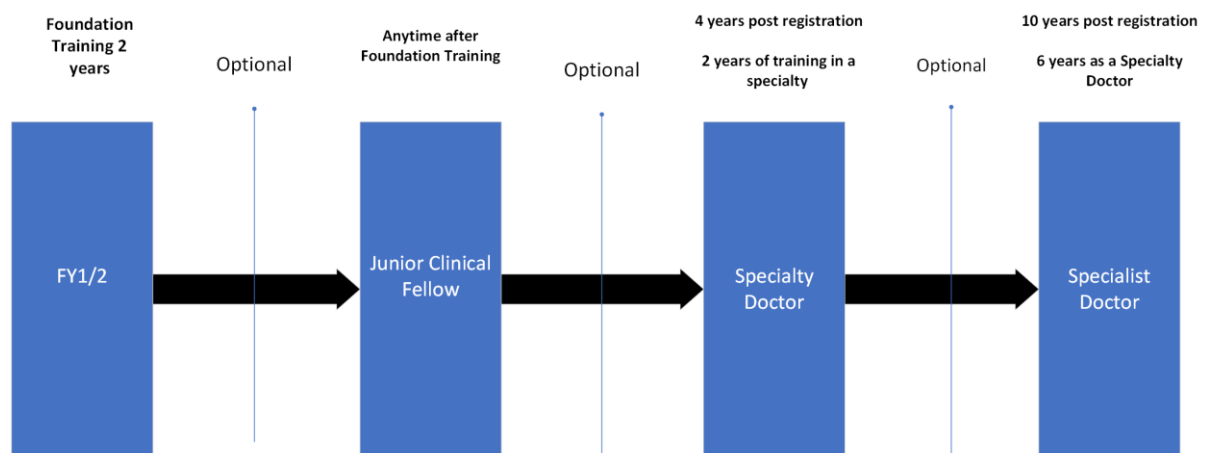
Medical Education and Training Pathways - Scotland Deanery

Typical specialty training is outlined above.

Throughout this training pathway, the doctor is typically an employee of NHS Education Scotland (NES). Educational supervisors are provided to assist the doctor in meeting their requirements. NES takes responsibility for assuring the quality of the training experience and can intervene if training requirements are not being adequately provided by a specialist department.

Specialty training recognises the experience gained during training years as evidence for the ARCP. Experience gained before specialty training begins would not normally contribute to progression. For example, a doctor with 2 years of experience working overseas would not usually enter UK training directly into ST3. Previous experience remains useful to show on a curriculum vitae (CV) and may improve success at the time of CT / ST application and interview.

What might the portfolio pathway look like?



A possible portfolio pathway is outlined above noting that there is flexibility in how a doctor chooses to progress on this pathway, as all stages are optional. A doctor can choose to remain within a stage for their whole career if they wish. Application to the specialist register is not mandatory. The doctor can ultimately choose to not work at consultant level.

If the doctor does choose to apply to the portfolio pathway, there is no set time at which entry to the specialist register is required to occur. This can happen at any point in their career at which the doctor believes they have sufficient evidence to submit an application to the register. How current this evidence needs to be will vary between specialties. Note that overseas experience could be considered if it is current. This includes the experience gained by International Medical Graduates.

Completion of portfolio pathway requirements requires the doctor to find their own mentor. This is a voluntary role, and the mentor requires to have adequate time in their own job plan to provide the level of supervision needed.

To gain registration on this pathway, the doctor needs to provide the GMC with evidence of “knowledge, skills and experience required for practising as an eligible specialist or GP in the UK”. Each specialty has its [own curriculum](#) that describes the high-level outcomes needed to qualify as a consultant or GP. The GMC uses each curriculum as a framework to evaluate the doctor’s application and assess if it meets the requirements of the specialty.

What evidence is the GMC looking for to complete the specialty training pathway?

A doctor on an approved GMC specialty training programme is required to complete all the requirements that are set out in the Royal College curriculum for that specialty. Proof of completion is normally provided by the passing of Royal College examinations and achieving an outcome 6 at the final annual review of competence progression (ARCP).

Once a doctor has the above proof, their Royal College will provide a Certificate of Completion of Training (CCT). Once the GMC have received this CCT, the doctor is invited to apply online to be registered. The doctor has 12 months to accept this invitation and once registered they are then able to apply for consultant or GP posts.

What evidence is the GMC looking for to complete the portfolio pathway?

The GMC have key criteria for Portfolio application.

“To meet the minimum eligibility requirements, you must have one of the following:

- A specialist medical qualification in the specialty you want to apply in
- Evidence you’ve completed at least six months specialist medical training in the specialty you plan to apply in.”

Details of what evidence is required is specific to each specialty. The GMC provides Specialty Specific Guidance (SSG) on the GMC [website](#). In general, there are 4 areas:

Currency of evidence – how old the evidence is allowed to be will vary between each Royal College and each specialty specific guidance will state this. Historically, Royal Colleges asked for evidence within the last 5 calendar years, but this may be updated for a specific Royal College.

Revalidation evidence – most applicants will have a license to practice in the UK therefore relevant revalidation evidence can be used.

Structured reports – a minimum of 3 structured reports from a broad range of allied health professionals are normally required, again details are in the SSG.

Using UK approved training evidence – Some doctors may have previously started on a specialty training post but later resigned. Evidence from completed previous ST years can be included with accompanying ARCP evidence if stated in the SSG.

In summary – A side by side comparison

Structured Training	Portfolio Pathway
Accepts evidence of experience from approved GMC training programmes	Accepts evidence from a variety of previous experience, including overseas / IMG experience
Evidence of experience is provided during working duties	Evidence of experience must be provided in addition to work duties
Educational supervisor is provided	Mentors must be sought
The doctor works towards achieving competence in their specialty and is provided with confirmation of progression	The doctor has already achieved competence in their specialty and needs to provide evidence to confirm their experience
Set requirements within timeframes	No set timeframes but requires currency of evidence
Full breadth of opportunities is ensured by NES	Full access to opportunities may not be available in a non-training post
Required evidence is incorporated into training programme structure	Evidence must be selected meticulously to meet criteria