

PROPOSAL

Amending rules for extensions to training

1.0 Executive Summary

There are two rules for extensions to training, one for GP (6 months with a further exceptional 6 months) and one for all other specialties (12 months with a further exceptional 12 months). The latter is regardless of the indicative length of the curriculum and the former was set due to the shorter indicative length of the GP curriculum and no other factors were taken into consideration.

This paper proposes that the current guidance as set out in the Gold Guide sixth edition is amended to reflect other circumstances than that of the indicative duration of the curriculum. The paper proposes the following options for discussion and consideration.

That extensions are :-

- 1.1 Pro rata to indicative duration of training programme (be they core, run through or higher);
- 1.2 At the discretion of the PGD based on evidence and advice from TPD, training supervisor, Medical Royal College/Faculty.
- 1.3 The same for all specialties: 12 months with a further exceptional 12 months.
- 1.4 Increased for GP from 6 months and an exceptional 6 to a total of 18 months' extension – 12 months initial and a further exceptional 6 months.

It is **recommended** that option 1.4, the extension for General Practice is increased to a total of 18 months, with an initial 12 months and then a further exceptional 6 months.

2.0 Background

All specialties except GP have a right of extension of 12 months with a further exceptional 12 months at the PGDs discretion. If the specialty is uncoupled then 6 months with a further 6 months may be taken during core training, with this coming out of the total absolute period of extension. GP have an initial 6 month extension with an exceptional further 6 months.

Extensions are at the discretion of the Postgraduate Dean (PGD) and are maximum periods enabling the PGD to agree a period relevant to the individuals' additional training needs to address concerns over progress. The total is an "absolute" maximum. The extension to training periods outlined in this paper relate to extensions due to performance / achievement of competences and do not relate to absences as defined in the GMC position statement¹ on Time out of Training. For example statutory absences such as maternity / ill health are not taken from these extension periods although end of training dates may be altered.

Question: Should there be discretion on whether the exceptional extension continues to be an "absolute" maximum?

Question: Should further guidance be produced with respect to examples of "exceptional" ?

2.1 Gold guide sixth edition Feb 2016 - Current

This guide clarified that if extensions were for exam only purposes then they were not pro rata for less than full time trainees and also defined examples of exceptional circumstances relating to delivery of training (ie not due to trainee lack of progress).

Outcome 3: Inadequate progress – Additional training time required Duration of extension to training: Para 7.80

*Where such additional training is required because of concerns over progress, in the hospital and non-general practice community specialties, this will be up to **one year** within the total duration of the training programme (up to **six months** for core training, and an overall total of **one year** across both core and higher specialty training where the programme is "uncoupled"). In general practice, this will be up to **six months** because of the shorter duration of the training programme. Exceptionally, this additional training time may be extended at the discretion of the Postgraduate Dean but with an absolute maximum of **two years** in hospital and non-general practice community specialties within the total duration of the training programme (up to **one year** for core training, and **two years** across both core and higher specialty training when the programme is uncoupled) and **one year** in general practice. This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/ adoption leave. While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer.*

The extension does not have to be continuous (as a block of one year) but may be divided over the course of the training programme as necessary. An

¹ [http://www.gmc-uk.org/20121130 Time out of Training GMC position statement Nov 2012.pdf.pdf](http://www.gmc-uk.org/20121130%20Time%20out%20of%20Training%20GMC%20position%20statement%20Nov%202012.pdf.pdf) 56438711.pdf

extension to training of less than six months may be particularly appropriate where the reason for extension is exam failure. For LTFT trainees, should an extension to training be required following the award of Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met. If an extension to training is required following the award of 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 is not pro rata (paragraphs 6.82–6.86).

2.2 Gold Guide fifth edition May 2014

This guide introduced extensions for core training, clarification that non-GP community specialties are to be treated in the same way as hospital specialties and that the maximum exceptional extension for GP is one year

Additional or remedial training: Para 7.76

*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. In the hospital and non-GP community specialties this will be up to **one year** within the total duration of the training programme (up to **six months** for core training and **one year** across both core and higher specialty training where the programme is uncoupled) and in general practice this will be up to **six months**, because of the shorter duration of the training programme. Exceptionally this additional training time may be extended at the discretion of the Postgraduate Dean, but with an absolute maximum of **two years** duration in hospital and non-GP community specialties and **one year** in general practice, during the total duration of the training programme.*

2.3 Gold guide first edition June 2007 - Merger of rules for all specialties including GP

Although the initial extension to training for General Practice training was six months, the exceptional extension appeared to be the same for all specialties ie up to two years.

Additional or remedial training: Para 7.78

*Trainees will be able to have additional aggregated training time of normally up to **one year** within the total duration of the training programme in the hospital specialties and normally up to **six months** in general practice because of the short duration of the training programme, unless exceptionally this is extended at the discretion of the Postgraduate Dean, with an absolute maximum of **two years** additional training during the total duration of the training programme.*

2.4 Prior to 2007 - General Practice

The GP Registrar Scheme: Vocational Training for General Practice - The UK Guide. London: Department of Health; 2000², known colloquially as the Green Guide.

² Document dated 2000, given wording refers to JCPTGP a body that ceased to exist in 2006 it is expected that this did not change from earlier editions.

Para 1.18.3 Decisions on extensions of training will be made in light of the single standard for summative assessment of the general practice element of training set by the JCPTGP. This establishes whether or not a doctor has acquired the experience which he or she might reasonably have been expected to acquire. The period of additional training in these circumstances will not normally exceed six months whole-time (or its equivalent part-time). Exceptionally, a period of up to 12 months whole-time (or its equivalent part-time) may be authorised. Regardless of the length of the period of additional training, only one such period will be authorised.

2.5 Prior to 2007 - Specialties other than GP

A guide to specialist registrar training February 1998 known colloquially as the Orange Book.

The rules outlined in the Orange Book indicated that trainees who were not progressing were awarded a RITA (Record of In training Assessment) outcome D or E; D was for intensified training and E for repeat training. The latter could be for 3,6 or 12 months.

Section 12 Para 18: Trainees undertaking training following a form D or Form E recommendation must subsequently complete a form C for that part of the programme (be it for example 3, 6 or 12 months) for which they have been undertaking required additional training.

No specific maximum was indicated and providing a trainee received a RITA C (which indicated satisfactory progress) following a RITA E, then the totality of periods of extension could be indefinite i.e. awarded a RITA E then a C and then an E again and a subsequent C and so on. Trainees who didn't get a RITA C after a RITA E left the programme. The implication was that the maximum extension therefore was 12 months if progress was not shown.

3.0 Who is covered by the changes to extensions to training proposal?

The proposals have an impact on all trainees but to differing degrees depending on which proposal (or a combination) is agreed. For example if the option for changing the GP extension to training only, then this will impact GP trainees only in a positive manner, ie an increase in extension available. Whilst if the option for proportionate extensions to training then this would impact a larger proportion of trainees across a number of specialties with some potentially having a reduced extension period.

All trainees will be impacted if the additional caveats on extensions to training are agreed for all specialties.

The Gold guide outlines how extensions to training impact on Less Than Full Time (LTFT) trainees. It states

“Para 6.85 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.

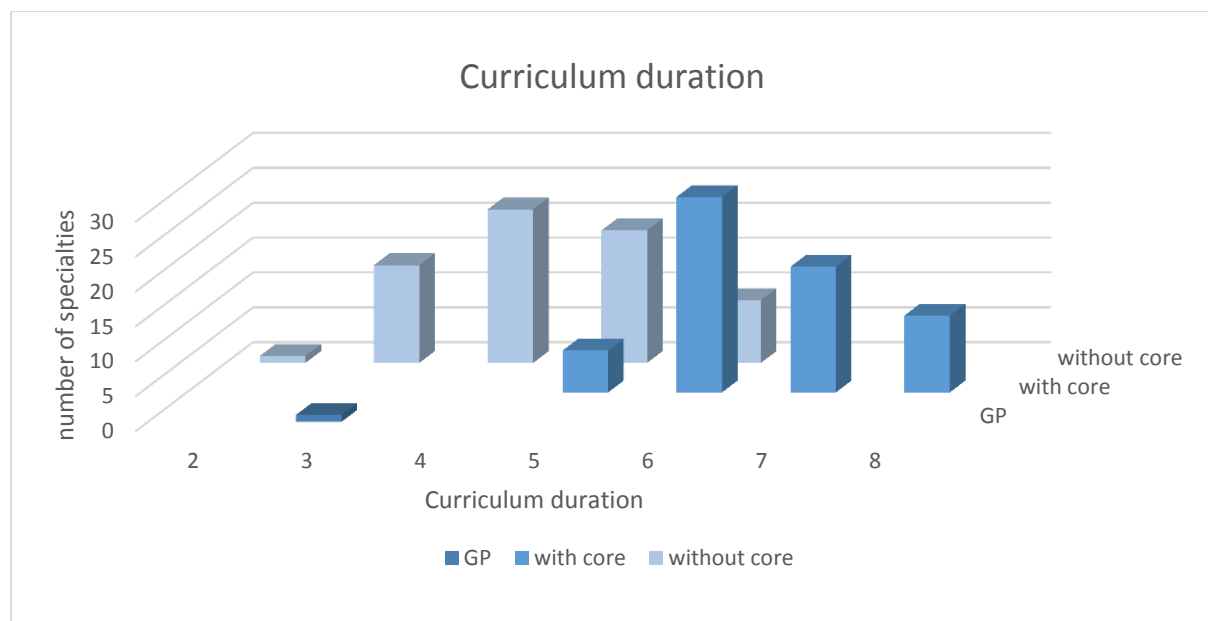
Para 6.86 If an extension to training is required following award of ARCP Outcome 3 and the TFT trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and not pro rata.”

The proposal does not change the above.

4.0 Why should the current rules be amended?

4.1 Fairness

When the extension to training timeframes were set, no extension was permitted for Core training, (this was introduced in 2014). This meant that the reason for setting the extension to training for GP (duration of training) should have meant that a further 14 specialties should also have had a 6 month extension limit.



4.2 Different structures of training – exam timing

There are a number of reasons for the need for extensions to training, the most common being lack of success in the relevant examinations. Appendix A shows the number of sittings and number of attempts for the 8 specialties with the largest number of trainees. Of these 8, 5 have exams towards the end of training.

The GP examinations are taken in the last 18 months/ final year of training, thus (with the full 12 months of extension) allowing 2/2.5 years to pass two exams. The other specialties range from 3 years to 6 years (using full 24 months of extension).

Although the RCGP have increased the number of diets per year for examinations, the pressure (self-driven) to take the maximum number of permitted attempts within training may lead to counterproductive actions by trainees; applying to sit the next available diet without having had sufficient time to review/ act on the feedback provided. It is also likely that this is happening at a time when they are moving to a new practice/ different role with its inherent increased pressures.

- 4.3 Different structures of training – exam level / mapping to the curriculum
Each curriculum indicates at what level the examination is set. The surgical exams for example are based on the standard of clinical competence of a day one consultant in the generality of the specialty, the General Practice examinations cover almost the entirety of the curriculum whilst the exam for Clinical Radiology assesses the core curriculum and is not an ‘exit’ examination. A clinical radiology trainee is therefore able to choose to take the examination later in their training when they would have more experience and knowledge which is not possible for other specialties.
- 4.4 Catch 22 situation for GP trainees
It is a requirement for GPs to be listed in a performers list and this is only possible if the individual is a GP trainee or a fully qualified GP. It is not possible for a doctor who leaves the GP training programme without having passed the exams to remain in the specialty. It is understood across all medical specialties that an individual is more likely to pass specialty examinations if they are in a training environment. Increasing the extension to training would therefore provide more opportunities for doctors to succeed and them not to be lost to the specialty when there is a shortage of GPs.

5.0 Options for amendments

5.1 Pro rata to indicative duration of training programme (be they core, run through or higher);

Looking at the indicative length of the specialty training and the extensions to training of the 64 specialties, there is considerably differing scenarios:-

- 1 specialty (Clinical Radiology) has three years core (where 6 months extension is permitted) and two years post core which means compared to other specialties they have less potential extension in core, but more potential extension in higher.
- 14 specialties have three years post core which could have 12 months plus an exceptional 12 months extension whilst General practice which is three years in duration is permitted extensions of 6 months with an exceptional 6 months.
- 9 specialties have six years post core which could have 12 months plus an exceptional 12 months extension. So the length of post core training is double that for those specialties in bullet two point above, but they have the same extension to training.

Introducing a proportionate system would be difficult to manage and an extension to training of less than 6 months would arguably not provide sufficient time to address training needs.

This option also doesn't take into account the differences in the specialties, for example some do not have higher level examinations.

5.2 At the discretion of the PGD based on evidence and advice from TPD, training supervisor, Medical Royal College/Faculty.

Such evidence could include (list not exhaustive)

- Demonstration of active participation in remedial training
- Shortage specialty
- Demonstration of progression/ improvement
- Availability of exam sittings opportunities
- College exam rules – ie need for further training before being permitted to retake
- Need for extension for exam pass only and exam rules allow further sittings

If this option were chosen there may be legal challenge of unfairness due to inconsistent application. It would also be difficult to plan when posts might become available and enable movement into the specialty (one of the reasons for introducing limitations on extensions in the first place).

This option would be able to adapt to the different nuances of each specialty, for example where a specialty has only one sitting of a required exam per year. It would also be able to adapt to any changes in indicative training durations.

5.3 The same for all specialties: 12 months with a further exceptional 12 months.

This option would impact (positively) on those in General Practice only, increasing from 6/12 months to 12/24 months.

It would be the easiest option to implement and could be argued to be the fairest option – ie all trainees regardless of specialty, training length, training content have same extension available.

This option would also future proof the specialty should the indicative duration of the curriculum increase in the future. It does not however address the issue for the initial reason given for the extension period ie length of training.

5.4 Increased for GP from 6 months and an exceptional 6 to a total of 18 months' extension – 12 months initial and a further exceptional 6 months.

This option has the same points as 5.3 above whilst also reflecting the proportionate extension element to some degree.

5.5 General points

- 5.5.1 It is noted that with the introduction of maximum numbers of exam attempts, these may be exhausted prior to the completion of the extension to training therefore meaning the additional training would not lead to certification and subsequent GP/specialist registration. Such circumstances would need to be considered on an individual bases and reflect the relevant college/faculty exam regulations.

The Gold guide para 7.85 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 whether the outcome of the additional training is that the trainee can continue in their specialty training programme, requires further additional training, or has 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. Trainees will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dean will advise the trainee that their training number has been withdrawn. The Dean will also notify the employer that the individual is no longer in specialty training.

This paragraph implies that the ARCP panel can make a recommendation 'during' the additional training, that when a trainee 'cannot meet the required standards' they should leave the training programme which if agreed by the PGD would lead to them having their training number withdrawn.

- 5.5.2 It is advised that any extensions are **not** linked with exam dates as this could add unnecessary pressure at the exam time ie loss of income, need to look for alternative employment. It should also be noted that the period of time post exam is an essential part of training preparing a trainee for independent practice.
- 5.5.3 It is advised that extensions to training for performance issues are, wherever possible, given prior to the final year of training. For GP for example in ST2.
- 5.5.4 It is proposed that (for all specialties) any extension to enable an examination resit (inter alia) includes the requirement that the PGD stipulates (after consultation with relevant trainers and the trainee) whether it is considered that the trainee is 'ready' to resit the examination – ie has had sufficient time/ additional training to reflect and act on the feedback given.

6.0 Legal position

6.1 Medical Act 1983

The Medical Act 1983 sets out regulations relating to the qualifications and registration of medical practitioners. It includes minimum training

requirements for those in GP training or specialty training. The proposal relates to extensions to training over and above those defined in the Medical Act for the duration of training in specialist training including GP.

34J. Minimum requirements for general practice training

(1) The minimum requirements for general practice training are that—

(a) the training meets, or under Article 22(a) of the Directive is to be treated as meeting, the requirements of Article 28(1), the first sub-paragraph of Article 28(2) and Article 28(3) of the Directive; and

(b) the period of training specified in the first sub-paragraph of Article 28(2) of the Directive includes—

(i) a period or periods amounting to at least 12 months employment as a GP Registrar under the supervision of a general practitioner who has been approved by the General Council under section 34I(1)(c), and

(ii) a period or periods amounting to at least 12 months employment in a post (or posts), in one or more specialties that are approved by the General Council as being relevant to general practice.

(2) Once the minimum training periods in subsection (1)(b) have been completed, any remaining period of training shall consist of a period of employment in a post (or posts) falling within subsection (1)(b)(i) or (ii).

34K. Minimum requirements for specialist training

(1) The minimum requirements for specialist training are that the training—

(a) constitutes an entire course of training in the recognised specialty in question;

(b) meets, or under Article 22(a) of the Directive is to be treated as meeting, the requirements of Article 25(1), (2) and (3) of the Directive; and

(c) is for a period which is at least as long as any minimum training period that the Privy Council may by order prescribe for that specialty.

6.2 The Postgraduate Medical Education and Training Order of Council 2010

The Order sets out the minimum durations of training these durations mirror those listed in the Directive 2005/36/EC(1) concerning the recognition of professional qualifications.

6.3 European legislation (Directive 2005/36/EC, Directive 2013/55/EU)

European legislation indicates the minimum durations for training but no maxima as outlined above.

7. Equality

The feedback to date (Jan 2017) has been that changes are made to the period of extension to training for GP trainees only and that this is increased. Given the equality impact has been undertaken for the period of extension to training in the past and the proposals are more favourable to all individuals the original equality impact arguments do not need to be revisited.

Notwithstanding this an equality impact assessment has been undertaken and is being updated throughout the development of the extension to training proposal.

8. Recommendation

It is recommended that the current rules for extensions to training for GP trainees are amended to increase the initial extension from 6 to 12 months and the subsequent exceptional training remains 6 months (ie option 1.4).

That the following conditions are placed on the extensions for all trainees whatever specialty:-

- That for any extension to enable an examination resit (inter alia) includes the requirement that the PGD stipulates (after consultation with relevant trainers and the trainee) whether it is considered that the trainee is 'ready' to resit the examination – ie has had sufficient time/ additional training to reflect and act on the feedback given.
- That should a doctor exceed the maximum number of attempts of the relevant exams whilst within training and therefore not be able to complete the curriculum requirements, they have their NTN withdrawn within a specific period of time post the exam (i.e. a month).
- That if the extension was for exam reasons only and the doctor passes the required exams then an ARCP panel is convened, if outside the "annual" round. This then triggers the end of training / grace period etc. This reflects the proposal that end of training dates are not set at the exam date to reduce potential pressure.

Tara Willmott
Director
GP Targeted Training
January 2017

Appendix A

Rules for higher specialty level exams

Specialties with most trainees	Exam rules/ timings / permitted attempts	Number of sittings pa/ attempts
General Practice (Duration – 3 yrs)	AKT in ST2/3, CSA in ST3 only	AKT three sittings pa CSA : sittings increased from 3 to 5 (2014) and 7 (2015) 4 attempts (5 th added July 2016)
Anaesthetics (Duration – 7 yrs, 2 core)	Pass written before allowed oral rec not take until completed third of intermediate training, leaving 4 yrs 4 months to complete	Three sittings pa 5 attempts of each (6 th after additional training)
Paediatrics (Duration 8 yrs)	No exam at higher level must complete before exit level 2	
Obstetrics and Gynaecology (Duration – 7 yrs, 2 core)	Three parts of MRCOG Must pass before completion of ST5 or get outcome 3 Must pass part 2 before start ATSMs which are usually ST6/7	Three sittings pa 4 attempts then sit part 2 again
General Surgery (Duration – 8 yrs, 2 core)	Must have Outcome 1 at ST6 to sit	Three sittings pa 4 attempts each part
Trauma and Orthopaedic Surgery (Duration – 8 yrs, 2 core)	Must have Outcome 1 at ST6 to sit	Three sittings pa 4 attempts each part
Clinical Radiology (Duration – 7 yrs, 2 core)	After 3 years of training ie ST4 onwards	Two sittings pa 6 attempts (additional training for further attempts)
Emergency Medicine (Duration – 6 yrs, 3 core)	Has done two years at ST4/5 Appears one year to pass exam	Two sittings pa 4 attempts then 1 further attempt exceptional circumstances
General Psychiatry (Duration – 6 yrs, 3 core)	No specialty exam	
Geriatric Medicine (Duration – 6 yrs, 2 core)	Recommended take in ST5, should have by penultimate year assessment ie end of ST5	One sitting pa 6 attempts (additional training for further attempts)
Cardiology (Duration – 7 yrs, 2 core)	No specialty exam	

Number of specialty trainees (2010) ³ for top 8 specialties and durations of training

Specialties with most trainees	No of trainees	Training Duration (post core where uncoupled)
General Practice	7,648	3
Anaesthetics	3,765	5
Paediatrics	3,097	8
Obstetrics and Gynaecology	2,113	7
General Surgery	1,370	6
Trauma and Orthopaedic Surgery	1,216	6
Clinical Radiology	1,100	5
Emergency Medicine	958	3
General Psychiatry	949	3
Geriatric Medicine	697	4
Cardiology	691	5

³ Data on number of trainees from 'The state of medical education and practice in the UK 2011', General Medical Council