

PROPOSAL

Targeted GP Training (TGPT)

1.0 Executive Summary

1.1 The TGPT proposal enables three specific groups of doctors to attain GP registration through targeted training and support and enables acceptance / recognition of curriculum competences already achieved prior to entry.

1.2 The three groups of doctors are those

- who have exhausted extensions to training but have failed only one element of the Membership of the Royal College of General Practitioners (MRCGP) exam - either Clinical Skills Assessment (CSA) or Applied Knowledge Test (AKT) (NB all doctors in this group are required to have had satisfactory WPBA);
- who are working in other specialties (in a non-training grade) who would be interested in transferring to General Practice and
- from overseas¹ whose training and experience do not fully match the UK Certificate of Completion of Training (CCT).

1.3 The General Practice National Recruitment Office (GPNRO) nationally agreed and quality assured process for recruitment to GP Specialty Training Programmes in England, Wales, Scotland and Northern Ireland would be followed. Thus, ensuring a standard and robust recruitment and selection process that is reliable, valid and fair.

1.4 As with all trainees those following the TGPT programme would

- receive their training in GMC approved training locations with GMC approved trainers;
- fall within the Gold Guide rules and requirements and
- follow and demonstrate achievement of the required competencies of the RCGP curriculum (including exam requirements) approved by the GMC.

¹ Overseas is the term for doctors who have not trained in the UK or Europe, their nationality is not necessarily non-UK/non-European.

- 1.5 A package of three documents will be produced
- Policy - outlining the final agreed detail from this proposal document;
 - Prospectus – information for those who may wish to apply and
 - Procedures and rules – detail of the policy and the role of those involved.

2.0 Background

- 2.1 English General Practice is under unprecedented pressure. To address this Her Majesties Government has committed to ensuring an additional 500 doctors in General Practice by 2020. Whilst this initiative is for England it is recognised that the other nations may also wish to be involved. The proposals are transferable.
- 2.2 It has been recognised that General Practice is a unique specialty in that due to restrictions on eligibility for entry to performers lists, a doctor working as a GP can only do so if they are a trainee under the management of a Postgraduate Dean² or they are listed in the GP register. As such if a trainee leaves the training grade they cannot work as a GP. Similarly an overseas applicant for GP registration who is required to undertake further training (by the GMC) cannot do so in the UK, thus meaning they are 'lost' to the specialty.
- 2.3 Across the country there are many doctors serving in Trust Fellow, Staff and Associate Specialist roles. Some are content in these roles, others are seeking specialist registration and a further group are dissatisfied with being in a career cul-de-sac and may consider switching to a GP career path especially if they are assured of a support package and that their competence in their current or recent previous roles could be acknowledged.

3.0 Who is covered by the TGPT proposal?

3.1 GP trainees who have left training having failed either AKT or CSA

Previous GP NTN holders who left GP training after August 2010 having had satisfactory WPBA, but not having passed one of either AKT or CSA and who have not subsequently passed it. It is expected that some of this group of doctors will have exhausted the number of attempts permitted at the time they were in training and may not be eligible for the increase in sitting numbers introduced by the RCGP in August 2016.

Question: Should the failure in one part of the exam be defined? For example: -

- those who have received two or more clear fails are not eligible;

² A GP trainee must perform any primary medical services only when acting for and under the supervision of a GP trainer (the National Health Service Performers Lists (England) Regulations 2013)

- those whose average score is above a minimum level (allows for three near fails and one clear fail).

Question: Should the doctor be eligible if they left training having failed one part but had not taken the other?

In parallel to the TGPT proposal, a proposal to increase the period of extension to training for GP trainees is being considered. Should this be agreed and implemented then this proposal would have a finite life. That is that TGPT would be closed for this group for those who would be allowed the increased extension to training.

Doctors who have left GP NTN training for any other reason (be it unsuccessful work place based assessments, health etc.) already have a route of re-entry to GP training³ under certain circumstances and are not eligible to apply through the TGPT proposal.

3.2 Non-training grade doctors who wish to transfer specialties

Doctors currently in non-training grade posts, such as staff grade, associate specialist, trust grade or consultants, who wish to change career to General Practice. These doctors currently have a route of entry to GP training, the TGPT proposal will provide a package of support and targeted training.

Applications will not be accepted from those who were in GP training after August 2010⁴ who do not fall into category 3.1 above.

3.3 Overseas doctors

Overseas doctors who have applied for a 'full' Certificate of Eligibility for GP Registration (CEGPR) and have received a decision (from the GMC) requiring further training/ qualifications following an evaluation (by the RCGP) of their overseas training, qualifications and experience.

Question: What limitations should be put on this decision i.e. only accept those where the decision was 12 months or less further training?

Question: Should we also include those that have not applied for an evaluation? i.e. those who have specific qualifications from outside the UK that the RCGP are aware deliver considerable elements of UK CCT curriculum.

European qualified doctors have free movement rights; if they fulfil specific qualification and nationality rights they will be automatically entered in the GP Register. Those who do not fulfil the eligibility requirements are assessed in a similar way to that for CEGPR called "General Systems".

³ Gold guide 6th edition section 6.46

⁴ This date will reflect the period of time agreed for those in 3.1

Question: Should we enable those who have the right to automatically be entered in the GP register due to their European qualifications, apply for the TGPT if they consider they need further training (current recruitment rules do not permit this).

Question: Should the TGPT system be designed to be future proofed should the automatic rights of European trained doctors change?

- 3.4 It is envisaged that only the groups listed above will be eligible to apply for the TGPT scheme; however; HEE may consider other groups to be eligible to apply in exceptional circumstances, in consultation with the RCGP and the GMC.

4.0 Legal position

4.1 Medical Act 1983

The Medical Act 1983 sets out regulations relating to the qualifications and registration of medical practitioners. It includes specific provisions relating to postgraduate medical education and training and the role of the GMC in establishing standards and requirements. This includes those necessary for the award of a CCT in general practice and that the GMC shall establish assessment arrangements for persons applying for inclusion in the GP Register who do not hold a CCT. The GMC have defined the latter through the requirements for the award of the CEGPR.

34H. Postgraduate medical education and training: general functions

(4) The standards and requirements established under subsection (1)(a) shall include—

(a) the standards required for entry to training;

(b) the training curricula to be followed in general practice and in each recognised speciality(sic);

(c) the assessment arrangements for persons undertaking education and training in general practice and specialist medical practice;

(d) the assessment arrangements for persons applying to the Registrar for inclusion in the General Practitioner Register or the Specialist Register who do not hold a CCT;

The TGPT proposals follow the same standards for entry (34H((4)(a)) and the existing GMC requirements for the award of the CEGPR through the combined programme (CP) route⁵.

⁵ See Annex B

4.2 **The Postgraduate Medical Education and Training Order of Council 2010**

The Order sets out the categories for registered medical practitioners (other than those who have been awarded a CCT), who are eligible for entry in the GP Register. The eligibility criteria are largely based on the content of European Directive 2005/36/EC(1) concerning the recognition of professional qualifications.

The Order details what may be taken into consideration when the GMC is considering who is eligible for entry to the GP Register (via a CEGPR). That is a combination of training, experience and qualifications.

(1) Persons are eligible to be registered in the General Practitioner Register for the purposes of section 34C(2)(c) of the Act if they are—

(a) eligible general practitioners as specified in article 4;

(4) Subject to paragraph (5), persons are also eligible general practitioners for the purposes of

article 3(1)(a) if they do not fall within paragraph (1), (2) or (3) but have—

(a) undertaken training in general practice; or

(b) been awarded qualifications in general practice,

and the Registrar is satisfied that that training is, or those qualifications are, or both when considered together are, equivalent to a CCT in general practice.

(6) If a person falling within paragraph (4)(a) or (b)—

(b) has acquired experience or knowledge in general practice, wherever obtained,

the Registrar shall take account of that acceptance or of that experience or knowledge, when determining the equivalence of the training or qualifications to a CCT in general practice for the purposes of paragraph (4).

The TGPT proposal is looking at experience or training (not approved for General Practice) prior to entry to the GP training scheme followed by training and qualifications (examinations) as defined/ required by the approved curriculum.

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

European legislation relates (inter alia) to the award of specialist qualifications, i.e. CCT. As the intention is for individuals to be awarded a CEGPR this legislation is not relevant other than its transposition into UK legislation.

4.4 NHS (Performers List) Regulations 2013

All doctors working in general practice, including trainees, must be included on the NHS England National Medical Performers List⁶. This is a mandatory requirement and every trainee including those enrolled in the TGPT must be eligible for inclusion on the Performers List.

The Regulations outline what requirements a medical practitioner must satisfy. Specifically, regulation 26 requires that the medical practitioner must give the following undertakings:

- (a) *“If the medical practitioner is a GP Registrar, unless that medical practitioner has an acquired right under Article 6(6) of the Postgraduate Medical Education & Training Order of Council 2010:*
- (i) *not to perform any primary medical services except for when acting for and under the supervision of the medical practitioner’s GP trainer;*

Accordingly, as with all trainees, the trainees enrolled on the TGPT must be on the Performers List and GMC Register and only work under the supervision of a GP trainer when working in general practice. The TGPT proposal satisfies these requirements.

5.0 Rules / procedures

5.1 GMC rule on eligibility for CEGPR

To be eligible to apply for any of the CEGPR routes an individual is required to have undertaken a minimum of six months training in GP or to have a GP qualification.

The TGPT proposal requires all those involved to undertake approved training and to pass the AKT/CSA; as such they will have complied with both these eligibility requirements.

5.2 Eligibility for evaluation through the CEGPR(CP)⁷ route.

5.2.1 The GMC requires that an individual

- has been appointed to a GMC approved training programme;
- has the training/ experience undertaken prior to entry evaluated and a provisional end of training date set by the first ARCP;
- has at least two ARCPs undertaken and for General Practice to cover at least one year;
- completes all curriculum requirements;
- completes training within a GMC approved training programme to be awarded an outcome 6 at ARCP.

⁶ Similar regulations are in place for the other nations

⁷ CEGPR(CP) process see Annex B

5.2.2 The RCGP requires

- that the maximum recognition of previous experience/ training is one year;
- use of a document checklist;
- the recognition to be confirmed by first (12 month) ARCP.

The TGPT proposal fulfils these requirements, it does however propose acceptance of previous experience / training on a flexible (individual) basis, whilst requiring a minimum of 12 – 18 months of training (12 months before an individual can **apply** to sit the exam(s)).

It is acknowledged that although some competences may be transferable and that there is no wish for a doctor to “repeat” training, it may be appropriate for individuals to undertake the full three year GP training programme.

5.3 Part time / Less than full time training

Current rules defined in the Gold Guide regarding part time training⁸ do not normally permit an individual to undertake training whilst also working as a doctor in a non-training grade role and continue to be eligible for the award of a CCT. Any acceptance outside those indicated in the Gold Guide **MUST** be approved by the GMC (the EC directive defines that the competent authority may make rules in this area). The GMC has proposed amending these rules to allow this to happen for “shortage specialties”, this was fully supported by stakeholders, the final detail and implementation has not been published.

A number of applicants may wish to continue working in their current roles part time whilst undertaking GP training. As the rule relates to eligibility for a CCT and these applicants will be on the path for a CEGPR, it may not be necessary for the GMC to finalise their position to enable this to happen.

ACTION: discuss with the GMC their view

5.4 Currency of Exams

5.4.1 GMC position

Expectations about the currency of examinations

*An examination can be taken before the candidate enters the relevant GMC-approved training programme or when they are on a break in the programme. In this scenario, the pass will be considered current as long as the candidate enters or re-enters the programme within **seven years** of passing the examination and satisfies any other currency requirements determined by the relevant royal college or faculty.*

⁸ Part time training refers to spending part of the week in training and part of the week undertaking other work. Less than full time training refers to training for less hours than full time for statutory reasons such as disability, carer roles etc.

These expectations on currency are not absolute and will be applied flexibly. In individual cases, a royal college or faculty may undertake a detailed review of the circumstances and allow examinations to be counted which fall outside the expectations.

The royal colleges and faculties may also wish to ensure that examinations taken during training programmes remain current and that long gaps do not occur that cast doubt on their currency. They can provide further information on their requirements. In addition, the royal colleges and faculties will comply with our position statement on [moving to the current curriculum](#) (pdf).

A pass in an examination taken after completing a run-through or higher training programme will not be acceptable for a CCT. In that situation, doctors may be able to demonstrate equivalence via the [CESR or CEGPR process](#). An examination pass obtained after completing a core training programme, but before completing the candidate's higher training programme, will be considered current for award of a CCT.

5.4.2 RCGP position

Extract of - *MRCGP Regulations for Doctors Training for a CCT in General Practice August 2016*

5.4 With effect from 1 August 2010 a pass obtained in the AKT will be valid for the duration of specialty training for general practice in the UK and until an application for a CCT (or CEGPR) is submitted.

5.6 With effect from 1 August 2010 a pass obtained in the CSA will be valid for the duration of specialty training for general practice in the UK and until an application for a CCT (or CEGPR) is submitted.

The TGPT proposal is that only exam success after 1 August 2010 will continue to "count". Due to the likely implementation timetable for this proposal those who have success between August 2010 and August 2011 would have a pass that was achieved more than seven years ago. The GMC rules around currency indicate they can be applied flexibly in individual circumstances.

ACTION: Discuss with RCGP exam currency rules in the light of the TGPT proposal and its implementation timetable.

5.4.3 Expunging exam failures

As outlined above the GMC has rules relating to currency of examinations and to number of attempts, however there are no rules relating to expiration of an exam failure. This appears to neither reflect natural justice nor recognise that individuals develop/ improve.

ACTION: Discuss with the GMC their view

5.5 Number of Exam Attempts

5.5.1 GMC position

Expectations about the number of attempts at examinations

No candidate will normally be allowed more than six attempts at an examination. After six failed attempts, a candidate must provide evidence of additional educational experience to the royal college or faculty for each re-sit. The royal colleges and faculties will determine what sort of evidence will count. But those evidence requirements must apply to all candidates, including those not currently in GMC-approved training programmes.

The GMC therefore has no specific limit on the number of attempts providing candidates have more educational experience. The TGPT proposal will fulfil the GMCs standards with regards to number of attempts.

5.5.2 RCGP position

Up to July 2016 – four attempts (including if left training programme)
August 2016 onwards – five attempts (subject to several requirements including additional educational experience)

Additional educational experience has been gained by the candidate since their fourth examination failure and that sufficient progress has been made to merit a further attempt.

The RCGP rules are specific that only “a” (i.e. single) further attempt is permitted, whereas the GMCs rules permit unlimited attempts providing after the sixth attempt that evidence is provided of additional educational experience for each further attempt.

The TGPT proposal requires reconsideration by the RCGP of its rules relating to number of attempts, given it is likely that all those that have left the training programme without success in one of either AKT or CSA will have also exhausted the number of attempts, although this may have been four attempts rather than the more recent increase to five.

ACTION: discuss with RCGP number of sitting rules in the light of this proposal and in parallel the proposal for increasing extensions to training rules (see paragraph 3.1 above) .

5.6 Transferable Competences Framework

Use of the Transferable competences framework (TCF) is only available for those transferring from one GMC approved specialty **training** programme to another one and is to enable trainees to be awarded a CCT. The TGPT proposal is for those who wish to transfer from a specialty post rather than a training post. The RCGP has published clear and detailed information on

what is acceptable via the TCF and those specialties⁹ where there are demonstrable shared competences. The principles of TCF will assist in the evaluation for any applicants through the TGPT proposal.

It is not expected that there are shared competences from other specialties however doctors will be looked at on an individual basis and applications will be accepted from any specialty, but there may not be reductions to training from specialties not included in the TCF.

6. Procedures

The individuals following the TGPT would follow the rules and regulations that all trainees follow i.e. those defined in the Gold Guide and those defined by the GMC. In addition, they would have (all approved and signed off by the relevant Postgraduate Dean)

- A targeted programme developed on an individual basis based on their previous training / experience and support needs;
- Have an assessment panel meeting at 6 months to review progress and indicate whether initial expected end of training date is on target;
- Have a confirmatory ARCP panel at 12 months to feed the confirmed expected end of training date into CEGPR(CP) registration;
- Evaluation at 12 months to determine if individual is “ready” to apply to sit the RCGP exam (AKT/CSA). Individual will not be able to apply until this approval is provided and
- Any exam resit application will require Postgraduate Dean support confirming feedback provided by the RCGP has been discussed and considered by the individual and their programme director.

7. Revalidation

Any individual participating in TGPT will be in formal training with an NTN and as such their Responsible Officer (RO) would be the Postgraduate Dean. If the doctor were to work part time as outlined in paragraph 5.3 above, the Postgraduate Dean would remain their RO.

8. Communication and Consultation

8.1 On line Survey

It is proposed that an online survey is undertaken via the HEE website with links to stakeholder website. This would assist in ascertaining the numbers of individuals who may be interested and also enable direct contact.

⁹ ACCS, Core Medical, Core Psychiatry, Anaesthetics, Obstetrics and Gynaecology, Paediatrics and Emergency Medicine

Article in medical press

Consider production of an article for publication in medical press to capture as wide an audience as possible.

Presentations

Attend relevant meetings to share the plan, COGPeD, COPMeD, SAC, BMA, BAPIO etc.

8.2 We have consulted with a range of stakeholders

- GMC
- Three country leads
- College of General Practitioners
- SAS doctors' groups

There will be ongoing meetings to develop and finalise the TGPT proposal.

Question: should any further/ additional communication and engagement be undertaken and if so what or with whom?

9. Data

Data on potential numbers is being gathered and will be included in the TGPT proposal in due course.

A process document will be produced in due course which will include detail around the sharing of data from previous training (eportfolio), experience or CEGPR outcomes. It will be a requirement of all those applying for TGPT to enable the sharing of any data on their previous training/ experience/ assessments including CEGPR etc.

10. Implementation plan

The implementation plan will be set to reflect discussions and to enable entry into training via round 2 from **February 2018**

It is intended that in parallel to this proposal, one on increasing extensions to training for GP trainees is also considered. This would make the time frame for eligibility for those from group 3.1 above, limited to when this extension is implemented.

11. Equality

An equality impact assessment has been undertaken and is being updated throughout the development of the TGPT proposal.

Tara Willmott
Director
GP Targeted Training
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Frequently Asked Questions

Question: Are there any additional questions that should be included?

A: Eligibility and pre application

A1Q: Will there be any pre-selection / eligibility requirements?

A: To be confirmed

A2Q: I left training due to personal circumstances; can I apply for TGPT?

A: No, however a route already exists for you to return to training and this is detailed in the Gold Guide version 6 - section 6.46

A3Q: I have been out of medical practice; can I apply for TGPT?

A: You may have decided to take time out of medical practice for example to travel / health reasons / to undertake non-medical work.

You will be required to have been in medical practice within the last two years to be eligible to apply for TGPT and also to have GMC registration with a licence to practice at point of application unless you are an overseas applicant (see FAQ D1)

A4Q: Can I get specific details of my personal circumstances before I make a commitment?

A: You will have a discussion with a training supervisor and the evidence of your training and/or experience will be reviewed and we hope to be able to give you an indication prior to you needing to apply.

This provisional evaluation will be initially confirmed as part of the application process, with a further confirmatory review after 6 months in training. At your 12 month ARCP confirmation for CEGP(CP) submission will be made when your end of training date is indicated to the GMC. You will be assessed throughout your training via the ARCP process.

The RCGP will have input at every step of this process which, in addition to ensuring fulfilment of curriculum requirements, will also ensure national consistency. It is expected that there will be RCGP representation at ARCP reviews for TGPT trainees.

A5Q: Can I apply if I have had my licence to practice suspended, been erased or suspended from the GMC register?

A: You cannot apply or take up a post under these circumstances.

A6Q: Can I be on TGPT and work less than full time?

A: The Gold Guide rules apply once you have been appointed. It would be usual for you to work at no less than 50% throughout the TGPT programme to enable progression achievement.

B: Selection

B1Q: I haven't completed foundation training; do I need to demonstrate foundation competences?

A: Yes. It may take you a while to gather the evidence of achievement of these competences, you should therefore begin gathering this as soon as possible. Details can be found at: -

<http://www.ct1recruitment.org.uk/recruitment-process/am-i-eligible/foundation-competences>

Overseas doctors will require GMC registration (see FAQ D1)

B2Q: Will I have to go through the GP training selection process if I have already been through it when I previously entered GP training or I went through the selection process for another specialty?

A: The selection process has gone through significant changes over the last few years and is also different for each specialty. It is therefore important that all applicants via the TGPT proposal undertake the current selection process for GP training.

In addition the selection process finds out whether you are suited to General Practice and will assist in the design of your person specific training programme, ensuring that you receive the most appropriate support.

The selection process allocates a score and rank and the allocation of your training placement may be determined by this outcome.

C: Previous training and exams

C1Q: How much training will I need to do?

A: The TGPT proposal requires all the doctors who participate to undertake a minimum of 12 months' whole time equivalent training before they **apply** to sit either the AKT or CSA.

An initial duration for your training will be determined with you as part of the application process when any previous training, experience or CEGPR evaluation outcome together with what you have been doing since you left training or since you received your decision, will be taken into consideration. The provisional training duration will be confirmed via the ARCP process.

C2Q: Will my previous pass in the AKT / CSA be counted or will I need to pass it again?

A: Any pass after 1 August 2010 will be accepted. If you have a pass prior to that date you will need to retake the examination. You will however remain eligible to apply for this programme.

C3Q: Will previous recognition be limited to that outlined in the transferable competences framework document?

A: Each applicant will have the evidence of their training and/or experience considered on an individual basis. The TCF document gives helpful information on which areas of specific curricula cross over with the GP curriculum.

It is unlikely that the 3-year training programme would be reduced by more than 12 months and some individuals may wish or need to complete the full training programme.

C4Q: Do I have to take the CSA and/ or AKT examinations?

A: All those that follow this programme are required to demonstrate fulfilment of the requirements of the GP CCT curriculum and this includes success in the CSA, AKT and work place based assessments.

C5Q: Why do I have to wait for the 12 month ARCP outcome before I can apply for the CSA/AKT?

A: Your programme director will make a recommendation to you Postgraduate Dean as to whether you have demonstrated that you are ready to take the CSA or AKT as part of your 12 month ARCP. It is important that you have sufficient time to prepare and are in the best position to be successful.

D: Process

D1Q: I have already had an unsuccessful full CEGPR decision – what should I do?

A: You will be able to apply through this route. You will need to supply evidence of your application decision and we may need you to permit the GMC to share a copy of your application with us. You will also need to supply details of what you have been doing since your application.

If you don't have GMC registration you will need to discuss this with us as part of your application. We may be able to sponsor you for registration.

D2Q: What documentation / information will be required for the evaluation of previous experience/ training.

A: to be confirmed

E: General questions

E1Q: Can I get a secondment from my current role in case I don't like GP training?

A: We will be providing taster weeks prior to when you would need to make an application to provide you with authentic GP exposure. We will therefore not be accepting secondments.

E2Q: How much will I get paid?

A: Those who have given continuous service in a career grade post or posts for at

least 13 months immediately prior to re-entering training will be eligible for pay protection for as long as it is more favourable.

Overseas doctors who do not fulfil the above will be on the usual trainee terms and conditions.

The Targeted Enhanced Recruitment Scheme may apply – for further details please see: - <https://gprecruitment.hee.nhs.uk/Recruitment/TERS>

E3Q: I am thinking of applying for a CEGPR but have never worked in the UK and don't have GMC registration.

A: We may be able to arrange sponsorship. You should discuss this with us as part of the pre-application process.

E4Q: Can I train part time and continue with my current role part time?

A: We are discussing this with the GMC as currently the training regulations do not permit this.

E5Q: Can I choose where I will do my training?

A: Doctors applying through this process will do so at round 2 of the national recruitment process when specific (unfilled) vacancies will be advertised.

It is anticipated that the following locations will be advertising vacancies, but this list is not limited: -

- North (previously North West, Yorkshire and Humber and North East)
- Midlands and East – (previously West Midlands, East Midlands, East of England)

You will be able to indicate a preference and the results of your application via the selection process will allocate you a programme based on your ranking.

Please note that although once you have started training you will fall under the Gold Guide rules which includes the Inter Deanery Transfer (IDT) system, this is only open to those that have circumstances that “significantly change” AFTER they have started training. In addition, those on TGPT scheme would only be able to transfer into a programme where there is a support package.

E6Q: Will I get support for the costs of training, such as examination fees or GP registration application fees?

A: We do not anticipate that there will be any additional costs above those incurred by a CCT trainee.

E7Q: Do I need to compile a portfolio of evidence like you need for a full CEGPR?

A: We will work with the RCGP and GMC to ascertain what evidence is required.

E8Q: Will I have to commit to remaining in the UK/ General Practice if I follow this programme?

A: You will be treated exactly as any UK trainee, there are no such requirements.

E9Q: Am I allowed to apply for an OOPT post?

A: Once you enter training you follow the Gold Guide rules.

F Questions for trainers / LETBS

F1Q: How will the trainers be selected for supporting these applicants?

A: The GP dean/director for each LETB that advertises a role will allocate an educational supervisor that is experienced in providing support for those with differential attainment needs. Trainers will be allocated based on their experience and the needs of the individual.

F2Q: Will there be more than one trainer?

A: It is likely that there will be, which will expose individuals to different teaching styles and approaches.

F3Q: Will there be specific support for those that supervise these trainees?

A: to be confirmed

F4Q: How will the evaluation be made as to how much and what format the training will undertake?

A: The outcome of the recruitment process will feed into this and it is also anticipated that existing mechanisms such as the East Midlands iTAP- in training assessment profile scheme would be utilised.

It is also anticipated that the existing processes for the TCF would be utilised.

F5Q: What format will the additional support take?

A: Each successful applicant will have a tailor-made support package. It is anticipated that existing systems will be utilised, for example iTAP, the Internationally Educated Health Professionals (IEHP) framework or the Specialist Clinical Communication & Linguistic Services from the London support unit, (other support services are available and will be considered).

F6Q: If after the individual has been in post it is considered that the original judgement for training is incorrect – too long/ short – what will happen?

A: Once they are in post the ARCP process will be followed and the usual extensions to training will be available. Shortening the agreed training will not be possible given the commitment to delivering service. If an individual fulfils all the curriculum requirements before their agreed end of training date then they may apply for a full CEGPR, however HEE will not be able to support such an application.

F7Q: Should programmes for the doctors involved in the TGPT proposal include locations where they have previously worked?

A: It is preferable that a trainee doesn't work in a trust where they were previously in a non-training grade. This is to avoid confusion by colleagues about the training status of the individual. There is no restriction on them working in a GP setting where they have trained before.

If the TGPT proposal outlined above (para 5.3 and FAQ E4) relating to part time training is supported by the GMC, then it will not be acceptable for the trainee to work as a trainee in the same location that they are working part time in their original role for the reasons outlined above.

F8Q: Will the gold guide “rules” be followed by these trainees?

A: Yes.

F9Q: Will they be following a special curriculum?

A: No, they will be following the RCGP curriculum approved by the GMC.

F10Q: How will revalidation work for these doctors?

A: The Postgraduate Dean will become the Responsible Officer (RO) for the trainee. If the proposal outlined above (para 5.3) relating to part time training is supported by the GMC, the Postgraduate Dean will continue to be the RO with the trainee being responsible for ensuring appropriate evidence (including appraisal for example) is collected from the non-training role(s) and made available to the Postgraduate Dean in their role as RO.

Extract from GMC website guidance on CEGPR(CP) applications

About the combined programme (CP)

What is the combined programme?

The GMC approves specialist training programmes in 65 specialties. Trainees who achieve all programme competencies in approved posts can apply for entry onto the specialist or GP register via a Certificate of Completion of Training (CCT).

However, some trainees who decide to join an approved specialist training programme have previously trained in other, non-approved posts. Your LETB/deanery and college/faculty may decide that this has already given you some of the CCT curriculum competencies. If so, you can enter training at a later starting point, complete the rest of the programme and gain the remaining competencies.

This is known as the ‘combined programme’, at the end of it you can apply for entry onto the Specialist Register via a CESR (CP), or to the GP Register via a CEGPR (CP).

Within the UK, there’s no difference in the recognition of a CESR/CEGPR and a CCT. Both certificates allow specialist or GP registration on exactly the same terms. And specialist registration in any specialty means you can be appointed to a substantive consultant post in the UK health services; while GP registration means you can apply for inclusion in a performers list to work as a UK health service GP.

If you want to work elsewhere in Europe, it’s more complicated. Under European law, a CCT is recognised automatically in EEA member states and Switzerland if (and only if) these two conditions are met:

- *the doctor concerned is an EEA or Swiss national, or benefits for these purpose from an enforceable Community right under the Citizenship Directive*
- *the specialty is listed in Table 5.1.3 or 5.1.4 of Annex V of The Directive on Recognition of Professional Qualifications (the Directive) for both the UK and the country you’re moving to (some UK specialties aren’t listed in the Directive; and, of those that are, not all of them have a corresponding listing in every other member state).*

CESRs and CEGPRs (and CCTs that don’t meet the second of those two conditions) aren’t recognised in the same way. Instead, the holder must apply for recognition under what the Directive calls ‘the general system for the recognition of evidence of training’. And this is likely to involve a process of assessment.

If you think you might want to work in Europe, you should therefore check the requirements in the country you are thinking of moving to.

Training must be also be approved specifically for the relevant curriculum. This means that if you were appointed to a training programme at a higher level as a result of competencies gained in another specialty training programme, you will need to apply via the CESR (CP) application type. The only exception would be if your previous training posts were also prospectively approved for your new programme. In this case, you would be on the CCT route.

How will I be enrolled onto a combined programme?

- *A postgraduate deanery will appoint you to a Specialty Training Programme and award you a National Training Number (NTN).*
- *You must then enrol with the relevant Royal College or Faculty.*
- *The Royal College or Faculty, in consultation with your deanery, will confirm your entry level to specialist training. This needs to be done no later than your first Annual Review of Competence Progression (ARCP).*
- *You can be appointed at any level, as long as you undergo two ARCPs (including the final ARCP) within programme. GP trainees need to undergo at least their final ARCP within the programme.*
- *The deanery will then make an application to the GMC to ask us to approve your enrolment. The GMC will write to you, your deanery and your college, confirming that you are following the combined programme.*

Important information about previous training

It is important to note that previous training can only be taken into account at or before your first ARCP. After the first ARCP, recognition of previous training and enrolment on a combined programme cannot be used to bring your completion of training date forward.

Completing the combined programme

If you are due to complete specialist or GP training through the combined programme, please read our guidance on how to apply for a CESR or CEGPR through the combined programme.

You must submit your application within 12 months of completing training. After this point, you will need to submit a full CESR application. For more information, please see our guidance about applying for a CESR.

If you do not achieve all the curriculum competencies within the combined programme, your College will not be able to recommend you. This includes passing any required assessments systems, such as exams. If you are in this position and feel that you can show that your knowledge, skills and experience are equivalent to the CCT curriculum you can apply for specialist registration via a CESR. For more information, please see our guidance about applying for a CESR.

Extract from RCGP website guidance on CEGPR(CP) applications

The Combined Programme is for trainees who want to combine part of the CCT programme with posts held earlier in their career which were not approved for general practice training.

If you hope to reduce your three year programme (by replacing planned training with posts or experience gained earlier in your career), you should discuss your plans at an early stage with your HEE local office or deanery. There are some key points which should be borne in mind before you ask to be considered for the Combined Programme:

- You must have made your plans known to your HEE local office or deanery at the start of your training programme, usually by indicating that you will be applying for a CEGPR on your first Form R.*
- A firm decision to shorten your training (by up to a maximum of one year) can only be made at the first gateway ARCP Panel, based on evidence of your previous experience and your progress in ST1.*
- We can offer a checklist for documenting previous experience, after you have discussed your plans with your HEE local office or deanery.*
- If the outcome of your first ST1-ST2 ARCP Panel confirms that you can shorten your three year programme and follow the CEGPR(CP) route, you will not be able to revert to the CCT route at a later stage.*
- If you didn't discuss your plans to shorten your programme at the point of entry to training, and your first ARCP Panel has passed, and your HEE local office or deanery is still happy for you to complete a shortened programme, you will need to make an application for a standard CEGPR towards the end of your training.*

GOLD GUIDE CHANGES

The current regulations / guidance from the Gold Guide are listed below. The changed wording will be provided to reflect the outcome of the TGPT proposal.

5.4 Entry to specialty training programmes and subsequent award of a CCT or CESR(CP)/CEGPR(CP) can only be achieved through competitive selection through the relevant core and/or specialty national selection process.

6.27

- be aware that if they hold a training number, are employed outside the NHS in a post that is not part of a training programme and wish to begin or return to a CCT training programme in the NHS, they will need to discuss their return with the relevant TPD. They cannot be guaranteed a particular placement but their needs will be taken into account with the rest of the trainees in the programme.*

6.45 Specialty training posts and programmes are not normally available to trainees who have previously relinquished or been released/removed from a training post/programme in that specialty.

6.46 However, provided there are no outstanding fitness to practise issues, it is open to those who have had their training number withdrawn or have given them up voluntarily to reapply to specialty training at a later date. In order to reapply for training in the same specialty, where a trainee has previously been removed or resigned, they must have the support of the Postgraduate Dean in the locality in HEE, NES, the Wales Deanery or NIMDTA where training in this specialty was previously undertaken. Applications will only be considered if a trainee provides a "Support for Reapplication to a Specialty Training Programme" form. No other evidence will be accepted. Re-entry in such cases will be by competitive process with other applicants.

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.

6.86 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.

PERSON SPECIFICATION CHANGES

The person specification for General Practice for entry into training in 2017 is currently as follows (extract). This will need to be amended to reflect the outcome of the TGPT proposals.

- *Applicants must not have previously relinquished or been released / removed from a training programme in this specialty, except if they have received an ARCP outcome 1 or under exceptional circumstances Not have previously relinquished or been released / removed from a GP training programme, except under exceptional circumstances.*
- *Not previously resigned, been removed from, or relinquished a post or programme with resultant failure to gain the award of a FACD5.2, except under extraordinary circumstances and on the production of evidence of satisfactory outcome from appropriate remediation*
- *Not already hold, nor be eligible to hold, a CCT/CESR in the specialty they are applying for and/or must not currently be eligible for the specialist register (sic) for the specialty to which they are applying*