

# Targeted GP Training Proposal including Changes to Extensions to Training

## Consultation outcome



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# 1. Executive summary

## 1.1 Purpose

This document details the outcomes of the discussions and consultation on the two parallel and interdependent proposals of 'Targeted GP Training' and 'Amending Rules for extensions to training' run by HEE between December 2016 and April 2017. It identifies the key points made by respondents (in their formal responses and through discussions) and our responses to these points, including where we have made changes to the proposals outlined in the consultation. It further details the next steps.

## 1.2 Background

- 1.2.1 English General Practice is under unprecedented pressure. To address this Her Majesty's Government has committed to ensuring an additional 5000 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.
- 1.2.2 It is widely acknowledged that General Practice is a unique specialty due to restrictions on eligibility for entry to medical performers lists (MPL), a doctor working as a GP can only do so if they are a trainee under the management of a Postgraduate Dean<sup>1</sup> 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, meaning they are 'lost' to the specialty.
- 1.2.3 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.
- 1.2.4 The three groups of doctors are those:
- Who have exhausted currently permitted extensions to training but have failed only one element of the Membership of the Royal College of General Practitioners (MRCGP) qualification - either the Clinical Skills Assessment (CSA) or Applied Knowledge Test (AKT). NOTE all doctors in this group are required to have had satisfactory Workplace Based Assessments (WPBA)
  - Working in other specialties (in a non-training grade) who would be interested in transferring to General Practice or
  - From overseas<sup>2</sup> whose GP qualification, training and experience do not fully match the competences required of the GMC approved, UK Certificate of Completion of Training (CCT) curriculum and they require 'top up' training.

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<sup>1</sup> 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)

<sup>2</sup> 'Overseas' - term for doctors who have not trained in the UK or Europe, their nationality is not necessarily non-UK/non-European.

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- 1.2.5 The second parallel and interdependent proposal aims to give every doctor with the potential, the best chance of becoming a good GP. It recognises that for GP trainees, the initial extension<sup>3</sup> period of six months is increased to 12 months with the further exceptional extension remaining at six months. None of these extensions are automatic but are based on decisions of the Postgraduate Dean and are issued through the Annual Review of Competence Progression (ARCP) process.
- 1.2.6 Currently there are two rules for extensions to training. One for GP (six months with a further exceptional six 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 HEE has been informed<sup>4</sup> that no other factors were taken into consideration.
- 1.2.7 HEE acknowledges that a number of elements within the proposals are under the remit/responsibility of other organisations and that in order for the proposals to be implemented agreement would be needed from these organisations.

### 1.3 Where to find out more

- 1.3.1 The rest of this document provides detail on the outcomes of the consultation. The original consultation documents can be found on HEE's [website](#).
- 1.3.2 There is a register of interest which can be found on HEE's [website](#). This register is aimed at individual doctors who fall into one of the three categories outlined in paragraph 1.2.4, however you may also register to be kept up to date with progress.
- 1.3.3 The research referred to in paragraph 3.6.6 can be found on HEE's [website](#).
- 1.3.3 Further information on the revised proposal for overseas doctors will be made available on HEE's website.
- 1.3.4 If you have any specific queries or concerns, email the HEE Primary Care Team at [primarycare@hee.nhs.uk](mailto:primarycare@hee.nhs.uk)

### 1.4 Action required

Actions are outlined within the report and summarised at Annex B.

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<sup>3</sup> All extensions to training are "up to" i.e. maximums and are only granted through the ARCP process/regulations

<sup>4</sup> No records of reasons for time frame exist; this information is from those involved in GP training regulation

## 2. Background

### 2.1 Why did HEE consult on these proposals?

We consulted because there are a number of organisations that have an interest not only in expanding the number of qualified GPs, but also in ensuring that the standards for those entering and completing GP training are maintained. In addition, HEE understands that there are potentially a significant number of doctors who would be eligible for one of the three groups referred to in paragraph 1.2.4, who therefore have an interest in the proposals. Finally, the proposal on extensions to training introduces the requirement for Postgraduate Dean approval for an exam re-sit when the extension to training has been for exam reasons only. This proposal is for **ALL** specialties.

HEE acknowledges that the TGPT proposals require support/approval from the RCGP and the General Medical Council (GMC).

This is a HEE proposal aimed at specific under recruited areas, but would be suitable for implementation in all areas and across all UK countries.

HEE further acknowledges that the parallel and interlinked extension to training proposals require agreement from the four health departments (via the Medical Education UK Reference Group).

### 2.2 What were the proposals?

2.2.1 We sought views on the introduction of a support programme into GP training for three groups of doctors, those who:

- Have exhausted extensions to training but have failed only one element of the Membership of the MRCGP qualification - either CSA or AKT. NOTE - all doctors in this group are required to have had satisfactory WPBA
- Are working in other specialties (in a non-training grade, including consultants) who would be interested in transferring to General Practice
- Are from overseas, whose GP qualification, training and experience do not fully match the competences required of the GMC approved UK CCT curriculum and need 'top up' training.

2.2.2 We also sought views on a parallel and interdependent proposal relating to amendments to the current rules around extensions to training. This was with the view to increasing the available extension period for GPs more in line with the other specialties and acknowledging that those with differential attainment needs may require further training to achieve the curriculum requirements.

2.2.3 The intention was that there would be a time limit on the first group of doctors described in paragraph 2.2.1. With the proposal aimed at those who left training after August 2010, which was when the RCGP amended its exam standard setting (that produced some unexpected challenges for some trainees), a number may have benefitted from a longer extension to training or better developed support mechanisms which were not available at the time. HEE

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considers that this group may not have had the equivalent opportunities for support (that are available to trainees today) and sufficient time to achieve the required standards.

2.2.4 It is already possible for all groups to enter<sup>5</sup> (re-enter) GP training, however the first group would require an amendment to the RCGP regulations on exam eligibility given they would in all likelihood, have exhausted the maximum exam attempts.

2.2.5 Full details of the proposals consulted upon can be found on HEE's [website](#).

### 2.3 When and how did HEE consult?

HEE has consulted with those who are most likely to be affected. The consultation ran between December 2016 and April 2017. Initially the broad principles were shared with key stakeholders including the Committee of General Practice Education Directors (CoGPED), BMA, RCGP and GMC and a number of individuals with considerable experience of GP training and assessment, to assist us in scoping the proposals and for initial feedback.

We circulated the documentation to stakeholder organisations and individuals (details at Annex B). It was intended that representative bodies / individuals make their members/ interested parties/ organisations aware of the consultation and to encourage responses.

We presented the proposals at a number of meetings including:

- COPMeD
- CoGPED
- RCGP SAC meeting
- Medical Education UK Reference Group
- English Deans

And had conversations with stakeholders including:

- British Association of Physicians of Indian Origin (BAPIO)/British International Doctors Association (BIDA)
- GMC
- RCGP
- BMA

In addition, we met or had conversations (including electronic) with a number of individuals or representatives of groups of individuals, who had approached HEE or were brought to our attention as being likely to fall into one of the eligible groups.

Finally, we shared the proposals with HEE patient representation (PAF) who have input into the development of the proposals. We further note that many stakeholder

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<sup>5</sup> The [Gold Guide](#) permits reapplication into training (para 6.46).

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organisations have patient representation and that they have shared these proposals with them and were in attendance at the above meetings.

The meetings and conversations featured presentations of the proposals, opportunities for discussion, posing questions to HEE and for feedback to be provided prior to the deadline for responses.



### 3. Key points made by respondents and HEE response

#### 3.1 Overseas group

The TGPT proposal for the overseas group outlined in paragraph 2.2.1, was that the programme would be open to those that had applied for a 'full' Certificate of eligibility for GP Registration (CEGPR) and had received a decision (from the GMC) requiring further training/qualifications following an evaluation (by the RCGP) of their overseas training, qualifications and experience.

- 3.1.1 A number of questions were asked in the consultation and those that responded raised the following points:
- These doctors have successfully completed their training overseas, have a specialist GP qualification and may also have relevant experience
  - The CEGPR evaluation will give an indication of which competences of the UK CCT curriculum they have not been able to demonstrate
  - They should not be required to apply for entry into a standard three year GP training programme as they will have already completed the relevant training for the country in which they trained subject to that programme demonstrating the achievement of the majority of the curriculum/CCT competences
  - Any CEGPR decision from the GMC, requiring more than 12 months should not be considered for this route but required to undertake full training, given this is an indication that there are considerable differences between the overseas training programme and the UK CCT
  - There are some countries where the training programme is similar and the possibility of reciprocity should be explored
  - Rather than entering the full GP training scheme, the existing Induction and Refreshers (I&R) scheme should be utilised for the 'top up' training.
- 3.1.2 There was support for ensuring that the proposals are future proofed as far as possible against changes in UK immigration policy.
- 3.1.3 There was a mixed response to whether only those that have received a CEGPR decision should be included:
- Some respondents felt that the application process and volume of evidence required can be disproportionate when some overseas curricula and training programmes are similar to the UK CCT requirements (the CEGPR standard)
  - There was broad support for facilitating overseas doctors to work in the UK. It was noted that the outcomes from the GMC's CESR<sup>6</sup>/ CEGPR [review](#), included potential applicants working in the UK, receiving an assessment of this UK experience/ training, prior to submitting an application. Given this, a similar approach should be taken for overseas doctors, i.e. that a CEGPR decision should not be a prerequisite.

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<sup>6</sup> Certificate of Eligibility for Specialist Registration

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- 3.1.4 The following **question** was asked in relation to this group.  
*Should we enable those who have the right to automatically be entered in the GP register due to their European qualifications, to apply for TGPT if they consider they need further training (current recruitment rules do not permit individuals to apply for GP training)?*

The following responses were received:

- European doctors that go through the I&R scheme, as they can get automatic entry to the GP register, (This is their route to entry to the Medical Performers List (MPL)) often score poorly on the MCQ and may not be offered a slot on the programme.
- If a doctor considers they need further training in order to achieve the UK standard then they should be encouraged to get it as this would benefit patient safety.
- These individuals may be lost to general practice if they are not supported to get the necessary training.
- Allowing access to TGPT for European doctors would secure a future proofed route for qualified European doctors to gain GP registration.

### HEE response – proposal changed

- 3.1.5 During the consultation period, legal advice was received on the MPL regulations. This has meant that HEE consider it possible for this group of doctors to undertake the ‘top up’ training in the UK without the requirement to enter the UK training system.
- 3.1.6 A joint proposal on this area is being produced with the RCGP which will include endeavouring to ensure the proposal is future proof. This element of the proposal will no longer be taken forward but replaced by the new proposals. **ACTION.** Further information will be made available on HEE’s website.
- 3.1.7 HEE will provide support for the consideration of reciprocity arrangements between the RCGP and the GMC. **ACTION.**
- 3.1.8 HEE will consider further the implications of allowing European doctors who are eligible for GP registration, through having a mutually acceptable European specialist medical qualification to be permitted to apply for GP training in certain limited circumstances. **ACTION**

## 3.2 Reduction of indicative training duration

- 3.2.1 A small number of respondents indicated that from their experience of those that transfer from other specialties, they usually require extensions to training rather than a reduction. There are concerns that the TGPT would be misleading to potential applicants who might be expecting shorter training.



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- 3.2.2 Mention was made of potential misunderstanding of the unique nature of General Practice and the specialist skills required that a doctor transferring from a secondary care background may not appreciate - leading to individuals assuming they do not require much additional training.
- 3.2.3 Concern was expressed that the current recruitment process is not designed to assess previous achievement of competences.
- 3.2.4 A high proportion of respondents indicated that the existing Accreditation of Transferable Competences Framework (ATCF)<sup>7</sup> should be used as a model for assessing previous competence achievement.
- 3.2.5 There was significant support for ensuring that any competences already achieved are up to date and relevant. This was both for those coming from other specialties and those that have left GP training some time ago.

### HEE response – proposal changed

- 3.2.6 The initial proposal was that a decision is made at recruitment as to how much previous training/experience is recognised i.e. how much reduction is made on the indicative three year GP training programme. At the first ARCP<sup>8</sup> (at six months), consideration is given that this decision was correct based on assessments and this is then confirmed at the 12 month ARCP. Thus the end of training date is extended if the decision at recruitment was incorrect.
- 3.2.7 In the light of feedback during the consultation, this proposal will be amended. All those on the programme would be given an expected end of training date of the full training programme i.e. three years. The six month ARCP would consider if this should be reduced based on the performance and wishes of the doctor, with a confirmatory decision being made at the 12 month ARCP. This becomes a positive approach with the doctor proving their skills and competences to achieve a reduction in training duration. This would also mean that any period of extension to training is not used up by an incorrect judgement of achievement of previous competences. **ACTION**
- 3.2.8 It is noted that it is essential that this amendment doesn't have a negative impact on attracting this group of doctors into General Practice. Previous information has indicated that acknowledgement and acceptance of experience has a significant impact on choosing to change specialty.
- 3.2.9 See paragraph 3.4 for information on route of certification.

<sup>7</sup> <http://www.aomrc.org.uk/publications/reports-guidance/accreditation-of-transferable-competences-0914/>

<sup>8</sup> This would be an additional ARCP at 6 months

### 3.3 Content of targeted training and training support

- 3.3.1 The statement in the original proposal was reiterated by a number of respondents, that it is essential that those following TGPT must reach the CCT curriculum standard.
- 3.3.2 There was general comment that training needed to be individualised acknowledging the experience of the doctors whilst also recognising the potential challenges of transition into primary care.
- 3.3.3 It was noted that the doctors would require different support to those coming straight from foundation training which may be challenging to provide.
- 3.3.4 Questions were raised by a small number of respondents as to how TGPT would differ from current GP training and what reassurance there would be that additional training candidates would be able to reach the standard required for safe independent practice.

#### HEE response – no change to proposal

- 3.3.5 HEE reiterate that the individuals following TGPT will be recruited through the GPNRO in the same way as other trainees. They will be trained in GMC approved locations, follow the same rules and regulations that all trainees follow outlined in the Gold guide and will be required to demonstrate achievement of the competencies of the curriculum to the same standards as those in conventional CCT bearing programmes.
- 3.3.6 Doctors will have the same training, but it will be targeted to their specific requirements given they will be coming with considerable previous experience/ training.
- 3.3.7 The training programmes will need to be able to provide the necessary support drawing on the developments of assistance available to current trainees. This would include but is not limited to:
- Educational supervisor with appropriate experience
  - Induction
  - Learning needs assessment and personal development plan (PDP)
  - Regular reports/discussions between trainee and training programme director (frequency of this would be as required to identify the trainees learning needs and then monitor their progress)
  - The emphasis of the programme should be teaching and support rather than frequent monitoring.

This would be in addition to the normal access to study leave, online learning, attendance at General Practice Specialty Training Programmes, formerly known as Vocational Training Scheme (VTS) with other trainees, leadership and development training etc.

- 3.3.8 Exploration should be undertaken to deliver an element of the support through an

integrated group, although it is noted that it is expected numbers will be small.

- 3.3.9 The use of experience, gained by supporting trainees such as that delivered via Professional Support Unit (PSU), is essential.
- 3.3.10 For the group of doctors who were previous GP trainees, through discussion with the educational supervisor:
- The feedback from their exam sittings would inform their PDP
  - Support would be provided in relation to the challenges of taking exams including reviewing previous experiences and reactions to those experiences
  - Specific interventions to address issues of differential attainment would be provided
  - Support relating to exam preparation and preparedness would also be provided.
- 3.3.11 Most LETBs are adopting a new structure of lead employer which appears to be providing improved structures and support for employment such as sickness and disability issues.
- 3.3.12 HEE will develop these proposals further. **ACTION**

### 3.4 CCT vs CEGPR

- 3.4.1 Respondents outlined that if doctors undertake their training in GMC approved training posts, they should be eligible for a CCT rather than a CEGPR through the Combined Programme route. For example, if a doctor left GP training with an outcome 4 due to exam failure only, then returned to training and subsequently completed the curriculum requirements, then they would be eligible for a CCT.
- 3.4.2 It was also queried whether a doctor could choose to follow a full GP training programme to achieve a CCT.

#### HEE response – proposal changed

- 3.4.3 To be eligible for a CCT, the applicant must have completed ALL of their training in GMC approved training programme(s). It was expected that doctors following these proposals would have achieved competences outside GMC approved training programmes. The proposal indicated doctors would be receiving a CEGPR on successful completion.
- 3.4.4 In light of the amendment to the proposal detailed in paragraph 3.2.7, all doctors will initially be on the path to a CCT, with confirmation or amends at the 12 month ARCP when any previous training/experience would be taken into consideration,

subject to assessment outcomes.

- 3.4.5 Clear guidance will be provided and an individual decision will be made for each doctor so all involved parties are clear on their expected certificate route. **ACTION**

### 3.5 Eligibility

- 3.5.1 The following question was asked in relation to the group of doctors that have left GP training having passed one of either AKT or CSA in addition to success in WPBA.

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

- 3.5.2 Respondents indicated that only those that have demonstrated success through passing one of the two exams should be permitted to return to training. Reasons given were, this demonstrates achievement of two out of the three requirements for MRCGP and the individuals are more likely to succeed.
- 3.5.3 A small number of individual doctors that have left GP training, indicated that the eligibility should be open to any doctor who has left GP training, given there is no opportunity to continue in their chosen specialty, unlike other specialties (i.e. no staff grade/ associate specialist roles in GP).
- 3.5.4 A very small number of respondents have queried why the proposals are limited to General Practice.
- 3.5.5 There has also been mention that limiting the proposal may be challenged by those who are not eligible.

### HEE response – no change to proposal

- 3.5.6 Given the considerable cost of the proposals in terms of financial and support resources it is considered provident to limit eligibility to those that were on the trajectory to succeed (i.e. had passed one exam and WPBA) but were unable to pass the second exam for the reasons outlined below in paragraph 3.6.23.
- 3.5.7 HEE has engaged with doctors' groups and individual doctors in relation to the eligibility criteria and has received positive feedback. HEE considers that the proposals should be taken forward as a matter of fairness and encourage other parties involved to do so on that basis, recognising there will be no change to standards.
- 3.5.8 HEE considered whether to expand the proposals to open up the eligibility criteria

to those with a successful WPBA but no exam success. Following discussion with stakeholders, HEE is not taking this forward.

- 3.5.9 HEE's proposals are based on the unique nature of the specialty as doctors who leave the training programme are not able to continue in General Practice in a specialty doctor post that is possible for all other specialties.
- 3.5.10 General Practice was also chosen because of differential attainment. Doctors in this specialty are disproportionately affected by both the shorter duration of the training programme and shorter extensions to training.
- 3.5.11 HEE is not precluding introducing a similar proposal for other specialties, although nothing is currently planned.

## 3.6 Exam

### Number of attempts

- 3.6.1 The RCGP introduced its current maximum number of attempts (four) in August 2010 - 18 months earlier than the GMC endorsement of the maximum number of attempts proposal produced by the Academy of Medical Royal Colleges (AoMRC) (six) with any further attempts following additional training. The RCGP then introduced an exceptional fifth attempt in August 2016, for those who had sat their fourth attempt (not back dated). Prior to this date the number of attempts was unlimited other than by virtue of the duration of the training programme (including extensions to training) with a single exceptional sitting permitted in the six months immediately after leaving training with the support of the RCGP and Postgraduate Dean. This may mean that doctors who have left training without exam success may have had a higher number of attempts than the current limit due to the timing of when they were in training and the introduction of the rules.
- 3.6.2 The proposals would require a change in the current number of attempts permitted by the RCGP exam rules to enable eligibility for the group of returning doctors who have left training without success in one of the exams. The RCGP has indicated that this limit was set (with the approval of the GMC) due to evidence that the likelihood of success diminishes after four attempts.
- 3.6.3 Should the position on expunging exam failures (see paragraph 3.6.22) change this may impact current or future rules.
- 3.6.4 Increasing the number of attempts would fall within the GMC's position statement that permits unlimited attempts providing the individuals undertake additional training after the sixth and subsequent attempts. The GMC have

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indicated that they would consider a change in RCGP exam rules, providing the proposal has a clear rationale and is evidenced. In addition, any change would need to be consistent for all candidates.

- 3.6.5 The RCGP has indicated that it would be difficult to revert to the current number of attempts once the cohort in the TGPT proposal had left training.
- 3.6.6 A small number of respondents queried whether the proposals would affect other specialties in relation to number of exam attempts permitted.

### HEE response – no change to proposal

- 3.6.7 HEE commissioned research to explore the likelihood of exam success relating to re-sits timing, frequency and patient safety implications of multiple re-sits. This research can be found on the HEE [website](#) and provides detail of the points outlined in paragraph 3.6.8.
- 3.6.8 This research addresses many of the concerns raised by consultation respondents and makes a number of recommendations including:
- The many reasons why trainees fail which are complex and may include factors that are not relevant to determining whether a trainee should fail
  - The current ability for multiple re-sits followed by a ban on further attempts is not optimal for identifying those who ought to pass or fail
  - There is clear evidence that performance can improve with further training (minimum of 12 months) and feedback
  - Additional training before further attempts at the exam is likely to represent a true improvement and reassurance of patient safety
  - Medical error and patient safety are not simple matters of individual errors by doctors which can be addressed just by raising barriers in medical professional exams. In particular, allowing fewer doctors to qualify for a profession or specialty raises the risk of under-staffing which is in itself a major source of medical error
  - Receipt of structured feedback and targeted training during a mandated 'refractory' period is essential to improvement
  - Attention should be given to the preparedness of candidates in the first instance, particularly with regard to the level of cultural familiarity of IMGs with practice in the UK.
  - Guidance for supervisors on determining when trainees are truly ready to sit, and a 'sign-off' of readiness to undertake AKT/CSA exams
  - Introduction of a 'sign-off' of readiness to undertake the AKT/CSA exams
- 3.6.9 HEE will discuss with the RCGP amending its exam rules (number of attempts, readiness to sit and further training after exam failure) in the light of the outcomes of the commissioned research and the TGPT consultation outcome. **ACTION**



3.6.10 HEE will explore with training programme directors and HEE GP Directors, guidance for supervisors on determining when trainees are truly ready to sit.

**ACTION**

3.6.11 HEE considers that it is possible for the exam rules to be amended to meet the GMC's requirement for consistency for all candidates without the need for other amendment or repeal of rules. For example:

- Four attempts with any additional attempts (research suggests this should be two)
- Following a minimum period of training in GMC approved training posts with GMC approved trainers (research suggests this should be a minimum of 12 months)
- With support from trainers/supervisor and sign off by a Postgraduate Dean
- First attempt at the exam should be following assessment of readiness (not based on time in training programme).

3.6.12 See comments in paragraph 3.6.27 about interval between re-sits to allow sufficient time to reflect on feedback.

3.6.13 The research is applicable to all medical exams and as such the findings will be shared with the AoMRC and the GMC for consideration of wider implication.

**ACTION**

### Patient Safety

3.6.14 The RCGP expressed concerns that allowing doctors to re-sit exams repeatedly, increases the chance of a "random pass" and that this possibility is a risk to patient safety.

### HEE response – no change to proposal

3.6.15 HEE is responding to concerns over patient safety outlined by the RCGP in September 2016<sup>9</sup>, and considers that these proposals amongst other things should lead to an increase in GPs whilst maintaining standards.

3.6.16 All those entering (re-entering) GP training will be under the supervision of GMC approved trainers and will have the Postgraduate Dean as their Responsible Officer. All doctors will have had to demonstrate that they do not have any fitness to practice issues with the GMC or the registration body from the country in which they work to be eligible to apply.

3.6.17 The doctors returning to training were on a trajectory to succeed with satisfactory WPBA and had passed one of either AKT or CSA. If there had been concerns over

<sup>9</sup> RCGP article "[Patient safety in general practice could be 'at risk' – unless chronic shortage of GPs is turned around](#)"

patient safety these would have been raised at the time by their trainers and been reflected in their WPBA or have been reported to the GMC. It is hard to understand the argument that the day before they sat the exam they were not considered a patient safety concern but the day after they took the exam they have become one.

- 3.6.18 The commissioned research outlines the proposed changes '*that performance improvement subsequent to further training in an extended credentialing exam is evidence of an improvement in the construct under test.*' As such the premise of a 'random pass' and the linked patient safety assertion is not evidenced.
- 3.6.19 The standard to be achieved is the CCT. A single pass in one exam is not enough to enable a trainee to subsequently work independently as a GP. TGPT does not change the CCT standards, namely success in all three of WPBA, AKT and CSA together with current demonstration of the required curriculum competences.
- 3.6.20 The standard setting methodology used by the RCGP means that each exam is considered individually and the likelihood of success or failure is independent for each exam, with the 'borderline candidate' being judged based on the questions set in that exam. The argument that a 'random pass' is linked with the limit of four sittings of the exams does not sit with this.
- 3.6.21 Of the 65 GMC approved curricula, 49 have final exams, (i.e. those that are not at the end of core or early years training) many of which use the same standard setting methodology used by the RCGP. Of those:
- 2 specialties allow unlimited attempts
  - 23 allow 6 attempts
  - 21 of those that allow 6 attempts, allow unlimited re-sits following additional training
  - 25 allow 4 attempts with approximately half of those allowing a further single attempt.

The argument proposed that allowing further attempts would increase the ability to pass randomly and lead to patient safety risks, doesn't align with the fact that the GMC has approved this variety as fulfilling its standards for patient safety when many use the same or similar standard setting methodology.

### Expunging attempts

- 3.6.22 HEE requested that the GMC consider including in its position on currency of exams<sup>10</sup>, a further section on expiration of failed attempts, believing that this would reflect natural justice. The GMC has responded that this is neither their 'position' nor an 'optional solution'.

<sup>10</sup> <http://www.gmc-uk.org/education/postgraduate/9813.asp>

## HEE response – no change to proposal

3.6.23 HEE hoped that the GMC would consider introducing rules on expunging exam failures to reflect its rules on exam currency i.e. exam success expires in terms of curriculum requirements, but not in terms of exam attempts. The period of time which a GP trainee is able to sit two exams is short (approx. two to three years) in comparison to the full duration of a doctor's medical career and in comparison with other specialties.

HEE consider that expunging exam failures would acknowledge that a doctor's experience, maturity, knowledge etc. can change demonstrably over a period of years. In addition, a doctor may have had personal circumstances that no longer exist some years later. HEE consider that the expunging of exam failures acknowledges that a doctor is not a failed GP for the whole of their professional career and mirrors time expiration in many other fields.

3.6.24 HEE will continue to discuss with stakeholders, including the GMC, the Academy of Medical Royal Colleges (the GMC's current position is an endorsement of their paper) and the BMA. ACTION

## Structure of the exams

3.6.25 HEE notes the RCGP data indicates those that sit the exams more than four times are less likely to pass. However, HEE consider that the data is based on the current training structure and exam processes. There are multi-factorial reasons for this that are not necessarily linked with ability. A number of reasons are out with this proposal:

- The timing of exams within the training programme in parallel to the programme total length means trainees have limited time before their first attempt and to pass the exams (in comparison with other specialties)
- Those with differential attainment needs may require more training time prior to attempting exams for the first time
- The duration of extensions to training may not be sufficient
- The frequency of the exams and the ability to reapply immediately after a failure enables trainees to re-sit without reflection on feedback.

3.6.26 HEE commissioned research to explore these issues. The outcome is briefly outlined in paragraph 3.6.7 and a copy can be found on the [HEE website](#).

## HEE response – no change to proposal

- 3.6.27 HEE consider that the well intentioned increase in frequency of the exam sittings may have led to trainees re-sitting before they have had the opportunity to reflect/act on the detailed feedback provided by the RCGP. Having reviewed other specialties, many of them have a self-limiting factor given their exams are provided once or twice a year. The number of exam sittings has enabled flexibility and more choice and has been welcomed. HEE will discuss with the RCGP, amending their rules relating to re-sit eligibility without altering the increased flexibility and accessibility of increased sitting dates. **ACTION**
- 3.6.28 Exam support systems are important and should be used. Examples include:
- The PSUs usually have support for those who fail exams (see paragraph 3.8.5)
  - The Royal College of Anaesthetists have a nationally led, locally delivered guidance system, where candidates who have failed their exams a number of times, meet with a senior examiner and their college tutor to discuss performance and feedback. Anecdotally, the pass rate after this meeting is high.
- 3.6.29 Research indicates consideration should be given to the '*preparedness of candidates to undertake the assessment in the first instance, particularly with regard to the level of cultural familiarity of IMGs with practice in the UK*'. **ACTION** (see paragraph 3.6.9).
- 3.6.30 The proposals to increase extensions to training are outlined in paragraph 3.9 below.

## 3.7 Costs vs Benefit

- 3.7.1 A small number of respondents have queried whether the proposals are the best use of limited resources.
- 3.7.2 A similarly small number have queried that the proposals are coming at a time when it is being reported that HEE is cutting GP training budgets and challenged that a full costs/benefits analysis needs to be undertaken.
- 3.7.3 Increasing the extension to training would be costly.

## HEE response – no change to proposal

- 3.7.4 General practice is a priority specialty for HEE, the profession and the government. Part of the purpose of the proposals and consultation was to identify suggestions likely to make an impact on the number of qualified GPs.

- 3.7.5 HEE is undertaking a number of initiatives to support General Practice. Many of these lead to small numbers but when combined contribute to the overall aims to increase the numbers of GPs.
- 3.7.6 HEE anticipate that many of the systems that would need to be put in place would be used going forward, for example eligibility to re-sit exams following action on feedback, guidance for educational supervisors on preparedness etc.
- 3.7.7 HEE consider that the re-entry to training of those that have failed one exam is the right and fair thing to do.
- 3.7.8 Any increase in extension to training is NOT an automatic right, see paragraph 3.9 and is to bring General Practice more in line with all other specialties.
- 3.7.9 As the proposals are developed and numbers are clearer, costings will be provided. **ACTION**
- 3.7.10 HEE is reducing the money spent on running education support. This is not about training places or the quality of training but about making changes to the organisational structure and reducing administration costs to ensure all possible resources are diverted to the front line and patient care.

### 3.8 Failed GP trainees group

- 3.8.1 One respondent indicated that they thought it was unclear how previously unsuccessful doctors who have already had extensions to training could have their outcome changed.
- 3.8.2 A respondent challenged that considerable support had been given to this group of doctors and that it was unclear what the TGPT proposal could provide that they hadn't already had and how the programme would differ from current training.

#### HEE response – no change to proposal

- 3.8.3 HEE considers that the full support available today was not available to the doctors that fall into the first group outlined in paragraph 1.2.4, either as it has been introduced since they left training or that resources that existed have been developed and enhanced through experience.
- 3.8.4 There has been considerable development in expertise to provide support. Trainers and Educational supervisors have become increasingly better at providing support and continue to improve in this area. In addition, HEE is proposing the increase in extensions to training to enable sufficient time for support to be given.

- 3.8.5 Professional Support Units have been introduced and developed. These units together with a number of GP schools, provide tailored support including, but not limited to:
- 1:1 exams skills coaching
  - Psychology services for exam stress
  - Screening for dyslexia and guidance on any adjustments that might be required
  - 1:1 communication skills, including drama coaches to give advanced support and tutorials
  - Cultural induction
  - Independent advice out with assessment chain
  - Online revision tool for AKT developed in conjunction with Wessex school and available wider. Feedback is given to the local school and trainee on how they are performing by answering questions to assist them to review and revise.
  - Early identification of lower performing trainees, offered support
  - Trainers experienced in developing PDPs
  - System of support for trainers to identify and support trainees in need
  - Use of simulated trainees who can enact different scenarios to aid trainer development
  - [Perfect Day](#) support trainees identified as 'at risk of underperformance' to achieve their full potential at assessment.

The RCGP has introduced a significant number of initiatives (this list is not exhaustive):

- More detailed feedback for CSA (2014)
- Understanding the different training needs for IMG, for example in interpretation of research and statistics identified as part of AKT unintentional bias in exam questions review (2013)
- Providing data to support the development of an effective tool for the early identification of trainees who might struggle to progress with their training (2014)
- An e-learning course based on sociolinguistic research carried out on the CSA, that specifically aims to improve performance in the interpersonal skills domain (2014)
- A guide for trainees published by the MRCGP AKT group 'Preparing to take the MRCGP AKT' (June 2015)
- AKT podcast produced jointly with the AiT Committee to support AKT (2016)
- Joint RCGP and COGPED Guidance on CSA preparation (2014)
- Visit the CSA programme to up skill trainers.

## 3.9 Changes to extensions to training

- 3.9.1 A large proportion of respondents gave support for increasing the period of time available for extensions to GP specialty training. There were however, concerns expressed that custom and practice or trainee behaviour (such as delaying sitting exams) could become such that all trainees automatically gain



the increased extension to training rather than it being for exceptional performance reasons only.

- 3.9.2 Respondents indicated different options for the additional training available including:
- Same for all specialties i.e. 12 + 12 (an increase of 12 months on current position)
  - Maximum of 18 months with increases in 6 month increments (an increase of 6 months on current position)
  - Agreement with HEE proposal i.e. 12 + 6 (an increase of 6 months on current position).
- 3.9.3 Support was given to introduce the requirement for any exam re-sits to require approval from a Postgraduate Dean if an extension to training has been given. This would be for **ALL** specialties.
- 3.9.4 Several respondents indicated that the timing of an extension is almost as important as the duration of that extension. In addition, the need for an extension should be identified as soon as possible. This is demonstrated by the comment received “many would benefit from the additional training before starting upon the externally assessed elements of the MRCGP”.
- 3.9.5 One respondent challenged HEEs principle of intertwining the two proposals indicating that the change in extension to training could and should be implemented separately.
- 3.9.6 Other comments and proposals included:
- Consistency/ fairness for specialties that have both run through and uncoupled training
  - Recognition that those on dual training programmes may need increased extensions where there are high level exams in **both** specialties. Proposal increase from 12 + 12 to (12 x 2) + 12 (increasing by 12 months with the usual caveats)
  - Acknowledgement that Core Psychiatry is three years in duration with a maximum of 6 months’ extension with a further exceptional six months, whilst the majority of other core training programmes are two years with the same extensions available.
  - The current CEGPR AP<sup>11</sup> process may no longer be necessary. CEGPR AP is a CEGPR application where a trainee leaves training having completed all curriculum requirements except success in one of the two exams. If the doctor subsequently passes the exam within six months of leaving the training programme, then the CEPGR application process is reduced.

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<sup>11</sup> [http://www.gmc-uk.org/doctors/CEGPR\\_AP.asp](http://www.gmc-uk.org/doctors/CEGPR_AP.asp)

## HEE response – no change to proposal

- 3.9.7 HEE continues to consider that the two proposals should be implemented in parallel, to introduce an increase to available extensions to training without acknowledging those that did not have this opportunity, would not be fair or just. HEE will not pursue one proposal without the other, they cannot be separated. To do so could introduce unfairness. It would acknowledge the need for a different approach without offering remedy for those where this was not available. By limiting to those that failed only one part of the MRCGP, HEE is seeking to link it only to those that could realistically have passed and therefore benefitted from further extension.
- 3.9.8 There is support for increasing the extension to training for GP trainees but it is clear that further work is required on the proposal to ensure:
- Any extension to training should NOT be linked with the date of the exam to avoid adding to pressure and stress.
  - Extensions to training MUST be due to educational needs and are not automatic. The 'right' for trainees is that the extension is available should it be evident that it is needed.
  - Caveats are in place over eligibility for an extension to ensure that it doesn't become an automatic right but is in response to performance.
  - The timing of extended training is included in changes.
- 3.9.9. HEE will, in parallel with TGPT, work with stakeholders to develop the proposals to take to the Medical Education UK Reference Group for four country approval.  
**ACTION**
- 3.9.10. HEE will ask the Medical Education UK Reference Group if they wish further investigation of the points raised through the consultation, see paragraph 3.9.6  
**ACTION.**
- 3.9.11. Subject to the approval outlined in paragraph 3.9.9, all Medical Royal Colleges and Faculties be asked to introduce the requirement for eligibility for re-sits of exams to be subject to sign off by the relevant Postgraduate Dean where extensions to training have been agreed. **ACTION.**

Tara Willmott  
Director  
GP Targeted Training  
August 2017

## Abbreviations

|            |                                                                                 |
|------------|---------------------------------------------------------------------------------|
| AoMRC      | The Academy of Medical Royal Colleges                                           |
| AiT        | Trainee GPs, Associates in Training of RCGP                                     |
| AKT        | Applied Knowledge Test                                                          |
| ARCP       | Annual Review of Competence Progression                                         |
| ATCF       | Accreditation of Transferable Competences Framework                             |
| CCT        | Certificate of Completion of Training                                           |
| CEGPR      | Certificate of Eligibility for GP Registration                                  |
| CEGPR (AP) | Certificate of Eligibility for GP Registration via the approved programme route |
| CEGPR (CP) | Certificate of Eligibility for GP Registration via the combined programme route |
| CSA        | Clinical Skills Assessment                                                      |
| GMC        | General Medical Council                                                         |
| GPNRO      | General Practice National Recruitment Office                                    |
| HEE        | Health Education England                                                        |
| IMG        | International Medical Graduate                                                  |
| I&R        | Induction and Refreshers                                                        |
| MPL        | Medical Performers list                                                         |
| MRCGP      | Membership of the Royal College of General Practitioners                        |
| NES        | NHS Education for Scotland                                                      |
| NIMDTA     | NI Medical and Dental Training Agency                                           |
| NRO        | National Recruitment Office                                                     |
| PAF        | Patient Advisory Forum (HEE body)                                               |
| PSU        | Professional Support Units                                                      |
| TGPT       | Targeted GP Training                                                            |
| VTS        | Vocational training Scheme                                                      |
| WPBA       | Work Place Based Assessment                                                     |

## Annex A

### List of those consulted

- Academy of Medical Royal Colleges
- BAPIO
- BIDA
- BMA
  - Education, Training and Workforce Subcommittee
  - Equality and Inclusion Committee
  - GP Committee
  - Junior Doctors Committee
- CoGPED
- COPMeD
- English Deans
- Family Doctors Association
- Four countries
  - DH England
  - Medical Education UK Reference Group
  - NES
  - NIMDTA
  - Wales Deanery
- GMC
  - Diversity lead
  - Education and Standards Directorate
  - Registration and Revalidation Directorate
- GP workforce forum
- HEE Patient Advisory Forum
- Individual doctors
- Medical Royal Colleges and Faculties (via Postgraduate education/exam leads)
- NHS commissioning
- RCGP
  - SAC
  - Senior Management Team
  - Training exams and revalidation board

## Annex B

### Summary of consultation proposals and implementation plans

This annex summarises the proposals originally outlined in the Targeted GP Training, changes to extensions to training documents and HEE's plans to implement and propose next steps, with some changes arising from analysis of the consultation responses.

| Consultation proposals                                                                             | Implementation                                                              | Changes to original proposal/ Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supported programme for unsuccessful overseas CEGPR applicants to enter GP training</b>         |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>Doctors who had received a CEGPR decision from the GMC that they required further training.</p> | <p><b>Taken forward as an amended proposal in conjunction with RCGP</b></p> | <p>HEE legal advice has ascertained an option for the 'top up' training to be undertaken in a person specific programme outside specialty training programme and still enable doctors to enter MPL.</p> <p>We will work with RCGP (and GMC) to develop a joint proposal for the introduction of this training scheme.</p> <p>We will support the investigation of reciprocity of overseas qualifications for GP Registration purposes.</p> <p>We will consider further the implications of allowing European doctors who are eligible for GP registration through mutual recognition of qualifications, to be permitted to apply for GP training.</p> |

| Consultation proposals                                                                                                                                                                                    | Implementation                                    | Changes to original proposal/ Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supported programme for doctors from other specialties to enter GP training</b>                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>This proposal exists already but is unclear for potential applicants and</p> <p>Experienced doctors' concerned previous experience is not acknowledged and that there is limited support for this.</p> | <p><b>Modified Implementation Autumn 2017</b></p> | <p>Based on suggestions made in the consultation responses</p> <ul style="list-style-type: none"> <li>• We will explore with the RCGP expanding transferable competences framework to include 'experience'</li> <li>• We will remove the requirement for all doctors to be on the CEGPR route as they will be entered on the full training programme with their end of training date being amended/ finalised at one year ARCP.</li> </ul> <p>We will develop a communications plan to give clarity over this route into GP training, including final certification (CCT or CEGPR) working with the existing NRO and RCGP material.</p> <p>We will explore the possible introduction of an integrated group to give elements of the support</p> |



| Consultation proposals                                                                                                                                                                                                                              | Implementation                                                     | Changes to original proposal/ Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Re-entry to training for unsuccessful AKT or CSA doctors (with satisfactory WPBA)</b>                                                                                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul style="list-style-type: none"> <li>• Should exam failure be defined ie clear fail not eligible?</li> <li>• Should those who have failed one exam and not taken the other be eligible?</li> <li>• Should exam failures be 'expunged'?</li> </ul> | <p><b>Delayed</b></p> <p><b>Further work to be under taken</b></p> | <p>Based on suggestions made in the consultation responses</p> <ul style="list-style-type: none"> <li>• Eligible group those who have failed ONE of the two exams (they have to have passed one)</li> <li>• No distinction between type of fail</li> <li>• Not expanding the proposal to those without successful WPBA or not passed at one of the exams</li> </ul> <p>In the light of HEE commissioned research and consultation outcome, further work in relation to</p> <ul style="list-style-type: none"> <li>• Exploring with RCGP number of exam sittings, exam structure/ rules relating to readiness to sit and further training after a number of exam failures.</li> <li>• Exploring with training programme directors and GP Directors guidance for supervisors on readiness to sit an exam</li> </ul> |

Targeted GP Training Proposal including Changes to Extensions to Training  
Consultation outcome

| Consultation proposals       | Implementation                                                      | Changes to original proposal/ Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | <p><b>Survey/ register of interest available from July 2017</b></p> | <ul style="list-style-type: none"> <li>• Consideration of the preparedness of IMGs in relation to cultural familiarity with practice in the UK</li> <li>• Detail of the support to be provided</li> <li>• Exploring expunging exam failures with the AoMRC and GMC</li> <li>• Sharing the research findings with all medical specialties via the AoMRC and the GMC for consideration of wider implementation.</li> </ul> <p>We will use an online survey/ register of interest to ascertain interest. This will also enable detailed costings.</p> |
| <p><b>General Points</b></p> |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                              |                                                                     | <p>Update FAQs to reflect changes</p> <p>As further data is available on numbers, provision of costings</p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Consultation proposals                                                                                                                                                                                                                                                | Implementation                                                                                                                              | Changes to original proposal/ Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Increasing extension to GP training and amending rules for extensions to training</b>                                                                                                                                                                              |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>The proposal looked at the current extensions to training rules. The proposal was that the extension to training for GPs changes from 6 months + 6<sup>12</sup> months</p> <p>To</p> <p>12 months + 6 months to bring closer in alignment to other specialties</p> | <p><b>No changes</b></p> <p><b>Consultation supports, proposals</b></p> <p><b>Requires Medical Education UK Reference group support</b></p> | <p>Further work required to</p> <ul style="list-style-type: none"> <li>• Ensure extensions not linked to exam date.</li> <li>• Extensions due to educational needs, not automatic.</li> <li>• Ensure doesn't become an automatic right.</li> <li>• Explore with programme directors and GP Directors guidance on timing of extensions in training programme.</li> </ul> <p>We will liaise with the Reference group to seek support for change in parallel to the TGPT proposals.</p> <p>Subject to approval from the Reference group, ask all medical royal colleges/ faculties to introduce the requirement for eligibility for resit of exams to be subject to sign off by the relevant Dean.</p> <p>Consultation respondents outlined other areas for changes to extensions to training; We will forward these to the Reference group to see if they wish further investigation.</p> |

<sup>12</sup> Exceptional further extension