

## **STRENGTHENING GP RECRUITMENT – THE ACCREDITATION OF TRANSFERABLE COMPETENCES (ATC) FOR ENTRY INTO SHORTENED UK CCT GP SPECIALTY TRAINING PROGRAMMES**

### **GUIDANCE TO LETBS AND DEANERIES FOR IMPLEMENTATION IN 2015**

#### **Summary**

This paper outlines a strategy to introduce the accreditation of transferable competencies between UK CCT specialty training programmes, for example from core medical training into GP specialty training. The proposal will permit six months of previous approved training experience in a relevant specialty to be counted towards a UK GP programme, increasing GP recruitment while ensuring the quality and safety of training is maintained. In combination with other measures (Pre-GP scheme, an increased I&R programme, Round 3 of GP recruitment), this initiative could contribute to the recruitment shortfall in GP specialty training in the 2014 cohort (circa 400) from August 2015.

It is anticipated that ATC could be developed as a reciprocal process towards a CCT between specialities such as general practice, paediatrics, core medical training and obstetrics and gynaecology, with a net influx into GP training. ATC is entirely compatible with the approach to specialty training set out in Shape of Training and the introduction of 4 year GP specialty training programmes as set out in HEE's mandate.

Collaborative work with key stakeholders is at an advanced stage with agreement on key principles and the ATC framework in final draft form. The GMC have approved the accreditation of transferable competencies framework (ATCF) with a process for including an ATCF amendment to curricula which will allow process piloting in the 2015 recruitment round and the first inter-programme transfers from August 2015.

## 1. Introduction and background

- 1.1. The target for recruitment for GP specialty training for the UK is set out in the recommendations from the Joint Working Group (JWG) which recommends recruitment of 3250 GP ST1s by 2015 (1), distributed nationally (England) on a weighted capitation basis.
- 1.2. Recruitment figures for 2014 show significant shortfalls (in both England and the devolved nations), with a national fill rate of 87.36% (3). The under fill in England is approximately 400 trainees.
- 1.3. The Accreditation of Transferable Competences (ATC) could increase entry in to GP CCT programmes during training, increasing GP recruitment and ultimately the GP workforce. Other measures include:
  - The Pre-GP project (led by Health Education East Midlands), providing a year for applicants just below the NRO GP recruitment standard, a year with generic experience in context which might facilitate successful recruitment in to GP training programmes from August 2015 increasing capacity for around 50 trainees.
  - A single Round 3, recruitment which took place in autumn 2014 to start programmes in February 2015; this recruited 47 trainees.
  - Alternative routes to certification (Article 11 CEGPR Certificate of eligibility for GP registration) – likely to contribute to GP workforce numbers from 2016; likely increase 40 trainees
  - Enhanced return to practice through an expanded Induction and Returner programme (I&R), possibly increasing the GP supply from 2015 by 50-100 GPs per annum.
- 1.4. ATC allows accreditation of previous training through recognition of transferrable competences (4). It permits UK trainees to transfer between specialties, moving from training approved for one certificate of completion of training (CCT) programme to that approved for a different CCT. The process recognises the elements of training in the first programme that are approved competences in the second.
- 1.5. It is proposed that ATC may apply to trainees who have satisfactorily completed at least one year of a recognised approved training programme for CCT. Many core

competences in ST1 are generic and clinical skills in patient assessment and clinical judgement will at least in part translate well between specialties. Early work suggests that not all experiences translate between specialties. Under the ATCF, trainees with 12 months (or more) training in the original specialty that is recognised (accredited) for ATCF may use that experience towards a 6 month reduction in GP training.

1.6. The ATC into GP specialty training programmes (GPST) creates potential for greater flexibility of career choices in training. Specialties with significant areas of common generic competences include paediatrics, psychiatry, internal medicine and emergency medicine. Experience prior to the introduction of CCT programmes in the UK suggests that a net influx in to GP programmes might happen.

1.7. The ATC proposal aligns with the key themes and messages from the Shape of Training review (5) which states that:

- *Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings.*
- *We will continue to need doctors who are trained in more specialised areas to meet local patient and workforce needs.*
- *Postgraduate training needs to adapt to prepare medical graduates to deliver safe and effective general care in broad specialties.*
- *Medicine has to be a sustainable career with opportunities for doctors to change roles and specialties throughout their careers.*
- *Doctors in academic training pathways need a training structure that is flexible enough to allow them to move in and out of clinical training while meeting the competencies and standards of that training.*

## **2. Potential benefits of the ATC proposal**

- Potential contribution to GP workforce expansion
- Flexibility to facilitate movement into GP from other specialties
- Greater concordance of generalist skills in participating specialties
- Potential modest cost savings from reduction in programme duration for those transferring from seven year specialty programmes into three or four<sup>1</sup> year GPST programmes with six months of specialty CCT programme accepted towards three or four year GPST programmes

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<sup>1</sup>Some Deaneries/LETBS offer four year GPST programmes, academic programmes may be four years.

- Flexibility in the context of a three or four year training programme is congruent with the Shape of Training objectives.

### **3. Risks**

- Management of gaps in posts approved for training due to transfers.
- Costs of assessment for the receiving specialty

### **4. Implementation strategy**

Under the current code of practice, agreed with the BMA, individual rotations are published and advertised to trainees before applications are accepted in November of the year preceding appointment. The time frame for implementation of ATC into GP has been moved forward for 2015 recruitment and transfer into GPST from August 2015.

Key stakeholders have been identified and are supportive of the project in principle with task and finish groups set up to work on operational and delivery issues over the summer and early autumn 2014. Wider consultation with other stakeholders such as the BMA, trainee representative groups and NHS Employers should continue into the late autumn of 2014.

### **5. Deliverable outcomes**

5.1. It is difficult to predict numbers that might transfer into GPST and therefore contribute to expansion of GP recruitment numbers. ATC would have significant speciality spread and a significant application window, which will hopefully stimulate engagement.

5.2. Historical data on previous trends of post CCT movement from another specialty into GP specialty training might indicate potential demand (a total of 556 – Table 1). However, this represents movement from ALL specialties into GP and the ATC proposal would initially allow movement from a limited number of specialties where there is significant commonality of generic competences (see 1.6).

Table 1 – COGPED Survey (6): movements into GPST from other Speciality Training Programmes

Specialty	Run through	Uncoupled	Academic	Total
Accident & Emergency	9	12	5	26
Anaesthesia	10	30		40
Dermatology	1			1
Elderly Care/Geriatrics	8	19	1	28
ENT	1	8	1	10
General Medicine	36	94	1	131
General Surgery	8	25	2	35
GUM				0
Obstetrics and/or Gynaecology	20	2	2	24
Oncology	2	4		6
Orthopaedics/ T&O	5	16	2	23
Ophthalmology	1			1
Paediatrics	45	3		48
Palliative Care		1		1
Psychiatry	21	43	1	65
Rheumatology		4		4
Sexual Health				0
Urology	1	3		4
Women's Health			2	2
Other	27	57	23	107
Total of relevant specialty for potential movement into GP				300
<b>TOTAL</b>	<b>195</b>	<b>321</b>	<b>40</b>	<b>556</b>

## 6. Implementation of transferable competencies in GP Specialty Training (GPST)

The original proposal outlined a mechanism whereby trainees wishing to transfer into GP using the ATC route would go through NRO recruitment but would be required to gather evidence of competence for GP in the context of their current specialty by enrolling as AiT and populating the GP e-portfolio.

Following discussion with NRO team and RCGP Certification and Quality teams and after debate at COPMED and COGPED it was agreed that this requirement could be challenged given that trainees will have had an ARCP at the end of their placement and would be eligible for ATC into GP if progress in the approved specialty was satisfactory (ARCP outcome1). Similarly, the recent letter from the GMC on ATCFs (3/10/14) sets out a clear framework which includes an assessment of competency for the incoming transfer specialty at the first gateway ARCP.

Therefore, it is proposed that trainees declaring their intent to transfer into GP from another specialty training programme will not be required to enrol as an associate in training (RCGP AiT) and gather evidence in the GPST e-portfolio. However, it is recommended that they gather evidence in their current specialty contextually, that is community facing and includes communication skills.

The GMC have approved the ATC framework (ATCF) therefore the first wave for GP will be considered as a pilot of process and might be extended to other specialties following evaluation of the process pilot.

### 6.1 Specialties for ATC to be included from September 2015

The RCGP Curriculum development group has undertaken an assessment of the specialty curricular and identified where there is significant commonality and where there are gaps. It is important to include those specialties where there may be implementation issues following the gap analysis and those specialties that historically have a higher rate of transfer into GP post CCT (e.g. anaesthetics)

Therefore the list of approved specialty training programmes for ATC into GP from September 2015 will be:

- *Anaesthetics (CCT in Anaesthetics)*
- *General (Internal) Medicine (Core Medical Training)*
- *General Psychiatry (Core Training in Psychiatry)*
- *Obstetrics and Gynaecology (CCT in Obstetrics and Gynaecology)*
- *Paediatrics (CCT in Paediatrics)*

*Additional specialities may be included from 2016 subject to GMC approval*

- *ACCS*
- *Emergency Medicine*

### 6.2 Broad Based Training (BBT)

Experience obtained during BBT cannot be used to a CCT programme using the ATCF route. BBT trainees that make satisfactory progress and are successful in GP recruitment are able to enter GP specialty training (GPST) programmes at ST2. Experience relevant to GPST in BBT programmes cannot be used to further shorten a GPST programme.

The GMC requirement for a CCT in GP is, three years in a specialty training programme. It may be shortened by six months using ATCF as the six months in another GMC approved specialty training programmes contributes to the CCT programme. In a similar way, twelve

months of BBT may be allowed (applicants enter GPST at ST2 if they have evidence of the competencies) but “double counting” to allow further reductions in GP specialty training time to CCT is not permitted.

## **7. Recruitment and selection pathway**

ATC trainees should be recruited through the NRO GP selection process and would have to declare that they wish to be considered as ATC candidates at the time of application.

They would go through the GP NRO selection process in exactly the same way as GPST candidates (Article 10 – three or four year CCT programme).

Trainees would be required to have an ARCP to cover the review period for the six months of the relevant ATC specialty. It is expected that their final gateway ARCP from their exiting programme prior to entry into shortened a GP programme would include that review.

Successful applicants will be expected to upload a copy of the exiting ARCP report into the GP e-portfolio and to submit that to the RCGP GP Specialist Applications department no later than the point of entry into GP ST2.

### **Trainees must demonstrate satisfactory progress at the point they exit a specialty programme using ATCF.**

The GMC have confirmed the following (September 2015)

*In order for training undertaken in one GMC approved training programme/ specialty to be “transferred” to a second one the training must have been completed satisfactorily. The measure of satisfactory completion of training is indicated by the assessment blue prints and would normally be made up of WPBAs and examinations. Where satisfactory completion includes an examination, leaving a training programme without that examination will mean that there is not sufficient evidence that it has been completed satisfactorily.*

*As an example Core Medical Training requires success in MRCP UK to indicate satisfactory completion and without this, competences achieved cannot be “counted” towards a CCT in another specialty unless that specialty is only looking for limited competences and these are tested/ assessed in another way such as an entry examination into that specialty which assess the required competences.*

### **The following ARCP outcome algorithm will apply.**

7.01 Exit specialty ARCP Outcome 1: proceed to GPST (ATCF) with progress review at first gateway ARCP in GPST.

7.02 Exit specialty other ARCPs outcomes (normally an ARCP outcome 2) where the limiting factor is an exiting specialty curriculum or competency requirement (such as an exam to be passed at that stage of training) may be considered for ATCF with review at first gateway

ARCP in GPST as in 7.01. In this situation, the ATCF will be dependent on the evidence that the required competence not met by the exiting specialty examination has been demonstrated by either the entry assessment into GPST or during the training period up to the first ARCP in GP.

7.03 Exit specialty ARCP outcome 2, 3 or 4 where the limiting factor is not included in 7.02 and relates to other global and generic reasons for lack of progress ARE NOT ELIGIBLE for consideration of ATCF and should complete a full CCT programme if successful at GP selection.

Whilst unsatisfactory outcomes (under 7.03) would not preclude them from starting a GPST programme if successful at recruitment; they could not do a shortened ATC programme (as above) and would be recruited to a full three or four year programme.

### 7.1 Proposal for GP input to exiting ARCP

Trainees should be advised that they should gather evidence in their current specialty contextually, that is community facing and includes communication skills and comment in their current e-portfolio

Panel chairs in ATC approved specialties would need guidance regarding commenting on GP competencies for ATC candidates. However, since the main assessment is at the first gateway ARCP in GPST, AFTER transfer this requirement is likely to be minimal.

### 7.2 Management of gap analysis

- ATC trainees may reduce their GP training by six months provided they have 12 months (or more) training in the original specialty that is recognised (accredited) for ATCF which may be translated into a 6 month reduction in GP training. The proposal only allows for one specialty to be included as ATC.
- Training programme directors should then review the programmes (much as they do now) to ensure that they are balanced and not repeating the ATC specialty.
- The principle that GPST programme should normally have eighteen months in GP should be maintained.

7.3 Eligibility for entry into GPST using the ATCF is conditional on successful competitive selection (GP NRO recruitment and selection) and will be dependent on capacity, local availability of a suitable programme and subject to local assessment of the trainee's educational requirements for completion of a shortened GPST programme.

## **8. Assessment**



Trainees transferring into GP using the ATC framework will be subject to the same assessment and ARCP schedule as set out in the Gold Guide (2014) v 5 (7).

ATCF trainees would normally reach their first gateway ARCP in GP after six months in ST1 with a review of e-portfolio evidence and an assessment of progress into ST2.

- Trainees that make satisfactory progress at the first gateway ARCP in GPST should be awarded an outcome 1 and should progress into ST2 and continue with the shortened ATCF programme.
- Trainees awarded an Outcome 2 at the first gateway ARCP in GPST should progress into ST2 and continue with the shortened ATCF programme, with targeted training as determined by the ARCP recommendations.
- Trainees that do not make satisfactory progress at the first gateway ARCP in GPST are likely to be awarded an Outcome 3 and would be eligible for additional training. The duration of the period of additional training will be determined by the Postgraduate Dean dependent on the educational need and should not exceed the maximum allowable period as set out in the Gold Guide (2014 version 5 *paragraph 7.76*)
- Once accepted on a shortened ATCF GPST programme trainees cannot change to a three or four year CCT programme retrospectively.

## **9. Logistics**

LETBs and Deaneries are committed to providing a supply of trainees to hospital posts for service reasons. It may be impracticable to leave many posts vacant at short notice.

Therefore, any proposal should recognise the importance that a reduction in training time is discretionary by LETB/Deanery and advanced notice of an application for reduction in training time based on ATCs will be mandatory and should be declared at recruitment into the receiving specialty. Applicants cannot be considered retrospectively for ATC and a reduction in training time

## **10. Timelines for the introduction of ATC in to GP specialty training**

The timelines for delivery have been amended to permit the commencement of ATC in the 2015 recruitment round 3.

The GMC has approved the introduction of ATCF; Colleges should now amend their curricular to include explicit statements detailing the accreditation of competences acquired while a trainee is practising in a different specialty.

The availability of ATCF into GPST will be advertised when GP recruitment opens for round 3 in September 2015 and for 2016 recruitment in early November 2015. Information about the process will to be published shortly afterwards together with guidance for LETBs/Deaneries, the eligibility criteria and a set of frequently asked questions (FAQs).

## References

1. COGPED (2012) – Chairs report and minutes November 2012
2. Centre for Workforce Intelligence (July 2014) In-depth review of general practitioner workforce <http://www.cfw.org.uk/publications/in-depth-review-of-the-general-practitioner-workforce-executive-summary>
3. GPNRO recruitment data
4. Academy of Medical Royal Colleges (2013) – Draft framework for Accreditation of transferable competencies (AoMRC 2013)
5. Shape of Training Review (2013) Shape of Training – Securing the future of excellent patient care – final report of the independent review.
6. COGPED (2010) - movements into GPST from other Speciality Training Programmes
7. A reference guide for postgraduate specialty training in the UK “Gold Guide” version 5 2013.

## Glossary

AiT	Associate in Training (GP)
AoMRC	Academy of Medical Royal Colleges
ARCP	Annual review of competency panel
ATC	Accreditation of transferable competencies
BMA	British Medical Association
CCT	Certificate of completion of training
CfWI	Centre for Workforce Intelligence
CEGPR	Certificate of eligibility for general practice registration
COGPED	Committee of GP Education Directors
DEQ	Director of Education and Quality
EGPT	Enhanced and extended GP training
ES	Educational supervisor
GMC	General Medical Council
GPST	GP Specialty Training programme
HEE	Health Education England
HEEM	Health Education East Midlands
I&R	Induction and returner scheme
JWG	Joint Working Group
LETB	Local Education and training Board
NHSE	NHS Employers
NRO	National Recruitment Office
QTB	Quality Training Board
RCGP	Royal College of General Practitioners
SAC	Specialty Advisory Committee
ST	Specialty trainee – years 1-7
TPD	Training programme director
WPBA	Workplace based assessment

## CRITERIA FOR TRANSFERRING FROM SPECIALTY TRAINING PROGRAMMES INTO GP SPECIALTY TRAINING (GPST) USING THE ACCREDITATION OF TRANSFERABLE COMPETENCIES FRAMEWORK (ATCF).

The Academy of Medical Royal Colleges has set out a framework for accreditation of transferable competencies (due to be published with frequently asked questions soon). The GMC have approved ATCF dependent upon appropriate curriculum change and approval for each specialty including general practice.

The GMC letter of 3 October 2014 sets out the criteria for approval of curricula for ATC.

*Extract from GMC letter to Colleges*

*The GMC has been working with the Academy of Medical Royal Colleges (AoMRC) on approving the 'Accreditation of Transferable Competences Framework' (ATCF). ATCF is the framework that meets the needs for those doctors in training who have already gained competences in one specialty who then wish to change career direction. If some of the previous training is relevant to the CCT in the new career direction, they will not need to repeat it. We of course already have a system for the recognition of previous competencies CESR/CEGPR (CP) suitable for some doctors. These are not affected by ATCF.*

**The criteria for ATC into GP specialty training is based on both these documents.**

1. The ATCF applies ONLY to doctors in training who decide to change career path and transfer from one training programme to another. Therefore, the ATCF can only be applied to doctors within UK GMC approved specialty training programmes who would *normally* hold a national training number (NTN) for the specialty approved for ATCF.

*GMC extract: The ATCF applies only to those moving between periods of GMC approved training. It is aimed at the early years of training.*

*Since ATC is a vehicle to move from one GMC approved specialty training programme to another the implication is that the applicant would hold an NTN. However, there may be situations where the NTN has been relinquished recently or was held at the time of application but relinquished after recruitment.*

*It is not the NTN per se that is a requirement it is the recent engagement with a GMC approved specialty training programme.*

*To be consistent with the Gold Guide and GMC absence policy, which allows for a maximum period of two years out of programme (sickness, unpaid leave or OOP) before the NTN is relinquished and trainees are required to reapply for specialty training; it would seem appropriate to set the same two year limit.*

*Therefore, provided trainees have been in a GMC approved specialty training programme within the previous two years (and that would be two years from the planned start of the GP specialty programme start) – so for August 2015 applicants the two year rule could be applied to approved specialty training programmes that ended no earlier than August 2013.*

2. The transferring specialty curriculum should be approved by the GMC for ATCF.
3. Trust grade and SASG doctors are not eligible to be considered under the ATCF but may apply for GPST under the Article 11 (CEGPR-CP) Order. *There may be the potential for developing a facilitated CEGPR (CP) programme for candidates wanting prior experience in relevant specialties outside of training.* Those specialties considered appropriate for equivalent experience and prior approval under CEGPR (CP) are likely to be the same as those specialty programmes listed in the widened ATCF

As in ATCF, for a facilitated CEGPR (CP), prior experience would be time limited to experience in an approved training specialty, relevant to GP and within the previous five years (as set out in the Academy of Medical Royal Colleges Accreditation of Transferable Competencies report)<sup>2</sup>

4. From September 2015 GP ATCF the following specialties may apply the ATCF and move into GP specialty training (GPST and includes additional specialties not included in 2014/15.

- *Anaesthetics (CCT in Anaesthetics)*
- *General (Internal) Medicine (Core Medical Training)*
- *General Psychiatry (Core Training in Psychiatry)*
- *Obstetrics and Gynaecology (CCT in Obstetrics and Gynaecology)*
- *Paediatrics (CCT in Paediatrics)*
  
- *ACCS (from 2016 onwards subject to approval by GMC)*
- *Emergency Medicine (from 2016 onwards subject to approval by GMC)*

5. Trainees using the ATCF into GP specialty training programmes must be successful in the GP recruitment and selection process for the current year. Trainees applying for ATCF from August 2015 **MUST** go through GP recruitment in 2015/2016. Intent to

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<sup>2</sup> <http://www.aomrc.org.uk/education-a-training/frameworks.html> ACT report September 2014

use the ATCF for transfer should be declared before recruitment and CANNOT be applied retrospectively.

6. The ATCF framework is intended for trainees changing from one training programme to another, it CANNOT be used for trainees re-joining a training programme in the same specialty after breaks in training.
7. ATCF cannot be used to transfer from one GPST programme to another, the correct route for that is the inter deanery transfer process.
8. For transfer into GPST under the ATCF the maximum period of reduction within the total duration of the GP training programme (normally three years<sup>3</sup>) shall be six months.
9. Trainees should have an exit ARCP in the transferring specialty that includes a review of satisfactory progression within the period of approved experience to which the ATCF is being applied, which shall be no less than twelve months completed in the transferring specialty.
10. The ATCF can only be applied to trainees who have a satisfactory outcome (Outcome 1) or ARCP outcome 2, where the limiting factor is an exiting specialty curriculum or competency requirement (such as an exam to be passed at that stage of training) at their final ARCP in the transferring specialty programme.
11. Exit specialty ARCP outcome 2, where the limiting factor is not included in 10 above and relates to other global and generic reasons for lack of progress ARE NOT ELIGIBLE for consideration of ATCF and should complete a full CCT programme if successful at GP selection.
12. Trainees that are successful in GP recruitment but have unsatisfactory ARCP outcomes from their exiting programme will be required to complete a full three or four year CCT GP specialty training programme.

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<sup>3</sup> Some Deaneries/LETBS offer four year programmes including academic programmes.