C O G P E D

Committee of GP Education Directors

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

GUIDANCE TO LETBS AND DEANERIES

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. This is one of a number of initiatives designed to contribute to the recruitment shortfall in GP specialty training.

1. Introduction and background

1.1. 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.

1.2. 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 such that the maximum time which can be recognised is six months of the first programme.

1.3. 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.

1.4. 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 specialities
- Greater concordance of generalist skills in participating specialities
- Potential modest cost savings from reduction in programme duration for those transferring from seven-year specialty programmes into three or four[1] year GPST programmes with six months of specialty CCT programme accepted towards three or four year GPST programmes
- 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. Deliverable outcomes

4.1. 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.

4.2. 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 (see1.6).

[1]Some Deaneries/LETBS offer four year GPST programmes, academic programmes may be four years.

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
TOTAL	**195**	**321**	**40**	**556**

5. 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). The GMC has set 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.

5.1 Specialties for ATC

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 specialties for ATC into GP will be:

- Anaesthetics
- General (internal) medicine (Core Medical Training programme)
- Obstetrics and Gynaecology
- Paediatrics
- General Psychiatry (Core Training in Psychiatry programme)
- Emergency Medicine
- ACCS programmes

6. 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 less than six months prior to the CCT application.

Trainees are only eligible for ATC entry into a shortened GPST programme if that final gateway ARCP from the exiting specialty is an outcome 1 – satisfactory progress. Whist unsatisfactory outcomes 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.

6.1 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 AFTER transfer this requirement is likely to be minimal.

Some Postgraduate Deans have suggested that GP input into the exiting ARCP panel might be helpful. It is not practically possible to offer this across the board but may be an appropriate contribution to the process pilot if selected specialties were purposively sampled.

Guidance for ARCP panel chairs should be explicit and set out that the where an external GP assessor is present that they have no direct input into the assessment decision overall (cannot alter ARCP specialty outcome) but is solely present to comment on the relevance of the training for approval as ATC into GP.

6.2 Management of gap analysis

- ATC trainees would be in shortened programmes in effect with six months ATC approval of prior experience in one of the approved specialties. 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.

6.3 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.

7. 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.

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 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 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.
- Once accepted on a shortened ATCF GPST programme trainees cannot change to a three or four year CCT programme retrospectively.

8. 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

References

1. Academy of Medical Royal Colleges (2013) – Draft framework for Accreditation of transferable competencies (AoMRC 2013)
2. Shape of Training Review (2013) Shape of Training – Securing the future of excellent patient care – final report of the independent review.
3. COGPED (2010) - movements into GPST from other Speciality Training Programmes
4. 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