



Flexibility in Postgraduate Training

Guidance for General Practice

November 2020

Encouraging and improving flexibility in postgraduate medical training was a key recommendation in the General Medical Council (GMC) report *Adapting for the future* (2017). As a result, the Academy of Medical Royal Colleges (AoMRC) has reviewed the guidance for the *Accreditation of Transferable Competences Framework* (ATCF), and in June 2020 published '[Guidance for flexibility in postgraduate training and changing specialties.](#)'

This new guidance outlines a process which builds on ATCF and allows greater fluidity of movement from one training programme to another through recognition in the new specialty of capabilities gained in the previous specialty. It also provides the opportunity for relevant non-training experience to contribute to general practice training.

Deaneries will work in consultation with the RCGP to support trainees through the flexibility pathways. The RCGP GP Specialist Applications (GPSA) team checks that requirements for being added to the GP register have been met and will support deaneries with flexible applications.

This guidance clarifies and amplifies the process and detail required for moving into general practice training. As is always the case, trainees' best interests should be protected, and training standards maintained.

1. CCT and CEGPR (CP)

In general practice there are two pathways to registration through training. These are CCT and CEGPR (Combined Programme (CP)). A CEGPR (CP) is when non-approved training or experience is combined with GP training. In this situation, the time spent in GP training is not the minimum three years required in legislation which means it cannot result in a CCT.

The GMC has recently updated their guidance on the [Combined Programme](#), permitting trainees to be awarded a CCT provided the time spent in approved training meets the minimum legislative requirements for that specialty. This rarely applies in general practice, as to meet the legislative requirement for CCT, all three years must be spent in an approved training programme. Therefore CEGPR (CP) must remain an option for anyone who is not transferring from another GMC approved training programme and is combining non-approved training or experience with less than three years in a GP training programme.

The legislation for CCT (including minimum requirements) does not apply in the same way for CEGPR (CP) which allows a degree of flexibility, however this should not be considered a short cut to GP registration and the expectation should be that a large proportion of the GP training programme is spent in general practice posts and that the combination of time from other experience and GP training should equate to at least three years.

The processes for both CCT and CEGPR (CP) pathways are largely aligned which helps to reduce confusion. All applicants must apply through the competitive recruitment process.

Eligibility for entry and contribution to each pathway

CCT:

- A minimum of 12 months in any other relevant GMC approved specialty training programme (no restriction on which specialties)
 - A valid National Training Number (NTN) at the time of transfer
- OR
- Was in a GMC approved specialty programme training post within the five years preceding the planned start date of GP specialty training

CEGPR (CP):

- A combination of GMC approved general practice training and other non-GMC approved training or experience
- May include experience of already qualified specialists, SAS doctors or doctors with relevant overseas experience

2. Evidential Requirements

The trainee is required to present good quality and clear evidence to provide assurance of their transferable capabilities and to allow robust evaluation to determine how much donating time can be included in the GP training programme.

The AoMRC gap analysis has been developed for general practice providing a standard framework using the thirteen capabilities of the GP training curriculum. Detailed guidance for applicants is available.

CCT:

- An up to date CV – this helps to provide context for the gap analysis
- The most recent ARCP forms covering at least 12 months of donating training time
- An explanatory statement from the trainee for any non-standard ARCP outcome
 - A non-standard outcome is issued when a panel has concerns over performance and training progression (Outcome 2, 3 or 4)
- A letter from the Postgraduate Dean if there is any deficit within the donating training period for which a corrective strategy is in place
 - This is essential if the ARCP Outcome is non-standard
- Gap analysis form – self-certification of experience, capability mapping and reflection

CEGPR (CP):

- An up to date CV – this helps to provide context for the gap analysis
- Details of other training and assessments
- Copies of certificates for any relevant qualifications
- Job description and references from recent relevant roles
- Appraisal and revalidation documents
- Gap analysis form – self-certification of experience, capability mapping and reflection

3. Submission of evidence

Evidence of previous training and experience should be gathered as soon as a place on a GP training programme has been accepted. It should be submitted as early as possible to allow for assessment and subsequent planning of the individual training programme.

- Trainee to collect evidence prior to starting training
- All evidence must be submitted within the first month of the GP training programme
 - This ensures that there is enough time to complete the required process in time for the first ARCP panel
- Original ARCP forms must be saved as a PDF – this provides the required evidence that training was completed in an approved programme
- All evidence must be uploaded to the designated area in the trainee ePortfolio

4. Review and Evaluation

To ensure consistency, deanery assessment leads will usually be the local expert and lead on flexibility. The decision on the length of the training programme is that of the deanery however the RCGP will provide support in the evaluation process.

- The local deanery lead for flexibility or their deputy will conduct a gap analysis with a preliminary assessment of the evidence in consultation with the RCGP GPSA team who will also help to confirm eligibility and the correct pathway
- A recommendation will be made based on the preliminary assessment which will be ratified at the first ARCP panel
 - if the evidence is not sufficient to support a flexible pathway, the trainee should be notified as early as possible
- The deanery creates a learning agreement before the first ARCP panel which is included as an educator's note
- The first ARCP panel will be held at 6 months (wte), considering progress in training, gap analysis, previous evidence and the recommendation from the preliminary assessment
- The panel will decide how much training is required to complete GP training successfully
 - A standard statement should be added to the comments section of the ARCP outcome form confirming the decision
- If it is agreed that flexibility can be applied, an Outcome 1 will be issued, and the trainee will move into ST2
 - The trainee will usually complete between 6 and 12 months in ST2 depending on the agreed overall programme length
 - The programme may need to be adjusted accordingly

- If flexibility is not agreed (due to lack of evidence, the preliminary assessment recommendation or progress in ST1 being unsatisfactory) an Outcome 2 or 3 will be issued, and the trainee will complete the full three-year programme for CCT
 - The trainee has the right to appeal via the ARCP process

5. Programme construction

The programme should be planned at the earliest opportunity and discussed (remotely if required) with the trainee before they begin training. This is to minimise any later changes to the programme and will allow for the most appropriate programme to be developed. Consideration should also be given to when exams will need to be taken.

A maximum of 12 months of donating specialty training or experience can contribute to a GP training programme. This is because the three year GP training programme is already very short, and doctors need enough time to transition to general practice and complete training successfully.

The evidence presented should help to signpost and justify the amount of contributing time, which the ARCP panel usually confirms as 6 months. More than 6 months would require evidence of a broad range of previous experience.

The entry point to GP training is ST1 moving to ST2 after 6 months for most trainees accepted on a flexible pathway. With the move to more time in general practice and inclusion of more innovative posts in the GP training programme, the make-up and construction of the programme must be carefully considered to ensure that it meets legislative requirements. Previous specialty experience should not normally be repeated in the GP training programme.

Please refer to the Guidance on Programme Construction.

Programme requirements differ slightly for CCT and CEGPR (CP).

CCT:

- A maximum of 12 months of previous experience can contribute to the GP training programme
- A minimum of twelve months must be in general practice posts (ideally not ITP's)
- A minimum of 12 months of specialty posts must be included.
 - The donating specialty training time can form part of this
- If the donating specialty training time is 6 months, a further 6 months of specialty posts must be included in the GP training programme

CEGPR (CP):

- A maximum of 12 months of previous experience can contribute to the GP training programme
- Legislation for CCT does not apply, so the 12 months of specialty time is not a requirement
- Although minimum legal requirements do not apply, as the training is for general practice, a minimum of 12 months must be in general practice posts (not ITP's)
- We would still expect the combination of time overall to equate to at least 36 months
- All of the time in GP training may be in a combination of general practice and ITPs

- Donating time may be UK non-training specialist or other relevant experience or overseas GP or other relevant experience.

6. Out of Programme Pause (OOPP)

This provides an opportunity for trainees to take time out of programme to gain experience elsewhere and then return to training and request that some or all of the experience contributes to their training. It follows the same principle that a gap analysis should be carried out to map which capabilities required in the GP training programme have been gained outside of training and could therefore contribute.

For general practice trainees the situation is complicated by the fact that the normal three-year training programme is the same duration as the legally required minimum training time. Therefore, unless the out of programme experience is spent in another approved training post, which is unlikely, that time will not be permitted to contribute towards the minimum three-year requirement and cannot result in a CCT. Therefore, for GP trainees wishing to extend their experience outside of approved training, and have any of that experience contribute, they can only be awarded a CEGPR (CP) on successful completion of training. The OOPE facility possibly remains the most suitable option for general practice.

Out of programme opportunities should be subject to balancing the needs of the individual doctor in training against the educational and service requirements of the programme in which they are enrolled. Approval will be entirely at the Postgraduate Dean's discretion.

The process would be largely similar to that for trainees beginning training on a flexible pathway, with the timing of evidence submission and evaluation taking place later in the programme rather than at the start. The OOPP programme is still being piloted and more work is required to fine tune the process once pilots have concluded.

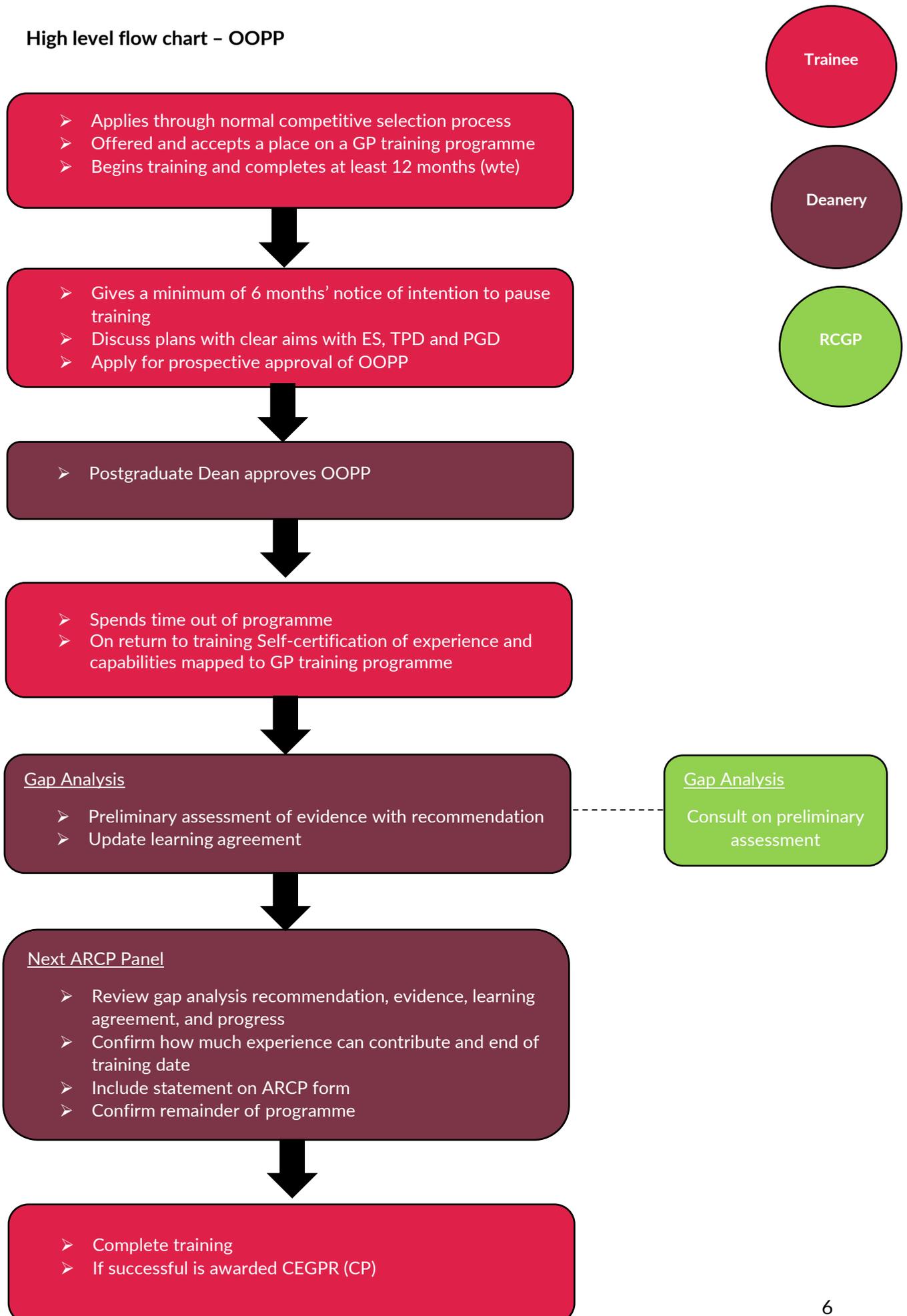
7. The Quality Assurance process

It will be important to measure the success of this new process and ensure that it is effective.

8. Process

An overarching process flow chart is shown for both OOPP and beginning training on a flexible pathway. In addition, a detailed flow chart will compliment this, outlining each step with specific requirements and information for trainees, deaneries and the GPSA team.

High level flow chart – OOPP



High level flow chart – Flexible Pathway on entry

