MRCGP
Regulations for Doctors Training for a CCT in General Practice

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Duties of a doctor

All registered medical doctors have a duty placed on them by the General Medical Council (GMC) to be honest and trustworthy. Candidate performance in MRCGP assessments is reviewed by doctors who themselves have a duty to notify the GMC if they have concerns. Misconduct before, during or after assessments or evidence of lack of competence may be referred to the GMC. Candidates whose GMC registration (or its equivalent overseas) is subject to suspension, referral or any condition must provide the RCGP with full details in advance of sitting any component of the assessment.
Introduction

Purpose of these Regulations

1.1 These Regulations relate to the assessments undertaken by doctors training in three year GP specialty training programmes in the UK from August 2007 onwards. The assessments are known collectively as the assessment for membership of the RCGP (MRCGP).

Date of publication

1.2 These Regulations first came into effect on 1 August 2007. They will change over time. Candidates should ensure that they familiarise themselves with the Regulations current at the time they are taking the MRCGP. The current version will always be downloadable from the RCGP website. The RCGP will give appropriate advance notice of any change which may have a material effect on candidates to ensure that candidates are not disadvantaged as a result.

Data protection

1.3 The personal data and test data of MRCGP candidates will be stored and processed by the RCGP in accordance with the Data Protection Act 1998. Information on individual candidate performance and candidates’ performance overall will be passed to deaneries and the General Medical Council (GMC). Personal data will also be passed to the GMC for quality assurance purposes and to facilitate the awarding of Certificates of Completion of Training (CCTs). Those Candidates wishing to exercise their data subject rights under the Act should contact the RCGP’s Examinations Department.

Test security and copyright

1.4 Assessment material relating to the MRCGP is confidential, protected by copyright and subject to non-disclosure requirements which candidates must observe. It must not be placed on the World Wide Web, disclosed to or discussed with any unauthorised person under any circumstances except with the express, written permission of the RCGP. Candidates who are found to have infringed these requirements will be penalised in accordance with the guidance on misconduct in these Regulations.
2. Purpose of the assessment

2.1 The MRCGP is an integrated assessment system. Successful completion of its three components is required of doctors who undertake the UK’s three year specialty training programme in general practice\(^1,2\) and who wish to obtain a Certificate of Completion of Training (CCT) in General Practice. The CCT is the licence to practise as a GP in the NHS.

2.2 The MRCGP has been approved by the General Medical Council (\textit{GMC}) and formerly by the Postgraduate Medical Education and Training Board.

2.3 A doctor who successfully completes the MRCGP and has a licence to practise is eligible for membership of the RCGP.

\(^1\) The specialty training programme is postgraduate training that takes place after completion of a medical degree and the UK’s two year Foundation Programme or its equivalent.

\(^2\) Three years is the length of the programme for doctors training full time. For doctors training part time, the full time equivalent period of training applies throughout these Regulations. Part time training must be at least 50\% of full time.
3. Regulatory framework

3.1 The law requires doctors who wish to work as GPs in the NHS to obtain a licence to practise and then to be entered into the GMC’s General Practitioners Register.

3.2 There are two types of licence to practise. Most doctors obtain a CCT. The alternative form of licence is the Certificate Confirming Eligibility for General Practice Registration (CEGPR). Both types of certificate are issued by the GMC.

3.3 The CCT in general practice is awarded on successful completion of a GP specialty training programme that conforms to the requirements of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010 (the Order). More information on both types of certificate and the GP training programme is available from the RCGP’s Certification Unit.

3.4 Training programmes and the assessment systems that form part of training programmes must be approved by the GMC. Substantial changes to the MRCGP will, therefore, require GMC approval and will be published in advance of implementation.

3.5 The Order requires the GMC, and those setting standards and monitoring training and assessment on its behalf, to safeguard the health and well-being of patients. The RCGP has an important duty under the law, therefore, to ensure that doctors who are awarded the MRCGP are fit for independent practice as GPs in the NHS.
4. **Transition**

4.1 Summative Assessment is a deanery-administered assessment process, leading to the award of a CCT. It is superseded by the MRCGP.

4.2 Summative Assessment is not available to any doctor entering a three year specialty training programme after August 2007. Transitional arrangements are in place for doctors who began training before August 2007 but will complete after that date.
5. Assessment structure and content

5.1 The MRCGP has three components. Each tests a range of skills and attributes and together they cover the general practice specialty training curriculum. The curriculum has been approved by the GMC as meeting its curriculum standards.

5.2 An e-portfolio, (an electronic record of training) is made available to all trainees on registration with the RCGP. The e-portfolio is used to record progress through GP specialty training, including success in the three components of the MRCGP.

Applied Knowledge Test (AKT)

5.3 The AKT is a computer-based assessment that tests the knowledge base underpinning general practice in the UK. It covers three key areas of general practice - clinical medicine, critical appraisal/evidence based clinical practice and health informatics/administrative issues.

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

More information on what the AKT tests and how it is delivered is available on the RCGP website (click here).

Clinical Skills Assessment (CSA)

5.5 The CSA assesses the ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. It simulates patient consultations that are relevant to general practice, using simulated patients. A range of scenarios drawn from general practice are used and each consultation is marked by a different examiner. The role of the patient is taken by a trained role-player.

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

More information on what the CSA tests and how it is delivered is available on the RCGP website (click here).

Workplace Based Assessment (WPBA)

5.7 WPBA is a longitudinal programme of assessment that evaluates a doctor’s progress and performance over time against twelve professional competence areas derived from the core GP curriculum statement “Being
a General Practitioner”. It takes place in the workplace through all three years of training.

5.8 The trainee gathers evidence on progress through training using a number of assessment tools and “naturally occurring” evidence.

5.9 Structured reviews of a trainee’s progress, conducted by the educational supervisor, take place regularly, normally every six months. Evidence collected is reviewed, a self assessment conducted and the trainee’s progress judged against each of the twelve competency areas. A learning plan is then agreed.

5.10 Doctors training flexibly are also required to undergo reviews at six monthly intervals and must collect the same amount of evidence as full time trainees in each calendar period of training.

5.11 Evidence may be sought to show that patients consented to the use of the Consultation Observation Tool and that Patient Satisfaction Questionnaires and Multi-Source Feedback are authentic.

More information on what WPBA tests and how it is delivered is available on the RCGP website (click here).
6. Making an application to take the MRCGP

Eligibility

6.1 The MRCGP has been designed for doctors who are undertaking the UK’s three year GP specialty training programme. Doctors who have been offered and have accepted a place on a training programme starting on 1 August 2007 or thereafter, and who have registered with the RCGP, are eligible to take the assessment.

6.2 The AKT and CSA components of the MRCGP should be taken and passed during the three year training programme. Further attempts will be allowed during periods of extended training authorised by a deanery subject to this not exceeding the limit of four attempts permitted (see Regulations 6.6 and 6.11 below). At the discretion of the RCGP and deanery, and in exceptional circumstances only, one attempt at the AKT and CSA will normally be permitted in the six month period immediately following exit from training without receiving a CCT. Those obtaining passes after they have exited training will not be eligible for a CCT and must apply instead for a Certificate of Eligibility for GP Registration (CEGPR) under Article 11 of the Order.

Application process

6.3 A doctor who has been offered a place on a training programme must register with the RCGP at the beginning of the programme to obtain access to the e-portfolio. The e-portfolio contains full details of all MRCGP assessments and is used throughout training.

6.4 Applicants will be asked to confirm that they have read and understood these Regulations.

6.5 It is the responsibility of the applicant to apply separately for the AKT and CSA components and to negotiate with their clinical and educational supervisors the timings of workplace based assessments.

AKT

6.6 With effect from 1 August 2010 eligibility for the AKT is limited to those in the Specialty Training Years 2 and 3 (ST2 and ST3) stages of the training programme. This regulation applies equally to both full time trainees and those training flexibly.

A maximum number of four attempts will be permitted for those entering GP Specialty Training on or after 1st August 2010.
6.7 AKT tests take place at regular intervals through the year at centres around the UK. The planned dates of AKT tests are published on the RCGP website (click here for more information).

6.8 When applying to take the assessment, applicants must pay a fee to the RCGP\(^3\).

6.9 Applicants must also book their test sitting with the test provider.

6.10 The RCGP makes contingency plans for a second test day in case the first reaches capacity. However, applicants should not assume that they will always be able to sit the test at the location and on the date of their choice as places are limited.

CSA

6.11 The CSA may be attempted when a trainee is in Specialty Training Year 3 (ST3) stage of the training programme. This regulation applies equally to full time trainees and those training flexibly.

A maximum number of four attempts will be permitted for those who entered year ST3 on or after 1st August 2010 and are sitting the CSA for the first time after this date.

6.12 CSA sittings take place at intervals throughout the year at the RCGP’s Assessment Centre. The planned dates of CSA sittings and the application procedure are published on the RCGP website (click here for more information).

6.13 Applicants must make their application direct to the RCGP and pay a fee\(^4\).

WPBA

6.14 Registration with the RCGP at the start of training triggers the creation of an e-portfolio in which a record of WPBA is made. There is no alternative paper-based record. Access to the information in the ePortfolio is limited to those who need it for training, assessment and administrative purposes.

Re-sits

6.15 The process for applying to re-sit, or re-take, a component of the assessment is exactly the same as the original application process.

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\(^3\) Candidates who register with the RCGP as Associates in Training pay a reduced fee.

\(^4\) Candidates who register with the RCGP as Associates in Training pay a reduced fee.
6.16 Candidates who fail the AKT or the CSA are entitled to make further attempts during training (see Regulation 6.2 above).

6.17 A trainee cannot “re-sit” WPBA. If a trainee fails to reach the requisite standard for WPBA the deanery will decide what action is appropriate. This may be a further period of GP training and the repetition of WPBA assessments.
7. Fees

7.1 There is a fee for the AKT and CSA components of the MRCGP.

7.2 Fees are not normally refunded.

7.3 Fees must be paid in advance.

7.4 The fee for a re-sit is the same as the fee for the first sitting.

7.5 There is an administrative fee if a candidate wishes to appeal against a result in any component of the MRCGP. The administrative fee will normally be refunded if the appeal is successful. For more information, see the Regulations for the Conduct of Reviews and Appeals.

7.6 The current schedule of fees is published on the RCGP website.
8 Withdrawal/amendment of an application for the AKT and CSA

8.1 Candidates who wish to withdraw from a sitting of the AKT or CSA must inform the RCGP in writing, by post or email. They may forfeit their fee.

8.2 Candidates are permitted to take a component of the assessment at a subsequent sitting for no additional fee if notice of withdrawal is received within the original assessment application period.

8.3 If a candidate withdraws from an assessment because of mitigating circumstances or pregnancy related problems or illness, at the discretion of the RCGP the fee will be adjusted to take account of this when the candidate next takes the assessment.

8.4 The RCGP’s policy on cancellations and refunds is published on the website. Click here to view the policy.
9. Candidates with a Disability

9.1 Reasonable adjustments can be made to assessment procedures where necessary to meet the needs of individuals who are disabled as defined by the Equality Act 2010. These adjustments will not entail the lowering of standards of assessment nor will they exempt candidates from demonstrating that they are fit to practise independently as a GP in the NHS. All candidates must be able to demonstrate that they can meet pre-set ‘competence standards’ (as defined by the Equality Act) for these assessments.

9.2 Candidates who would like reasonable adjustments to be made to assist them when taking the AKT or CSA must inform the RCGP when they apply to sit the assessment and no later than 15 working days prior to the assessment date. This must be before making a centre booking for the AKT with the test centre provider. A ‘Request for Reasonable Adjustments’ form must be completed for each assessment which includes a description of how their ability to perform the assessment is likely to be affected and details of any special arrangements that have been made to accommodate them in the past, e.g. as a trainee, during their GP training.

9.3 The application form must be accompanied by supporting evidence. For candidates with Specific Learning Difficulties (eg dyslexia, dyspraxia and dyscalculia) a suitable diagnostic assessment report, conducted post-16 years of age, by a Chartered or Educational Psychologist or a Specialist Teacher Assessor with a Current Practising Certificate (PATOSS) must be provided. For candidates with other impairments/disabling medical conditions a letter or report will normally be required from their GP/consultant or other qualified specialist as approved by the RCGP.

9.4 Information and evidence about a candidate’s disability and requirement for reasonable adjustments will be treated as sensitive personal information. It will be kept confidential and only passed to those who need to know. In some cases, and by agreement with the candidate, this may include the examiners and role players.

9.5 Each case will be separately assessed by the Chief Examiner or a nominated deputy. Candidates will be informed in writing whether or not adjustments to assessment procedures will be made to meet their needs and of the nature of those adjustments. Appeals against decisions made in relation to reasonable adjustments should be addressed to the Chief Examiner.

9.6 Test centres vary in their ability to accommodate candidates with certain impairments. The CSA assessment centre is accessible to wheelchair users and has been designed to anticipate the requirements of disabled people.
There may be some restrictions on choice of AKT test centre for candidates with some impairments, particularly those with mobility difficulties.

9.7 Reasonable adjustments and individual arrangements for the WPBA component of the MRCGP must be negotiated with the Deanery.
10. Mitigating circumstances

10.1 Mitigating circumstances will not result in additional marks being awarded. However, candidates who report mitigating circumstances that are accepted by the RCGP may, under the following Regulations, have the fees for a re-sit waived, and/or be assisted in taking a re-sit and/or be permitted to take the AKT and CSA once more in the six month period immediately following completion of training.

10.2 The RCGP would normally expect a candidate who believed that their performance was likely to be affected by mitigating circumstances arising before an assessment to withdraw from that sitting and re-sit at a later date. Both the AKT and CSA can be taken more than once.

10.3 Where mitigating circumstances arise during an assessment which the candidate believes are having a material, detrimental effect on performance, the candidate would normally be expected to withdraw from the sitting and re-sit at a later date.

10.4 If a candidate decides to proceed with an assessment even though s/he believes that mitigating circumstances are having an effect on performance, then the mitigating circumstances must be reported to the duty marshal or invigilator who will complete a contemporaneous record which will be signed by the candidate. Candidates reporting mitigating circumstances during an assessment will not normally be allowed any additional time to complete an assessment unless an error of process on the part of the RCGP or test centre has denied them the full time to complete the assessment.

10.5 All reports of mitigating circumstances should be submitted to the RCGP’s Examinations Department as soon as the circumstances arise or as soon as possible thereafter and no later than 48 hours after the assessment takes place. The only exception is where the candidate was unaware of the mitigating circumstances at the time of the assessment. An RCGP Mitigating Circumstances Form must be completed and compelling and independent, written evidence of the mitigating circumstances must be provided.

10.6 All candidates who present themselves for the AKT or CSA shall be deemed fit to take the assessment and are required to sign a declaration to that effect as part of the registration process on the day. Mitigating circumstances for reasons of illness must be evidenced in the form of a medical certificate submitted with the Mitigating Circumstances Form.

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5 For example illness or bereavement.
6 See Regulation 10.8.
10.7 Where mitigating circumstances arise that affect all candidates\(^7\), the duty marshal or invigilator supervising the assessment will be responsible for deciding what action to take and will provide a written report to the Examinations Department.

10.8 No report of mitigating circumstances, submitted after the publication of results, will be considered unless the candidate can provide compelling and independent evidence that s/he was unable, for whatever reason, to make the RCGP aware of them at an earlier stage.

10.9 All reports of mitigating circumstances will be considered by the Head of the Examinations Department or the Chief Examiner, or a nominated deputy, who may consult others as they see fit. Records of any mitigating circumstances submitted in respect of other assessments may be used to inform the decision making process.

10.10 If an application for mitigating circumstances is refused the candidate may complain to the College using the complaints procedure contained in these Regulations.

\(^7\) For example the evacuation of the building during the assessment.
11. Pregnancy

11.1 There are a number of sittings for both the AKT and CSA. Trainees should ensure that they arrange to take an assessment some time before or after their due date.

11.2 If a candidate has booked a sitting of the AKT or CSA and subsequently develops pregnancy-related problems or illness close to the date of the assessment, or is in sufficient discomfort on the day of the assessment for her to believe that her condition will have a detrimental effect on performance, she should withdraw from the sitting and, as soon as possible thereafter, submit a medical certificate to the RCGP Examinations Department. In these circumstances and at the discretion of the RCGP, no fee will be payable when the candidate next takes the assessment.
12 Conduct of assessments

12.1 Test officials, invigilators and candidates are expected to comply with the RCGP's Guidance on the Conduct of Assessments. This guidance includes examples of misconduct and possible penalties.

12.2 Candidates must also comply with instructions on the conduct of assessments given on arrival at test centres and provided by invigilators.

12.3 As a condition of entering an assessment, candidates must agree not to disclose assessment material.

Before the assessment

12.4 Candidates are expected to arrive at test centres at the time specified by the RCGP.

12.5 Candidates who arrive late will not be permitted to take the assessment and will not normally be able to claim a refund of fees.

12.6 Where a morning and afternoon sitting of the AKT take place on the same day at the same test centre, morning candidates will be required to remain at the test centre until released by the invigilators/duty marshals.

12.7 Candidates will be asked to provide officials at test centres with proof of identity. The specific requirements for identification documents that must be presented to be permitted to sit the AKT and the CSA are set out in the relevant section of the RCGP website and in the email confirming an application to sit an assessment. Original, documentary evidence of name changes must be provided (for example, a marriage certificate if a doctor is practising under her maiden name). If proof cannot be provided to the satisfaction of officials, the candidate will not be permitted to take the assessment and may forfeit their application fee.

12.8 Candidates for the CSA must bring with them to the assessment centre the equipment specified by the RCGP. This is detailed in the document CSA Information for Candidates, downloadable from the RCGP website.

During the assessment

12.9 Candidates must not communicate with anyone except officials directly involved in administering/delivering the assessment both during assessments and when entering and leaving test centres.

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8 Most, but not all, of the Regulations in this section relate only to the AKT and CSA components of the MRCGP.
12.10 The following must not be brought into the room where the assessment is taking place:

- Any electronic or electrical equipment (including mobile phones)
- Paper of any kind
- Bags and coats
- Food and drink
- Non-essential medicines

9 Secure lockers will be provided for the storage of candidates’ belongings
10 With the exception of the equipment needed for the CSA
11 Water will be available at all test centres

12.11 A candidate who needs to leave the assessment room or test centre for a short period must be accompanied by the duty marshal or other official. No additional time will be allowed to complete the assessment.

12.12 For security purposes, AKT test centres operate closed circuit television cameras. Recordings are kept for a limited period of time only, but if any examination offence or other serious departure from examination conduct is recorded then that recording will be kept as evidence for use in any subsequent action.

12.13 For quality control purposes the RCGP video-records a random sample of CSA consultations. These videos will not be used as part of routine assessment processes and not, save in exceptional cases, normally be used as evidence when considering complaints, appeals or cases of alleged misconduct. However, if an examination offence or other serious departure from examination conduct is recorded then that recording may be kept as evidence for use in any subsequent action. Candidates will not be permitted to choose not to be video recorded.

After the assessment

12.14 Assessment material relating to the MRCGP is confidential and copyright and subject to non-disclosure requirements. It must not be placed on the World Wide Web or passed to or discussed with any unauthorised individual under any circumstances except with the express, written permission of the RCGP. Candidates who are found to have infringed these requirements will be penalised in accordance with the guidance on misconduct in these Regulations.

Allegations of candidate misconduct

12.15 When misconduct is alleged during an assessment the candidate will normally be allowed to complete that component of the assessment. A record of the allegation will be made by the invigilator and a copy subsequently given to the candidate.
12.16 Alleged misconduct before, during or after assessments will be reported to the RCGP's Examinations Department.

12.17 Results will be withheld whilst allegations of misconduct are investigated.

12.18 The Head of Examinations will collect evidence relating to the allegation. Allegations will not continue to be investigated where they lack substance or appear, upon investigation, to be malicious. Where a case of misconduct is established, the Head of Examinations may, if the case appears to be isolated or minor, deal with the matter him/herself. In all other cases, a misconduct panel will be convened.

12.19 All those involved will be invited to comment on the evidence collected by the Head of the Examinations.

12.20 A panel may be convened to consider serious allegations. Panels will have at least three members none of whom will have been involved in the original assessment process.

12.21 The panel will conduct its business in accordance with the RCGP’s Guidance on the conduct of assessments.

12.22 Allegations of misconduct will normally be considered on the basis of paper evidence only and oral hearings will not be held. However, the RCGP may, or shall if so required by the candidate, hold an oral hearing. The candidate will have the right to be accompanied at the hearing by a friend, colleague or a member of their professional body. Candidates should not normally be accompanied by a family member or legal representative. A candidate seeking to be accompanied should identify the person accompanying him or her and inform the RCGP at least five days in advance of the hearing.

12.23 In taking a decision on whether or not misconduct has occurred the panel will act reasonably and objectively, observing the principles of natural justice. The panel will make its decision on the balance of probabilities.

12.24 The panel's decision will be communicated to the candidate in writing, with reasons, as soon as is reasonably possible and normally no more than six weeks after receipt of the allegation.

12.25 The panel may impose one or more of the following sanctions or any other sanction as it sees fit:

- The candidate will be issued with a formal warning and a note of the likely penalties if further misconduct takes place
- The result for that component will be declared void
- The results from all components taken to date will be declared void
- The candidate will be barred from taking any component for a set period
- The candidate will be barred from taking any component at any time in the future
- The candidate will be referred to the General Medical Council

12.26 Depending on the nature of the circumstances the RCGP reserves the right to inform the Deaneries of any case of alleged misconduct proven or otherwise.
13. **Marking**

13.1 The three components of the MRCGP are marked/assessed in different ways.

13.2 The marks/outcomes of all three components of the assessment are received and considered by the host deanery at the end of each year of training and at the end of training.

13.3 Confirmation that a trainee has reached the standard required for independent practice is ultimately the responsibility of the deanery’s GP director. To fulfill this responsibility the deanery will set up a panel to consider the trainee’s results in the round. The composition of the panel will accord to the guidance laid down in the Guide to Postgraduate Specialty Training: “The Gold Guide”.

**AKT**

13.4 The AKT is a computer-based assessment. Marks are generated electronically. Candidates are awarded one mark for each question answered correctly. There is no negative marking.

**CSA**

13.5 A trained RCGP examiner marks each case/consultation whilst the assessment is taking place. A different examiner is assigned to each case. Examiners do not participate in the consultations.

**WPBA**

13.6 Structured reviews of trainee progress, conducted by the educational supervisor, take place regularly, normally every six months.

13.7 Deaneries undertake annual reviews of all trainees, full time and flexible, in accordance with the requirements of the Gold Guide.

13.8 The educational supervisor makes the final recommendation to the deanery on whether the trainee has reached the necessary standard within the planned period of training. A deanery review also takes place at the end of training. At this point the decision whether or not to confirm success in WPBA, recommend a further period of training, or confirm a fail in WPBA is made.
14. Results

Notification of results

14.1 Results for each component of the assessment will be published by the RCGP in accordance with the timescales for applying for a CCT.

14.2 Results will be published via candidates’ ePortfolios. Examinations Department staff are not permitted to discuss results with individual candidates.

14.3 Results are issued both to each candidate and to each candidate’s host deanery.

Feedback

14.4 All candidates are given feedback on each component of the assessment.

14.5 The form of the feedback provided will be consistent with the purpose of the assessment.

14.6 Deaneries are provided with feedback on the performance of individual trainees training in their deanery.

14.7 Anonymised and statistical information on candidates’ performance may be made available to other organisations and published.

AKT

14.8 Individual feedback, with comparative data, is given on performance in each of the three key subject areas. General descriptions of areas of weakness in performance for candidates overall are also published and shared with deaneries.

CSA

14.9 Quantitative and qualitative feedback is given to all candidates.

14.10 For candidates for whom fitness to practise concerns are raised, more specific feedback from individual examiners may be made available.

WPBA

14.11 WPBA is a process of continuous assessment and feedback. A trainee’s educational supervisor is ultimately responsible for the provision of feedback in this component.
15. Failures

15.1 The roles of trainers, royal colleges and deaneries in the management of failing trainees are described in detail in the Gold Guide.

15.2 Candidates who fail the AKT or CSA are entitled to make further attempts during training (but see Regulations 6.2, 6.6 and 6.11).

15.3 Where a trainee has failed the AKT or CSA, or WPBA identifies poor performance, the educational supervisor and deanery may:

- Arrange for the training programme to be extended and/or
- Revise the training and assessment programme accordingly to address weaknesses and provide additional support or
- Recommend that the trainee should not pursue a career in general practice

15.4 Failures of a very serious nature, raising concerns about a trainee’s fitness to practise, may be referred to the General Medical Council.

15.5 Trainees who fail a component or components of the MRCGP have a right of appeal. This is to the deanery for WPBA and to the RCGP for the AKT and CSA.

15.6 A deanery may seek the advice of the RCGP on whether or not additional training and assessment is appropriate.
16. Quality control

16.1 The RCGP oversees the delivery and quality control of the MRCGP.

16.2 Best-practice standard-setting techniques are used to ensure that pass/fail levels are applied equitably and rigorously.

Examiners and role-players

16.3 RCGP examiners are formally recruited and trained and regularly retrained in assessment techniques and equal opportunities.

16.4 The performance of examiners is monitored and reviewed.

16.5 The role-players used in the CSA are trained both generically and in preparation for each case so that they deliver a standardised test. They also receive training in equal opportunities.

16.6 The performance of role-players is monitored and reviewed by experienced examiners and role-player facilitators.

16.7 Assessment outcome statistics are used to quality assure cases, examiners and role-players.

Data review

16.8 The RCGP reviews candidate performance data, misconduct cases, complaints, appeals and equal opportunities monitoring data and publishes an annual report.

AKT

16.9 A standard setting process takes place after each sitting.

16.10 Trainees may be asked to complete questionnaires assessing the impact of the AKT on training.

CSA

16.11 An adjudication process takes place after each round of assessments.

16.12 Trainees, deaneries, programme directors and educational supervisors may be asked to evaluate the educational impact of the CSA on training.

16.13 The RCGP video-records a sample of CSA sittings for quality control purposes.
WPBA

16.14 A deanery panel samples a random selection of e-portfolios to ensure consistency of approach. The RCGP undertakes benchmarking for WPBA across all deaneries.
17. Complaints and appeals

17.1 A complaint relates to the administration or conduct of an assessment where there is no intention, as part of the complaint, to query the result of the assessment.

17.2 An appeal is a request for a review of the decision of the RCGP to fail a candidate in a component of the MRCGP.

17.3 The two processes are separate but the subject of one may later become the subject of the other.

17.4 Appeals and complaints relating to the AKT and CSA components of the MRCGP should be made to the RCGP. Appeals and complaints relating to WPBA should be made to the deanery. All deaneries operate an appeals system in accordance with the Gold Guide.

17.5 The content of the complaints and appeals procedures set out in this section are intended to be internal and confidential. No-one involved in them shall, without the prior written consent of the RCGP, communicate, publish or otherwise disclose any detail, written material or evidence produced to any unauthorised person.

Complaints

17.6 A complaint will not normally be considered if its specific subject matter or closely related subject matter is currently being considered by the RCGP as part of an appeal process, by the GMC under fitness to practise procedures or by a court, tribunal or similar.

17.7 Candidates will not suffer any disadvantage or recrimination as a result of making a complaint.

17.8 A complaint should be made by the candidate.

17.9 In the first instance a candidate should attempt to resolve a complaint informally, during or immediately after an assessment, with the most relevant person, for example the duty marshal or educational supervisor. If the complaint is of a general nature it can be raised through the Examinations Department of the RCGP or, if the complaint is about a member of the Examinations Department, with the RCGP’s Chief Examiner.

17.10 Formal complaints must normally be received no later than ten working days after the assessment took place. The only exception is when an appeal has been lodged. In these circumstances a complaint must be lodged within ten working days of the date of the decision of the appeal panel.
17.11 Formal complaints must be submitted in writing using the RCGP Complaint Form and must include supporting evidence. There is no fee for making a complaint.

17.12 If a candidate wishes to complain about more than one component of the MRCGP then a separate complaint must be lodged for each component.

17.13 Receipt of the complaint will be acknowledged within ten working days.

17.14 Complaints that are judged to be inappropriate or unsubstantiated will not be accepted.

17.15 Formal complaints are considered by the Head of Examinations or, if the complaint is about the administration of the Examinations Department and/or a member of its staff, by the Chair of the RCGP’s Assessment Committee, the Chief Examiner, or a nominated deputy.

17.16 Clarification of the precise nature of the complaint may be sought.

17.17 Any individual complained about and/or the person directly responsible for the matter being complained about will be given the opportunity to respond to the complaint.

17.18 Further information may be required. The parties will be invited to comment on any information submitted by the other and will be given adequate time to do so.

17.19 In taking a decision on whether or not a complaint is justified the Head of Examinations, the Chief Examiner or a nominated deputy, will act reasonably and objectively, observing the principles of natural justice and will reach a decision on the balance of probabilities.

17.20 The decision will be final and communicated to the complainant in writing, with reasons, as soon as is reasonably possible and normally no more than six weeks after receipt of the complaint.

17.21 If a complaint is upheld, the RCGP may offer an apology, a fee refund or some other appropriate form of redress.

Appeals

17.22 The purpose of an appeal is to review the decision of the RCGP to fail a candidate in a component of the MRCGP. No appeal will be considered solely on the grounds that the candidate wishes to challenge the academic judgment of the examiners.
Candidates may request an office review if they have reason to believe that there may have been an error in their result for an assessment.

17.23 An appeal will not normally be considered if its specific subject matter or closely related subject matter is currently being considered by the RCGP as part of the complaints process, by the GMC under fitness to practise procedures or by a court, tribunal or similar.

17.24 There is an administrative fee for requesting a review or making an appeal. The current fees are notified in the Regulations for the Conduct of Reviews and Appeals.

17.25 The following are grounds for appeal:
- there was an error in the calculation/collation of marks
- there was an irregularity in any part of the assessment
- there was evidence of prejudice or bias on the part of the examiner(s)

17.26 Separate appeals must be made if a candidate wishes to appeal against failure in more than one component of the MRCGP.

17.27 Candidates will not suffer any disadvantage or recrimination as a result of making an appeal.

17.28 Appeals must be lodged by the candidate.

17.29 Appeals must be submitted using the RCGP Appeal Form and should include supporting evidence.

17.30 Appeals must be received within 28 days of the date of receipt of the result of the assessment, or the outcome of the office review and sent with the appropriate fee.

17.31 Receipt of the appeal will be acknowledged within ten working days.

17.32 In the first instance appeals will be considered by the Chair of the RCGP’s Assessment Committee, the Chief Examiner, or a nominated deputy, who will decide if there is a prima facie case for an appeal. If there is, an appeals panel will be convened.

17.33 The Head of Examinations will convene the panel as soon as is reasonably practical. The panel will have three members as described in the Regulations for the Conduct of Reviews and Appeals.

17.34 Appeals will normally be considered on the basis of paper evidence only and oral hearings will not be held. However, the RCGP may, or shall if so required by the appellant, hold an oral hearing. Appellants will have the right to be accompanied at the hearing by a friend, colleague or a member
of their professional body. Candidates should not normally be accompanied by a family member or legal representative. A candidate seeking to be accompanied should identify the person accompanying him or her and inform the RCGP at least five working days in advance of the hearing.

17.35 The appellant will be supplied with, and given the opportunity to comment in advance on, all the information to be considered by the appeal panel.

17.36 In reaching a decision on whether or not to uphold or dismiss an appeal the panel will act reasonably and objectively, observing the principles of natural justice. The panel will make its decision on the balance of probabilities. The panel will conduct its business in accordance with the RCGP’s Regulations for the Conduct of Reviews and Appeals. The panel’s decision will be final.

17.37 The appeal panel may reach one of the following conclusions:

- That the appeal should be dismissed

- That the appeal should be upheld and either that:
  
  (i) any mark originally awarded to the appellant should be corrected and, if the consequence of the correction requires it, the appellant be declared successful in the component; or

  (ii) the result of the component should be declared void and the appellant be allowed to re-sit without payment of a fee; and/or

  (iii) some other form of redress be offered to the appellant, at the discretion of the panel

17.38 The chair of the panel will be authorised to decide whether all, part of, or none of the appeal fee should be refunded.

17.39 In announcing its decision the panel will give reasons for its decision in full, in writing.

17.40 Decisions will normally be communicated to the appellant in writing within one month of the date of the appeal panel meeting. If the appeal has been dismissed in whole or part, the appellant will be informed of his/her right of appeal to the GMC12.

17.41 Once the RCGP’s appeal panel has communicated its decision to the appellant the RCGP’s Examinations Department will not normally enter

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12 This right of appeal is, in effect, exercised by the submission of an application for a CEGPR.
into any communication with the appellant regarding the outcome of the appeal.
18. Compliance with diversity legislation

18.1 The RCGP is committed to promoting and developing equality and diversity in all its work. It aims to have policies and ways of working that are fair to all individuals and groups. The RCGP has an equal opportunities policy.

18.2 MRCGP examiners and Examinations Department staff are trained in equal opportunities.

18.3 The RCGP collects data on MRCGP applicants and analyses MRCGP results in relation to equal opportunities monitoring variables.

18.4 The RCGP will consider reasonable adjustments for candidates with disabilities taking the AKT and CSA.
19. Organisations involved in the monitoring and delivery of the MRCGP

19.1 A number of organisations have a role in the management and oversight of the MRCGP:

The RCGP

19.2 The RCGP has developed the MRCGP in accordance with the GMC’s standards for curricula and assessment systems.

19.3 Doctors training for general practice must register with the RCGP at the start of their training programme. The RCGP will give them information about the MRCGP and how to apply to take the three components.

19.4 The RCGP has overall responsibility for the administration and quality management of the MRCGP. Workplace based assessment is administered locally by postgraduate deaneries and quality managed jointly by the RCGP and deaneries.

19.5 The RCGP is responsible for recommending to the GMC that a doctor who has undertaken specialty training and completed the MRCGP has reached the standard required for independent practice as a GP in the NHS and should be issued with a CCT or CEGPR.

Postgraduate Deaneries

Deaneries:

19.6 Fund and manage training locally. For more information on deaneries go to the web site of COPMeD and COGPED. Contact details for individual deaneries are available from the Certification Unit.

19.7 Recruit trainees to specialty training programmes. Deaneries must inform applicants offered a place on a training programme that they must register with the RCGP and apply to take the MRCGP.

19.8 Are responsible for providing trainees with full details of all three components of the MRCGP.

19.9 Are responsible for the delivery of the WPBA component of the MRCGP. The RCGP and deaneries, together, quality manage this component. Deaneries notify the RCGP when a trainee has successfully completed WPBA and is ready to apply for a CCT.

19.10 Set up and manage end-of-year and end-of-programme panels to consider trainee progress through training and whether or not training programmes need to be revised and/or extended.
19.11 Select and train GP trainers on behalf of the GMC and in accordance with GMC and RCGP standards.

The GMC

19.12 Regulates specialty training UK-wide, setting standards for entry to training and for training, trainers, curricula and assessment.

19.13 Formally approves the structure and content of specialty training programmes and assessment systems, such as the MRCGP.

19.14 Issues CCTs and CEGPRs in general practice on the recommendation of the RCGP.

The Department of Health

19.15 Publishes a guide to specialty training known as A Guide to Postgraduate Specialty Training: “The Gold Guide” which provides guidance for all specialties on the monitoring of progress through training and the processes that should be in place for failing trainees.