Professor Amanda Howe MA Med MD FRCGP, Honorary Secretary of Council

Submitted by email: nationalpgexams@gmc-uk.org

For enquiries please contact:
Professor Amanda Howe
Royal College of General Practitioners
1 Bow Churchyard
London EC4M 9DQ

Email: honsec@rcgp.org.uk
Direct line: 020 3188 7428
Fax: 020 3188 7401

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**GMC consultation on National Postgraduate Professional Examinations**

1. I write with regard to the GMC consultation on National Postgraduate Professional Examinations.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 42,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. This is a complex area. We are the specialty with the shortest training and our members complete MRCGP and exit into practice – unlike some Colleges where the exam may precede final access to a sub-speciality by some years.

4. Please see the attached correspondence (between RCGP and the GMC) where you note that we have limited the number of attempts at taking the Applied Knowledge Test and Clinical Skills Assessment to 4 following the PMETB recommendations
that, together with the other Medical Royal Colleges, we look at limiting the number of attempts allowed at those modules.

5. Some of the issues you raise are under discussion at RCGP and our responses here should not, therefore, be taken as definitive College policy.

6. Our responses to the questions posed are as follows:

**A: Currency of examinations**

1. *Do you consider that only the most up-to-date version of the examination should be capable of counting towards CCT training?*

   No. We believe that this would disadvantage doctors taking exams during a period of change. For example, a knowledge test followed by a clinical exam would need to refer to the same curriculum, even if a new exam was being set between the two.

2. *Do you consider that there should be flexibility in accepting a pass in an earlier version of the examination (because the remainder of the specialty training will ensure that the doctor is trained/assessed on the most current practice)?*

   Yes.

3. *Do you think that if controls are in place for the timing of examinations, then no additional controls are needed in relation to their currency?*

   No comment.

**B: Timing of examinations**

4. *Do you consider that all national professional examinations should count towards the CCT, however long before entry or re-entry into specialty (including GP) training they are taken?*

   Yes, in order to avoid the imposition of unreasonably restrictive or possibly prejudicial barriers for those re-entering training.
5. Do you think that the GMC should set a maximum time limit in which examinations must be taken before entering or re-entering training?

No.

6. Do you think that national professional examinations linked to core (early years of training) or higher (later years, usually more specialty specific) specialty training should be treated differently, in that there should be a different limit set before entering or re-entering training should be acceptable?

Yes.

7. The Academy of Medical Royal Colleges notes that although evidence is weak, there is acceptance that five to seven years currency for a knowledge based exam is probably about right. Do you think that seven years (pro-rata for less than full time trainees) should be the maximum interval between passing a national professional examination and entering or re-entering specialty (including GP) training?

We need to consider the implications of this for our particular College.

8. Do you think that a different interval would be better? If so, please indicate a ranking against the options set out below in descending order of preference: 1 for 1st choice, 2 for 2nd choice etc

No comment.

C. Number of attempts

9. Do you think that doctors wishing to become specialists should have a limited number of attempts at passing a national professional examination?

Yes – This is College policy.

10. If the examination is divided into two or more parts, do you consider that the number of attempts at passing each part should be limited?
Yes.

11. In the USA, the National Board of Medical Examiners (NBME) administering the USMLE (the United States Medical Licensing Examination); although permitting unlimited sittings, recommend that candidates should not exceed 6 attempts ‘without the demonstration of additional experience acceptable to the licensing authority’. Do you think it would be reasonable to restrict the number of attempts at passing all or part of the examination to six in the UK?

The College has already agreed with the GMC (letter attached) that there should be a limit of 4 attempts at passing both the Clinical Skills Assessment (CSA) and Applied Knowledge Test (AKT).

12. Some examination systems which are divided into parts require the re-sitting of all parts (even those passed), if one part is failed. But they do not limit the number of attempts. Do you think this to be an appropriate model?

No.

7. Whilst the College believes that limits should be set relating to currency, timing and the number of attempts which may be taken to pass professional exams, we also believe that there should be flexibility within the system to take account of family commitments and maternity leave.

Yours sincerely

Professor Amanda Howe

Honorary Secretary of Council