

MRCGP AKT/SCA/RCA

**Application for an exceptional fifth attempt**

IMPORTANT

Please ensure that you have read the relevant sections of the [MRCGP Regulations](https://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam/important-mrcgp-info-and-admin.aspx) and the policy document concerning exceptional fifth attempts before completing the form below.

1. The trainee's Head of GP School or GP Director (in devolved nations) must submit this form.
2. Please note that the College is unable to offer a fifth attempt to trainees if this form is not fully completed or where the answer to items marked \*\* is negative. Incomplete forms, including absence of dates for additional educational support, will automatically be returned to the sender.
3. Please use this form only for the application, and do not send any additional supporting documentation.
4. The final decision about whether a fifth attempt for the AKT, SCA or RCA is permissible rests with the College.

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| Name of Head of GP School (or GP Director)\*: | |  | |
| GMC No: | |  | |
| GP School: | |  | |
| Email address for correspondence: | |  | |
| I confirm that I am the current or most recent Head of GP School or GP Director for this candidate, who has asked me to complete this form (delete as appropriate): | | | Yes//No |
| If the answer to the last question is ‘No’ please state your relationship to the candidate and why you are completing this form\*: | | | |
| Name of candidate: | | Date of candidate’s last examination failure: | |
| GMC No: | |  | |
| Name of Educational Supervisor (ES): | |  | |
| Date of most recent Educational Supervisor’s Report (ESR): | | | Month/Year |
| If this was the final ESR I confirm that all capability domains were rated as ‘Competent for Licensing’ or ‘Excellent’: | | | Yes/No |
| If this was not the final ESR I confirm that all capability domains were rated as ‘Meets Expectations’ or better. | | | Yes/No |
| Date of most recent ARCP panel: | | | Month/Year |
| ARCP outcome at most recent panel: | | |  |
| \*\* I confirm that this candidate has passed either the AKT or the RCA/SCA (please delete as appropriate): | | | Yes |
| \*\* Since their last examination failure, I have discussed the candidate’s readiness to sit the AKT/SCA (please delete as appropriate) for a fifth time with the candidate: | | | Yes |
| \*\* I support this candidate attempting the AKT/SCA (please delete as appropriate) for a fifth time: | | | Yes |
| \*\* I confirm that this candidate has made sufficient progress to merit a fifth attempt: | | | Yes |
| I confirm that this candidate has undertaken one or more of the following relevant additional educational experiences after their last examination failure. | A remedial placement has taken place in a different practice:  Details: | | Yes/No  Dates: |
| Examination preparation as approved by the GP school or RCGP: | | Yes/No  Dates: |
| Additional language and/or communication skills training:  Details | | Yes/No  Dates: |
| Additional coaching or other support from a recognised source e.g. GP school, Professional Support Unit or similar source: | | Yes/No  Dates: |
| Complete this section if appropriate. | Other relevant additional educational experience:  Details | | Yes/No  Dates: |
| Other relevant information (e.g. candidate out of programme, away from work etc.)  Details | | Dates: |
| I confirm that all of the information provided above is true and accurate, and that I have complied with the principles of [GMC guidance on writing references](http://www.gmc-uk.org/guidance/ethical_guidance/writing_references.asp) in completing this form: | | | Yes |
| I confirm that I have advised the candidate of my recommendation to the RCGP regarding a fifth attempt as outlined in the form: | | | Yes |
| Completed by: Position\*:  Signed: Date: | | | |

\* From September 2019, the candidate’s Head of GP School or devolved nation equivalent (GP Director) must submit this form. This replaces the request for the Educational Supervisor to provide this information.