

## Extended GP Training – *Frequently Asked Questions*

RCGP April 2012

### **Q. What is the current situation as regards GP training?**

A: General Practice (GP) specialty training is currently just three years in length. Under existing regulations, trainees only have to complete a minimum of 12 months of general practice experience. This three-year period has been the same for 30 years.

The UK has the shortest general practice training programme of 14 European countries, and the shortest of all UK medical specialities. But while the length of training has stayed the same, general practice continues to evolve.

We are facing the challenges of an ageing population with complex, multiple co-morbidities. Meanwhile, the role of the GP in preventative medicine and population health (for example in commissioning) continues to increase, with GPs looking after more and more patients who in the past would have been cared for by hospital specialists.

### **Q: Will the changes in the NHS (England) affect the role of the GP?**

A: Yes. The structural changes the NHS is undergoing will ask more of GPs in terms of clinical, managerial and leadership skills; more and more of our patients will be treated outside of hospital, in their homes and communities, and GPs will play a much greater role in developing and improving services for patients. GP training must evolve to reflect and accommodate this shift.

The Department of Health (DH) invited the RCGP to submit a case to Medical Education England on the extension of specific specialty training for general practice. This extension was recommended in the 2008 Tooke Report on the Independent Inquiry into Modernising Medical Careers<sup>1</sup> and the 2012 NHS Future Forum Report *Education and Training – next stage*<sup>2</sup>.

### **Q What is the RCGP proposing?**

A: We are proposing the introduction of an integrated four-year enhanced GP training programme, where all posts are tailored to the educational needs of GP trainees. This training programme will cover the breadth of general practice with extra focus on the key clinical, generalist and leadership skills that the GPs of the future will require.

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<sup>1</sup> *Aspiring to Excellence, Final Report of the Independent Inquiry into Modernising Medical Careers*. Led by Professor Sir John Tooke, pg.63. 2008 [http://www.mmcinquiry.org.uk/MMC\\_FINAL\\_REPORT\\_REVD\\_4jan.pdf](http://www.mmcinquiry.org.uk/MMC_FINAL_REPORT_REVD_4jan.pdf)

<sup>2</sup> *Education and Training – next stage. A report from the NHS Future Forum (2012)*. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_132025.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132025.pdf)

The Certificate of Completion of Training (CCT) and MRCGP qualification will be awarded at the end of year four, on successful completion of the training, after which the doctor will be licensed for independent practice as a GP.

As part of our enhanced GP training proposal, the minimum time spent in general practice placements would be increased by 12 months (full-time equivalent) on the current statutory minimum, to a total of 24 months. Taking into account the 12 months that must be spent in placements in specialties approved by GMC as relevant to general practice (as directed by The Medical Act), this will leave a further 12 months that can be used flexibly by Deaneries to create innovative GP training placements such as integrated posts in a range of hospital, community and general practice settings.

Four years of dedicated general practice training will mean that the next generation of GPs enter the profession armed with the skills necessary to meet the needs of changing population, and to face the practical challenges that our future NHS will present.

The RCGP bid is not a criticism of the existing training, nor of the skills of current trainees and First5 GPs. However, general practice is changing, and we believe that we would do our trainees and our patients, now and in the future, a great service if we achieve this change now.

***Q: Why not extend hours rather than years?***

A: The option of extending hours has been evaluated as not being likely to deliver the improved educational outcomes needed.

Data published by the BMA<sup>3</sup> has shown that on average trainees in GP placements do work slightly fewer hours per week than trainees in hospital placements – but the difference was only about four hours per week. However, the GP placement trainees reported a much greater intensity of work during their working hours and saw three times as many patients each week

Due to European Working Time Regulations, the number of additional hours per week that could be added would be low. Adding additional hours could involve asking trainees to work beyond usual GP surgery opening times and thus incur additional clinical supervision and practice staffing costs.

In contrast - increasing training programmes by one year would add around 1,800 hours of valuable supervised training experience, when trainees are most receptive and when clinical supervision is available. It would also provide the time and opportunity for every trainee to acquire and apply more advanced clinical, generalist and leadership skills for the improvement of local NHS services.

***Q: If training is extended to four years, won't trainees just end up spending more time working in irrelevant hospital posts?***

A: We understand that some trainees are concerned that this change will result in them being used for increased service delivery in hospital posts, undertaking activity which may not be appropriate for GP training. This is absolutely not part of the RCGP's proposal to extend GP training – all posts in the enhanced GP training programme will need to be approved by the GMC as fit for GP training. This will require the post to be directly relevant to the learning of GP skills and to be appropriately supervised.

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<sup>3</sup> BMA survey of GP trainees' workload and intensity of work May 2010  
[http://www.bma.org.uk/images/gptraineeworkloadsurvey\\_tcm41-197553.pdf](http://www.bma.org.uk/images/gptraineeworkloadsurvey_tcm41-197553.pdf)

Attempts to place GP trainees in unsuitable posts that would not meet their educational needs will not be acceptable to the GMC, the College or to Deaneries.

The RCGP enhanced GP training team will work closely with the relevant bodies and the AiT committee to ensure that the practical implementation of enhanced GP training remains in keeping with the vision we have set out in our proposal.

***Q: How would approved GP training placements work?***

A: All placements in GP training programmes must be relevant to the educational needs of trainees. As such they must be appropriately supervised placements and must be officially approved as fit for GP training.

Examples of such approved placements would include:

- appropriately supervised secondary care-based placements that provide relevant experience in GP skills
- integrated community-based placements (e.g. working part-time in a community rehabilitation service or alcohol service and part-time in general practice), and
- general practice-based placements.

We are also recommending that all GP training programmes should include a period of time in general practice towards the start of training (e.g. ST1), which will enable trainees to place their subsequent training experiences into context. Innovative GP training programmes of the future may incorporate GP placements within all four ST years.

***Q: When could the proposed changes come into effect?***

A: The continued success of general practice will need more GPs, with more training, spending longer with their patients and their communities. Obtaining agreement to the proposed changes is not a short process, but it starts here, with the submission of our educational case. If four-year training were to be implemented in 2014 (after GMC have approved the curriculum) then the first cohort of GPs who have undertaken a full four year enhanced programme will exit training until 2018.

***Q: I'm due to qualify after three years of training – have I missed out?***

A: We realise that by implementing a four year training programme there will be newly qualified GPs who undertook a three year programme and may feel disadvantaged.

This is always an issue when changes occur – people in the 'last group' before the introduction of mandatory training, summative assessment, and the MRCGP had similar concerns – although in the end they and their patients benefitted greatly from the higher quality and standards that these changes brought to our profession.

To support the professional development of newly qualified GPs, the RCGP has introduced the First5 programme. The RCGP will build and expand on this programme to offer additional support to GPs starting in practice during the transition phase when enhanced GP training is being introduced. This will ensure that newly qualified GPs have access to educational resources, mentoring and support in order to enable them to develop their skills and careers.

Deaneries currently carrying out pilots of extended training for trainees developing additional skills in leadership or academia could continue these.

**Q: Why not just introduce more CPD after qualifying?**

A: Higher Professional Education pilots have already been shown to be beneficial, particularly around developing confidence of newly qualified GPs. However a significant shortcoming of CPD as against an enhanced GP training programme is that CPD is an 'add on' to existing training rather than being part of a fully integrated four-year programme. This means that the skills cannot be learnt, assessed and built consistently throughout the programme, as they can with training. In addition, it is impossible to ensure that all GPs meet the standards required for HPE as once a doctor has GP status it is extremely difficult to change that status, even if the GP does not meet the HPE standards.

There is also a danger of inconsistencies between regions and a risk that those who do not fully engage with a programme of CPD are those GPs who may be struggling and need it most.

Most importantly, a training programme, unlike any form of post-CCT CPD, provides mandatory, supervised, supported, quality-approved and assessed training, to a national standard, which is the only way to ensure that the enhanced educational outcomes of an extended programme of training can be delivered.

**Q: How easy would it be to transfer within specialties in a four year programme?**

A: The College recognises the benefits of trainees entering general practice with other specialty skill sets, especially those from psychiatry, paediatrics and general medicine. This is currently difficult to accommodate within a three-year training programme, but it is likely to be more feasible with the extension to include a further year. We are open to the possibility of other specialty trainees entering and exiting general practice training.

**Q: Could extending GP training have a negative impact on GP recruitment?**

A: No, We believe that extension may have a positive impact on recruitment to general practice. After listening to trainees and newly qualified GPs we do not believe that an additional year would impact negatively on recruitment. This view has been confirmed in recent surveys.

Focus group work has also shown that many trainees understand the benefits of having an additional year. Trainees have told us that the two biggest advantages of an additional year would be an increase in confidence and a strengthening of clinical skills. Many newly qualified GPs have added that extending the training would have helped them feel more able to manage long term conditions and end of life care.

**Q: Would certain placements be compulsory?**

A: As part of enhanced GP training, we are recommending that all GP trainees should undertake placements that provide them with appropriately supervised experience of *paediatric* problems and *mental health* problems. Such placements could be based in a range of different working environments, and will be arranged by Deaneries depending on local circumstances.

For example, a trainee might gain valuable experience of paediatrics working in an acute paediatric hospital team, a children's A&E department, or in a community-based child health centre, possibly as part of an integrated post. To work competently as a GP, the trainee will also need to learn to apply their specialist-based experience into the primary care context during their general practice placements.

**Q: How would this impact on the exam structure?**

A: Within a four year training programme the Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA) would take place in year three. These examinations primarily consider the performance of the trainee in the consultation and, as the consultation is where trainees begin to integrate and apply their skills, it is educationally appropriate for these examinations to be held in ST3. However, the role of the modern GP is far broader than consulting alone – GPs must work effectively in teams and also develop the skills to improve health services for their patients. For this reason, trainees would continue to complete an enhanced Work Based Placed Assessment (WBPA) throughout all four years and a quality improvement project (QIP) will be undertaken in the fourth year.

The QIP will focus on the development of the more complex clinical, generalist and leadership skills that future GPs will need to perform their role; it will involve examining an element of a local health service in depth, identifying ways of improving that service for patients, and putting these changes into action. Although the exact topic of each trainee's QIP will be flexible to fit with local healthcare needs, it will incorporate an externally evaluated assessment that will require the trainee to demonstrate their skills against nationally agreed quality standards.

The MRCGP and CCT will only be awarded at the end of ST4, once all four assessments have been passed.

The exam structure follows the framework in other specialties. By keeping the AKT and CSA in year three (with extension before entry to year four, if necessary) we will ensure that year four does not become a 'catching up' year.

**Q: The RCGP called for five year training a few years ago. Why did it change to four?**

A: The RCGP has called for five year training for GPs for a number of years and continues to believe that this duration of training is necessary to deliver the most comprehensively trained GPs for the future NHS. However, in order to deliver the necessary improvements to future GP training in a cost-effective way in the current financial climate, we are initially recommending an immediate increase in training to four years.

Following this change, a further impact evaluation will be performed. Given the predicted changes in healthcare and the increasingly complex role of the GP in the NHS, we anticipate that a further increase in training to 5 years will be necessary in due course.

**Q: What about training in the Devolved Nations?**

A: We have worked very closely with our devolved councils to ensure that our proposal for extending training has a UK-wide basis. The devolved Councils' Chairs meet with their CMOs and are in regular contact with the devolved governments about this issue.

**Further information**

The College will continue to keep you informed on the progress of our bid, and resources on the RCGP website will be updated regularly to answer any questions you may have.

If you feel you still have any unanswered questions, please contact us at [reviewofspecialtytraining@rcgp.org.uk](mailto:reviewofspecialtytraining@rcgp.org.uk)