

## Summary

- All specialties are now included for ATC and time from UK non-training posts and overseas can be considered for CCT (CP).
- There must be clinical experience for all of these within the 5 years before starting GP training, even if there isn't a full 12 months of previous experience within the last 5 years.
- Usually, 6 months is agreed to contribute but this could be more (up to 12 months) or less depending on the evidence and range of previous experience.
- The decision on how much time can contribute is the ARCP panel's but the GPSA team gives a recommendation.

### Three pathways

- ATC - where a trainee transfers experience from a GMC approved training programme in another specialty. The gap between clinical training posts can be no more than five years.
- CCT (CP) UK - where a trainee transfers UK based experience which is not from a GMC approved specialty training programme. They may have done clinical fellow staff grade or consultant posts. It is much more difficult to attach evidence of assessments etc. so the reflection is really important.
- CCT (CP) Overseas - where a trainee transfers non-UK experience in either a specialty or general practice. There are very few of these and they need to be evaluated by the GPSA CEGPR team.
- Sometimes it is difficult to decide which pathway is best as there may be a mixture of working abroad and GMC and non-GMC posts on a CV.
  - Even if there is also other experience, if an applicant has done at least 12 months whole time equivalent clinical time in a GMC approved training post in the last five years, ideally use this and follow the ATC pathway. The evidence and reflection must be about this training.
  - If any experience is going to be considered which is not UK specialty training it must be a CCT (CP) application. If overseas experience is being considered, it must be evaluated by the College in the first instance.
- The first ARCP panel at 6 months (wte) will review the application and evidence for Combined Training, the recommendations from the deanery and RCGP preliminary assessments (all in the Trainee Portfolio) and progress to date to make the final decision on how much time can contribute. A statement should be added to the ARCP form and the CCT date adjusted appropriately.

All guidance documents are on our [Combined Training](#) web page

The detailed process guidance for Combined Training is [here](#)

If you have any additional queries, please contact [gpsa@rcgp.org.uk](mailto:gpsa@rcgp.org.uk)

## Checklists

<u>ATC</u> : Experience from another GMC approved specialty training programme
Mandatory evidence
At least 12 months (full time equivalent) of clinical training in another GMC approved specialty programme.
Last clinical training post is within the five years immediately preceding the start date of GP training.
<p>ARCPs</p> <ul style="list-style-type: none"> <li>• covering at least 12 months FTE of clinical training</li> <li>• original PDFs, downloaded from Portfolio               <ul style="list-style-type: none"> <li>○ no Word documents or images</li> <li>○ screen shots from portfolio are ok if shows trainee details and full ARCP information</li> </ul> </li> </ul>
<p>If exiting outcome was non-standard (2,3 or 4) or N22:</p> <ul style="list-style-type: none"> <li>• A reflective statement on reasons for outcome/s</li> <li>• A letter of support from the previous Postgraduate Dean if a corrective strategy was in place               <ul style="list-style-type: none"> <li>○ Not required when exit was for exam failure only</li> </ul> </li> </ul>
<p>Capability mapping</p> <p><i>Reflection</i></p> <ul style="list-style-type: none"> <li>• on how previous experience can be mapped to the capability requirements for GP training</li> <li>• there should be reflection for every capability (even if there is no evidence)</li> <li>• shows an understanding of the capability, how skills may be transferred to general practice and inform a learning plan</li> <li>• is not description and should show insight</li> </ul> <p><i>Evidence</i></p> <ul style="list-style-type: none"> <li>• there may not be evidence for every capability (but there should be reflection)</li> <li>• should be presented from the same period the ARCPs cover</li> <li>• 2-3 pieces of relevant evidence for each capability</li> </ul>

<u>CCT (CP)</u> : Other, non- training UK experience
Mandatory evidence
At least 12 months FTE of relevant clinical experience above Foundation level or equivalent
Experience being considered is within the five years immediately preceding the start date of GP training

Evidence of experience:

- for each role/post included in the application:
  - A statement of employment confirming precise dates of employment and grade
  - Job/post description or list of duties and learning objectives
  - details of assessments
  - copies of certificates for any relevant training or qualifications
  - written references or supervisor reports

Appraisal and revalidation documentation

Capability mapping:

*Reflection*

- on how previous experience can be mapped to the capability requirements for GP training
- there should be reflection for every capability (even if there is no evidence)
- shows an understanding of the capability, how their skills may be transferred to general practice and inform a learning plan
- is not description and should show insight

*Evidence*

- there may not be evidence for every capability (but there should be reflection)
- should be presented from the same period the evidence of experience covers
- 2-3 pieces of relevant evidence for each capability

**CCT (CP): Experience from outside the UK**

**Mandatory evidence**

At least 12 months FTE of relevant clinical experience above Foundation level or equivalent

Experience being considered is within the five years immediately preceding the start date of GP training

Evidence of experience:

- for each role/post included in the application:
  - Job/post description or list of duties and learning objectives for each post
  - details of assessments
  - copies of certificates for any relevant training or qualifications
  - references, supervisor reports or testimonials

***If experience is part of a formal training programme***

- a letter from the training provider describing:
  - programme structure
  - programme content
  - details of the assessments completed

***If experience is in general practice or equivalent***

- details about the role and healthcare context:
  - the setting
  - primary care team and structure
  - daily case load
  - case mix or patient population
- Signed Clinical Supervisor statements confirming details of each post
- Reports and evaluations of performance
- Testimonials and references from recent relevant roles

**Capability mapping:**

*Reflection*

- on how previous experience can be mapped to the capability requirements for GP training
- there should be reflection for every capability (even if there is no evidence)
- shows an understanding of the capability, how their skills may be transferred to general practice and inform a learning plan
- is not description and should show insight

*Evidence*

- there may not be evidence for every capability (but there should be reflection)
- should be presented from the same period the evidence of experience covers
- at least 3 pieces of relevant evidence for each capability

## **FAQs**

<b>1.</b>	<b>Is the final decision on eligibility made by the ARCP panel?</b>
<b>A</b>	No. The panel reviews evidence but eligibility must be confirmed at the beginning of the process based on previous experience. This should be done by the deanery when reviewing the CV to ensure an application can be triggered. Once an application is submitted eligibility will be checked and confirmed by the RCGP. Experience determines eligibility and evidence determines whether any time can contribute.
<b>2.</b>	<b>Who is required to complete the initial eligibility checks at the deanery?</b>
<b>A</b>	It would usually be the Assessment Lead however it is up to the deanery to decide how to manage this. It must be someone with a good understanding of Combined Training.
<b>3.</b>	<b>Is there any flexibility on the gap of five years between training programmes? There used to be Postgraduate Dean discretion on this.</b>
<b>A</b>	No. The rule now is that all applicants (ATC and CCT(CP)) must have been in clinical work or training within five years of starting their GP training programme.

<b>4.</b>	<b>If a trainee wishes to apply but is not foundation competent, can the deanery decline the application?</b>
<b>A</b>	Yes. The trainee is unlikely to have met the eligibility requirements and will probably need to complete the full three year GP training programme.
<b>5.</b>	<b>I have a trainee who didn't tick the box in Oriel but has asked to apply for a Combined Training pathway. Is this possible?</b>
<b>A</b>	Yes, if this discussion has taken place before training is started or very soon afterwards. It is up to the deanery to decide on whether a late application can be accommodated but it must still be completed in time for the first ARCP after 6 months (wte) in training.
<b>6.</b>	<b>I have a trainee who has applied for ATC whose experience is from another GP training programme in the UK. Can they apply and what are the requirements?</b>
	An applicant who has been a GP trainee in another region does not need to apply for ATC but with deanery and RCGP agreement can count some of their previous GP training towards the new programme. This should usually be reviewed and agreed at the point of entry. Guidance on returning to training can be found <a href="#">here</a> .
<b>7.</b>	<b>Can a trainee on an ACF programme apply for Combined Training?</b>
<b>A</b>	Yes. If academic time is included in the ST1 year, the ARCP review of the application should take place after six months of clinical training has been completed.
<b>8.</b>	<b>I have a trainee who was on an academic programme in their previous specialty. Are they eligible for ATC?</b>
<b>A</b>	Yes, if at least 12 months wte of clinical training has been completed in the previous programme which is an eligibility requirement for the ATC pathway. ARCPs should be provided to show 12 months of clinical experience.
<b>9.</b>	<b>How do I start the Combined Training application process?</b>
<b>A</b>	The NRO should send you a list of all doctors who have accepted a place on a GP training programme at your deanery. This should identify who ticked the box at application for ATC or CCT (CP). You should have early discussions with these trainees about their plans and consider what their programme could look like, considering any previous experience. This should be checked on their CV which must be uploaded to the Trainee Portfolio. Once you have decided they are eligible you trigger the full application process in the Trainee Portfolio.
<b>10.</b>	<b>Why is a curriculum vitae still required?</b>

A	It is needed for the initial screening to confirm eligibility and then trigger the application process.
<b>11.</b>	<b>Do ARCP forms need to be uploaded with a CV to check eligibility?</b>
A	No, but if it is not obvious from the CV that the doctor will be eligible for ATC, then you should ask for these to be added to confirm eligibility.
<b>12.</b>	<b>I can't find the gap analysis and application forms. Where are these?</b>
A	The full process is now built into FourteenFish and all applications must be made through the Trainee Portfolio. Step by step guidance is in FishBase <a href="#">here</a> .
<b>13.</b>	<b>When are trainees able to access their Trainee Portfolio?</b>
A	As soon as a trainee accepts a place on a GP training programme, they should register with the RCGP for AiT membership. Once they have done this, they will have immediate and automatic access to their Trainee Portfolio.
<b>14.</b>	<b>Is there a limit to how much previous experience a trainee can include?</b>
A	No, as long as the eligibility requirements have been met and the experience is appropriately evidenced. It should be from the most recent 5 years and the evidence must link to the experience the trainee wishes to be considered. A maximum of 12 months of the experience can contribute towards their GP training.
<b>15.</b>	<b>Can a trainee include experience from more than one of the three experience types?</b>
A	Yes, an application can include a variety of experience. If there is any experience from outside a GMC approved specialty training programme included and this time is to contribute towards GP training, then the application must follow the CCT (CP) pathway.
<b>16.</b>	<b>What is the process for submitting evidence of overseas experience?</b>
A	The trainee completes the application in the Trainee Portfolio following the CCT (CP) pathway. Once the application is ready, the deanery can press the "Notify RCGP" button in the Trainee Portfolio without completing an initial assessment. The application will be reviewed by the CEGPR team who have experience in evaluating overseas experience.
<b>17.</b>	<b>Does ATC evidence need to be from a UK GMC approved training programme?</b>

A	Yes. ATC applications can only consider previous UK training. If there is any non-training UK or overseas experience included, then the application must follow the CCT(CP) pathway.
<b>18.</b>	<b>Do previous ARCP forms still need to be provided for ATC applications?</b>
A	Yes. ARCP forms must be provided to confirm that at least 12 months (wte) of clinical training has been completed in an approved specialty and to confirm the assessment outcomes.
<b>19.</b>	<b>Can a non-standard ARCP outcome be accepted?</b>
A	Yes. If a non-standard outcome (2, 3 or 4) is presented, the trainee must provide reflection and an explanatory statement on this. Where a corrective strategy was in place in the previous training programme, a letter of support from the previous Postgraduate Dean should also be included. The letter isn't required if the non-standard outcome is for single exam failure only.
<b>20.</b>	<b>If a trainee forgets to upload documentation /evidence as part of the application process, can they add it as a learning log entry?</b>
A	No. All evidence should be included as part of the application so it is in one place, is identifiable and will not be missed. If something needs to be added to an application, it can be unlocked to allow this. Please contact the GPSA team to facilitate this.
<b>21.</b>	<b>What if the trainee doesn't complete the application in the first month of training?</b>
A	This is not a strict rule and there can be some flexibility. There needs to be sufficient time for both the deanery and the College to review the application before the first ARCP panel and to manage multiple applications at once, so the earlier the application is complete, the better.
<b>22.</b>	<b>What should I be looking for in the capability mapping section?</b>
A	This should look very much like an ESR with reflection on each capability. There may not be evidence for each capability (and where there is there should ideally be three pieces per capability) but there should be reflection for each one. The best reflections explore what has been learned, refer to the capability descriptors and identify skill gaps. Description of duties isn't sufficient.
<b>23.</b>	<b>What is the point of the capability mapping?</b>
A	This should help you and the trainee identify and analyse gaps in learning which can then be addressed as part of their training. Once the preliminary reviews have been done by the deanery and College, the trainee should have a learning needs assessment meeting which could reasonably be done by the ES or TPD.

<b>24.</b>	<b>Do deaneries need to email GPSA when each application is ready for review?</b>
A	No. There are automatic notifications through FishBase.
<b>25.</b>	<b>Is it ok for the person who did the preliminary review to also be on the first ARCP panel?</b>
A	Yes. In fact, this is helpful to be able to feed into the final decision.
<b>26.</b>	<b>Can an application be resubmitted if unsuccessful?</b>
A	<p>If the deanery or RCGP review recommends that none of the previous experience can contribute towards the GP programme, it is up to the deanery to decide if they would support the trainee submitting further evidence for review. The application can be unlocked to allow this.</p> <p>Due to the time and resources involved in the reviews, we would not expect an application to be resubmitted more than once.</p> <p>All applications should be completed and reviewed before the first ARCP after six months wte of GP training.</p> <p>An <a href="#">appeal process</a> is in place if the applicant is unhappy with the ARCP decision.</p>
<b>27.</b>	<b>Is the first ARCP panel supposed to be held 6 months into ST1 after 6 months wte or 6 months in duration?</b>
A	The first ARCP panel should be held after 6 months wte in ST1. This should be planned for once this time has been completed, and not up to two months in advance of this date as is usually the case for ARCP panels. This is to ensure that there is enough time both for the application process to be complete and to review progress in ST1.
<b>28.</b>	<b>The amount of time usually agreed to contribute is 6 months. When is it appropriate for this to be more than 6 months?</b>
A	When there is experience and associated evidence of more than one specialty from different training or experience areas, or sufficient family medicine or general practice experience from overseas, the contributing time could be more than 6 months (but no more than 12). This is because it is similar to what might be included in a GP training programme.
<b>29.</b>	<b>If a panel agrees that previous experience can contribute to their GP training programme, can the trainee revert to a 3 year programme later or do they need to stick to the Combined Training pathway?</b>
A	Trainees should remain on the pathway agreed at their first panel. If additional training time is required, this can be awarded through the ARCP process, so they may end up doing the full three years or more in any case.
<b>30.</b>	<b>What if the ARCP panel disagrees with the recommendation from the RCGP?</b>
	For ATC, the panel can make the final decision on how much time can contribute even if this is different to what the RCGP recommended.



	For CCT (CP), the GMC requires the College's input and confirmation of this, including the recommendation for contributing time in a letter. The panel can agree that less time can contribute than the College recommended, but not more.
<b>31.</b>	<b>Is a CN19 form still required for any of the pathways?</b>
<b>A</b>	Yes. This form is required by the GMC for all CCT (CP) applications. It is not required for the ATC pathway.
<b>32.</b>	<b>Where can I get a CN19 form and what do I do with it?</b>
<b>A</b>	The CN19 is a GMC form and can be accessed <a href="#">here</a> . The form should be completed by the deanery after the first ARCP panel and uploaded to GMC Connect along with the letter from the RCGP. GMC guidance for the CP process and how to upload the CN19 form can be found <a href="#">here</a> .
<b>33.</b>	<b>Why do we need a letter from the RCGP for CCT (CP) applications and where can I find it?</b>
<b>A</b>	The GMC requires the College to confirm the CCT (CP) pathway and the experience evaluated in support of the pathway. The RCGP will upload this letter in the College review section of the application in FishBase.
<b>34.</b>	<b>Is there a way to view the status off all my applications in FishBase?</b>
<b>A</b>	Yes. Select 'Reports' on the left and then at the bottom of the page 'Combined Training report' under the 'Training scheme reports' heading. This will open the Combined Training Applications Dashboard.
<b>35.</b>	<b>Is there any advice for trainees who wish to rank their specialties so that they do not end up with a post which duplicates previous experience?</b>
<b>A</b>	No. There isn't any guidance now, and we can work with the NRO to include it in future and add it to RCGP guidance for trainees. It is up to the trainee to consider this when applying.
<b>36.</b>	<b>If a post is included which duplicates previous experience, do we need to contact GPSA?</b>
<b>A</b>	Programme construction and the inclusion of posts are decisions for the deanery. Ideally, previous experience shouldn't be repeated so if a programme can be adjusted, that is preferable and more beneficial for the trainee, however this is not always possible. GPSA should be made aware of situations like this.

Version history

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