

**National Postgraduate Professional Examinations GMC consultation  
Academy of Medical Royal Colleges Response**

*Key issues*

*This consultation paper seeks views on three specific key issues that are being considered by the GMC when scrutinising the role of national professional examinations in specialty (including GP) training. The issues are:*

*A Currency, B Timing, C Number of attempts.*

*Please answer all questions*

**A: Currency of examinations**

*National professional examinations are part of the assessment systems that are 'blueprinted' against the approved specialty curricula. They are structured and organised by the Royal Colleges to assess the approved curriculum. Royal Colleges ensure that their examinations reflect contemporary practice and properly assess a doctor's learning. There is a risk, however, that if a doctor passes a national professional examination well before entering or re-entering training, then that examination is not the most up-to-date version and has not tested the doctor by reference to the most up to date medical practice in the specialty.*

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

**No**

**Comments**

Whilst the principle of using the most up-to-date version of an exam is obviously correct there will be individual circumstances and timings where this is not practical

The comments made in November 2010 are set out below

All colleges and other bodies have concerns about challenges under discrimination laws. RCGP have also been legally advised that the current three year restriction on pass validity is unreasonably restrictive and possibly prejudicial. The regulator will want to avoid making artificial barriers to women taking time out for family. Also there is a need to consider "Less than Full Time" trainees and those who have taken time out doing research. Although evidence is weak, there is acceptance that five to seven years currency for a knowledge based exam is probably about right.

**2. Do you think 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*

***Comments***

As stated above: thereafter the remainder of the specialty training should ensure that the doctor is trained/assessed on the most current curriculum and practices.

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

*Yes*

**B: Timing of examinations**

*The GMC currently does not set a limit on the interval between passing the applicable national professional examination and entering or re-entering training. A doctor is entitled to pass the examination and then wait several and in some cases many years, to enter training, while still counting the examination towards the CCT. This raises questions not only about the continued relevance of that examination, but also whether the doctor has retained the knowledge demonstrated at the time the examination was passed.*

*Here the GMC is concerned only with the timing of those examinations approved as part of specialty training towards the CCT.*

*If the GMC were to set a time limit it would continue to be open to any Royal College to set a shorter period before the doctor must enter or re-enter training after sitting its examination, or part of its examination. If the Royal College did choose to impose a shorter period, this would need to be described within the published GMC approved curriculum and assessment system for that specialty.*

**4. Do you think 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?**

*No*

***Comments:***

Although evidence is weak, there is acceptance that five to seven years currency for a knowledge based exam is probably about right.

**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*

***Comments:***

This should be left to the Colleges.

**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?**

*No*

***Comments:***

We must accommodate the needs of flexible training at all stages.

**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?**

*Yes*

***Comments:***

With the proviso that this will depend on any changes in the aims and objectives of the assessment and also on any revisions which the curriculum might undergo. In either eventuality the effects of any regulation changes must be anticipated and all stakeholders advised accordingly well in advance. Any transition period may demand a more flexible approach.

**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.**

*a) The examination should be passed while the trainee is part of the training programme.*

*b) The examination should be passed within one year of entry or re-entry into the training programme.*

*c) The examination should be passed within three years of entry or re-entry into the training programme.*

*d) The examination could be passed at any time before completion of the programme.*

*e) Some other formula (please specify).*

***Comments:***

No definite or preferred answer. Any specific recommendation will depend on the aims and objectives of the particular assessment in relation to the duration of the specified period of training to which the assessment relates.

### **C: Number of attempts**

*It is common practice within educational institutions and programmes to limit the number of times a candidate may sit an examination. Within the GMC's approved assessment system a few Royal Colleges already limit the number of times a doctor may take a national professional examination, and several impose limits on the maximum interval between taking different parts of an examination. The GMC currently does not limit the 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?**

**No**

#### **Comments:**

Set out below is the response made in November 2010 on this issue. The Academy view has not altered.

Experience in postgraduate medical examinations has shown that after multiple failures the chance of passing falls. It would be reasonable to suggest that numbers of attempts be restricted if it is demonstrable that a candidate could pass the examination by chance alone after multiple attempts. The Academy is not aware that such evidence exists.

It would also be reasonable to restrict attempts if there was evidence to prove that those who pass the examination after multiple failures cannot either a) progress successfully through subsequent specialty training or b) perform independently as consultants in the post CCT phase. Again, the Academy is not aware that such evidence exists.

Legal advice thus far is conflicting. RCGP has been advised that "limiting the number of attempts is unlikely to be successfully challenged" but evidence from Australia and Canada is contrary and having been successfully challenged legally the examining authorities returned to unlimiting attempts (see Appendix 1 for detail). Currently the international consensus is not to limit attempts e.g. United States Medical Licensing Examination (USMLE), American Board of Internal Medicine (ABIM) and the Professional and Linguistic Assessments Board (PLAB).

The Academy believes it should be left to the Educational Supervisor and the ARCP process to identify and counsel trainees who are failing to progress through any assessment system. Indeed it is a question of whether the trainee is progressing in training, rather than relying on the number of attempts at an examination.

In the USA, the National Board of Medical Examiners (NBME) administering the USMLE, although permitting unlimited sittings, recommend that candidates should not exceed 6 attempts "without the demonstration of additional experience acceptable to the licensing authority". Within the UK Academy there is general acceptance that such wording might be a useful qualifier for those trainees who experience serial examination failures. At the same time there is universal recognition that if such an approach were adopted, there would be an absolute requirement to guarantee that the "due process" had been followed and such administrative systems were fit for purpose. In this eventuality the Academy would be keen to enter into discussions to ensure the necessary safeguards would be in place.

The Academy believes that the role of the regulator should be to ensure the appropriate standards for examinations rather than to limit the number of attempts. The Academy would be happy to work with other stakeholders including Post Graduate Deans to try to

develop a consensus on the number of attempts normally allowed for trainees and the educational criteria to be met if further attempts are to be permitted.

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

*No*

**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?**

*Comments*

The Academy believes it should be left to the Educational Supervisor and the ARCP process to identify and counsel trainees who are failing to progress through any assessment system. Indeed it is a question of whether the trainee is progressing in training, rather than relying on the number of attempts at an examination. The Academy believes that the role of the regulator should be to ensure the appropriate standards for examinations rather than to limit the number of attempts. The Academy would be happy to work with other stakeholders including Post Graduate Deans to try to develop a consensus on the number of attempts normally allowed for trainees and the educational criteria to be met if further attempts are to be permitted.

**12. Some examination systems which are divided into parts require the resitting 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*

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March 2010