Background

1. Medical education is a lifelong process. By ensuring that all doctors have high quality education and training, and remain up to date and fit to practise, we can ensure the best possible standard of care for patients, now and in the future.

Entry to the specialist and GP registers

2. Doctors aspiring to become consultants or GPs must gain entry to the specialist or GP registers either through gaining a Certificate of Completion of Training (CCT) or through the equivalence routes (CESR/CEGPR).

3. Doctors seeking a CCT must complete a GMC approved programme of training, based on a GMC approved specialty curriculum and assessment system.

Examinations and approved training

4. Previous legal advice had suggested that because national professional examinations formed part of a coherent programme of training, they had to be taken during such training. Trainees who had taken one or more such examinations outside approved training could still use them to demonstrate the standards and requirements of the equivalence routes to the specialist and GP registers, but they would not count towards a CCT.

5. However, many doctors not in training have taken examinations in the expectation that they would, once in approved training, be able to count them towards a CCT.

6. To determine whether there is scope for greater flexibility, the GMC has obtained further legal advice from Senior Counsel. That advice makes it clear that there is flexibility in the current legislation to allow (but not require)
the GMC to approve curricula and assessment systems leading to a CCT even if national professional examinations (approved by the GMC) were taken when the trainee was not within an approved training programme.

7. The legal advice and the implications for the rules governing the award of a CCT were discussed at a meeting of key interest groups on 17 June 2010. (see http://www.gmc-uk.org/news/7264.asp). At that meeting the GMC indicated that it wished to be as flexible as possible, consistent with maintaining the integrity of the training programmes and that it was anxious to ensure that the legitimate expectations of trainees in relation to the approval of success in examinations were met.

**Doctors already in, or about to enter, specialty including GP training**

8. Following the meeting, the GMC has decided that doctors already in, or who enter, specialty including GP training by 31 October 2011, will be able to have any valid passes in previously approved national examinations counted, even if this was obtained outside approved training before they enrolled for a CCT programme (core, higher or run through). The GMC is satisfied that this can be done while maintaining the standards of training, and that it will meet existing commitments and expectations.

**Doctors not in, or about to enter, specialty including GP training**

9. The GMC will develop proposals on examinations for potential future trainees, and, following a further meeting of key interests will issue guidance by the end of October 2010. While the detail remains to be determined, this guidance will continue to reflect the flexible and supportive approach we are adopting, but be consistent with ensuring the coherence of training programmes. All parties recognise the need for continuing flexibility and a pragmatic approach to the complexities of postgraduate medical education, and will undertake to work together in the best interests of all trainees and to ensure the integrity of training programmes which deliver the highest quality education for the benefit of patients.

**Wider issues**

10. This debate has brought to light a number of misconceptions about the routes to the specialist and GP Registers, and about the recognition of specialties outside the UK. The GMC will look at the information currently available and consider whether clarification is required, pending a review of the equivalence routes which it will begin later this year.

11. The GMC will also conduct a review of its standards for curricula and assessment systems. The recent discussions have raised issues around consistency, role, currency, frequency and quality assurance of the national examinations. The Colleges, COPMeD and other key stakeholders look forward to contributing to the review.
See Annex A for a summary.
Annex A

Summary of interim GMC guidance on national professional examinations and specialty including GP training

8th July 2010

1. The GMC does not consider that it would be proportionate or necessary to undertake a review of CCTs already awarded.

2. Valid passes in national professional examinations which are part of the approved assessment system can count towards an appropriate CCT if obtained:

   - While doctors are in approved specialty including GP training (core, higher or run through), LATs (locum appointments for training) or FTSTAs (fixed term specialty training appointments)
   - While doctors take a break from their training (for example, to go on maternity leave) whilst retaining their training number, or are undertaking approved out of programme experience (for example research)
   - While doctors are in the UK GMC approved Foundation Programme
   - Before doctors enter approved specialty including GP training if that training commences on or before 31 October 2011.