



Royal College of
General Practitioners

COGPED

Committee of GP Education Directors

**GUIDANCE ON THE CONTENT OF SPECIALTY TRAINING
PROGRAMMES IN GENERAL PRACTICE INTENDED TO LEAD TO
THE AWARD OF A CCT**

COMMITTEE OF GENERAL PRACTICE EDUCATION DIRECTORS
ROYAL COLLEGE OF GENERAL PRACTITIONERS
April 2019

Introduction

1. This guidance describes the content of specialty training programmes in general practice in the United Kingdom, intended to lead to the award of a Certificate of Completion of Training (CCT) in general practice. These programmes were introduced for all GP trainees from August 2007 onwards.
2. The guidance is for the use of directors of postgraduate GP education, and training programme directors when constructing GP training programmes. It should also be considered a reference source for Local Office and Deanery administrators, trainees and the RCGP GPSA team.
3. The guidance has been produced jointly by COGPED and the RCGP via a working group of the Quality Management and Training Standards (QMTS) committee, approved by SAC and agreed with the GMC. It will be reviewed every two years by a working group of the QMTS committee.

The regulations

4. The length and content of the UK GP training programme leading to the issue of a CCT in general practice are defined by the General and Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2010 (the Order) which is an amendment to the original [Medical Act 1983](#).
5. The Order requires specialty training in general practice to include:
 - a. at least three years full time employment (wte) in programmes / posts approved by the GMC².
 - b. a minimum of twelve months full-time placement (wte) in general practice posts approved for specialty training, under the supervision of a GP trainer, and
 - c. a minimum of twelve months full time placement (wte) in specialties approved by the GMC as being relevant to general practice
6. The Order allows for the inclusion of overseas training placements in CCT training programmes or as out-of-programme training placements contributing to a CCT. Such placements must receive a recommendation from the RCGP and prospective approval by the GMC to count towards a CCT.

Applications for the approval of GP CCT programmes

7. Legislation requires the GMC to approve training leading to a CCT. The GMC requires Local Offices or Deaneries to make applications for programme approval and to provide information on how programmes will, in general terms, deliver the GP curriculum and be compliant with the GMC's generic training standards.
8. Applications for [GMC programme approval](#) should be made using standard GMC application forms and sent to the RCGP for endorsement and support.
9. Applications should come from the Postgraduate Dean and be based on the recommendations of the General Practice Specialist Training Committee (STC) or its equivalent in the Local Office or Deanery. The GP STC, in common with STCs in other specialities, should be responsible for the identification and development of new programmes and placements in the Local Office or Deanery.

GMC standards

10. Programmes should comply with the [GMC's education standards and associated guidance](#) and standards on training environments and trainers as well as the [Gold Guide](#) overseen by COPMeD.

GP curriculum

11. Programmes should deliver the learning outcomes of the current [Training Curriculum](#) published by the RCGP and approved by the GMC.

Definition of a programme

12. Programmes should be designed to enable the GP trainee to acquire all the competences necessary to practise independently to standards of safety, and competence set out in the RCGP curriculum in UK general practice. Programmes should contain an appropriate balance between service and education; hospital medicine, general practice and experience in other community settings.
13. A programme may include posts completed in a European Union (EU) Member State as long as the trainee has confirmation from another EU Member State that their training complies with Article 31 of Title IV of EU Directive 93/16/EEC or Article 28 of Chapter iii of EU Directive 2005/36/EC requirements. These posts are to be treated as if they have GMC approval. [note that this may change with Brexit]
14. Placements in secondary care should be focused on the need to demonstrate the required competences of the RCGP curriculum. For example, they should allow relevant experiential learning in service environments such as outpatients or the management of chronic disease relevant to general practice.

Point of entry to GP specialty training

15. Programmes will start after successful completion of the Foundation Programme or its equivalent⁶ and subsequent recruitment into a GP specialty training programme. Training in the Foundation Years will not contribute to GP specialty training.
16. Entry to GP training programmes will be at ST1 level, except where entry is through other approved arrangements such as:
 - a. Broad Based Training (BBT), where entry is at ST2 (the GP placement during BBT cannot count towards the minimum requirement of 12 months spent in general practice but can contribute to the recommended 18 months)
 - b. Accreditation of Transferable Competences Framework (ATCF), where trainees appointed to GP training may have their programme shortened by six months and will commence their GP training programme halfway through the ST1 phase of training. Time in the previous exiting specialty can count towards the minimum requirement of 12 months in hospital posts.
 - c. CEGPR (CP), where previous training and experience can contribute to a UK GP training programme. Entry is usually ST1 with the ST2 phase shortened appropriately, however entry can be later than ST1 in specific circumstances
 - d. Any such subsequent scheme explicitly agreed by the RCGP, the GMC and Postgraduate Deans representing national education organisations.

17. Limited absence from training will be accepted in line with the current RCGP / COGPED guidance on managing time out of training (updated April 2019).

Length and content of training

18. It is recommended that training programmes should include at least 18 months (wte) in general practice posts and that the final 12 months of training should be spent in a general practice placement.
19. Experience in at least two, but ideally more secondary care specialties relevant to general practice is recommended. To ensure programmes are broad and balanced, training in any one secondary care specialty should not normally last for more than six months (wte).
20. Training in any one placement should not normally last for less than two months (wte). As engagement with the provision of evidence of learning in the e-Portfolio is a requirement for all trainees, for posts to contribute to the regulatory requirements the trainee must demonstrate e-portfolio evidence of learning relevant to the post and the e-Portfolio should include a named Clinical Supervisor's report.
21. Occasionally there is no evidence of learning, often when a post is unexpectedly cut short. Where this is the case, the Educational Supervisor should raise this with the trainee at their next review (whether year end or interim) and ask that they provide an explanation of the circumstances in a Learning Log. The ARCP panel should review the full period of training since the last ARCP panel. A decision can then be made on overall progression and learning based on all the evidence presented. In doing this a satisfactory outcome can only be issued if the full pro-rata WPBA requirements for the period under review have been met.
22. If there is a short post or any other prolonged period with no documented evidence and no adequate explanation from the trainee, an outcome 5 should be issued whilst the trainee is asked for an explanation. If this is accepted by the panel on review, then a standard statement saying that this has been considered should be added to the comments section of the ARCP form and the panel must then be clear as to whether this period of training should count towards training time or not. The same approach should be taken with any trainee who does not regularly upload evidence in their e-Portfolio and early referral to Trainee Support services should be considered.
23. Programmes may contain integrated training posts (ITP) which are likely to be based in general practice with secondments to other primary/community care settings e.g. drug and alcohol projects/hospices or to acute services e.g. outpatients/day hospital.
24. ITPs do not normally count towards the twelve-month minimum requirements, for time spent in general practice or secondary care posts and programmes should not plan for them to. However, in exceptional circumstances, this may be possible. In such cases the evidence must include a named ESR or CSR and ITPs should state the specialty involved and percentage of the post worked in the specialty on the post list in the e-Portfolio.
25. If a trainee is training at less than full time (LTFT), the percentage of LTFT training should be no less than 50%. In exceptional circumstances this can be reduced as per [GMC guidance](#).

26. If academic training is included in a training programme, the percentage of time spent in the general practice post must be stated. Time spent in the academic element does not count towards the minimum time required in a general practice post. An ARCP issued during an academic programme should make reference to progress in both the clinical and academic elements.
27. A trainee who shortens their training programme via the ATCF or BBT routes will be eligible for a CCT. All other shortened training programmes (usually using previous experience outside the UK or in another approved UK specialty training programme) will not be eligible for a CCT.
28. A trainee on a shortened training programme, not eligible for a CCT would need to apply to the GMC for GP registration through alternative routes such as the [Certificate of eligibility for GP registration \(CEGPR\) or CEGPR \(CP\)](#).
29. When a trainee relinquishes their training number for one GP training programme and then starts another GP training programme and the gap is no more than five years, the trainee may progress to CCT at the discretion of the Local Office / Deanery and the RCGP, if a full three years training in approved posts has been completed. An ESR for each period of the first training programme must be present. All periods of training must be reviewed and assessed by an ARCP panel.

Management and supervision

30. Programmes and posts will be in Local Education Providers, quality managed by the Local Office or Deanery as the Education Organiser. Employment may be outwith the placement provider.
31. Educational supervision throughout the programme should be provided from general practice. The Educational Supervisor is responsible for producing regular reports on trainee progression.
32. Each placement within a programme where the trainee is not directly supervised by their Educational Supervisor should be overseen by a named Clinical Supervisor.
33. Programmes should be managed by a GP Training Programme Director, appointed by the Local Office or Deanery, working within an educational governance framework as set out by a Postgraduate Dean.

Appraisal and assessment

34. Programmes will be subject to a [national assessment programme](#) defined by the RCGP and approved by the GMC. This includes Workplace Based Assessment (WPBA), the Applied Knowledge Test (AKT) and the Clinical Skills Assessment (CSA).
35. GP trainees will be appraised annually via the ARCP process. The ARCP panel should not take place more than two calendar months before the end of the period reviewed and any ESRs should have been completed within eight weeks of the panel date.
36. Trainees are expected to have revalidated with the GMC at the point of CCT. Evidence collected within their trainee e-Portfolio for the WPBA will be used to assist in the appraisal and revalidation process. The evidence is equivalent to but different from that normally collected by post-CCT GPs undergoing annual appraisal and

revalidation. Additional evidence, which falls outside the requirements of the curriculum, should not normally be required for trainee appraisal and revalidation purposes.

37. Where causes for concern have been highlighted in terms of revalidation on a final ARCP, this should not affect the educational outcome of training.

Recording satisfactory completion of training

38. If a named Clinical Supervisor has been overseeing a GP trainee in a placement, that Clinical Supervisor should complete an assessment of the trainee's performance from a clinical perspective (Clinical Supervisor Report - CSR) on completion of that placement or at other appropriate times. When the ES is acting as the CS it is good practice that a CSR is completed. This is likely to be a mandatory requirement from August 2020 (pending GMC approval).
39. The GP Educational Supervisor should review and report on the educational progress of the trainee every six months and when required for additional ARCP panels by completing an ESR. In the final educational review, the Educational Supervisor must make a declaration whether, in their opinion, the GP trainee has acquired all of the competences as set out in the GP curriculum necessary to be awarded a CCT.
40. The portfolio of assessments and other evidence should be reviewed by an ARCP panel by the Local Office or Deanery in line with GMC and Gold Guide requirements. The panel is responsible for ensuring that all the mandatory evidence has been provided and then making a judgement about the trainee's progress before recommending one of the eight outcomes described in the Gold Guide.

Role of the RCGP

41. The RCGP will be asked to endorse any new programme that is proposed by Local Offices or Deaneries. The RCGP may also be asked for support in assessing whether a new training location is appropriate. The RCGP's role is to ensure that programmes meet the criteria as described in this guidance.
42. The RCGP Specialist Applications team will review ARCPs received after the second phase of training to ensure that all requirements will be met by the end of training. They will liaise with Local Office and Deanery staff, providing support and guidance.
43. The RCGP is responsible for making the final recommendation for CCT to the GMC based on a trainee meeting the competency and regulatory requirements for GP certification.
44. The RCGP has a role nationally in the development and quality management of specialty training programmes in general practice.