

Applying for General Practice Training in Yorkshire and the Humber: Our Personal and Educational Allocation Policy

Bill Hall, Associate Postgraduate Dean - September 2013

Entrance to General Practice training is competency based, with successful candidates being able to show that they have sufficient of the competencies that we know are required for General Practice training. Once selected, the *traditional* method of allocating successful candidates places on training programmes is to rank them by their total score achieved over the exercises involved in the selection process. Higher scoring candidates are offered first choice of training programmes.

Health Education England covers a large geographical area. Using the *traditional* method of allocating places, successful applicants for General Practice training may be appointed to training programmes at a considerable distance from their own homes. For many successful applicants this does not present much of a problem; for others though it can introduce potential difficulties. Such circumstances can contribute to educational as well as personal and social difficulties.

We provide excellent training for our GP trainees and want everyone to be able to pass their professional exams during their three year program. In order to do this it is essential to provide an effective mix of trainees in each of our training programs – we know that one of the factors involved in success for all in the RCGP membership exams is peer learning, and that it is important that peer groups are representative of GP trainees as a whole.

For these reasons HEE has developed an alternative approach to the traditional method of allocating successful applicants for GP training to training programs using both personal and educational factors.

Firstly, we ask candidates invited to the Stage Three Selection Centre who feel they fit the criteria to ask for '*geographical choice*' on where they could work. HEE has developed a hierarchy of need for allowing '*geographical choice*' based on a number of criteria: personal health, being a carer, partner's place of work, children nearing critical phases of their education, and particularly onerous family commitments. See the *appendix* below for details.

Secondly, HEE wants to keep a representative mix of GP trainees in each of our training programs because we know that this improves the learning experience for all concerned. Some of the exercises in the selection process accurately reflect likely success in the RCGP membership exams. For that reason, we use selection centre scores in the 'Professional Dilemmas' paper to allocate trainees who score in the lowest 10% evenly across all training programs. Our experience of doing this so far is that all training programs benefit from having a wider mix of abilities and we expect that our already good pass rates in the MRCGP will improve still further.

Once geographical choices and educational needs have been dealt with, then candidate's selection centre scores will determine which training program they are allocated to. So for the majority of candidates, selection centre scores will determine which training programme they are allocated to, so the better you do at selection centre the more likely you are to get your first choice.

Appendix

If candidates are successful at Stage 2 then they will be asked to provide *substantive evidence* of their reasons for asking for geographical choice. This is because there has been some abuse of the system, with a tiny minority of applicants doing so without any justification. As a result making an incorrect application for geographical choice will be taken seriously. A report will be made to the General Medical Council and an offer for General Practice training may be withdrawn.

Applications for geographical choice will be judged by a deanery panel against these categories;

1. **Personal Health Care** – tied to an area for critical health needs, for instance ongoing illness requiring tertiary specialist treatment.
2. **Dependent Children** - tied to a specific location for some reason;
 - a) Health reasons are most important, for example attendance at a special school for health reasons, or access to tertiary health care.
 - b) Children of secondary school age are the next most important, especially if approaching major examinations such as GCSE or A levels.

Other reasons may be given such as infant childcare or junior school placement but if these facilities are likely to be portable, no priority will be given.

3. **Adult Connections**

- a) Partners tied to an area by job or education and unable to relocate.
- b) Dependent family members for whom you are the primary carer tied to an area and unable to relocate.
- c) Head of household - Some candidates may see themselves as being head of a large extended family and feel they must be in a specific location in order to carry out extensive family duties.

Substantive Evidence

Category 1: A letter from your doctor, confirming that you are receiving ongoing treatment in the locality, and giving reasons why your treatment cannot be provided elsewhere. You probably will not need to make an appointment to see your doctor.

Category 2: A letter from your child's doctor confirming that they are receiving ongoing treatment in the locality. You probably will not need to make an appointment to see your child's doctor. Depending on your doctor's practice you may be able to request a letter by phone via the practice manager or secretary.

Or

A letter from your child's school, confirming their attendance in the locality and giving reasons why it is essential that they remain in the area.

Category 3: A letter from your partner confirming they live with you on a permanent basis, and a letter from your partner's employer confirming that their job ties them to that locality.

Or

Evidence that you have a relative for whom you are the primary carer, that they are dependent upon your support and that they are tied to that locality. This evidence could be a letter from your relative's doctor, social services, or carers' organisation.

Or

Evidence from an external source that you are regarded as head of a large household, specifying what your duties are and what the workload involves, and explaining why you are tied to a particular area.

NB Evidence provided by your general practitioner is not part of a GP's NHS contract and you should expect to pay a fee for its provision.

Using the 'Geographical Choices' option on your application

Yorkshire and the Humber General Practice Training Programmes tend to cluster in the major conurbations. Some training programmes are quite close to each other and this can make commuting reasonable distances feasible – for instance Airedale, Bradford, Leeds, Pennine, Wakefield Dewsbury and Pontefract, and Barnsley are in a cluster. So are Sheffield, Barnsley, Doncaster and Rotherham. The Humber Bridge means that Hull, Grimsby and Scunthorpe are reasonably close.

Selecting a reasonable spread of training programmes to suit your circumstances will improve your chances of being able to stay in the area you want to be. Check out maps and average travelling times to make your choice.