

## JRCPTB policy on timings of penultimate year assessments (PYA) in relation to out of programme (OOP)

### Introduction

The penultimate year assessment (PYA) is a review of a senior trainee's progress through the curriculum to identify any gaps or deficiencies in their training that can be rectified during the final year. Highlighted issues can be documented as either mandatory or desirable targets for the final year of training. Mandatory targets must be achieved before the trainee can be recommended to the GMC for issuing of a CCT and subsequent inclusion in the specialist register. The PYA plays a vital role in ensuring the quality of an individual's training and therefore contributes substantially to patient safety. It is the critical summative assessment of a trainee's performance prior to their final ARCP. The PYA is a process that is unique to physician training and therefore is not referenced in the Gold Guide and its governance is administered entirely by JRCPTB.

### Timing of PYAs

The PYA is ideally held at approximately 12-18 months before the projected CCT date. If it is held too close to the latter then there is concern that there will be inadequate opportunity to achieve any identified mandatory targets. There is also concern that if the PYA is held too much in advance of the final ARCP (and subsequent CCT) then there may have been substantial changes in a trainee's performance or situation between the PYA and final ARCP. There may also have been amendments to the curriculum.

Sometimes the PYA may be held and then for a variety of reasons the CCT date may be moved back. Such reasons may include prolonged sickness absence, parental leave, switch to less than full time training etc. Out of programme for research, training or experience (OOPR, OOPT, OOPE) is not normally granted in the final year of training (Gold Guide advice) but occasionally this may happen and lead to a substantial gap between PYA and CCT.

### Second PYA

We suggest a second PYA is required if the final CCT date is more than 24 months after PYA and it must be in line with the current curriculum. The suggestion is to include the amendment below for clarity on [our website](#).

*"The penultimate year assessment (PYA) is unique to physician training and is an arrangement that involves a face-to-face meeting with a senior trainer in your specialty who is external to your deanery/HEE local office. It should normally take place 12-18 months prior to your expected training completion date and is intended to be a supportive process for you as a trainee, where your progress to date will be reviewed against your curriculum. **This period IS NOT pro rata for Less Than Full Time Trainees** who will also be required to undergo their PYA 12-18 months prior to completion, regardless of the number of sessions worked per week. The PYA will identify outstanding targets to ensure the requirements of the curriculum are met in full.*

*If for any reason the final CCT date is more than 24 months after PYA then you must have a second PYA, which will consider your training in line with the current curriculum and transitional guidance extant at the time of the second PYA. JRCPTB would wish this second review to be as “light-touch” as is consistent with patient safety. Therefore, if you, the external adviser and your TPD are in agreement, it may be virtual (where the EA reviews your e-Portfolio and discusses your training and performance with your local specialty TPD, but you are not required to attend). You may however, request that the second PYA is held face to face, if you have any concerns about your training. Following the second PYA you will be informed of mandatory targets that you need to meet before your CCT date. (These may, or may not, differ from those specified following your first PYA.)*

*Please note, if you are planning on going Out of Programme in the final 12 months of training, you will need to complete your PYA first if you wish to claim any credit from your OOP episode.”*

### **Equality & Diversity considerations**

An equality impact assessment (EIA) of this policy has been included as Appendix 1 for information.

## APPENDIX 1 - EQUALITY IMPACT ASSESSMENT (EIA) OF PYA POLICY

The JRCPTB is required to conduct Equality Impact Assessments (EIAs), with respect to its public functions, for its policies and changes to policies, in accordance with GMC guidance and in line with the Public Sector Equality Duty (PSED) conferred by the Equality Act and subsequently the 2014 BAPIO-RCGP-GMC judicial review.

The JRCPTB EIA framework is based on the GMC guidance publication (2015) *Approving changes to curricula, examinations and assessments: equality and diversity requirements*.<sup>1</sup> This same guidance is also referred to by the 2017 GMC guidance *Promoting excellence – equality and diversity considerations*.<sup>2</sup>

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#### 1. Background to the change

*This section deals with the aims or purpose of the change*

- *Before the change:*
- *Why introduce the change?*

##### 1.1 What are the aims or purpose of the change?

Requests for clarification of the policy were received from trainers with regards to doctors who were working less than full time. The purpose of the change was to provide clarity for administration purposes.

##### 1.2 Why introduce the change?

To help the efficient administration of the training programmes and to clarify the purpose of the PYA.

##### 1.3 What is the effect of the change?

The clarification of the policy will result in a second PYA for some trainees, particularly those taking time 'out of programme'.

#### 2. Assessing the impact

*Evaluate the impact on groups that share at least one of the nine protected characteristics:*

- *Age*
- *Sex*
- *Transgender*

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<sup>1</sup> [https://www.gmc-uk.org/20151218\\_Appying\\_chngs\\_curric\\_exams\\_assmnts\\_equal\\_div\\_reqmnts\\_V\\_2\\_0.pdf](https://www.gmc-uk.org/20151218_Appying_chngs_curric_exams_assmnts_equal_div_reqmnts_V_2_0.pdf) 63985659.pdf

<sup>2</sup> [https://www.gmc-uk.org/Promoting\\_excellence\\_equality\\_and\\_diversity\\_considerations\\_v1.pdf](https://www.gmc-uk.org/Promoting_excellence_equality_and_diversity_considerations_v1.pdf) 72709944.pdf

- *Sexual orientation*
- *Marriage / civil partnership*
- *Pregnancy / maternity*
- *Race / ethnicity*
- *Religion / belief*
- *Disability*

## **2.1 Will the change affect stakeholders or interest groups that share protected characteristics?**

Yes – trainees who take time ‘out of programme’, especially if they are also in less than full-time training, may find that more than 24 months have passed since their last PYA when they return to training.

## **2.2 Will some groups be affected more than others?**

In theory any group taking an extended period out of training is likely to be affected. This absence could be for reasons of ill health, parental leave or disability, for example. Records within JRCPTB indicate that females on maternity leave are more likely to be affected.

## **3. Evidence**

*This section explores the evidence you have to support the change, such as data, research or other information), and any consultation undertaken. Note where not possible to consult due to lack of data on protected characteristics*

### **3.1 What evidence do you have to support this (data, research or other information)?**

Any wider system difficulties, or individual cases, can be reported to the JRCPTB as part of its quality management oversight of UK training programmes. Problems may be reported by a wide range of parties including trainers, external advisers and trainees themselves. When the JRCPTB receives such information, it will follow up it up and investigate as appropriate.

### **3.2 In developing the change, have you consulted or involved anyone that shares protected characteristics?**

The JRCPTB has regularly consulted its governance committees, particularly UK Heads of Schools of Medicine, Specialist Advisory Committee Chairs and its internal Management and Policy Board, on this matter, which has been debated over several months. In addition there has been liaison with the trainers and trainees involved in individual cases.

## **4. Identifying potential discrimination**

*Direct discrimination against those with protested characteristics is illegal, but also be aware of indirect discrimination may occur when an organisation applies an apparently neutral provision, criterion or practice which puts those sharing a protected characteristic at a particular disadvantage.*

*The question of whether the provision, criterion or practice is a ‘proportionate means of achieving a legitimate aim’ should be approached in two stages:*

- *Is the aim of the provision, criterion or practice legal and non-discriminatory, and one that represents a real, objective consideration?*
- *If the aim is legitimate, is the means of achieving it proportionate – that is, appropriate and necessary in all the circumstances?*

#### **4.1 Will the change lead to differential access, experiences or outcomes for people that share protected characteristics?**

Consider:

- Does the change have a legitimate aim?

Yes – the purpose of the change is to protect patient safety. The PYA plays a vital role in ensuring the quality of an individual's training and therefore contributes substantially to patient safety. Crucially it helps ensure that the trainee will understand what is required of them once certified, and will be performing at a level commensurate with obtaining their final certification as they approach the completion of their training, where they will be expected to act independently and be responsible for supervising others as a consultant.

- Is the change a proportionate way of achieving that legitimate aim?

The purpose of the change to protect patient safety by ensuring standards are met. However, to assist with the implementation of the policy, the JRCPTB has set a start date of 1<sup>st</sup> May 2018 to ensure that no trainees within the system will be unduly affected by the introduction of the policy (other than demonstrating they can meet the certification requirements).

- Can differential access, experiences and outcomes be objectively justified?

Yes, patient safety and ensuring clarity for all trainees are the drivers for this policy.

#### **4.2 Are there any other equality, diversity and/or fairness issues that arise from the proposed change?**

None have been identified to date.

### **5. Action planning and monitoring**

*This section should outline what steps you will take to minimise any differential impact, and how you will monitor this.*

#### **5.1 What steps will you take to minimise any differential access, experiences and outcomes?**

As previously mentioned, the start date (from which the policy will first apply) has been set at 1<sup>st</sup> May 2018 to ensure that no trainees will be unduly affected by this policy, provided they meet certification requirements. In addition, to reduce any possible additional administrative burdens, the second PYA (if required) will be conducted virtually – unless the trainee requests a face-to-face assessment.

**5.2 What steps will you take to remove any unlawful or potentially unlawful discrimination?**

None has been identified to date.

**5.3 How will you monitor and review the impact of the change on people who share protected characteristics post implementation?**

The JRCPTB will continue to monitor the implementation of this policy, and its impact on different groups of trainees, through its normal channels identified in 3.2.