

Professor Sheona Macleod, National Director of Education and Training, NHS England  
Professor Tom Lawson, Acting Medical Director, Health Education and Improvement Wales  
Professor Colin Melville, Medical Director and Director, Education and Standards, GMC  
Professor Emma Watson, Executive Medical Director, NHS Education for Scotland  
Dr Camille Harron, Postgraduate Medical Dean and Director of Education, NIMDTA

27 February 2025

Dear Professor Macleod, Professor Lawson, Professor Melville, Professor Watson and Dr Harron,

We note your letter of 26 February 2025 to the presidents of the Royal Colleges of Physicians, responding to the recent error in the communication of MRCP(UK) Part 2 written examination results. While we appreciate your efforts to address this serious issue, **we are deeply concerned and profoundly disappointed by the decision to withdraw candidates affected by the error from the higher specialty training (HST) application process.** We believe that this decision, despite a request from the Federation, cannot be justified on the grounds set out in your correspondence.

This decision, made with minimal notice, will have significant implications for the professional lives of all the doctors involved. The candidates applied in good faith to HST and have been impacted through no fault of their own. This decision disrupts their career progression and adds considerable distress to an already extremely difficult situation. The impact on their wellbeing and morale cannot be overstated. Such a decision may also pose extensive financial implications for the affected individuals, who may have challenges finding appropriate non-training jobs at this late time in the academic calendar. Furthermore, this decision may deter other talented individuals from pursuing training and careers in medicine, exacerbating the workforce challenges already facing the NHS.

We understand the complexities of the situation and the need to maintain fairness. As such, we are supportive of the decision that the affected candidates will need to sit the examination to ensure that the MRCP(UK) standards are maintained for all physicians. **However, we urge you to reconsider the unilateral decision to withdraw candidates who have already applied for HST from the process and, instead, to explore alternative solutions.** The Federation is working to support affected doctors to resit when they are ready, with resit opportunities being made available on multiple occasions prior to the August changeover. As such, the decision to exclude affected individuals from HST applications, where they may well have obtained the necessary qualifications in time to start their programme, seems unnecessarily punitive. We believe that, with collaborative effort, a resolution can be found that upholds the principles of fairness while minimising the impact on the doctors affected.

Given that this is a 'never event', we would have expected a decision to be made with a compassionate and individualised approach in mind. Our medical community has previously been able to adapt to unexpected and untoward circumstances affecting training progression, such as during the COVID-19 pandemic. During the pandemic, we witnessed rapid adaptations in policies, operations and services to accommodate unprecedented challenges and to ensure that individuals were not adversely affected by factors outside their control. If such measures were possible in a time of crisis, why are they now being dismissed as unworkable?

The GMC prides itself on the principles of integrity, excellence, collaboration, fairness and transparency. With such a response, we would assert that none of these principles are being upheld. We have stressed the need for transparency from the Federation as the events have unfolded, and this decision affecting

recruitment into training posts needs similar transparency not only for those involved, but for the wider medical community who support our affected colleagues.

In your letter, you make note of 'decisions affecting patient safety'. This is indeed paramount in healthcare, but we would question the link between failure to achieve MRCP(UK) Part 2 and risk to patient safety. These individuals have achieved MRCP(UK) Part 1 and PACES, and continue to progress through rigorous portfolio and appraisal assessment within the NHS. If this is indeed a concern, there are alternative methods to mitigate this alleged risk. Furthermore, individuals were allowed to take up HST training positions without all three examinations at the time of the pandemic.

This event has caused distress among the medical community that extends beyond the individuals affected. While 'fairness' has been cited as the main reason behind the decision to withdraw applicants, we would question how the decision for 'fairness' has been assessed and whether the views of resident doctors have been considered.

This is a time for the medical community to come together, collaborate and support one another, and it is critical that the voices of resident doctors are heard at this time. We, again, urge you to reconsider your approach. We would be more than happy to meet at any time to discuss this matter further and explore potential solutions. We are committed to working with you to find a resolution that is in the best interest of our members and the medical profession as a whole.

We look forward to your prompt response and a constructive dialogue on this critical issue.

Sincerely,



**Dr Anthony Martinelli**  
Co-Chair, Resident Doctor Committee,  
Royal College of Physicians



**Dr Catherine Rowan**  
Co-Chair, Resident Doctor Committee,  
Royal College of Physicians



**Dr Hannah Preston**  
Co-Chair, Trainees and Members Committee,  
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**Dr Emily Turner**  
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**Mr Michael Helley**  
Surgical Chair, Resident Doctors' Committee,  
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**Dr Hatty Douthwaite**  
Deputy Chair, Resident Doctor Committee,  
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On behalf of the joint resident doctor committees of the  
Royal Colleges of Physicians of Edinburgh, Glasgow and London