To consider

Process of specialty recognition in the recognition Directive

Issue

1 The Parliamentary Under Secretary of State for Health has given us permission to undertake a curriculum comparison following a proposal by the European Commission (EC) to add a specialty into Annex V of Directive 2013/55/EU on the recognition of professional qualifications. This entails establishing a system to assess both new specialties to the Annex and existing entries and advise the Department of Health DH(E) on whether the UK should opt its specialties in or remove existing specialties.

Recommendations

2 The Strategy and Policy Board is asked to:

a Note the recent agreement from Department of Health (England) to allow us to establish a system to assess both new additions to the Annex and existing entries and advise DH(E) on whether the UK should opt its specialties in or remove existing specialties.

b Agree the proposed pilot project to establish a system of curricula comparison led by the Education and Standards directorate, with support from the Registration and Revalidation and the Strategy and Communication directorates.
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3 Article 26 of Directive 2013/55/EU on the recognition of professional qualifications allows the European Commission (EC) to add medical specialties common to at least two-fifths of member states to Annex V point 5.1.3. Each member state is then asked whether it wants to opt its own specialty into the Annex, provided it meets the minimum duration of training set out in the Annex for that specialty. Inclusion in the Annex means that a doctor with that specialty can seek recognition of his/her training under the automatic recognition regime provided the destination member state has opted in. If the destination member state has not opted in, the doctor can seek recognition of his/her training via the general system route, which requires an assessment of a doctor’s education, training and professional experience and gives us as the competent authority the option to impose compensation measures, if required.

4 In April 2010, following the Postgraduate Medical Education and Training Board merger with the GMC, we became responsible for all aspects of postgraduate medical education and training and became aware that no process was in place to assess the suitability of opting a UK specialty into a new medical specialty listed in Annex V, with all specialties automatically being included by the DH(E). Similarly, we realised that no procedure was in place for opting UK specialties out of the Annex, which the European Commission allows when over time specialties are no longer comparable, nor were any checks undertaken when the specialties of enlargement countries were added to Annex V.

5 Following a period of discussion, on 2 February 2015 the Parliamentary Under Secretary of State for Health granted us permission to:

a Establish a process whereby we will undertake a curriculum comparison following a proposal by the EC to add a specialty into the Annex.

b Review whether the UK entry for any of the medical specialties currently listed in the Annex should be removed due to substantial differences in curricula or risk to patient care.

6 DH(E) has agreed that we proceed by undertaking a pilot, assessing a small sample of specialties and member states in the first instance in order to determine the size of the task and to establish how resource intensive it is likely to be. In his letter, the Parliamentary Under Secretary of State for Health has also requested that our approach should “show some flexibility in minor/less significant differences” and “only request removal [of a UK entry for a listed specialty from Annex V]…where there are substantive differences or where these is a risk to patient care”.

7 We have agreed with DH(E) that we will seek to set up a pilot to develop an approach for the assessment of specialties, that: is proportionate and therefore meets
DH request for us to develop a flexible approach with regards to minor/less significant differences in curricula; is cost effective; is time efficient to allow us to respond to EC requests in a timely manner; and ensures we maintain our relationships with the Royal Colleges.

Pilot project

8 The Directors of Strategy and Communication, Education and Standards and Registration and Revalidation have considered options for the pilot and have agreed the following principles which the Board is asked to approve:

a The pilot should be undertaken within existing resources, where possible.

b The GMC is making the decision on whether the various European curricula are comparable to the UK equivalent curricula seeking advice from the relevant Royal Colleges and our Curriculum Advisory Group.

c The pilot enables us to ascertain the costs of the assessments and make recommendations on how we will work with the Royal Colleges and the Curriculum Advisory Group once the pilot has completed.

d The pilot is compatible with freedom of movement legislation.

9 We propose that the process we set up should be suitable for all the Annex V assessments we will be required to carry out, namely:

a Assessment of existing Annex V specialties against a variety of member state curricula to justify a GMC recommendation to DH(E) to opt a particular UK specialty out of Annex V; or

b Assessment of whether a UK qualification is equivalent to other similar specialties elsewhere in Europe before the GMC makes a recommendation to the UK government on whether the specialty should be added to the Annex and, should it be added, whether the UK specialty should be opted into the Annex; or

c Assessment of whether a new UK specialty needs to be added to Annex V as a new specialty, if an entry for that specialty does not already exist; or whether the UK should opt any of its new specialties into the Annex should these specialties already be listed; or

d Assessment of whether the specialties of any new accession country are equivalent to the UK specialties already listed in Annex V.

10 We ask the Board to agree for the pilot to cover four specialties:
a Clinical Oncology – due to concerns raised about the content of the equivalent Annex V curricula in other member states differing considerably from the UK curriculum and evidence of the impact of this on UK service delivery.

b Trauma and Orthopaedic Surgery – a specialty where we understand the UK curriculum may be similar to the other curricula listed in Annex V.

c A psychiatry specialty – a non-acute specialty where communication skills are essential.

d Sports medicine and cardiac surgery – two specialties which recently the EC has proposed to add to the Annex.

11 We also ask the Board to agree that we choose five or six countries offering a variety of potential comparisons, such as:

a Greece – we have soft intelligence that the practical skills levels differ from the UK.

b Denmark – a country with similar working time restrictions and similar training outcomes.

c Poland (or a country in the same geographic region) – where there are perceptually different outcomes and different training structures.

d Either Bulgaria or Romania – these are the most recent EU accession countries whose medical specialties were added to the Annex in 2007.

12 The GMC will compile the documentary evidence for assessment (the individual translated curricula for each country chosen for the assessment), including an evaluation template and assessment criteria for determining a significant difference (e.g. length of training, differences in curriculum, subjects studied).

13 We will seek to reach agreement with the Royal Colleges and Faculties (RCFs) to carry out the assessments for the GMC setting out upfront the timeframes and format of the final recommendation to ensure consistency.

14 We will run the final recommendation past our Curriculum Advisory Group to validate the College findings.

15 The GMC will then review the two recommendations, from the College/Faculty and the CAG and make a recommendation to DH(E) on whether the UK should opt-out any of the above specialties from Annex V.

16 We will also recommend to DH(E) whether the assessments tested by the pilots for the above specialties should be adopted for the types of Annex V specialty assessments we will need to carry out in the future as set out in paragraph 9.
Oversight

17 The Education and Standards directorate will lead this project with support from a project group consisting of colleagues from Education and Standards, Registration and Revalidation, and Strategy and Communication directorates. The project group will meet regularly to contribute to the smooth running of the pilot.

Next steps

18 We will seek a meeting with DH(E) officials once the new Government is established to update them on progress with the pilot project.

19 We will ask DH(E) to keep officials in the devolved governments updated about the pilots and their outcomes.

20 We aim to report the outcomes of the pilot to the Board in October 2015.
Supporting information

How this issue relates to the corporate strategy and business plan

21 Strategic aim 1: to make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients requires us to engage with the development and implementation of legislation that impacts on patient safety.

How the issues support the principles of better regulation

22 At present we are required to give specialist or GP registration automatically to those who fulfil the free movement requirements of the EC Directive detailed in paragraph 1 above. This evaluation will provide us with some reassurance that the reviewed national curricula are sufficiently similar to the approved UK curriculum. It should also improve the reliability of the register if the DH(E) accepts our recommendations.

How the action will be evaluated

23 The pilot will outline next steps for a full evaluation of the process. We will be able to review the numbers of applications for direct entry to the specialist or GP register and also the number of general system applications and whether the latter are successful.

What equality and diversity considerations relate to this issue

24 The evaluation is of a curriculum within a country in the European Economic Area, it is not looking at performance of individuals against those curricula which is a matter for the country in which the training occurs. Should we propose to remove a specialty from Annex V this will have an impact on all doctors with specialist qualifications in that specialty with no specific impact on particular protected characteristic groups.

If you have any questions about this paper please contact: Nicola While, European and International Manager - Strategy and Communication, nwhile@gmc-uk.org, 0161 250 6954; or Tara Willmott, Head of Approvals - Education and Standards, quality@gmc-uk.org, 0161 250 6602.