To consider

**Medical Associates licence to practise requirements**

**Issue**

1. A review of current the requirement for all medical Associates to hold a licence to practise when providing services to the GMC.

**Recommendation:**

2. The Strategy and Policy Board is asked to:
   
   a. Agree in principle to the proposed changes to licence to practise requirements for GMC Associates.

   b. Consider commissioning further work to facilitate any agreed changes.
Medical Associates licence to practise requirements

Issue

3 The GMC currently contracts with 1070 Associates of whom 778 are medically qualified. Currently we require all medical Associates to hold a licence to practise (LTP).

4 We are heavily dependent on medical Associates for much of our work and in recent years we have seen increasing challenges in securing available medical Associates to carry out work on our behalf.

5 In addition, medical Associates who are not in active clinical practice often do not have a designated body (DB) or Responsible Officer (RO) and some choose to stop working for us rather than seek revalidation. This reduces the pool available to us.

6 Removing the requirement to have a licence for some roles could increase the number of medical Associates available to us. In other areas where a LTP and current clinical experience is essential we will explore alternative options to increase the availability of suitable qualified and experienced Associates.

7 Meetings have taken place with the operational leads where views have been sought on the current position and possible options for change moving. This has allowed us to reach some initial conclusions.

Preliminary conclusions

8 Where an assessment is made of the clinical competence or the health of a doctor then a LTP and suitable clinical practice are essential.

9 Where the role requires the consideration but not the preparation, of evidence, the need to have a licence is less clear.

10 For roles where a licence may no longer be required it may nonetheless be reasonable to take into account or require evidence of current and recent clinical practice during the appointment process.

11 Our enhanced appraisal arrangements will support the ongoing assessment of performance and suitability for all Associate groups.

12 The management and implementation of any changes will need to consider the importance of external perception and the credibility of our decision making processes.
Proposal

13 Annex A sets out each Associate Group by operational area, a summary of the role, our current licence requirements and a proposed future position.

14 At this stage there are no final proposals on requirements that we would put in place if an LTP was not required. However initial suggestions as to what might be suitable alternatives include a requirement to have a licence on appointment but with no requirement to maintain it through the contract. A further alternative might be to require an LTP within a certain period of appointment (e.g. two years of the start date of the contract).

Benefits

15 Adjusting the eligibility criteria for appointment to better reflect the operational requirements and statutory functions could increase the efficiency of our arrangements. This might include recruiting from a wider pool, retaining appointees for longer periods and making the scheduling of some work easier.

Next steps

16 We will undertake further work on the required legal changes but we anticipate that the Law Commissions Bill would ultimately provide us with the flexibility to make the changes proposed.

17 If the Board supports the proposed changes to our LTP requirements consideration needs to be given as to who should lead this work.
Supporting information

How this issue relates to the corporate strategy and business plan

18  Strategic aim 5: to work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

How the issues support the principles of better regulation

19  The availability of suitably qualified and experienced Associates is an important aspect of delivering regulation.

How the action will be evaluated

20  We have liaised closely with each operational area and currently monitor the availability of Associates and our recruitment performance. We will provide further update on the operational impact to the Performance and Resources Board.

21  The assessment of individual Associate performance will be enhanced by our new or enhanced appraisal mechanisms covering each operational area.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

22  External consultation will be required.

What equality and diversity considerations relate to this issue

23  We will undertake an equality assessment before any final decisions are made. We are already aware that these changes will enhance our ability to appoint and retain Doctors around retirement age and possibly black and minority ethnic doctors.

If you have any questions about this paper please contact: Andrew Bratt, Assistant Director - Human Resources, abratt@gmc-uk.org, 0161 923 6215.
Licence to practise - Current and proposed requirements
### Appendix 1 - Operational Associates - Licence to Practise Information and Conclusions

<table>
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<tr>
<th>Operational Area/Associate Type</th>
<th>Current Rules and Regulations for activity requirements</th>
<th>Facts and Principles</th>
<th>Proposed Licence to Practise Requirement</th>
<th>Operational View - Licence to Practise and Clinical Practice</th>
</tr>
</thead>
</table>
| MPTS Panellists Interim Order Panellists [MPTS] | GMC (Constitution of Panels and Investigation Committee( (Amendments) Rules Order of Council 2009 Updated Rules/Order re MPTS | • Quorum requirements of panels do not require panellists to be appointed based on [medical] specialty.  
• The skills and competencies required are to review evidence and decision making.  
• Case law confirms that all panellists must make their decisions on the evidence (including medical expert evidence) presented by the parties. They cannot introduce ‘evidence’ as a medical panellist, as they are not an ‘expert’ but an ‘adjudicator’.  
• All [medical] information is set out and explained during the course of the hearing and medical experts are drawn into the process as required by the parties.  
• Where associates are reviewing evidence and where there is a legal assessor (or in due course a ‘legally qualified chair’) then a LTP is not required- the legal assessor or LQC would ensure that the panellist acts within the boundaries of their role.  
• Perception and external awareness of not holding a current LTP is critical | None | No licence required, although LTP at required at time of appointment or they have held a licence within the previous 2 years.  
At point of licence being relinquished a panellist should be able to continue for the remainder of their contract  
Would need to ensure sufficient credibility e.g. should have actually practised during career. |
| Investigation Committee [FTP] | The GMC (Constitution of Panels and Investigation | • The principles are no different to MPTS, so there is an argument to be consistent.  
• Medical panellists are not appointed for their | None | No, to mirror the requirements for MPTS panellists. |
Committee) Rules 2004 (as amended) states that a “medical” panellist means “a registered medical practitioner”.

Schedule 1 of the Interpretation Act 1978 specifies that a “registered practitioner” is a licensed and registered doctor.

| Specialist Application Evaluation Panellists [Registration and Revalidation] | Section 6 of the General Medical Council (Applications for General Practice and Specialist Registration) (Amendment) Regulations Order of Council 2011 | • Clear advantage in having a LTP and current clinical practice illustrates a good knowledge of the environment (specialist curriculum).  
• No LTP will place little value on the decisions regarding the specialist applications.  
• Perception will be an issue as well as the credibility if they do not have LTP. | Required | Yes with current clinical practice within the last 12 months – after this appointment would be terminated |
| Registration Appeals Panellists [Registration and Revalidation] | GMC (Constitution of Panels and Investigation Rules) Order of Council 2004 and subsequent amendments | • Decisions and judgments made are around medical knowledge relating to registration and certification; therefore they need to have a LTP.  
• LTP not necessary for language appeals.  
• Current skills and expertise are important to | Required | Recent clinical practice within 12 months as a minimum |
| Registration Panels [Registration and Revalidation] | GMC Constitution of Panels and Investigation CMT Order 2004  
Registration and Licence to Practise decisions: Arrangement of Procedures (December 2012) | • Essential for Panellist to have a LTP as they are making decisions on a doctor’s registration. Should also have current clinical practice. | Required | Recent clinical practice within 12 months as a minimum |
| PLAB Examiners  
PLAB Question Writers  
Panel Members [Registration and Revalidation] | Not in legislation  
Operational requirements only | • Clear view, where an assessment is being carried out on clinical competence then a LTP is essential  
• Reputation and perception is very important  
• Revalidation will ensure doctors retain currency of skills  
• Limited exceptions to LTP requirements for panels and question writing group where skills and knowledge sought is not clinical (e.g. Ethics, communication skills, anatomy, pharmacy, statistics) | Required for examiners, question writers and panel members with the exception where skills and knowledge sought is not necessarily linked to clinical practice (e.g. Ethics, communication skills, anatomy, pharmacy, statistics) | Recent clinical practice within 12 months as a minimum for panel members, question writers and examiners (with some exceptions). |
<table>
<thead>
<tr>
<th>Role</th>
<th>Required for Certain Roles</th>
<th>Required for All</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Assessment Advisory Board (AAB)</td>
<td></td>
<td>Not required</td>
<td>No</td>
</tr>
<tr>
<td>[Registration and Revalidation]</td>
<td></td>
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<tr>
<td>Members are recruited for their knowledge and expertise in the design and evaluation of assessments rather than medical knowledge</td>
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<td>Performance Assessors (including Team Leaders), Health Examiner and Medical Supervisors</td>
<td>FTP rules</td>
<td>Required for all</td>
<td>Yes with current clinical practice or within the last 2 years.</td>
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<td>Performance assessors, health examiners and medical supervisors should have a LTP with current clinical practice. Where associates are assessing peers in their clinical competence there is a credibility issue. For out of specialty team leaders, having a LTP is less of an issue</td>
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<td>Performance Assessors clinical practice in their specialty required in the last 2 years.</td>
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<td>Education Associates (all types of visitors)</td>
<td>Inspectors referred to in s6 Medical Act 1983 but no rules as to requirements.</td>
<td>Required for certain roles</td>
<td>Team Leaders although no LTP required although must have held LTP within last 2 years if out of speciality.</td>
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<tr>
<td>Visitors are referred to in s7 and 34M of the Medical Act 1983 but no rules or assistance as to the requirements of those holding medical qualifications</td>
<td>Education associates are specialist in their field, for example assessment experts have a medical degree but are not in clinical practice, the majority are educationalists. Other options that can be explored are the development of relationships with the colleges where experts can be engaged directly. Where associates are required to carry out a particular role linked to clinical practice e.g. specialty reviews, LTP is required. Dependent on skill mix of team and the focus of the activity, a LTP would need to be within the team to ensure credibility.</td>
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| Curriculum Advisory Group | Medical Act 34H & I establishes GMC has to approve curricula this is repeated in The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010 - but no specific powers to appoint anyone to provide us with advice | • As this group provides and gives advice to the GMC about curricula content, structure, deliverability etc., it is essential that they have the necessary credibility so LTP required  
• Group also meets with and provides advice to colleges about their curricula and exams and examiners - it is essential they have a LTP.  
• Group also assists the GMC in mediations between complainants (usually trainees) and colleges and again essential they have credibility and therefore essential they have LTP | Required | Yes with current clinical knowledge and education/training knowledge and based in NHS |
| Education Associates (all kinds of curricula / assessment) | Not referenced in legislation | • Education associates are specialist in their field, e.g. curricula or assessment experts. If they are medical then would have LTP, majority also have further education qualifications  
• Other options that can be explored are the development of relationships with the colleges where individuals can be engaged directly.  
• Dependent on the skill mix of team and the focus of the activity, LTP would need to be within the team for credibility. | Required | Yes would expect current clinical practice given they need to know how the curricula are used on the ground not just in theory. |
| Enhanced Monitoring Associate | Not referenced in legislation | • This group considers serious and sometimes sensitive/complex issues in training environments.  
• Recent knowledge of clinical challenges, and approaches to medical education and training is essential  
• Credibility is essential | Required | Yes – understanding of clinical challenges are more significant rather than clinical practice. |
| Quality Scrutiny Group (QSG) | Operational requirements only, statement of purpose | • Skill mix of group is essential but not looking at clinical skills  
• Specialist knowledge (not necessarily clinical) is essential; educationalist knowledge may be more important than clinical | Required | Yes, experience mix of education and training in the NHS service environment. |