

## 4a

*To consider*

### **Licences to Practise: Preliminary Analysis of the Consultation**

#### **Issue**

1. Providing Council with an opportunity to consider the preliminary analysis of the consultation on the introduction of licences to practise.

#### **Recommendation**

2. To consider the interim analysis of the outcome of the licences to practise consultation (paragraphs 10-31).

#### **Further information**

3. If you require further information about this paper, please contact us by email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) or tel. 0161 923 6602

## **Background**

4. We will introduce licences to practise later this year. When they have been activated, doctors who wish to practise in the UK will need to be registered with a licence to practise.
5. At its meeting on 5 November 2008, Council approved draft guidance and draft regulations on licences to practise as the basis for consultation (agenda item 4b). The consultation was launched on 21 January 2009. The consultation sought views on how we are proposing to undertake licensing. We did not consult on whether licences should be introduced; and we did not consult on the revalidation process. The revalidation process will be the subject of a separate consultation towards the end of 2009 or beginning of 2010.
6. The consultation covered two separate but related areas - draft guidance for doctors that explains how the licensing would operate; and draft statutory regulations on the procedures for granting, withdrawing and restoring licences.
7. Comments were also sought on a number of relatively minor changes to other statutory rules and regulations unconnected with licensing but which are necessary in order to take account of recent changes to the Medical Act 1983.
8. We wrote to 325 organisations. They included groups representing patients and the public, the profession, the NHS and other healthcare providers, and the medical schools and medical Royal Colleges. The consultation was widely trailed in relevant professional and other health related journals; and details were provided on the websites of a number of organisations. Those wishing to respond were able to do so by post, by email or online using our e-consultation facility.
9. The consultation closed on Tuesday 21 April 2009.

## **Discussion**

10. We had originally thought it might be possible to report a complete analysis of the consultation to Council on 7 May 2009 and, at the same time, invite Council to approve the final guidance and regulations, as amended to take account of responses to the consultation.
11. Our aim now is to report in full to Council on 8 July 2009. There are two reasons for deferring the final report. First, we have received a significant number of responses and wish to ensure a thorough analysis of the comments and third party evaluation of the results. Second, we need to allow the Department of Health (England) sufficient time to consider any proposed changes to the draft statutory regulations before they are submitted to the Privy Council for approval. Deferring the final report until 8 July 2009 will not adversely affect the introduction of licences.

## *Overview*

12. We have received 316 responses to the consultation. Preliminary analysis suggests a good level of support for our proposals.

13. Although we did not pose questions about revalidation, many of the responses were accompanied by comments that confirmed an appetite for further information about revalidation and, in the absence of that information, a measure of concern about how it might affect them. This confirms the already identified need to ensure effective communications about revalidation.

## *Three options for doctors*

14. The consultation described the three options that would be open to doctors following the introduction of licensing:

- a. Registration with a licence to practise.
- b. Registration without a licence to practise.
- c. Voluntary removal from the register.

15. 73% of respondents who answered our question on the three options supported this approach; 18% did not support; and 9% were unsure.

## *Initial grant of licences*

16. The consultation proposed that, when licences are introduced, doctors who are already registered with the GMC would automatically be granted a licence unless they opted out by telling us that they wanted to hold registration without a licence or opted for voluntary removal from the register.

17. 94% of respondents who answered our question on the initial grant of licences supported this approach; 4% did not support; and 2% were unsure.

## *Licensing and new registrants*

18. We proposed that once licences have been introduced, all new registrants would be granted a licence to practise at the point of first registration. Registration without a licence would not be available at the time of first registration.

19. 81% of respondents who answered our question on licensing and new registrants endorsed our proposal; 9% did not support it; and 10% were unsure.

### *Fees framework*

20. The consultation proposed that the fee for registration without a licence and the fee for registration with a licence should reflect, as far as possible, the costs of regulating doctors in those two groups. We estimated that the annual fee for registration without a licence would be around 40% - 60% of the fee for registration with a licence.

21. 78% of respondents who answered our question on the fees framework for licensing and registration supported this distribution of costs; 13% did not support it; and 9% were unsure.

22. The annual fee for registration with a licence to practise has now been set at £410. The annual fee for registration without a licence will be £145 (35% of the fee for registration with a licence).

### *Draft guidance for doctors*

23. The consultation invited comments on whether the draft guidance for doctors was sufficiently comprehensive and clear.

24. 65% of respondents who answered our question on the draft guidance said that the guidance was sufficiently clear and comprehensive; 17% said that it was not; 18% were unsure.

### *Impact of licensing*

25. The consultation asked whether licensing would have an adverse impact on particular groups and, if so, how that impact might be mitigated.

26. 38% of respondents who answered our question on the impact of licensing said that particular groups of doctors would be adversely affected; 28% identified no potential adverse impact; and 34% were unsure.

27. We will undertake a detailed analysis of the comments received on this question and report to Council in full in July 2009. However, preliminary examination suggests that the answers may have been influenced by concerns about revalidation rather than concerns about licences.

### *Miscellaneous changes to regulations*

28. The Medical Act 1983 (Amendment) and Miscellaneous Amendments Order 2006 and the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 have made a number of changes to the 1983 Act. Some of those changes will have a knock-on effect on the rules and regulations that govern our procedures. For example, changes to the definition of a lay person in the 1983 Act need to be mirrored in our rules and regulations. Most of the changes are minor, consequential, changes of this nature but we were nevertheless required by law to consult before making those changes.

29. Asked whether they were content with the proposed changes, 53% of respondents who answered this question said yes; 11% said no; and 36% were unsure.

#### *Next steps*

30. During May 2009, we will complete the analysis and produce a final report. The draft guidance for doctors and draft regulations will be amended in the light of the consultation responses. DH(E) lawyers will scrutinise the final regulations to ensure that they are likely to be acceptable for approval by the Privy Council.

31. On 8 July 2009, Council will be invited to agree the final consultation report, the regulations and the guidance for doctors. The regulations will then be submitted to DH(E) for approval by the Privy Council so that they can be brought into force.

**Recommendation:** To consider the interim analysis of the outcome of the licences to practise consultation.

#### **Resource implications**

32. None arising from the recommendation in this paper.

#### **Equality**

33. A partial equality impact assessment was prepared prior to the consultation. This will be updated in the light of our full analysis of responses.