Analysis of responses to the consultation on the 'Scheme' to allow pre-1997 Consultants to gain access to the Specialist Register

Summary of responses

1. Between 3 November 2008 and 10 January 2009 we carried out an online consultation (hard copies were provided where requested) on a Scheme to establish the criteria by which doctors can gain entry to the Specialist Register by virtue of having held a consultant post in the NHS or the Armed Forces on or before 1 January 1997. The criteria that we envisaged were that applicants should have to show that they that they are up to date in terms of medical practice – not necessarily in a consultant post – and that there are no concerns about their fitness to practise.

2. We asked eight questions about the Scheme. We received 48 responses from both organisations and individual doctors: 15 from bodies representing doctors, employers and medical educators and 33 from individual doctors. The first three questions asked respondents to agree or disagree with the core criteria we had identified. The fourth, recognising that the vast majority of applicants under the Scheme would be from consultants still in the same posts they held prior to 1 January 1997, asked whether this by itself would be sufficient to satisfy to satisfy the core criteria. The questions were:

Question 1 - Do you agree that in addition to having held an appropriate consultant post in the NHS prior to 1 January 1997 the Scheme should be open only to those doctors who are fit to practise and up to date?

Question 2 - Do you agree that, in order to satisfy the Registrar of their fitness to practise, applicants who are currently registered medical practitioners should provide a declaration that they are not aware of any matters that might lead to them being referred to the GMC?

Question 3 - Do you agree that in the case of applicants who are not currently registered medical practitioners that we rely on the existing procedures for restoration to the register of medical practitioners as sufficient means to satisfy the Registrar of the applicant's fitness to practise?

Question 4 - Do you agree that applicants who are currently employed at consultant level in the UK should be required to provide a declaration confirming this in order to satisfy the Registrar that they remain up to date for the purposes of the Scheme?

3. The majority of respondents – around 82% – agreed that the criteria were appropriate, while 87% thought that current employment as a consultant in the UK would be sufficient to demonstrate compliance with the criteria of the Scheme.

4. The next four questions gave respondents the opportunity to comment on the evidence that applicants who were not currently employed as consultants in the UK would have to produce to satisfy each of the criteria.

Question 5 - Do you agree that, in order to satisfy the Registrar that the doctor remains up to date for the purposes of the Scheme, those applicants who are not currently employed at consultant level in the UK should be required to provide details of their employment for the last three years?

5. Although almost all respondents agreed that applicants should have to provide details of their employment there were variations in what evidence they should submit. Several thought that it should include evidence of continuous professional development or that their current work is compatible with NHS standards of specialist practice. For example, one organisation stated:

> *We agree that applicants should provide validated evidence of their employment for the last three years. From this it should be ascertained whether the applicant has kept up to date with their specialty and is fit to practise at NHS consultant level. (PMETB)*

6. Another organisation suggested going further:

> *…..We feel all applicants should provide clear and robust evidence that they have maintained their knowledge and skills.…All applicants should also give details of their consultant posts held prior to 1997. (RCR)*

7. A medical educator questioned why these doctors were being treated differently from those covered in section 4:

> *Both groups should be required to provide the same information. Applicants who are consultants in the UK should not be exempt from providing details of their professional activities.*

8. On the other hand, one doctor commented:

> *The present purpose is to correct previous omissions in a purely administrative purpose. All that was required originally was in effect confirmation that a person was a Consultant, there was no requirement about quantity of knowledge or quality of practice, therefore I do not think any more information should be required now – those are matters for the Royal Colleges and for Revalidation.*

Question 6 - Do you agree that applicants who are not currently employed in a medical capacity but have three years' experience of medical practice in the five years prior to making their application should, in addition to the requirement to provide details of their employment, submit evidence of how they have maintained their knowledge and skills in order to satisfy the Registrar that they remain up to date for the purposes of the Scheme?

9. Again, almost all respondents agreed with this approach and gave a similar variety of examples of the evidence that should be presented. One organisation that was supportive of the proposal recognised that some applicants might have practised abroad during the five year period:

> *……Other countries may not have schemes such as that operated by the Royal College of Psychiatrists, so evidence of courses, conferences and workshops attended should be permitted. (RCPsych)*

10. One employing organisation was not in favour because of the possibility that some doctors might not have practised at all in the two years prior to making an application:

> *Such individuals might require retraining to return to work in substantive clinical practice – in theory they could not have worked clinically for two years which would be a governance risk. (NHS/HSC)*

11. Interestingly, some of the respondents who commented on this question thought that their responses could be applied equally to the cohort of doctors covered in question 5 (ie. applicants who are not currently employed at consultant level in the UK).

Question 7 - Do you agree that applicants who have not practised medicine in any capacity during the previous five years should not be considered to be up to date for the purposes of eligibility under the Scheme?

12. As with the earlier questions, the majority of respondents agreed although few of them commented. One who did, however, was on behalf of a body representing doctors who thought if any of these doctors did apply and was refused there should be an appeal mechanism in place:

> *There should be a right of appeal, in case there are unusual circumstances that have not been considered. (RCPath)*

Question 8 - Do you agree that the specialty shown in the Specialist Register for successful applicants under the Scheme should be that to which they were appointed prior to 1 January 1997?

13. Although there was general agreement with this approach several respondents recognised that doctors might no longer be practising in the same specialty that they were prior to January 1997. However, it was accepted that this

was a problem that should be addressed separately rather than as part of the Scheme:

> *There is a more general problem for many consultants on the existing specialist register, that their roles have changed and they may be practising safely and well in* [a] *specialty other than where they started. (NHS/HSC)*
>
> *Roles have changed sub specialties have become established, doctors may now be practising in more than one specialty……..(Doctor)*
>
> *If as I suspect the aim of this consultation process is primarily to enable those 'specialists' who were practising as NHS consultants in 1997 but who were not transferred then on the 'specialist register' to now transfer albeit 12 years late then it is applicable that they go on in their 1997 guise. There is a wider issue that concerns developing/changing sub specialisation that the current register does not address but this should not be considered part of this current process. (Body representing doctors)*

14. We then asked for comments on a further four questions.

Question 9 - Do you have any comments or suggestions regarding how we might communicate the Scheme to ensure maximum coverage?

15. Respondents identified a number of methods that could be used:

> *Personal letter to all registered doctors; checks with employers on specialty registration of their consultants. (NHS/HSC)*
>
> *I was informed of this site by the Royal College of Radiologists, having been in communication with them about this problem. I would suggest colleges also inform their members. (Doctor)*
>
> *Medical Royal Colleges have mechanisms by which they can draw members' attention to the Scheme. (Doctor)*
>
> *Through the Medical Directors of Trusts. (Doctor)*
>
> *PMETB has already discussed communication strategy with the GMC and the BMA. We are happy to discuss further after the Scheme is finalised. (PMETB)*
>
> *You could put an advert in the British Medical Journal. Ask Specialist Societies to circulate their membership. (Body representing doctors)*

16. There were many other comments along similar lines. One or two were anxious that our communication strategy should, as they saw it, be better than it was in 1996 when we informed doctors of the creation of the Specialist Register.

Question 10 - Do you have any other comments that would help us in our commitment to value diversity and promote equality throughout the GMC and

to ensuring our processes and procedures are fair, transparent and free from unlawful discrimination?

17. Not too many commented on this, but those who did wanted to ensure that all those applying under the Scheme should be treated fairly and consistently.

> *Communication as in question 9 should be consistent with fair and transparent procedures. (RCPSych)*

> *GMC needs to check its database as to those who are expected to apply are from which ethnic background to avoid discrimination. (Doctor)*

18. Some used the opportunity to criticise the way that the GMC treats doctors from the EU compared to those from elsewhere in the world:

> *The GMC is discriminating due to different existing laws for EU and other countries especially the language skills. (Doctor)*

Question 11 - Do you have any other comments on any of the issues raised here?

Question 12 - Do you have any comments on the consultation documents and/or process?

19. The comments to these two questions included relief that the ‘existing specialists’ route had been restored, and a plea that the process should be kept as simple as possible:

> *It is a great relief that this route is opening up. (Doctor)*

> *Much relieved that this sensible approach is happening. (Doctor)*

> *We strongly support the proposal to provide a simple way for existing consultants in practice before 1997 who did not apply to enter the specialist register to be able to do so. (RCPCH)*

> *….If documentary evidence is to be demanded then this should be simple e.g. a statement from the relevant Medical Director or other appropriate person. (RCPath)*

20. Some praised the GMC for resolving the problems faced by existing consultants obtaining specialist registration, although some were more fulsome than others:

> *I would like to thank the GMC for (belatedly) rectifying the mistakes associated with the previous process for admission to the Specialist Register. (Body representing doctors)*

Thank you very much for sorting this out. (Doctor)

It is about time for the GMC to rectify an anomaly and unfairness to some. (Doctor)

21. On the question of the consultation process itself comments were mixed; for example:

A very important process. (Doctor)

I think online consultation is an excellent way to gather opinions (Medical educator)

A bit long (Doctor)

Analysis and issues

22. The overwhelming majority of respondents welcomed the restoration of the existing specialist route, and responded positively to the criteria of the Scheme we plan to implement. Responses to the individual questions (1 to 8) are as follows:

Question Number	Responses		
	Yes	Not sure	No
1	39 (81%)	4 (9%)	5 (10%)
2	39 (81%)	4 (9%)	5 (10%)
3	40 (83%)	5 (10%)	3 (7%)
4	42 (88%)	1 (2%)	5 (10%)
5	42 (88%)	2 (3%)	4 (9%)
6	38 (80%)	5 (10%)	5 (10%)
7	38 (80%)	5 (10%)	5 (10%)
8	38 (80%)	6 (11%)	4 (9%)

23. We envisage keeping the application process, and the evidence that would need to be submitted, as simple as possible. Some respondents thought that to show an applicant was up to date he or she should submit evidence of having taken part in CPD and appraisal. While this has some merit it could mean that applicants would have to provide several documents that may not be readily to hand. For this reason we think it would be better for doctors simply to arrange for a standard form to be completed from each employer with whom they have been contracted to provide medical services during the preceding five years that will certify that they are not aware of any matters which might render them liable to be referred to the GMC or any other regulatory body in relation to his or her conduct, health or performance.

24. The majority of applicants, indeed almost all of them, will be consultants still in the posts they were appointed to before 1 January 1997 and thus already fully registered medical practitioners; and any concerns about their capability for practice would already have been notified to the GMC. Those currently practising in the UK, but not at consultant level, would need to undergo an NHS appointment interview

process if their inclusion in the Specialist Register under the GMC's Scheme meant that they were now able to apply for consultant posts. It would be for their potential employers to assess whether these doctors had the appropriate skills for the job on offer – inclusion in the Specialist Register may be a condition for appointment to such posts but it is not the only condition.

25. Where a doctor has not been employed in the UK for sometime, whether as a result of working abroad or not at all, care would have to be taken in assessing the evidence submitted. It would be open to the Registrar to seek more information from an overseas regulatory body, for example, or to ask someone who has not been in practice for some time how he or she has kept his or her medical knowledge and skills up to date. The Registrar could also obtain advice from an independent Registration Panel; and as one respondent had hoped, any decision to refuse an application would be subject to appeal to a Registration Appeals Panel.

26. Some of the responses to questions 5, 6 and 7 suggested that there is merit in asking all applicants to provide the same information, whether they are still practising as consultants, other posts in the UK or abroad or not at all; and for a similar time period. This is something that occurred to us before the responses to the consultation were analysed, and something we will be pursuing.

27. The question of the specialty to be recorded in the Specialist Register for these doctors brought the variety of responses we had predicted. Many pre-1997 consultants were appointed to posts in specialties that did not correspond to those in which Certificates of Completion of (Specialist) Training have been awarded since 1996. A number of respondents also noted that many consultants (and not just those who would be applying under the Scheme) might well be practising now in specialties different to the one that originally enabled them to be granted specialist registration. Such problems with the fitness for purpose of the Specialist Register, however, are not for resolving here.

28. Respondents also identified a similar range of organisations, institutions and individuals that we had envisaged using to publicise the restoration of the existing specialist route and the provisions of the Scheme. We are currently producing a communication strategy that will involve making use of these sources.

Equality and Diversity

29. While no respondents specifically raised issues concerning the Scheme's accessibility to 'hard to reach' groups, our subsequent equality impact assessment has shown that we need to ensure any communication of the Scheme we undertake considers potential applicants from minority groups. Our communication plan for the Scheme will ensure that we undertake specific activity to communicate with those who may be hard to reach.

Communication

30. Communicating the introduction of the Scheme will be a significant challenge and critical to its success. We understand that between 1000 -1500 doctors may be affected but cannot be sure of the group size, current status or their location. To ensure we communicate effectively we formed a small communications group (including input from PMETB, BMA, NHS Employers and the GMC communications directorate). The group has already helped us raise awareness of the reinstatement of the existing specialist route via advertising, medical media articles and engagement with employers. A further communication exercise, incorporating offers of help made by, among others, the Royal Colleges, will commence near to the launch of the Scheme. This will help us maximise coverage and optimise communication of the change.

Next Steps

31. The Consultation did not identify any unexpected issues and respondents were particularly supportive of the Scheme as it was proposed. However, from our own concerns and those expressed by respondents we agree there is merit in asking all applicants to provide the same information, whether they are still practising as consultants, in other posts in the UK or abroad, or not at all. We will be proposing this change to the Scheme to the General Council.