

To consider

Specialist Register: Scheme for Existing Specialists

Issue

1. Whether, following consultation, Council approves the proposed scheme for determining whether to enter existing specialists in the Specialist Register. The proposed scheme is based on the draft cleared for consultation by the former Registration Committee.

Recommendation

2. To approve the scheme for determining whether to enter existing specialists in the Specialist Register (paragraphs 14-23 and Annex C).

Further information

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

Background

4. The Specialist Register was established from 12 January 1996 under the provisions of the European Specialist Medical Qualifications Order 1995.
5. We are responsible for maintaining and publishing the Specialist Register. The Specialist Register is held as a sub-set of our main registration database; and specialist registration is displayed within the List of Registered Medical Practitioners.
6. The principal purpose of the 1995 Order was to implement the UK's obligations under Medical Directive 93/16/EEC. The Directive governed training for specialist medical qualifications and the mutual recognition of specialist qualifications.
7. Under the 1995 Order, since 1 January 1997 it has been necessary to be included in the Specialist Register to take up appointment as a substantive consultant in the NHS. It was not, and is not, necessary to be in the Specialist Register to hold a consultant post in the NHS.
8. The 1995 Order introduced the Certificate of Completion of Specialist Training, to be awarded by the Specialist Training Authority to doctors newly completing their specialist training. Doctors who secured a CCST were entitled to apply for inclusion in the Specialist Register.
9. The 1995 Order provided a route to the Specialist Register for doctors who had already held a consultant post in the NHS or who had completed specialist training under previous arrangements. This is known as the existing specialists route.
10. The existing specialists route was available in two phases. In Phase 1, until 1 December 1998, existing specialists (as defined) were entitled, on application, to be entered in the Specialist Register. In Phase 2, after 1 December 1998, existing specialists were entitled to apply but approval was at the discretion of the Registrar.
11. The 1995 Order was replaced by the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. The main provisions of the 2003 Order came into effect on 30 September 2005. The 2003 Order established the Postgraduate Medical Education and Training Board and replaced the CCST with the Certificate of Completion of Training.
12. The existing specialists route was not included in the 2003 Order; and the provisions ceased to have effect from 30 September 2005. It has remained open to existing specialists to apply for a certificate of eligibility for specialist registration, under Article 14 of the 2003 Order. However, Article 14 was designed for other categories.

13. The February 2007 White Paper confirmed that revalidation would have two components – relicensing for all licensed doctors; and recertification for doctors on the Specialist Register or General Practice Register. In the light of the White Paper, we proposed to the Department of Health (England) that the existing specialists route to the Specialist Register should be restored. This was agreed; and the necessary changes to the 2003 Order have been made by Section 60 Order.

Discussion

14. The existing specialists route will be restored from 16 March 2009. It will be open to doctors, who had been appointed to a consultant post in the NHS or Armed Forces before 1 January 1997, to apply to be included in the Specialist Register.

15. The power to include an existing specialist in the Specialist Register is a discretionary power – an entry in the Specialist Register will be made if 'it would be appropriate'. Whether it would be appropriate is to be determined in accordance with a scheme that we are required to publish. Among other things, the scheme should include the criteria to be considered.

16. On 24 September 2008, the draft scheme at Annex A was cleared for consultation by the former Registration Committee. In addition to the statutory criteria, the draft scheme proposed that, to be successful, an applicant should be up to date and fit to practise.

17. We consulted on the draft scheme between 3 November 2008 and 10 January 2009. The responses broadly welcomed the scheme, with the vast majority supporting the proposed eligibility criteria. An analysis of responses is at Annex B.

18. The draft scheme envisaged (Annex A, paragraphs 2 (a – h)) that there would be three categories of doctors; and that the evidence required would vary by category.

19. Some responses to the consultation suggested that the evidence should be the same for all categories. We have concluded that this simplification would assist applicants, and us, and we have modified the draft scheme accordingly.

20. The evidence requirement would take the form of a statement to be completed by each organisation or person with whom the applicant has contracted to provide medical services during the preceding five years. Additionally, the applicant would need to provide evidence of their appointment, prior to 1 January 1997, to a relevant consultant post.

21. It would be open to the Registrar to seek additional evidence on fitness to practise from those not currently in medical practice.

22. If appropriate, the Registrar may seek the advice of a Registration Panel on whether, on the basis of the evidence submitted, it would be appropriate to include the doctor's name in the Specialist Register. A decision not to include in the Specialist Register could be appealed under existing procedures for appeals.

23. Following the consultation, we have taken the opportunity to tidy some of the drafting. The amended draft scheme is at Annex C.

Recommendation: To approve the scheme for determining whether to enter existing specialists in the Specialist Register.

Resource implications

24. We cannot be certain how many doctors will be eligible to apply for inclusion under the existing specialists route but we judge that the numbers will be comparatively small. We estimate that the costs of restoring the existing specialists route will be in the range £7,000 to £10,000, including communications costs. No additional costs arise as a result of the changes to the draft scheme that was cleared for consultation by the former Registration Committee.

Equality

25. We have completed an Equality Impact Assessment, a copy of which is available on request. The EIA confirmed that the proposed approach is consistent and fair. The EIA highlighted the importance of ensuring that we communicate effectively with diverse groups of doctors. We will monitor applications to identify trends and resolve any questions that may arise.