

To consider

Licences to Practise: Consultation Report and Approval of Draft Guidance for Doctors

Issue

1. This paper deals with two related issues. First, the outcome of the consultation on the introduction of licences to practise. Second, in the light of the consultation, the approval of the associated guidance for doctors.

Recommendations

2.
 - a. To consider the report of the consultation responses at Annex A (paragraphs 10-11).
 - b. To endorse our conclusions in respect of the report and for the introduction of licences to practise (paragraphs 12-15).
 - c. To approve the licence to practise guidance for doctors at Annex B (paragraphs 16-19).

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. We plan to introduce licences to practise on 16 November 2009. When they have been activated, doctors who wish to practise in the UK will need to be registered with a licence to practise.
5. On 5 November 2008, Council approved draft guidance and draft regulations as the basis for consultation (agenda item 4b).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 the beginning of 2010.
6. The consultation focused on two separate but related areas – draft guidance for doctors on how licensing will operate; and draft statutory regulations on the procedures for granting, withdrawing and restoring licences.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 medical schools and medical Royal Colleges. The consultation was widely trailed in the 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 email or online using our e-consultation facility. The consultation closed on 21 April 2009.
9. We had planned to invite Council on 8 July 2009 to endorse the consultation report and approve both the draft guidance for doctors and the regulations. Further work by the Department of Health (England) is required before we can invite Council to make the regulations; and the aim now is to make the regulations on 10 September 2009. This will not affect our implementation timetable.

Discussion

Consultation analysis and report

10. On 7 May 2009, Council considered a preliminary analysis of the outcome of the consultation. The full consultation report has now been completed and is at Annex A. It records the responses received and our conclusions on the way forward in the light of the consultation.

11. Two Council members, Dr Mairi Scott and Mr Robin MacLeod, have confirmed that the report fairly represents the consultation responses received.

Recommendation: To consider the report of the consultation responses at Annex A.

12. We have carefully considered the responses and the particular issues they have raised. The report details our response to those issues and how we are intending to address them.

13. Overall, our conclusion is that the consultation responses show broad support for our proposed approach to the introduction of licences to practise. This provides the basis for us to proceed with licensing with effect from 16 November 2009.

14. However, the responses also revealed a need for greater clarity and more information for doctors about licensing. We have attempted to address this, in part, through revisions to the guidance for doctors upon which we consulted. We have also embarked on a communications campaign which will, among other things, involve us contacting every doctor on the register about whether they wish to take a licence to practise. The campaign will continue in the lead up to 16 November 2009 and will embrace all the key interest groups likely to be affected by the introduction of licences.

15. The other clear signal from the consultation is the need to provide more information for doctors about their future revalidation. It was not possible to do this through the licence to practise consultation. It will be essential to do so in the weeks and months ahead before we can begin the incremental roll-out of revalidation.

Recommendation: To endorse our conclusions in respect of the report and for the introduction of licences to practise.

Licence to Practise: Guidance for doctors

16. The consultation sought views on the draft guidance for doctors (Annex B). The guidance sets out our overall policy approach to the introduction of licences as well as the circumstances in which licences may be granted, refused, withdrawn and restored.

17. The majority of respondents said that the guidance was clear and comprehensive. However, a significant minority either disagreed or were unsure (see report at Annex A, paragraphs 85–100). In particular, further information was requested from doctors to help them decide whether they would need a licence, as well as more details of the arrangements for granting, relinquishing and restoring a licence.

18. The comments received have been particularly useful in helping us to understand how we can improve our communications. In the areas of the guidance that were of concern to respondents, we have attempted to provide further information and clarification. We have also updated the frequently asked questions section at the end of the guidance. The changes we have made are highlighted in the document at Annex B. In making the changes, we have tried to keep the document accessible and of a manageable size. It is not intended to be a detailed procedure manual. It will provide links to other documents on our website that will give greater detail.

19. We are also publishing other information about licences to practise. We have undertaken a major communications campaign on the introduction of licences, which has included writing to every doctor on the register. We also provide answers on our website to frequently asked questions and there is a team of staff in our contact centre able to respond to written and telephone enquiries. The guidance is just one document in a suite of material aimed at explaining the new arrangements.

Recommendation: To approve the licence to practise guidance for doctors at Annex B.

Next steps

20. Before licences to practise can be introduced on 16 November 2009, the relevant provisions of the Medical Act 1983 will need to be commenced. The Licence to Practise Regulations will also need to be made by Council on 10 September 2009 and submitted for approval by the Privy Council in October 2009. The other rules and regulations will be made at the same time.

21. In the meantime, we will publish our licence to practise guidance.

Resource implications

22. There are no resource implications arising from the recommendations.

Equality

23. An Equality Impact Assessment has been undertaken.

24. Responses identified concerns about the impact of our proposals on different groups of doctors in different circumstances and types of practice. Many of those concerns related less to the licence to practise, than to revalidation. In particular, in the absence of more detailed information about how revalidation would work in practice, many doctors voiced concerns about how they would be affected by the requirement to revalidate. The report at Annex A indicates how we have begun to address this need for further information.

25. Concerns about the impact of licensing were an issue for some retired doctors. The response from the BMA Retired Doctors Forum, and a subsequent meeting with the Chairman of the Forum, suggest that this is primarily linked to a wish to hold a licence in order to be able to continue prescribing, but without participating in revalidation. However, the report of the Chief Medical Officer for England's working group *Medical Revalidation – Principles and Next Steps* makes clear that 'for public confidence and patient safety, doctors' prescribing privileges need to be balanced by a responsibility to demonstrate that they are up to date with current practice' (paragraph 3.6). That report also highlights the GMC's guidance in *Good Medical Practice*, which reflects extensive consultation with the profession, patients and the public, that doctors should avoid treating themselves or anyone with whom they have a close personal relationship.

26. There was also a more general concern that licensing would prevent retired doctors who did not maintain a licence from continuing to use their professional knowledge and experience in a range of non-clinical activities, such as providing advice to voluntary groups and charities, and examining for diplomas and teaching. However, for most of the activities cited, there would be no need for a doctor to hold a licence. We have amended our guidance to clarify the position.