
7a- Merger of PMETB with the GMC: Consultation on Legislation- Annex A



**The General and Specialist Medical Practice (Education,
Training and Qualifications) Order 2010**

**The Postgraduate Medical Education and Training Order of
Council 2010**

A Paper for Consultation

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**Prepared by DH Workforce Directorate
Professional Standards Division**

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Executive summary

This consultation document, issued on behalf of the Secretary of State for Health, seeks comments and views on the draft General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010 (the 'draft section 60 Order') at Annex D, and the Postgraduate Medical Education and Training Order of Council 2010, (the 'draft Order of Council') at Annex E. Together these are referred to in this document as "the draft orders"

The draft orders will implement the recommendation by the Tooke Inquiry report, 'Aspiring to Excellence, findings and final recommendations of the independent inquiry into modernising medical careers' that the statutory functions of the Postgraduate Medical Education and Training Board (PMETB) be assimilated into the General Medical Council (GMC). Together the draft orders achieve this, first by amending the Medical Act 1983 and then using new powers under that Act to put into place related subordinate legislation.

The draft section 60 Order makes provision in respect of the following:

- Postgraduate Medical Education and Training
- The General Practitioner Register
- The Specialist Register

It also makes transitional provisions and consequential amendments to primary and subordinate legislation arising from the wind-up of PMETB and the revocation of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 ("the 2003 Order").

The draft Order of Council makes provision in respect of the following:

- Criteria for eligibility for entry onto the General Practitioner and the Specialist Registers
- Recognised Specialist Qualifications
- Acquired Rights of General Practitioners in the UK
- Specialties in which Certificates of Completion of Training (CCT) are Awarded and Minimum Training Periods

Chapter 1 of this document introduces the background to current arrangements for oversight of the system for postgraduate medical education and training. Chapter 2 highlights the reasons for the proposed change in policy; the specific issues that the draft Orders seek to resolve and the approach taken in their drafting. Chapters 3 and 4 go through the draft Orders in detail, highlighting the particular provisions that stakeholders may wish to comment upon. Chapter 5 sets out the next steps of the consultation process.

Reason for consulting on the draft orders at the same time

Consulting on both the draft section 60 Order and the draft Order of Council at the same time is desirable for a number of reasons:

- Those taking part in the consultation exercise will gain an overall picture of the proposed legislative framework with a clear understanding about which provisions are included in the draft section 60 Order and the detail which will be implemented through subordinate legislation; and
- It will expedite the coming into force of the Order of Council. Although the subordinate legislation cannot be made until the enabling draft section 60 Order becomes law itself, once the section 60 order does become law, the Order of Council will be able to pass into law swiftly without the need for a further lengthy consultation period.

The amendments to the Medical Act 1983 are to be made by an Order in Council under section 60 of the Health Act 1999. Orders made under the powers provided to the Privy Council by section 60 enable changes to be made to the primary legislation which sets out the legislative framework for the regulation of health professionals. Such orders can only be made after a statutory three-month consultation period. They are then approved by resolution of both Houses of Parliament. The Order then becomes law at a meeting of the Privy Council.

The reason for making the reforms through separate pieces of legislation is that it was felt appropriate to place just the overarching statutory framework, within which the oversight of postgraduate medical education occurs, in primary legislation (i.e. the Medical Act 1983). On the other hand, in relation to detail which may be subject to adjustment from time to time, it was felt appropriate to take powers in the Medical Act 1983 to prescribe that detail in subordinate legislation, so change could take place relatively easily, and enable the GMC to keep up to date with changes in the system of medical education and training. However, as these form a discrete package, it was felt appropriate to consult together on all the legislation making up the package implementing these reforms.

Q1	Do you support the proposed approach which puts the overarching framework into the Medical Act 1983 and the detail into subordinate legislation to be made under new powers in that Act?
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In addition to the legislative provisions contained in the draft section 60 Order and the Order of Council, it will be necessary to develop a suite of rules and regulations covering operational matters such as application procedures, evidential requirements, notification of decisions, fees and arrangements for appeals. The draft section 60 Order will amend the Medical Act 1983 to provide the power for the making of the rules and regulations that will be required and thus ensures that in all of these operational areas the processes and procedures of the GMC will be fair, open and transparent.

The GMC and PMETB will work together to develop the required rules and regulations with their partners over the coming months. To a large extent the rules and regulations are likely, initially, to mirror those in the 2003 Order which were previously used by PMETB for the same purposes, albeit that there will be some changes needed consistent with the merger.

The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010

Over time, the GMC will need to update the different rules and regulations so that its procedures remain up to date, efficient and fit for purpose. Giving the power to put these procedural matters in rules and regulations, rather than in a section 60 Order or Order of Council, means that the GMC will be able to be more agile, and act more quickly in responding to the need to change its procedures.

1. Introduction

- 1.1 This chapter sets out the background to the current system for overseeing postgraduate medical education and training and the reasons why it is proposed that PMETB merge with the GMC.
- 1.2 The proposal for change resulted from recommendations made in The Tooke Report¹ (January 2008). The Tooke Report was the report of an independent inquiry commissioned by the Secretary of State following the introduction of Modernising Medical Careers (MMC), to investigate the extent to which MMC had engaged the medical profession, and to make recommendations to ensure that it had the support of the profession in the future. The inquiry recommended a series of far-reaching reforms to the structure of medical education and training in the UK. The inquiry also considered the structures in place for overseeing postgraduate medical education and training.
- 1.3 The Tooke Report noted that the system for overseeing postgraduate medical education currently involves two bodies – the GMC and PMETB – which have overlapping functions. It recommended that PMETB should be assimilated into the GMC, to form a single body with responsibility for setting and maintaining standards across the continuum of medical education. The Secretary of State subsequently accepted the recommendation and made a commitment to merge PMETB and the GMC by April 2010.

The current arrangements for setting standards in medical education and training in the UK

Setting Standards

- 1.4 Setting and maintaining standards in medical education and training is necessary to ensure that the doctors of the future are competent in their judgment, up to date in their knowledge and fit for purpose within the context of the wider health system. The underlying purpose is to protect, promote and maintain the health and safety of the public. There are essentially three aspects to this function:
 - Setting standards for knowledge, skills and behaviour of medical students and trainees;
 - Setting quality standards for providers of education and training and approving training providers to ensure that the training they deliver is fit for purpose and meets standards;
 - Approving content and curricula for programmes for provisionally registered doctors and postgraduate medical education and training. Assessing individual doctors to ensure that they meet the required standards.

¹ Aspiring to Excellence – findings and final recommendations of the independent enquiry into modernising medical careers

The Structure of Medical Training

1.5. There are three stages of medical education and training:

- I. Undergraduate education delivered by Universities;
- II. Postgraduate training which consists of:
 - Foundation training (which all doctors complete); and,
 - Speciality training
- III. Continuing professional development (CPD), which is essential for all doctors who have completed training in order to ensure that they stay up to date in their skills and knowledge.

European Law and the Role of a UK Competent Authority

1.6 Doctors are not eligible for appointment as consultants in the NHS unless their names are included in the Specialist Register. The Specialist Register contains details of all medical practitioners eligible to apply for consultant posts in the National Health Service, and the speciality in which they are qualified. Doctors wishing to have their names entered on the Specialist Register need to apply for inclusion in the register to the GMC and meet the criteria set down in legislation. EEA migrants, who have been awarded qualifications in specialised medicine by an appropriate competent authority in another Member State, qualify for automatic recognition of their qualification by the GMC providing that the qualification is quoted in Annex V of EU Directive 2005/36/EC (“the Directive”). Should the migrant’s qualification not be listed in the Directive, or if the migrant has not completed the minimum length of training in the specialty, the GMC may ask for a certificate from the competent authority in the home Member State where the migrant qualified, to ascertain that the migrant’s qualification complies with the standards set out in the Directive.

1.7 However, some cases require the migrant’s eligibility for registration in the Specialist Register to be assessed. For example, Article 10 cases where the assessment is carried out by PMETB and the result of the assessments, which include whether the migrant is eligible to be included in the Specialist Register, will be passed back to the GMC for a decision. Should the migrant be eligible for entry onto the Specialist Register, PMETB will issue the migrant with the appropriate documentation. All this action is taken through the initial application by the migrant to the GMC for registration.

1.8 Functions of the GMC currently under the Directive:

Directive Article	Function
7(2)(b)	Issuing certificates containing attestations in relation to persons established, in the United Kingdom, as specialists or general practitioners
8(1)	Receiving information from, or providing information to, other competent authorities in relation to—

	<p>(a) the legality of a person’s establishment as a specialist or general practitioner;</p> <p>(b) the good conduct of such a person;</p> <p>(c) the absence of any disciplinary or criminal sanctions of a professional nature against such a person.</p>
8(2)	Receiving information from, or providing information to, other competent authorities in connection with the investigation of complaints made against persons providing services as a specialist or general practitioner.
23(1)	Issuing certificates of effective and lawful practice in the United Kingdom to specialists.
50(1) and paragraph 1(b) of Annex VII	Providing information to other competent authorities concerning the training in the United Kingdom of a specialist or general practitioner to whom Chapter 1 of Part 3 of the General Systems Regulations applies.
50(1) and paragraph 1(d) of Annex VII	Issuing, in respect of practice as a specialist or general practitioner, the certificates of current professional status referred to in sub-paragraph (d) of paragraph 1 of Annex VII to the Directive within the time limits set by that sub-paragraph
50(1) and paragraph 1(e) of Annex VII	Issuing, in respect of practice as a specialist or general practitioner, the certificates of good health referred to in sub-paragraph (e) of paragraph 1 of Annex VII to the Directive within the time limits set by that sub-paragraph.
50(2)	<p>In cases of justified doubts—</p> <p>(a) requiring confirmation of the authenticity of non-UK specialist or GP qualifications;</p> <p>(b) requiring confirmation that holders of non-UK specialist or GP qualifications satisfy the minimum training conditions set out in article 25 or 28 of the Directive (as the case may be) or under article 22(a) of the Directive are to be treated as satisfying those conditions.</p>
50(3)	In cases of justified doubts, verifying information provided in connection with non-UK specialist or GP qualifications awarded following training in a relevant European State other than the State in which the qualification was awarded.
56(1)	Ensuring the confidentiality of information exchanged with other competent authorities
56(2)	Receiving information from, or providing information to, other competent authorities regarding disciplinary action, criminal

	<p>sanctions or other serious circumstances likely to have consequences for practice as a specialist or general practitioner. Where such information is received by the GMC—</p> <ul style="list-style-type: none"> (a) examining the veracity of the circumstances; (b) deciding the nature and scope of any investigations that need to be carried out; (c) informing other competent authorities of the GMC’s conclusions.
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1.9 Functions of PMETB currently under the Directive:

Directive Article	Function
23(6)	Issuing certificates stating that specialist qualifications or qualifications in general practice awarded in the United Kingdom, which do not correspond to the titles set out in respect of the United Kingdom at point 5.1.2, 5.1.3 or 5.1.4 of Annex V to the Directive (as the case may be), certify successful completion of specialist training that is in accordance with article 25 of the Directive, or training in general practice which is in accordance with article 28 of the Directive (as the case may be), or that under article 22(a) of the Directive (part-time training) is to be treated as in accordance with article 25 or 28 of the Directive.
50(1) and paragraph 2 of Annex VII	Issuing certificates stating that a person’s CCT is a qualification covered by the Directive.
50(2)	In cases of justified doubts— <ul style="list-style-type: none"> (a) providing confirmation to competent authorities of other relevant European States of the authenticity of any person’s CCT; (b) providing confirmation that holders of a CCT satisfy the minimum training conditions set out in article 25 or 28 of the Directive (as the case may be) or under article 22(a) of the Directive are to be treated as satisfying those conditions
50(3)	In cases of justified doubts, providing information in connection with a person’s CCT awarded following training in a relevant European State other than the United Kingdom.”

Scottish Parliament

1.10 The draft section 60 Order includes provisions which prohibit persons working as general practitioners and specialists in the NHS in Scotland unless they are on the GP or Specialist Registers and which require the GMC to have regard to the needs of employers in the NHS in Scotland when establishing standards of postgraduate medical education and training.

- 1.11 Employment in the Scottish NHS is a matter devolved to the Scottish Parliament. However, the relevant provisions in the Order are considered to be incidental to the reserved provisions in the Order relating to the registers and postgraduate medical education. Accordingly, by virtue of section 62(10) of the Health Act 1999, the Order has been drafted on the basis that it will only need to be laid in the UK Parliament.

The General Medical Council (GMC)

- 1.12 The GMC is the independent regulator for doctors in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. In fulfilling this purpose, the GMC has four main functions:
- Controlling entry to the register of medical practitioners and maintaining the registers.
 - Promoting high standards of medical education and co-ordinating all stages of medical education. In particular, this includes setting the standards for undergraduate medical education and for the first year of the Foundation Programme, and ensuring that those standards are met.
 - Determining the principles and values that underpin good medical practice.
 - Taking firm but fair action where the standards of good medical practice have not been met.
- 1.13 In future, the GMC will also have responsibility for the system of revalidation through which doctors will demonstrate that they remain up to date and fit to practise, and that they are continuing to practise to the appropriate professional standards.
- 1.14 Although the GMC has specific responsibilities in relation to undergraduate training and Foundation Programme Year 1 training, and a general responsibility for co-ordinating all stages of medical education, statutory responsibility for Foundation Programme Year 2 and postgraduate education and training currently rests with PMETB.

Postgraduate Medical Education and Training Board (PMETB)

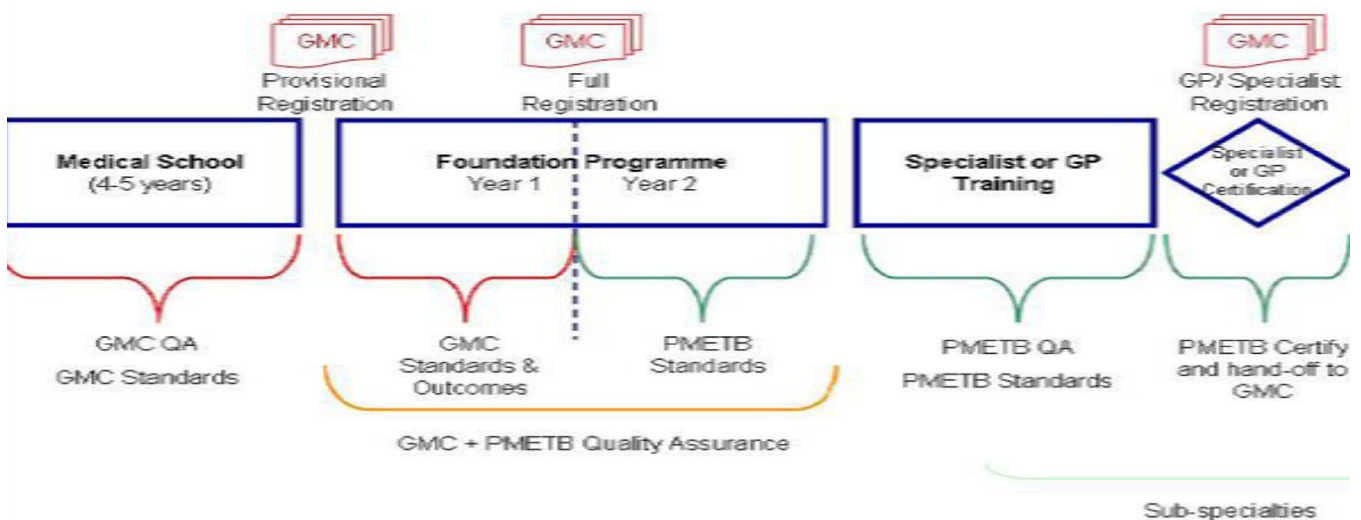
- 1.15 PMETB was established in 2003 and took over the functions of its two predecessor bodies; the Specialist Training Authority (STA) and the Joint Committee on Postgraduate Training in General Practice (JCPTGP). For the first time PMETB brought together responsibility for setting and maintaining standards in both postgraduate general practice education and training and specialist medical education and training.
- 1.16 PMETB is responsible for establishing and overseeing standards in postgraduate medical education and training. This part of the medical education lifecycle begins after the Foundation Programme Year 1 and ends once the doctor receives his/her Certificate of Completion of Training (CCT) as a specialist or a GP. The process of overseeing this phase of medical education and training includes approving specialist curricula and assessment systems, new sub specialities and posts and programmes, in addition to the quality assurance and quality improvement activities and GP trainers. PMETB is responsible for both GP and specialist training.

1.17 In summary PMETB has the following roles:

- setting standards and requirements for postgraduate medical education and training
- approving and assuring the provision of postgraduate medical education and training
- certifying that doctors have completed GP or specialist training or equivalent

1.18 Although the statutory responsibility is split, GMC and PMETB have agreed joint Standards for Training for the Foundation Programme. The Foundation Programme is divided into two years: F1 and F2. GMC sets standards and outcomes for F1, and PMETB sets standards for F2. GMC and PMETB jointly oversee the quality assurance of post-graduate deaneries for both years of the programme. Diagram 1 shows the current GMC and PMETB responsibilities for overseeing medical education and training during the medical education lifecycle:

Diagram 1



Historical Context

1.19 The GMC was established under the Medical Act of 1858 to enable members of the public to distinguish qualified persons practising in the field of medicine from the unqualified, by means of a register. It provided a regulatory framework for undergraduate medical education and training, following which the training and accreditation was then managed by the Royal Colleges and Faculties pertaining to individual specialties. The GMC established and still maintains a list of all registered UK doctors.

1.20 In 1975 the Merrison Report² identified the need for a regulatory framework for postgraduate medical education and training. As the GMC already provided such a framework for undergraduate medical education and training, the Merrison Report

² <http://www.mmc.nhs.uk/default.aspx?page=503>

concluded that the GMC should take on this further role, thus creating a unification of medical training regulation throughout the doctor's career.

- 1.21 In 1993 the Calman Report recommended that legislation be enacted to introduce a UK Certificate of Completion of Specialist Training (CCST) awarded by the GMC following recommendation by the relevant Royal College or Faculty. This ensured consistency with European Commission law. The report also recommended that Royal Colleges and Faculties set standards for medical education. The European Specialist Medical Qualifications Order in 1995 created the STA of the Medical Royal Colleges and the Specialist Register was held by the GMC. Concerns were raised following high-profile inquiries, and in particular, the Bristol Inquiry (1995), which recommended that in addition to regulating undergraduate medical education, postgraduate medical education should also be regulated by the GMC.
- 1.22 The Government decided instead to create an independent medical standards board to replace the STA and JCPTGP, as consultation indicated that this body would better reflect the views of patients and the NHS rather than giving responsibility to the GMC as then constituted. PMETB was therefore created in September 2003, with the aims of ensuring that trainee doctors' educational needs are met, employers' needs are met and patients' needs are met, by establishing, developing and maintaining standards of postgraduate medical education and training.
- 1.23 Although under this model, regulation of medical education and training is currently split into three stages, the consultation that led to the creation of PMETB suggested that consideration be given ultimately to the merging of these stages to provide a seamless, consistent system throughout medical education and training.

2. Reasons for Proposed Policy Change

Problems caused by the current split of responsibilities between two bodies:

2.1 Fragmentation with lack of continuity and cohesion

The Tooke Report demonstrated dissatisfaction with the current, fragmented system. There is a lack of fusion between undergraduate and early postgraduate education and a lack of continuity between the process for setting and monitoring standards for training and for CPD, as well as no clear link between registration, certification and revalidation. The existence of two separate bodies also permits the development of different cultural approaches and philosophies.

Diseconomy of expertise and duplication of resources and responsibilities

2.2 Both bodies have a similar aim of quality enhancement and both bodies undertake a similar role. Separate development and pursuit of this aim leads to a splitting of expertise and results in a dilution of expertise for each body, and a duplication of research and implementation strategies. Having two overlapping regulatory bodies has the potential to lead to diseconomies in terms of both finance and expertise³.

Diseconomy of finance

2.3 As well as offering the potential for shared expertise and philosophy, co-location of the functions in a single body is perceived as offering value for money derived from economies of scale. In addition it has been recognised that the formation of PMETB has led to the financial burden of standard setting in education and training falling heavily on the trainee; the Tooke report revealed that many are of the opinion that it is more appropriate that the costs should be borne by the profession as a whole⁴.

2.4 The Tooke Inquiry found evidence that the medical profession seeks an education and training standards setting authority that is independent of the government, has strong lay representation, and works in close partnership with the profession, drawing fully on relevant specialist expertise.

2.5 The Inquiry also found evidence of need for such an authority to facilitate flexible training, embrace the essential continuum of medical education from undergraduate studies through to postgraduate qualification and CPD, and to be independent of the NHS, reporting directly to Parliament. The Inquiry noted a merger of the two current bodies responsible for medical education and training would give the potential for shared expertise and philosophy and facilitate economies of scale.

Q2	Do you agree that responsibility for all medical education and training, together with the associated legal powers, should be vested in a single body?
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³ The Tooke Report, *ibid*.

⁴ Tooke Report 4.3.6 *ibid*

- 2.6 Please see Annex C (Policy Options and Analysis), which includes an outline option appraisal of the policy. In order to meet the statutory requirement for a twelve-week consultation period and to meet the commitment given by the Secretary of State for the merger to take place by April 2010 it has been necessary to consult on this policy before full cost details are available. Full costs for the “do nothing” and the preferred option, of merging PMETB into GMC, will be developed and included in the final Impact Assessment. The other options: to merge GMC into PMETB or to create a new single medical regulatory body are not viable. As a result, these long-listed options have been discounted. Only the short-listed options will be fully quantified.

Q3	Do you agree that PMETB merging into GMC is the preferred method of creating an ideal regulatory body in medical education?
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Q4	Do you agree that the cost drivers and benefits identified in the impact assessment are the main cost and benefit drivers of the options set out?
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Transition to the new arrangements

- 2.7 The need for a comprehensive review of the regulation of medical education and training is recognised. However realising the full benefits of the merger will take time. In view of the recommendation that GMC and PMETB functions should be integrated as quickly as possible, it makes sense at this time to integrate all of the functions within a single body, which will be the GMC, to gain the advantages that have already been identified. A merger in advance of a more comprehensive review also makes sense because it will enable the GMC to take an overview of the whole system and it will then be better placed to identify and to implement any changes required.
- 2.8 The opportunity created by the merger to examine what a modern, integrated approach to the oversight of medical education and training should look like needs to be taken and work on this is already underway. The GMC and PMETB have launched a comprehensive review of the regulation of medical education and training led by Lord Patel, Chairman of the National Patient Safety Agency and former Chairman of the Specialist Training Authority. This review will involve extensive consultation with stakeholders and is expected to report in early 2010. It is likely that, as a result of the review, there will be a need for further legislation that will build on the results of the section 60 Order.

Q5	Do you agree that it makes sense to merge the two bodies before waiting for the outcome of the comprehensive review of the system?
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- 2.9 The principle followed in moving functions to the GMC in the draft orders has been to make the minimum changes necessary to existing legislation and policy in relation to postgraduate medical education and training. However, as both undergraduate and postgraduate medical education and training will be administered by a single body, it makes sense for common approaches to be established wherever possible. For example, there are currently separate appeal panel arrangements used by both

organisations to allow doctors to appeal adverse decisions. It makes sense to consolidate these into a single set of appeal arrangements, rather than preserve separate mechanisms. Therefore, where there are different procedures for dealing with similar types of issues between undergraduate and postgraduate medical education and training these have generally been integrated unless there are compelling operational reasons for keeping separate arrangements. Details of these changes have been specifically highlighted in Chapters 3 and 4 as parts of the narrative on the draft Orders.

Q6	Do you agree that it makes sense to integrate procedures in respect of both undergraduate and postgraduate education where possible, unless there are compelling reasons not to do so?
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- 2.10 In line with the principles of better regulation, there has increasingly been a move away from specifying the internal structures and committees through which regulatory bodies must deliver their statutory obligations. Instead, the emphasis is upon the GMC's accountability to Parliament for delivering its functions appropriately. It is the GMC's responsibility to organise itself in such a way as to fulfil these functions efficiently and effectively. This approach allows flexibility and facilitates adaptation. By contrast, the 2003 Order is prescriptive about the PMETB's committee structures and their functions. The draft orders therefore follow the existing GMC model and although the functions of PMETB's statutory committees will continue, the Committees themselves will not and their functions will be absorbed into the GMC's planned and existing mechanisms for fulfilling its education and registration responsibilities.
- 2.11 Following the enactment of the Medical Profession (Miscellaneous Amendments) Order 2008⁵, responsibility for undergraduate education and functions connected with it now rest with the GMC rather than the statutory education committee which that Order abolished. Instead, the GMC has introduced a three-board model in which the different boards provide advice to the Council, covering all of the statutory functions in respect of a particular phase of a doctor's career. The model comprises: -
- an Undergraduate Board
 - a Postgraduate Board; and
 - a Continued Practice Board.
- 2.12 In the educational context, the Undergraduate Board is roughly analogous to the old Education Committee except in respect of the responsibility for the Foundation Programme which will sit with the Postgraduate Board (initially F1, followed by F2 as well after the merger) Until the proposed merger the Postgraduate Board will be responsible for matters relating to fitness to practise, registration and standards and ethics as they relate to postgraduate trainees, whilst PMETB will continue to be the competent authority for postgraduate medical education and training. The Continued Practice Board will deal with issues such as revalidation, CDP and post-CCT training as they apply to doctors not in training programmes (whether pre or post CCT). It is possible that individual Boards may need to be supported by other non-statutory sub-groups or reference groups to deal with particular issues. For example, it may be

⁵ S.I.2008/3131.

necessary for the Postgraduate Board to use sub-groups to provide the sort of advice and recommendations currently provided by the PMETB's Training Committee and Assessment Committee. However, these arrangements are for the GMC to decide, in consultation with stakeholders.

Q7	Do you agree that in merging PMETB's statutory functions with those of the GMC, the Council should continue to have the flexibility to organise those new functions in such a way as to carry them out efficiently and effectively and should not be required to replicate the same statutory committee structures that were specified for PMETB?
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3. The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010

This chapter deals with each of the provisions of the draft General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010, highlighting the specific policy decisions that have been made.

Articles 1 & 2:	Citation, Commencement and Interpretation
Article 3:	Abolition of the Postgraduate Medical Education and Training Board
Article 4:	Amendments to the 1983 Act
Article 5 & Schedule 2:	Transitional, Transitory and Saving Provisions
Article 6:	Privy Council Procedures
Article 7 & Schedule 3:	Consequential Amendments and Revocations
Article 8:	Extent
Schedule 1:	Amendments to the 1983 Act

Commencement and Interpretation

Articles 1 and 2

3.1 Article 1 makes provision for the Order to be commenced. Certain articles of the Order will come into force from the day after it is made, particularly those enabling the exercise of powers to make rules or orders (paragraph (3)). Other provisions will come into force on days appointed by the Privy Council.

3.2 Article 2 provides that references in the Order to “the 1983 Act” are references to the Medical Act 1983.

Formal abolition of the Postgraduate Medical Education and Training Board

Article 3

3.3 This Article formally abolishes the Postgraduate Medical Education and Training Board

Amendments to the 1983 Act

Article 4

3.4 This Article introduces the amendments to the Medical Act 1983 made in Schedule 1.

Transitional, transitory and savings provisions

Article 5

- 3.5 This Article introduces the transitional provisions made in Schedule 2. It also allows for the Privy Council to make orders concerning transitional, transitory or savings provisions. Orders may be made in such a way that transitional provisions are brought in differently, or at different time, for different groups of people affected by the transitional arrangements. This is standard in legislation providing for the transfer of functions between different bodies.

Privy Council procedures

Article 6

- 3.6 This Article makes provision as to the procedures to be followed by the Privy Council when making orders under articles 1 and 5.

Consequential amendments and revocations

Article 7

- 3.7 This Article introduces the consequential amendments to both primary and subordinate legislation made in Schedule 3, and also a number of consequential revocations to subordinate legislation made in that Schedule.

Extent

Article 8

- 3.8 This Article makes provision as to the extent of the Order in relation to the constituent parts of the United Kingdom.

Amendments to the Medical Act 1983

SCHEDULE 1

- 3.9 Although PMETB is currently responsible for setting standards for entry to the GP Register and the Specialist Register, the GMC, as the body responsible for regulating medical practitioners, holds and administers these registers. This arrangement will not change and the GMC will continue to hold these registers once PMETB is abolished. However, a number of consequential amendments to the Medical Act 1983 are required to transpose the legislation which provides for these registers, and which is currently provided for in the 2003 Order.
- 3.10 Schedule 1 makes the amendments to the Medical Act 1983 which will enable this to happen and also makes a number of technical amendments to that Act which relate to the fact that the GP and Specialist Registers will fall under the control of the GMC, and new definitions introduced by this order.
- 3.11 Paragraph 1 removes the definitions of 'General Practitioner Register' and 'Specialist Register' from the section of the Act dealing with the making of the regulations as to

licence to practise and revalidation as definitions of these terms will go into the main definitions provisions in section 55(1) applying throughout the Act.

- 3.12 Paragraph 2 substitutes 'field' for 'area' in section 29B covering the granting, refusal and withdrawal of licences to practise.
- 3.13 Paragraphs 3, 14 and 15 make amendments which reflect the new definition of "UK health services" introduced into section 55(1) by this order.
- 3.14 Paragraphs 4 to 8 amend sections 30, 31, 31A, 32 and 34 of the Act to ensure that the GMC will be able to administer the GP and Specialist Registers in the same way as it administers the register of medical practitioners currently. This will include the ability to publish a list of the persons on those registers and in the case of persons on the Specialist Register, their respective fields.
- 3.15 Paragraph 9 makes amendments which will allow the Registrar to issue a certificate confirming that a person's name is in or not in the GP or Specialist Register, and confirming that a person in the Specialist Register has a particular speciality in a particular field.
- 3.16 Paragraph 10 will allow the GMC to make regulations allowing fees to be charged for all registration appeals. This is consistent with the fee charging powers relating to registration fees that already exist in the 2003 Order. It does not mean that the GMC would seek to make a profit through the work it is taking over from PMETB but would mean that the GMC can use the fees obtained to cover the costs of its work and levying fees would help stop frivolous challenges (see paragraph 3.42).
- 3.17 Paragraph 11 enacts the major changes required to bring about the transfer from PMETB to GMC by inserting a new Part 4A into the Medical Act 1983 dealing with postgraduate medical education and training.

New Part 4A (of the Medical Act 1983)

Postgraduate Medical Education and Training

The General Practitioner Register

- 3.18 New section 34C transposes the provisions from Articles 10(1) and (2) of the 2003 Order relating to the General Practitioner Register. Subsection (1) provides that the GMC are responsible for keeping the GP Register.
- 3.19 Subsection (2) provides that, in relation to the GP Register, it is those registered medical practitioners who hold a CCT in general practice, registered medical practitioners with acquired rights and any other categories of registered medical practitioners as specified by order of the Privy Council who are eligible for inclusion in that register.
- 3.20 The draft Order of Council sets out the eligibility criteria which reflect those currently in the 2003 Order. The new order-making power will allow persons with recognised EEA qualifications issued by another EEA competent authority; exempt persons (an exempt

person is someone who is an EEA national or has enforceable Community rights entitling him/her to be treated as an EEA national) and persons with an acquired right to practise as a GP, to go on to the GP Register. Since 1995, it has been a legal requirement that all doctors entering general practice in the National Health Service must have been trained to the standards required by the UK competent authority (or one of the other EEA competent authorities). All other general practitioners (who entered general practice prior to 1995), in whatever capacity they are currently employed, can only do so on the basis of an acquired right.

- 3.21 Subsection (3) provides that a person shall only be included in the GP Register where they have applied to the Registrar of the GMC for that purpose and paid any fee that is specified in regulations under section 34Q.

Appointments restricted to persons in the General Practitioner Register

- 3.22 New section 34D transposes Article 10 (4) and (5) of the 2003 Order and provides that unless a person's name is included in the GP Register, they will not be eligible for inclusion in a list of medical practitioners maintained by a Primary Care Trust in England; Local Health Board in Wales; Health Board in Scotland or a Health and Social Services Board in Northern Ireland, unless they are undertaking a period of employment as a GP Registrar or are provisionally registered under section 15, 15A or 21, and are participating in an acceptable programme of training for provisionally registered doctors. This does not represent a change to the existing arrangements.

The Specialist Register

- 3.23 New section 34E transposes Article 13 of the 2003 Order. Subsection (1) provides that the GMC are responsible for keeping the Specialist Register.
- 3.24 Subsections (2) to (10) provide that registered medical practitioners who hold a CCT in a recognised specialty (i.e. those designated as such by order of the Privy Council under subsection (3)), and other categories of registered medical practitioners who are specified by order of the Privy Council, are eligible for inclusion on the Specialist Register if they have applied to the Registrar of the GMC for that purpose and paid any fee as may be specified in regulations under section 34Q. The Specialist Register will indicate a person's speciality and any field within that speciality that they have requested be indicated, provided they have satisfied the Registrar that they have satisfactorily completed sub-specialty training. Special provision is made in relation to the eligibility of oral and maxillo-facial surgeons because medical practitioners in this specialty practice at the interface between medicine and dentistry and therefore, need to have completed dental training to at least minimum European standards as well as having obtained a CCT. Provision is also made for the GMC to publish a scheme whereby consultants who were practising in the UK (or the armed forces) prior to 1997 (when the Specialist Register was first established) may be included. This reflects the current position.
- 3.25 Again, it is intended that the draft orders together will reflect the provisions currently applying as to the eligibility of such persons to be entered on the Specialist Register. However the power given to the Privy Council to enable it to make orders specifying categories of persons who are eligible for entry to the Specialist Register will provide the

Privy Council with greater flexibility to ensure that the GMC's procedures are kept up to date with any future changes in postgraduate education and training.

Appointments restricted to persons in the Specialist Register

- 3.26 New section 34F transposes Article 14(6) and 14(7) of the 2003 Order. Subsection (1) provides that unless a person's name is included in the Specialist Register, they will not be eligible for appointment as a consultant in the NHS in relation to a recognised specialty.
- 3.27 Subsection (2) provides an exception for those previously employed as oral and maxillo-facial surgeons immediately before 1st January 1997.

Applications for inclusion in the General Practitioner Register or the Specialist Register

- 3.28 New section 34G deals with Articles 11(5) to (8), 14(8) to (12) and 15A of the 2003 Order and allows the GMC to make regulations in relation to the procedure to be followed by persons applying for inclusion on the GP or the Specialist Register. These may include requirements about the evidence required in support of such applications, the time limits to be complied with and the notification of decisions in respect of applications. Regulations under subsection (3) may require the Registrar to give reasons where he is not satisfied about a person's eligibility for inclusion on the registers. Where the Registrar is not satisfied as to a person's eligibility for inclusion in the Registers he may be required to inform them of any additional training that must be undertaken, the fields that this training must cover and any examination, assessment or other test which a person must satisfactorily complete in order to satisfy the Registrar of their eligibility for inclusion in the Registers. Regulations under this section will only have effect if approved by the Privy Council. The creation of a regulation making power is intended to provide the GMC with greater flexibility to make procedural changes in future without the need for changes to be made by a section 60 order or primary legislation.

Removal from the General Practitioner Register or the Specialist Register

- 3.29 New section 34H transposes Article 18 of the 2003 Order. It allows the Registrar to remove a person's name from the GP or Specialist Registers where they are no longer a registered medical practitioner or they cease to be a registered medical practitioner who is eligible for entry to those registers because they no longer fall within the defined categories of persons specified by an order of the Privy Council under new section 34C(2)(c). If a person who has been removed from those Registers because they are no longer a registered medical practitioner becomes one again, then the Registrar shall, if requested, once again include that person's name in those Registers. The Registrar shall send a notice to the person concerned when removing or re-entering their name in the relevant register.

Acquired Rights of General Practitioners

- 3.30 New section 34I transposes Article 12(3) and (4) of the 2003 Order and Article 30(1) of the Directive. These provisions provide for the Registrar to issue certificates of acquired

rights to practise as a general practitioner to persons meeting the requirements set by order of the Privy Council, according to procedures to be laid out in rules by the GMC.

Postgraduate medical education and training: general functions

- 3.31 New section 34J transposes Articles 3 and 4 (1) to (4) of the 2003 Order. Subsection (1) provides that the General Council will be responsible for setting, maintaining, developing and promoting standards for postgraduate medical education and training in the United Kingdom. The duties placed on the GMC are identical to those for which PMETB is currently responsible.
- 3.32 Subsection (2) provides that the General Council has two main objectives when exercising its functions relating to postgraduate medical education and training. The first is to ensure that the needs of all doctors in training in the UK are met by the standards it establishes. The second is to ensure that the needs of NHS employers and those engaging the services of general practitioners and specialists within the NHS are met by the standards that are established. Again, these objectives are identical to PMETB's objectives under the current legislation.
- 3.33 Subsection (3) requires that standards and requirements established by the GMC will be set out in determinations of the Council.
- 3.34 A key function of the GMC in setting and maintaining those standards will be to approve, assess and, where necessary to do so, withdraw approval for courses and programmes of postgraduate medical education and training, training posts, GP trainers, examinations, assessments or other tests of competence.
- 3.35 The standards established by the GMC must meet the minimum European standards as set out in sections 34K and 34L, but there is nothing to prevent the GMC from setting standards that are higher than these. Subsection (4) provides that the standards set and published by the GMC must include:
- (a) the standards required for entry to training;
 - (b) the training curricula to be followed;
 - (c) the assessment of those undertaking education and training;
 - (d) the assessment of persons applying to the Registrar for entry into the Registers
 - (e) the outcomes to be achieved including the level of skill, knowledge and expertise required
 - (f) the examinations, assessments and other tests of competence to be completed; and
 - (g) any other matters relating to postgraduate medical education and training.

Postgraduate medical education and training: approvals

- 3.36 New section 34K transposes Article 4 (5) to (10) of the 2003 Order. Under subsections (1) and (2) the GMC will be able to approve courses of postgraduate medical education and training, programmes of education and training, training posts, and general practice trainers as well as examinations, assessments or other tests of competence in the UK or any other country. Subsection (3) enables the GMC to attach conditions to its approval or to provide time-limited approval. The provisions relating to the setting and approval of standards replicate existing arrangements in respect of PMETB.
- 3.37 Subsections (4), (5) and (6) enable the GMC to withdraw approval of training provisions where it is satisfied that the standards it has set, or any conditions that it has imposed are not being met. Where the GMC has formed a provisional opinion to refuse to approve the provision of medical education and training, attaches conditions to its approval, or withdraws its approval, then it is required to notify the person or body who has applied for the approval or to whom the approval was given, or any other body or person that they are satisfied has a substantial interest in the matter, in writing, giving them reasonable opportunity to respond.
- 3.38 These powers replicate those that PMETB currently has in respect of withdrawal or refusal of approval, or granting conditional approval, although unlike with PMETB, there would be no further appeal to an Appeals Panel. The only recourse would be through the Courts. We do not propose to require the GMC to publish rules about the process, although this was a requirement for PMETB. Our view is that it would make sense for the GMC, as the independent statutory body responsible for undergraduate medical education, to have the same requirements imposed on it in respect of both undergraduate and postgraduate education. From an operational perspective, this would make sense to ensure consistency of approach across undergraduate and postgraduate medical education and training. In any case, it is incumbent on the GMC to develop legally sound procedures and we would expect the GMC to consult on the development of such procedures and to publicise them widely.
- 3.39 Subsection (7) requires the GMC to publish a list showing the date on which approval was given or withdrawn and any conditions which it might attach to the approval of those education or training provisions.

Minimum requirements for general practice training

- 3.40 New section 34L transposes Article 5 of the 2003 Order and requires the GMC to set minimum standards for general practice training and education leading to the award of a CCT. The minimum requirements in legislation for general practice training derive from common European minimum standards of training set out in the Directive. These requirements are unchanged from those in the 2003 Order and require that general practice training must amount to at least 3 years full-time employment and include at least 12 months employment as a GP Registrar. This employment must be under the supervision of a GP trainer approved by the General Council. At least 12 months is to be spent in employment in a speciality (or specialities) approved by the GMC for this purpose. The balance of the time may be spent either in employment as a GP registrar or in employment in an approved specialty or specialties.

Minimum requirements for specialist training

- 3.41 New section 34M transposes Article 6 of the 2003 Order and requires the GMC to set standards in specialist medical training and education leading to the award of a CCT. In doing so, it will be required to meet at least the minimum standards included in this Order. It may set higher standards if it wishes. The minimum standards are that: the training must constitute an entire course of training in the recognised specialty in which a CCT is to be issued; it must conform to European minimum standards for specialty training (as set out in Article 22 of the Directive) and it must be for at least as long as any minimum period that may be set out in an order of the Privy Council. These provisions replicate the current minimum requirements which apply to PMETB. The GMC may also under this section impose conditions in relation to any part-time specialist training which it approves

Award and withdrawal of a Certificate of Completion of Training

- 3.42 New section 34N transposes Article 8 of the 2003 Order and allow the Registrar to award a CCT in general practice or in a recognised specialty, on the successful completion of an approved course or programme, or part of such a course or programme, to any person who is a registered medical practitioner and who applies to the GMC for that purpose. A CCT may only be awarded in the case of a person applying for a CCT in oral and maxillo-facial surgery to a person who has also successfully completed dental training. The provisions of the 2003 Order, which required a person to be registered with the General Dental Council before being awarded a CCT are being removed. The GMC is required to make rules relating to the process for awarding a CCT, including details of any evidence required. The section also sets out what information shall be stated on the CCT and empowers the GMC to withdraw a CCT that it has previously awarded where the Registrar is satisfied that it has been fraudulently procured or incorrectly awarded. There is no substantive change to the effect of the current legislative provisions for awarding a CCT.

Visitors

- 3.43 New section 34O transposes Article 7 of the 2003 Order and allows the GMC to appoint persons to visit any body or person, providing training, examinations or tests of competence under new section 34J of the Act. Visits by such persons must include one person appointed to undertake the visit who is a layperson (i.e. is not, and has never been, a registered medical practitioner or qualified to be a medical practitioner). Persons undertaking visits on behalf of the GMC will be required to report back to the GMC. The GMC will also be required to make available any of the reports if it is requested to do so.
- 3.44 The provisions in respect of visitors are largely unchanged from the current arrangements which apply to PMETB, except that the GMC will not be required to publish rules about the composition of panels, the areas to be covered in reports etc. Although this was a requirement for PMETB, our view is that it would make sense to enable the GMC to develop consistent processes to apply to both undergraduate and postgraduate medical education. The GMC will need to develop clear procedures in respect of visits, and we would expect the GMC to consult on the development of such procedures and to publicise them widely. Medical education will be subject to the outcomes of the Patel review. If and when the GMC seek to develop new procedures

for quality assurance covering the continuum of undergraduate and postgraduate medical education and training, procedures for visitors will form part of the new arrangements. However, in the first instance, existing procedures will carry over and the GMC will have greater flexibility to amend such procedures where it would make operational sense to do so.

Power to require information

- 3.45 New section 34P transposes Article 9 of the 2003 Order and applies to any hospital, institution, general practitioner or person which may be visited under new section 34O(1) (i.e. a provider of medical education and training). These provisions make it a requirement that, whenever required to do so by the GMC, such bodies or persons shall give to the GMC such information as the GMC may reasonably require in connection with the exercise of its functions under the Medical Act concerned with the setting of standards for medical education and training, or the procedures for managing that education or training.
- 3.46 Subsection (4) provides that where any provider of medical education and training to whom this section applies, refuses a request for information made by the Registrar under this section, then the Registrar shall refer the matter to the GMC which may, on that ground alone, form the opinion that the relevant education or training, examination, assessment or other test of competence is no longer approved, or from a specified date will be no longer approved (see paragraph 3.37). The provisions in respect of information to be provided to the competent authority are unchanged from the current arrangements, except that they will now apply to the GMC, rather than to PMETB.

Fees

- 3.47 New section 34Q relates to fees. Subsection (1) provides the GMC with a new power to make regulations concerning the charging of fees in connection with requests for written statements that a person is entitled to be included on the GP Register or the Specialist Register, certificates of acquired rights, the approval of postgraduate medical education and training provision, visits to education and training providers, applications for inclusion in the GP and Specialist Registers and CCTs. Subsection (2) provides that the Registrar may refuse to issue such certificates or approvals until the requisite fee has been paid by the relevant individual or institution making the request or application.
- 3.48 The provisions in respect of fees will provide the GMC with similar fee charging powers to those that PMETB and the GMC currently have under Article 24 of the 2003 Order. The specific provisions in the 2003 Order that prevent the PMETB from making a profit are not replicated. This is consistent with the fee charging powers relating to registration fees that already exist in the Act. This does not mean, however, that the GMC would seek to make a profit through the work it is taking over from PMETB, but it will mean that the GMC can use the fees obtained to cover the costs of its work and contribute to the reasonable contingencies and reserves held necessary for running a large organisation. Checks and safeguards are also built into the system. As a registered charity the GMC must adhere to the requirements of the Charities Act. It must also set out its fee structure in regulations so that they are seen to be fair and transparent. The GMC is also accountable to Parliament for the proper exercise of its regulatory functions and powers, and must publish its accounts which are laid before both Houses of Parliament.

- 3.49 Paragraph 12 amends section 39 of the Medical Act so that the Registrar to the GMC may erase a fraudulently procured or incorrect entry to the GP or Specialist Registers.
- 3.50 Paragraphs 13 and 20 re-enact amendments to the Medical Act made by Article 30 of the 2003 Order. That Order is to be revoked by this Order but Article 30 has yet to be brought into force so they are being re-enacted here.
- 3.51 Paragraphs 16 and 19 make amendments in relation to UK competent authority functions. The UK currently has two competent authorities: GMC and PMETB. Paragraph 16 ensures that UK competent authority functions, as specified in Article 19 of, and Schedule 7A to, the 2003 Order, are formally transferred from PMETB to GMC. The relevant functions are now listed in their entirety in Schedule 4A to the Medical Act. The amendments to Schedule 4A in paragraph 19 ensure that the GMC will assume the competent authority functions from PMETB.
- 3.52 Paragraph 17 introduces definitions of certain terms into the Medical Act 1983 which are necessary as a result of the amendments to that Act.
- 3.53 Paragraph 18 amends Schedule 3A to the Medical Act 1983 which is concerned with registration appeals. In particular, it ensures that certain appeals in respect of postgraduate medical education and training are brought within the system relating to registration appeals in the Act. Those appeals are -
- (a) a decision to refuse to include a person on the GP Register;
 - (b) a decision to refuse to include a person on the Specialist Register;
 - (c) a decision to refuse to indicate a field in the Specialist Register
 - (d) a decision to refuse to award a certificate of acquired rights;
 - (e) a decision to refuse to award a CCT; and
 - (f) a decision to withdraw a CCT.
- 3.54 Included within these are appeals in respect of the length of required training and fields to be covered by it and in respect of a requirement to complete an adaptation period. These provisions replicate Article 21 of the 2003 Order except in relation to appeals against withdrawal of approvals.. The GMC will also be required to make regulations concerning the requisite period for making these decisions which will replicate Article 16 of the 2003 Order.
- 3.55 Sub-paragraph (5) provides that the 'requisite period' referred to in the Schedule means a period to be defined by the GMC in regulations. This is because different periods may apply in respect of different categories of appealable decisions.

SCHEDULE 2

Transitional, transitory and saving provisions

- 3.56 Transitional, transitory and saving provisions are primarily concerned with ensuring continuity of business during the transfer of functions between one body and another, in this case between PMETB and the GMC. It is common practice, where functions are transferred between organisations, for the new legislation to provide for any decisions taken by the body from which an existing function is transferring to be considered to have been taken by the body to which the function will transfer to ensure there is no gap in the law.

Interpretation

- 3.57 Paragraph 1 defines certain terms used in the schedule. In particular, it defines the “appointed day” as the day on which the article abolishing PMETB and transferring its functions to the GMC comes into force.

Education and training leading to the award of a Certificate of Completion of Training

- 3.58 Paragraph 2 relates to education and training approved by PMETB. It provides that any standards in relation to postgraduate medical education and training established by PMETB immediately before the appointed day shall be considered to have been established by the GMC and that any training providers, courses, qualifications etc approved by PMETB immediately before the appointed day shall be considered to have been approved by the GMC. Sub-paragraph (4) provides that any applications to PMETB for approval of postgraduate medical education and training under Article 4(6) of the 2003 Order which have not been resolved by the day that the Order comes into force will be resolved by the GMC. Sub-paragraph (5) provides that any conditions imposed by PMETB which are still in force on the appointed day shall be treated as having been imposed by the GMC.

Visiting Panels

- 3.59 Paragraph 3 provides that where a visiting panel appointed by PMETB undertakes a visit on or after the appointed day, that visit shall be conducted in accordance with the rules made by PMETB and which were in force immediately before the appointed day.

Information to be provided to the General Council

- 3.60 Paragraph 4 requires PMETB to provide the GMC with any information in its possession which would enable the GMC to discharge its new functions. Where PMETB has made a request for information under Article 9(2) of the 2003 Order (i.e. information concerning with the setting of standards for medical education and training, or the procedures for managing that education or training) before the named day, but which has not been supplied by the named day, that information must be provided to the GMC.

Award and withdrawal of a Certificate of Completion of Training

- 3.61 Paragraph 5 provides that applications for a CCT made to PMETB before the appointed day, but which have not been resolved by the appointed day, will be resolved by the Registrar of the GMC in accordance with the rules in force at the time of the application (i.e. those rules made by PMETB).

Requests for certificates of acquired rights

- 3.62 Paragraph 6 provides that requests for certificates of acquired rights made to PMETB before the appointed day, but which have not been dealt with by the appointed day, will be dealt with by the Registrar of the GMC in accordance with the rules in force at the time of the application (i.e. those rules made by PMETB).

Eligibility for entry in the General Practitioner Register and the Specialist Register

- 3.63 Paragraph 7 provides that where applications to be considered as a person who is eligible for inclusion on the GP or Specialist Register are made to the PMETB before the appointed day, but have not been determined by the appointed day, they will be determined by the Registrar of the GMC in accordance with the new section 34G(1) of the Medical Act 1983 (see paragraph 3.28).

Fees

- 3.64 Paragraph 8 provides that any fees payable to PMETB in respect of services provided before the appointed day but which have not been paid by that day will be payable to the GMC. The rules made by PMETB in respect of fees which are in force immediately before the appointed day will remain in force until such time as the GMC makes new rules.

EU functions

- 3.65 Paragraph 9 provides that anything that PMETB had been asked to do pursuant to its component authority functions, but which it has not completed or determined by the appointed day, will be dealt with by the GMC.

Appeals

- 3.66 Paragraph 10 relates to outstanding appeals with PMETB at the appointed day. It provides that all such appeals, whether they relate to approval of postgraduate education and training or to applications to go on to the GP or Specialist Register, are dealt with appropriately by the GMC.
- 3.67 In relation to appeals in respect of approvals, sub-paragraph (1) provides that these will be dealt with in accordance with the new procedures set up by new section 34K (see paragraphs 3.36 to 3.39 above). However, in doing so, the GMC must have regard to the standards established by PMETB at the time of application.
- 3.68 The GMC need only deal with these appeals if they are made within the time limits allowed for in the 2003 Order.

- 3.69 Sub-paragraphs (2) and (3) provide that persons in respect of whom PMETB has made certain decisions under the 2003 Order immediately before the appointed day shall have an appeal to the GMC against the decision taken by PMETB. These decisions are
- refusal or withdrawal of a CCT under Article 8;
 - failure to satisfy the Board of being an eligible general practitioner in accordance with Article 11(3) or (4);
 - failure to give a decision under Article 11(3) or (4) within the time period specified in Article 11(8);
 - failure to satisfy the Board of being is an eligible specialist in accordance with Article 14(3) or (4);
 - failure to give a decision under Article 14(3) or (4) within the time period specified in Article 14(9);
 - refusal to award a CCT when exercising its competent authority function specified in Article 19(6)(a);
 - failure to give a decision within the time period specified in Article 19(6)(a)(iii) in respect of an application to the Board as a consequence of its competent authority function specified in Article 19(6)(a); and
 - refusal to award a certificate of acquired rights under Article 12(3).
- 3.70 Sub-paragraph (4) provides that sub-paragraphs (1) to (3) only apply where a person has appealed against the decision within the time limits for making appeals set within rules made by PMETB.
- 3.71 Sub-paragraphs (5) and (6) provide that where decisions of the Registrar to refuse to include a medical practitioner on the GP Register or the Specialist Register has not been referred to a Registration Appeals Panel by the appointed day, then that decision may be referred to such a Panel, provided that notice of an appeal is given within 28 days.
- 3.72 Sub-paragraphs (7) and (8) provide that persons who have secured an appeal against an appealable decision made by PMETB and where the appeal has not been determined by the appointed day, that appeal will be carried over to the Registration Appeals Panel of the GMC in accordance with the GMC's procedures.
- 3.73 Sub-paragraphs (9) and (10) provide that where a Registration Appeals Panel determines an appeal under paragraph 3.73 above persons who have secured an appeal against such a decision by the appointed day, shall be entitled to make an appeal against PMETB's decision to a relevant court.
- 3.74 Sub-paragraphs (11) and (12) provide that relevant decisions, acts and omissions of PMETB shall, in relation to the application of Schedule 3A to the Act, be treated as having been made by the Registrar of the GMC. In determining such appeals the

Registration Appeals Panel must have regard to the standards made under the 2003 Order, or any relevant provisions of that Order in force at the time of the application.

Application of TUPE

- 3.75 Paragraph 11 provides that the transfer of functions from PMETB to GMC shall be treated as a relevant transfer for the purposes of the Transfer of Undertakings (Protection of Employment) Regulations 2006 apply, regardless of whether or not those regulations would apply in any case. The reason for including this provision is primarily to ensure that affected PMETB staff will transfer to the GMC on protected terms and conditions of service. It was therefore felt necessary to remove any doubt about whether TUPE would apply in this case.

Transfer of property, rights and liabilities

- 3.76 Paragraph 12 will enable the Privy Council to make an order providing for the transfer from PMETB to the GMC any property, rights and liabilities. It provides additionally that any order under paragraph 12 which transfers liabilities can only be made with the consent of the GMC. It is possible, however, that certain matters which were not foreseen – and were therefore not capable of being dealt with in the order referred to above – could come to light following the merger. These could potentially give rise to legal challenges and / or a claim for liability whether against the GMC or against PMETB itself (including individual Board members or employees or those acting on the Board's behalf). The Department therefore undertakes to handle and help to resolve any such claims that may arise, in conjunction with those concerned.

Financial and audit matters

- 3.77 Paragraph 13 will enable the GMC to prepare PMETB's accounts for the period until it is finally abolished and to carry out any other functions consequential on its abolition.

Consequential amendments and revocations

- 3.78 The remainder of the Order is concerned with amendments, repeals and revocations of legislation which are consequential on both the transfer of functions from PMETB to the GMC and the revocation of the 2003 Order.

4. The Postgraduate Medical Education and Training Order of Council 2010

4.1 This chapter deals with the draft Order of Council, which sets out detailed provisions relating to the categories of registered medical practitioners, other than those who have been awarded a CCT, who are eligible for entry in the GP Register and the Specialist Register kept by the GMC. The eligibility criteria are primarily derived from the Directive.

Articles 1 & 2:	Citation, Commencement and Interpretation
Article 3:	Persons Eligible to be Registered in the General Practitioner Register
Article 4:	Eligible General Practitioners Eligible for Entry in the General Practitioner Register
Article 5:	General Systems General Practitioners Eligible for Entry in the General Practitioner Register
Article 6:	Persons with Acquired Rights
Article 7:	Persons Eligible for Entry in the Specialist Register
Article 8:	Eligible Specialists Eligible for Entry in the Specialist Register
Article 9:	General systems specialists eligible for entry in the Specialist Register
Article 10:	Recognised Specialist Qualifications Granted Outside the United Kingdom
Article 11 & Schedule 1	Recognised Specialities within the United Kingdom

Citation, commencement and interpretation

Articles 1 and 2

4.2 Article 1 makes provision as to when the Order is to come into force.

4.3 Article 2 defines certain terms used in the Order.

Persons eligible to be registered in the General Practitioner Register

Article 3

4.4 New section 34C(2) of the Medical Act 1983 (see paragraph 3.19 above) will allow the Privy Council to specify by order categories of registered medical practitioners who are eligible for inclusion in the GP Register. Article 3(1) sets out the eligibility criteria for this category which reflect those currently provided for in the 2003 Order. These provide that the categories of registered medical practitioners who are eligible for entry into the General Practice Register are both those set out in both articles 4 and 5 (see below) and those who are on the list of visiting medical practitioners from the EU and are practising in this country as general practitioners on a temporary and occasional basis. If a person ceases to meet the criteria for inclusion in the GP Register, article 3(2) allows the Registrar to remove their name from that register.

Eligible general practitioners eligible for entry in the General Practitioner Register

Article 4

- 4.5 Article 4 transposes Articles 10 and 11 (1) to (4) of the 2003 Order and provides that exempt persons (being persons who are EEA nationals or who have enforceable Community rights entitling them to be treated as EEA nationals) and persons with an acquired right to practice as a GP, are eligible to be included on the GP Register. Since 1995, it has been a legal requirement that all doctors entering general practice in the National Health Service must have been trained to the standards required by the UK competent authority (or one of the other EEA competent authorities). Exempt persons and persons with an acquired right are eligible to be included on the GP Register provided that they are also eligible to be registered as a general practitioner under Article 3 and they: -
- hold a qualification and corresponding professional title issued in a relevant European State other than the UK (paragraph (1)(a));
 - hold a certificate of acquired rights (paragraph (1)(b));
 - hold a qualification in general practice which is not a recognised qualification, but is accompanied by a certificate of competent authority of a member State of the EU to the effect that the qualification is evidence of training which satisfies the requirements of that competent authority, and is treated by that state as if it were a qualification entitling that person to practice as a general practitioner in that country (paragraph (1)(c));
 - hold a certificate of prescribed experience or equivalent experience issued by the PMETB or the JCPTGP under the European Specialist Medical Qualifications Order 1995 or the 2003 Order (paragraph (2)), which means that the doctor completed training to UK standards prior to the establishment of the GP Register.
 - are exempt from the need to have acquired the prescribed experience under the National Health Service (Vocational Training for General Medical Practice) Regulations (exemptions) in the UK, Scotland or Northern Ireland because they were practicing as a GP before the JCPTGP was established (paragraph (3)).
- 4.6 Paragraph (4) provides that a person is also eligible for inclusion where they meet none of the conditions above but have undertaken training or been awarded qualifications in general practice, and the Registrar of the GMC is satisfied that one or both of these are equivalent to a CCT in general practice.
- 4.7 Paragraphs (5) and (6) qualify the provisions at paragraph (4). Where a person falls within paragraph (4) and holds a qualification which was not granted or previously accepted in a European State as qualifying that person to practice then the Registrar must be satisfied that the qualification meets minimum European standards. If the qualification was not granted in a European State but has been accepted by a relevant European State as qualifying that person to practise in that state then the Registrar must take the acceptance by that state into account in determining the adequacy of the

training or qualification. If a person has acquired experience or knowledge in general practice anywhere (including where derived from academic or research work) then the Registrar must take account of this in determining whether that person is eligible for inclusion on the GP Register.

- 4.8 All doctors entering general practice must have been trained to at least the standard required by either the UK competent authority or one of the other EEA competent authorities unless they have an acquired right. When the Directive was transposed into UK law it required the UK competent authority to specify the acquired rights that it recognised for the purpose of exercising general medical practice under its national social security scheme without a vocational training certificate. A person usually has an acquired right because they were entitled to work as a general practitioner before the Directive, which prescribed common European minimum standards of training for the first time, was brought into force. The transposition of the existing provisions into the Order of Council is necessary to enable such persons to continue to practice. Paragraph (7) defines “certificate of acquired rights” for the purpose of this article..

General systems general practitioners eligible for entry in the General Practitioner Register

Article 5

- 4.9 Article 5 provides that exempt persons who are eligible general systems general practitioners are eligible to be included on to the GP Register. These are persons whose qualifications were obtained in a third country and who have three years experience as a general practitioner in a European State which has recognised their qualifications and allowed them to practice there in accordance with their rules, and that State has certified this. Such persons have the right to practise as general practitioners in the UK by virtue of successfully completing any relevant adaptation period required under Part 3 of the General Systems Regulations, if they cannot demonstrate equivalence to a CCT or NHS GP / consultant standards, and are eligible to be registered in the GP Register.

Persons with acquired rights

Article 6

- 4.10 Article 6 transposes Schedule 6 to the 2003 Order and provides that a person falling into one of the specified categories in paragraph 2 has an acquired right. There is no change from the existing criteria conveying an acquired right to practice as a general practitioner in the UK, or to the administrative arrangements for notating the register where certain conditions apply in respect of such persons.

Persons eligible for entry in the Specialist Register

Article 7

- 4.11 New section 34E(2)(b) of the Medical Act 1983 (see paragraph 3.24 above) will allow the Privy Council to specify by order categories of medical practitioner who are eligible

for inclusion in the Specialist Register. Article 7(1) sets out the eligibility criteria for this category which reflect those currently provided for in the 2003 Order. These provide that the categories of registered medical practitioners who are eligible for entry into the Specialist Register are both those set out in both articles 8 and 9 (see below) and those who are on the list of visiting medical practitioners from the EU and are practising in this country as specialists on a temporary and occasional basis. If a person ceases to meet the criteria for inclusion in the Specialist register, article 7(2) allows the Registrar to remove their name from that register.

Eligible specialists eligible for entry in the Specialist Register

Article 8

4.12 Article 8 transposes Article 14 (1) and (4) to (7) of the 2003 Order and provides that a person is an eligible specialist if they are an exempt person (see paragraph 4.9 above) and:

(a) hold a recognised specialist qualification as detailed in Article 10 (paragraph (1)) (see paragraph 4.15 below);

(b) do not have such a qualification but have undertaken specialist training or have been awarded specialist qualifications in a recognised speciality (see the Schedule to the Order) and the Registrar accepts that one or both of these are equivalent to a CCT in that speciality (paragraph (3));

(c) have undertaken specialist training or been awarded specialist qualifications outside the UK in a speciality which is not recognised in the UK or has knowledge or experience in a medical speciality through academic or research work if the Registrar is satisfied that these give them the level of skills and knowledge consistent with practice as a consultant in the UK (paragraph (4));

4.13 In relation to cases covered by paragraphs (3) and (4) paragraph (5) provides that where the qualification of the person applying to be an eligible specialist has not been accepted as qualifying that person to practice by a relevant European state, then the Registrar must be satisfied that the qualification meets minimum European requirements as set out at Article 25 of the Directive.

4.14 Paragraph (6) applies if the person who has applied to be an eligible specialist holds a qualification which was not granted by a relevant European State but has been accepted by one as qualifying the person to practise in that State, or where they have acquired specialist medical expertise or knowledge, then the Registrar must take account of the acceptance by that other European State, or of the experience or knowledge acquired in determining the adequacy of the education or training.

4.15 Paragraph (7) provides that a person is also an eligible specialist if they were included in the Specialist Register maintained by the General Council under previous legislation, were an eligible specialist as determined in accordance with that legislation, or hold a CCST awarded under that legislation.

- 4.16 'Specialist training' is defined in paragraph (8) as specialist medical training; -
- comprising of theoretical and practical instruction in a specifically designated training post,
 - taking place in a university centre, teaching hospital or health establishment,
 - supervised by an appropriate authority or body, and,
 - which involves the personal participation of the trainee in the activity and in the responsibilities of the establishment concerned

General systems specialists eligible for entry in the Specialist Register

Article 9

- 4.17 Article 9 applies to exempt persons (see paragraph 4.9 above) who are eligible general systems specialists i.e. persons whose qualifications were obtained in a third country and who have three years experience in their speciality in a European State which has recognised their qualifications and allowed them to practice there in accordance with their rules, and the State has certified this. Where such persons also have the right to practise as specialists in the UK by virtue of successfully completing the relevant adaptation period where that is required under Part 3 of the General Systems Regulations, then they are eligible to be included in the Specialist Register

Recognised specialist qualifications granted outside the United Kingdom

Article 10

- 4.18 Article 10 transposes Article 15(1)(c) to (f) of the 2003 Order and prescribes the specialist qualifications granted outside the UK which must be recognised when determining whether a registered medical practitioner is eligible for entry onto the Specialist Register. There is no change to the arrangements currently in place in respect of specialist qualifications granted outside the United Kingdom which will be recognised by the UK competent authority.
- 4.19 The 'reference date' in relation to European States can be found in Article V of the Directive.

Recognised specialities within the United Kingdom

Article 11 & Schedule 1

- 4.20 Article 11 of, and Schedule 1 to, the Order of Council prescribe the medical specialities that the UK recognises and the minimum training period for those specialities where applicable. It also specifies the specialities with no minimum training period. These have not altered from the previous legislation and are those permitted by the Directive. The plan is that the final version of the Order of Council will both reflect two new specialities,

Acute Internal Medicine and Community Reproductive and Sexual Health and the decommissioning of Cytogenetics and Molecular Genetics, in respect of which, it is anticipated, separate legislation will be enacted later this year.

5. Consultation next steps

Individuals and organisations are invited to submit comments on any issues dealt with in the draft orders attached to this paper.

Response to the Consultation

Replies to this consultation should be received no later than 28th August 2009. Please respond using the question template provided on the website. If you cannot access the question template, please e-mail the address below or write to us and we will send the consultation document and / or template to you. If you e-mail your response, please do not send a duplicate hard copy.

The document is available on the Department of Health website at <http://www.dh.gov.uk/consultations/liveconsultations>. It can also be found on the GMC and PMETB websites.

You can respond by e-mail to HRDListening@dh.gsi.gov.uk. You may also respond in writing to:

PMETB Order Consultation
Department of Health
Room 2N12
Quarry House
Quarry Hill
Leeds
LS2 7UE

Attachments to e-mails should be in Microsoft word or rich text format only please.

Please indicate whether you are replying as an individual or on behalf of an organisation or group of people. Your response may be made public, but if you would prefer it to remain private please make this clear in your reply.

Comments or Complaints about the Consultation Process

If you have concerns or comments which you would like to make relating specifically to the consultation process itself please

contact Consultations Coordinator
Department of Health
3E48, Quarry House
Leeds
LS2 7UE

e-mail consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information

We manage the information you provide in response to this consultation in accordance with the Department of Health's [Information Charter](#).

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Summary of the consultation

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Consultations website at

<http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm>

Annex A

Code of Practice of Consultation

Criteria for consultation

This consultation follows the 'Government Code of Practice', in particular we aim to:

- formally consult at a stage where there is scope to influence the policy outcome;
- consult for at least 12 weeks with consideration given to longer timescales where feasible and sensible;
- be clear about the consultations process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
- ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach;
- keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' 'buy-in' to the process;
- analyse responses carefully and give clear feedback to participants following the consultation;
- ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practice is on the Better Regulation website at:

[Link to consultation Code of Practice](#)

Annex B

Summary of Consultation Questions

The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2009

The Postgraduate Medical Education and Training Order of Council 2010

1. Do you agree that it makes sense for there to be a consultation on the draft Order of Council, alongside the draft 2009 Order?
2. Do you agree that the responsibility and the associated legislative powers for all medical education and training should be vested in a single body?
3. Do you agree that PMETB merging into GMC is the preferred method of creating an ideal regulatory body in medical education?
4. Do you agree that the cost drivers and benefits identified in the impact assessment are the main cost and benefit drivers of the options set out?
5. Do you agree that it makes sense to merge the two bodies before undertaking a comprehensive review of the system?
6. Do you agree that it makes sense to integrate procedures in respect of both undergraduate and postgraduate education where possible, unless there are compelling reasons otherwise?
7. Do you agree that in merging PMETB's statutory functions with those of the GMC, the Council should continue to have the flexibility to organise those new functions in such a way as to carry them out efficiently and effectively?

Annex C

Policy Options and Analysis

1. Background

Following extensive consultation, including the e-consultation of 4630 medical professionals and analysis of the existing situation, the Independent Inquiry into Modernising Medical Careers, defined the features of an ideal regulatory authority that would improve the quality of medical regulation. They stated:

'It is clear from the evidence received that the profession perceives the need for a regulatory authority that is external to government, has strong lay representation and works in close partnership with the profession, drawing fully on relevant specialist expertise. In the view of the Inquiry, the ideal Regulatory Authority would also facilitate flexible training and ideally embrace the essential continuum of medical education from undergraduate studies through to revalidation and continuing professional development.'

In view of the principle that regulation and service provision (through the NHS) should be kept entirely separate, the Inquiry specifically recommended that the regulator should be independent of the NHS, the monopoly employer.

Table 1: The extent to which the current medical regulatory authorities meet the features of an ideal regulatory authority – the policy objectives

Features of an ideal regulatory authority	GMC	PMETB
Single regulatory authority	No	No
External to government and NHS	Yes	No
Strong lay representation	Yes	Yes
Works in close partnership with the profession	Yes	Yes
Facilitate flexible training	No	No
Embrace continuum of medical education	No	No
Meets all features	No	No

2. Options

We considered four options:

Option 1: Do nothing: continue with the existing two medical regulatory bodies

Option 2: Merge PMETB into GMC

Option 3: Merge GMC into PMETB

Option 4: Create a new single medical regulatory body

Table 2: The extent to which each policy option meets the features of an ideal regulatory authority – the policy objectives

Features of an ideal regulatory authority	Option 1	Option 2	Option 3	Option 4
Single regulatory authority	No	Yes	Yes	Yes
External to government and NHS	No	Yes	No	Yes
Strong lay representation	Yes	Yes	Yes	Yes
Works in close partnership with the profession	Yes	Yes	Yes	Yes
Facilitate flexible training	No	Yes	Yes	Yes
Embrace continuum of medical education	No	Yes	Yes	Yes
Meets all features	No	Yes	No	Yes

Table 3: Summary of benefits of Options 1 – 4

Benefits	Option 1	Option 2	Option 3	Option 4
Meets criteria of ‘ideal regulatory authority’	No	Yes	No	Yes
No change/narrow extension of remit	Yes	Yes	No	No
Current expertise in medical regulation	Yes	Yes	Yes	No
Strong reputation for medical regulation	Partial	Yes	Partial	No
Strong reputation for education quality enhancement	Partial	Yes	Partial	No
Greater resources than the other body	Not applicable	Yes	No	Not applicable
Cohesive IT strategy	Partial	Yes	No	No
Option favoured by the medical profession	No	Yes	No	No
Could bring about swift and efficient changes to postgraduate education	No	Yes	Yes	No

Table 4: Summary of risks of Options 1 – 4

Risks	Option 1	Option 2	Option 3	Option 4
Staff loss	Low	Medium	High	High
Inability to maintain business continuity	Low	Medium	Medium	High
Failure to deliver a ‘single continuum’ of medical education	High	Low	Low	Unknown
Functioning and behaving as separate bodies after assimilation	Not applicable	Medium	High	Not applicable
Reputational damage to government by failing to deliver promptly	Not applicable	Low	High	High
Unknown body	Low	Low	Low	High

3. Option 1: Do nothing and continue with the existing two medical regulatory bodies

The Independent Inquiry into Modernising Medical Careers concluded:

“Despite most authorities acknowledging that medical education should be seamless from undergraduate days through to continuing professional development the regulation

of medical education is divided between two bodies: the GMC is responsible for undergraduate education, FY1, CPD and revalidation, whilst PMETB is responsible for Postgraduate Training post FY1, apart from FY2 which is theoretically unregulated but in practice shared between the GMC and PMETB. Such a duplicated regulatory structure creates diseconomies, fails clearly to link registration, certification and revalidation in the same body, permits the development of different cultural approaches and promotes the separateness of the trainee mentality. One body is therefore preferable”

In Option 1 almost none of the features of an ‘ideal regulatory authority’ are met and the current problems, as outlined above would continue.

Table 5: Brief explanation for scores for Option 1

Features of an ideal regulatory authority	
Single regulatory authority	No: GMC and PMETB will maintain separate functions.
External to government and NHS	No: PMETB is sponsored by the Department of Health
Strong lay representation	Yes: Both boards include lay representatives
Works in close partnership with the profession	Yes: Both bodies work in close partnership with the profession.
Facilitate flexible training	No: Regulation is discontinuous with two bodies
Embrace continuum of medical education	No: Regulation is discontinuous with two bodies
Benefits	
Meets criteria of ‘ideal regulatory authority’	No: see above
No change/narrow extension of remit	Yes: there would be no change in remit
Current expertise in medical regulation	Yes: Both bodies have significant expertise
Strong reputation for medical regulation	Partial: GMC has been established since 1858 and has a strong reputation. PMETB however was established in 2005 and does not yet have the same level of reputation.
Strong reputation for education quality enhancement	Partial: GMC has been established since 1858 and has a strong reputation. PMETB however was established in 2005 and does not yet have the same level of reputation.
Greater resources than the other body	Not applicable: there would be no change
Cohesive IT strategy	Partial: PMETB’s IT system is in urgent need of development; GMC has established a cohesive IT strategy with reliable, secure IT hardware and software, and support staff.
Option favoured by the medical profession	No: At least 82% of doctors favour a different option
Could bring about swift and efficient changes to postgraduate education	No: The discontinuity across the continuum of medical education inhibits these changes from being made.
Risks	
Staff loss	Low: As there will be no change from the current situation, it is felt the loss of staff will be unchanged.

Inability to maintain business continuity	Low: The situation will continue as before.
Failure to deliver a 'single continuum' of medical education	High: The two bodies will continue to regulate different stages of medical education.
Functioning and behaving as separate bodies after assimilation	High: they will continue to be separate bodies.
Reputational damage to government by failing to deliver promptly	Not applicable: the current situation would be unchanged.
Unknown body	Low: GMC and PMETB are both known bodies.

Costs of Option 1

Option 1 represents no change to current cost.

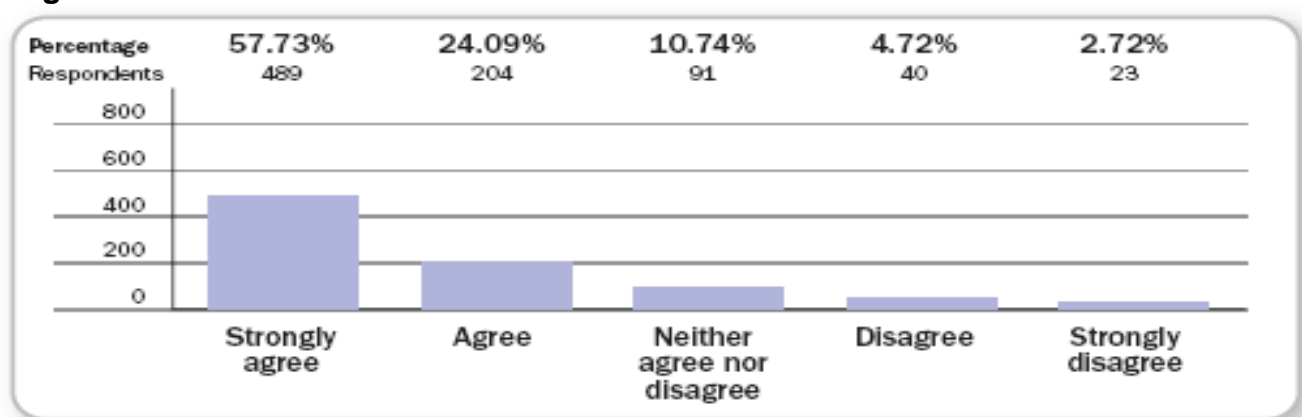
4. Option 2: Merge PMETB into GMC

The Independent Inquiry into Modernising Careers recommended assimilation of PMETB into GMC in its interim report of October 2007:

“PMETB should be assimilated in a regulatory structure within GMC that oversees the continuum of undergraduate and postgraduate medical education and training, continuing professional development, quality assurance and enhancement. The greater resources of the GMC would ensure that the improvements that are needed in postgraduate medical education will be achieved more swiftly and efficiently. To this end the assimilation should occur as quickly as possible”. (Recommendation 30)

A further round of e-consultation of medical professionals on the findings of the interim report revealed that this recommendation was strongly supported, with 82% of respondents agreeing or strongly agreeing with the recommendation (Diagram 2). Consequently this recommendation was carried forward unchanged to the final report of the inquiry.

Diagram 2



The Inquiry further stated:

“Co-location of such regulatory functions in a single regulatory body is perceived as offering the potential for shared expertise and philosophy as well as value for money derived from economies of scale. The ideal regulatory authority would also report direct to Parliament rather than through the Department of Health, given the fact that

approximately 25% of UK doctors do not work for the NHS and thus the authority should be independent of the monopoly employer. The financial burden of regulation falls heavily on the trainee under PMETB and many feel it more appropriate that such costs should be borne by the profession as a whole”.

Table 6: Brief explanation for scores for Option 2

Features of an ideal regulatory authority	
Single regulatory authority	Yes: PMETB would be merged into GMC to create a single body
External to government and NHS	Yes: GMC is currently independent.
Strong lay representation	Yes: 50% of GMC's board are lay representatives.
Works in close partnership with the profession	Yes: GMC has strong links with the profession.
Facilitate flexible training	Yes: GMC has the necessary resources and expertise, and this would be facilitated by having a single regulator across the continuum of medical education.
Embrace continuum of medical education	Assimilating the intermediate component of medical education would embrace the continuum of medical education from undergraduate studies through to revalidation and continuing professional development, promoting seamlessness and cohesion of medical education and training, and facilitating links between accreditation, registration, certification and revalidation
Benefits	
Meets criteria of 'ideal regulatory authority'	Yes: See above.
No change/narrow extension of remit	Yes: The GMC already regulates two of the three components of medical education effectively and efficiently; while this is a significant extension of GMC's remit, it is in a functional area in which GMC already has a strong track record.
Current expertise in medical regulation	Yes: The GMC has expertise in medical regulation
Strong reputation for medical regulation	Yes: The GMC has a strong reputation in medical regulation
Strong reputation for education quality enhancement	Yes: The GMC has a strong reputation for quality enhancement of undergraduate education that could be utilised for developing postgraduate education.
Greater resources than the other body	Yes: The net operating cost of PMETB in 2007/08 was £1,171,269; the net operating cost of GMC in 2007: £73,642,000.
Cohesive IT strategy	Yes: GMC has established a cohesive IT strategy with reliable, secure IT hardware and software, and support staff.
Option favoured by the medical profession	Yes: 82% of the medical profession favour Option 2

Could bring about swift and efficient changes to postgraduate education	The greater resources of the GMC would ensure that the improvements needed in postgraduate medical education would be achieved swiftly and efficiently while harnessing the expertise of PMETB.
Risks	
Staff loss	Low: There is a risk that there will be staff lost during the transition period; there is no plan for redundancies, and due to its greater scale, the GMC is able to commit to providing comparable jobs after the merger.
Inability to maintain business continuity	Low: There may be some disruption during the transition period, particularly for PMETB where there is a greater degree of uncertainty among staff, but GMC's greater scale allows for application of project planning and management resources
Failure to deliver a 'single continuum' of medical education	Low: This option would deliver the single continuum of medical education.
Functioning and behaving as separate bodies after assimilation	Low: Co-location will enable functional integration.
Reputational damage to government by failing to deliver promptly	Medium: This option is likely to be achieved in the stated timescale.
Unknown body	Low: Both bodies are known and proven.

Costs of Option 2

The following are cost drivers:

- Current separate running costs of GMC and PMETB, and the expected running costs of the merged organisation, including: staff costs, HR costs (e.g. assimilating sick pay, pensions and benefits), and infrastructure costs (e.g. IT, property costs).
- Transition costs of the assimilation of PMETB into GMC, including legal advice, business critical staff retention, learning and development, professional advice, audit, board and committee costs, moving costs, and salaries of staff conducting functions relating to the assimilation).
- Changes to fees or subsidies due to the assimilation of PMETB into GMC

5. Option 3: Merge GMC into PMETB

Table 7: Brief explanation for scores for Option 3

Features of an ideal regulatory authority	
Single regulatory authority	Yes: GMC would be merged into PMETB to create a single body, but there would continue to be separate regulators for other aspects of professional regulation.
External to government and NHS	No: PMETB is sponsored by the Department of Health.
Strong lay representation	Yes: PMETB's board includes lay representatives

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Works in close partnership with the profession	Partial: PMETB has been negatively perceived as taking authority from the Royal Colleges, and failing to establish a collaborative relationship.
Facilitate flexible training	Yes: the creation of a continuum of medical education would facilitate this.
Embrace continuum of medical education	Yes: Assimilating the initial and final components of medical education would embrace the continuum of medical education from undergraduate studies through to revalidation and continuing professional development, promoting seamlessness and cohesion of medical education and training, and facilitating links between accreditation, registration, certification and revalidation
Benefits	
Meets criteria of 'ideal regulatory authority'	No: See above
No change/narrow extension of remit	No: PMETB currently regulates only one of the three stages of medical education, thus this option would require a wide extension of remit.
Current expertise in medical regulation	Yes: PMETB has expertise in medical regulation though it has been established for a much shorter period than GMC.
Strong reputation for medical regulation	Partial: PMETB only started operating in 2005.
Strong reputation for education quality enhancement	Partial: PMETB only started operating in 2005.
Greater resources than the other body	No: The net operating cost of PMETB in 2007/08 was £1,171,269; the net operating cost of GMC in 2007: £73,642,000.
Cohesive IT strategy	No: PMETB's IT system is in urgent need of development
Option favoured by the medical profession	No: At least 82% of the medical profession do not favour this option – no assumption could be made about their willingness to continue an approach which had virtually no support.
Could bring about swift and efficient changes to postgraduate education	Yes: The combined resources of the GMC and PMETB would ensure that the improvements needed in postgraduate medical education would be achieved swiftly and efficiently while harnessing the expertise of GMC.
Risks	
Staff loss	High: There is a risk that there will be staff lost during the transition period; there is no plan for redundancies.
Inability to maintain business continuity	Medium: There may be some disruption during the transition period.
Failure to deliver a 'single continuum' of medical education	Low: This option would deliver the single continuum of medical education.
Functioning and behaving as separate bodies after assimilation	High: They may continue to function as separate bodies; this risk could be reduced by GMC relocating to the PMETB's building; this is not viable due to a lack

	of accommodation space.
Reputational damage to government by failing to deliver promptly	High: Assimilating a larger body into a smaller body will lead to greater cost and disruption, and may lead to delays.
Unknown body	Low: GMC and PMETB are known regulators.

Costs of Option 3

GMC is a much larger body than PMETB. It is significantly more expensive, disruptive and unnecessarily risky for a larger body, in this case the GMC, to merge into a smaller body, PMETB. As a result, this option would lead to greater cost, for less benefit.

Cost drivers of any merger include:

- Synchronising IT systems: e.g. email accounts
- Synchronising HR e.g. pay scales, pensions
- Synchronising Organisation values/rules
- Physical relocation costs
- Costs of managing the merger

The above bullet points indicate just some of the costs drivers of any merger. The larger the number of people that are required to move organisation as result of a merger, the higher the costs. It is therefore not possible that option 3 would be cheaper than option 2 (PMETB to merge into GMC) due to the relative size of the organisations.

It can be seen from the qualitative assessments that this long-list option would fail to meet all of the policy objectives and would incur a greater cost. It is therefore not viable and has not been short-listed.

6. Option 4: Create a new single medical regulatory body

Table 8: Brief explanation for scores for Option 4

Features of an ideal regulatory authority	
Single regulatory authority	Yes: a new body could be designed to meet the features of an ideal regulatory authority
External to government and NHS	Yes: a new body could be designed to meet the features of an ideal regulatory authority
Strong lay representation	Yes: a new body could be designed to meet the features of an ideal regulatory authority
Works in close partnership with the profession	Yes: a new body could be designed to meet the features of an ideal regulatory authority
Facilitate flexible training	Yes: a new body could be designed to meet the features of an ideal regulatory authority
Embrace continuum of medical education	Yes: a new body could be designed to meet the features of an ideal regulatory authority
Benefits	
Meets criteria of 'ideal regulatory authority'	Yes: a new body could be designed to meet the features of an ideal regulatory authority

No change/narrow extension of remit	No: The body would be created and therefore would have no previous remit: this option would represent a massive new remit.
Current expertise in medical regulation	No: This new body would have no previous expertise in medical regulation (though would likely draw on expertise from the current regulators)
Strong reputation for medical regulation	No: This new body would have no previous reputation.
Strong reputation for education quality enhancement	No: This would be a new body with no previous expertise in education or quality enhancement (though would likely draw on expertise from the current regulators)
Greater resources than the other body	Unclear: Creating a new body would create very high costs.
Cohesive IT strategy	No: A new body would need to develop a new IT strategy.
Option favoured by the medical profession	No: At least 82% of doctors disfavour this option.
Could bring about swift and efficient changes to postgraduate education	No: This body would have no previous experience of medical education (though would likely draw on expertise from the current regulators).
Risks	
Staff loss	High: The GMC and PMETB would both cease to exist, causing major disruption and unemployment, with massive potential loss of skills.
Inability to maintain business continuity	High: The period of transfer of duties would lead to massive disruption.
Failure to deliver a 'single continuum' of medical education	Low: a new body could be designed to deliver a single continuum.
Functioning and behaving as separate bodies after assimilation	Medium: in theory this would be a new body with no assimilation; in practice, many of its employees would likely come from GMC and PMETB and may behave accordingly.
Reputational damage to government by failing to deliver promptly	High: Creating a new body, and dissolving the current two bodies, would be expensive, disruptive, and would take time.
Unknown body	High: This new body would have no reputation and would have to build confidence in its ability to deliver its responsibilities.

Costs of Option 4

Creating a new body is substantially more expensive than assimilating one body into another, and would cause maximum disruption and take maximum time to create.

Cost drivers of a new organisation include:

- Designing and building sufficient IT systems: e.g. email accounts
- Developing and implementing HR policies e.g. pay scales, pensions
- Developing and implementing organisation values/rules
- Accommodation costs e.g. finding suitable accommodation
- Costs of managing the establishment of a new organisation
- Branding costs e.g. logo, website, stationary
- Promotional/publicity costs e.g. ensuring stakeholders are aware of the new organisation and its functions.

The above bullet points indicate just some of the cost drivers of establishing a new single organisation. Not all of these costs apply to option 2, and those that do so would be on a smaller scale as they affect fewer people and / or would build on what is already in place. It is therefore not possible that option 4 would be cheaper than option 2.

This long-listed option of creating a new body might be designed to meet all of the policy objectives, and thus the features of an 'ideal regulatory authority'. However, in view of the fact that another option (option 2) exists that meets all of the policy objectives, the high expense and extreme disruption render this option not viable and thus it has not been short-listed. As a result, the large amounts of time and resources required to fully quantify the costs of this option have not been committed.

7. Conclusion

It can be seen from the assessments of costs, benefits and risks that:

- Option 1 (do nothing) is relatively low risk with no change to current costs. However, it delivers few benefits and, fundamentally, fails to meet the policy objectives around improving the current quality of medical regulation. Therefore this option is not viable.
- Option 2 (merge PMETB into GMC) meets all the policy objectives and delivers a full range of benefits whilst maintaining a medium / low level of risk.
- Option 3 (merge GMC into PMETB) does not meet all of the policy objectives and delivers few benefits. It is also shown to be higher risk and higher cost than option 2, and thus not viable.
- Option 4 (new single regulatory body) meets all the policy objectives. However it does not deliver a full range of benefits and has been shown to be relatively high risk and high cost. Therefore, this option is not viable.

From the analysis above it is clear that Option 2 is the preferred option. This option meets all the policy objectives by delivering the 'ideal regulatory authority' recommended by Tooke (and previously by the Merrison Report and Bristol Inquiry) as an independent regulatory authority embracing the full continuum of medical education and training. Prompt assimilation would enable achievement of the benefits identified from the merger.

Health impact assessment

PMETB staff will be subject to GMC terms and conditions following assimilation. We would of course expect improved quality of medical regulation to increase patient safety for all people using healthcare services. The screening questions raised no additional issues.

Equality assessment

Title:	Merger of PMETB into the GMC
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Negative impact

The proposed policy is not likely to impact negatively on equality in relation to disability, ethnicity, gender, sexual orientation, age, religion or belief.

- Will the policy present any **problems or barriers** to any community or group? NO
- Will any group of people be **excluded** as a result of your policy? NO
- Does the policy have the potential to **worsen** existing discrimination and inequality? NO
- Will the policy have a negative effect on **community relations**? NO

Positive impact

The proposed policy is not likely to impact positively on equality in relation to disability, ethnicity, gender, sexual orientation, age, religion or belief.

Evidence

Effects of merger on equality and diversity

The GMC and PMETB are firmly committed to promoting equality and valuing diversity both in terms of fulfilling statutory legal obligations and in order to meet aspirations in terms of embodying best practice. Both bodies currently have well-established equality and diversity principles. PMETB staff will be subject to GMC's equality policy following the merger.

The GMC promotes equality and values diversity. Its equality scheme was created following wide consultation, including patients, public, doctors, staff, and a wide variety of organisations. The equality scheme gathers information about the effects of its policies and practices on equality and diversity, including the extent to which equality and diversity is promoted in their staff, and taken into account in its services and functions. The guiding principle of the GMC is to place the elimination of unlawful discrimination and the promotion of equality of opportunity at the heart of their policy-making and decision making. The GMC has appointed a Director or 'champion' for equality and diversity. Addressing equality and diversity issues will form an integral part as the merger of PMETB and GMC develops.

An independent consultancy report on equality and diversity at the GMC, undertaken in January 2009, included a review of the PMETB approach and revealed that there are several common areas in the PMETB and GMC approach to equality and diversity. In bringing the two

organisations together there is likely to be scope for exchange and learning on equality and diversity. Indeed, equality and diversity is an agreed area of joint work between the GMC and PMETB in the period leading up to the merger.

The GMC's Business Plan for 2009 includes a specific commitment 'to develop further and implement our strategy for valuing diversity and promoting equality in all aspects of our work'. This commitment will ensure that equality and diversity sit at the heart of policy development and decision making following the merger.

Equality impact assessments for each of the governance and project management arrangements that will be used for the merger of PMETB with the GMC will be undertaken. In line with best practice, these assessments will continue alongside each strand of policy as it develops. This will ensure that the equality and diversity implications are fully embedded and are considered as an integral part of the transitional arrangements.

Council and Staff composition

The GMC Council (comprising 24 members) will continue as the governing body following the merger of PMETB with the GMC. The Board of PMETB will cease its function following the merger.

The GMC Council members were appointed by the Appointments Commission – their term of office is fixed for a four year period and took effect from 1 January 2009. The Appointments Commission monitored the diversity of all applicants and holds information on the gender, age, ethnicity and disability of all Council members. There are 24 council members – 12 are medical members; 12 are lay members.

Of the 12 medical members of Council:

- 8 have declared themselves as White – British, 1 as White – Irish, 1 as Asian, and 2 as Indian
- 5 are male, 7 are female
- 1 has declared a disability
- 1 is aged 20-30, 8 are aged 51-60 and 2 are aged 61-70.

Of the 12 lay members of Council:

- All are white, with 11 declaring themselves as White – British and 1 as White – other
- 9 are male, 3 are female
- 2 have declared a disability
- 1 is aged 41-50, 5 are aged 51-60, 5 are aged 61-70, and 1 is aged 71-80

The GMC monitors the diversity of its workforce (and other areas of its operation, such as the diversity of Fitness to Practise panellists). PMETB adopts a similar approach. 62.5% of GMC's total workforce are women. 20% of the senior management team (Directors and Assistant Directors) are women; 39% of Head of Section are women. The GMC aims to investigate ways to increase the representation of women at senior management level. 8% of the workforce work part time, others work from home; the GMC's flexible working policy is open to all.

Staff conditions

Every aspect of Human Resources (HR) in the GMC is intrinsically linked to diversity, and as an organisation the GMC has made a commitment to policies and procedures that are fair, objective, transparent, and free from discrimination. The full suite of HR policies, procedures

and advice in place to assist PMETB employees in assimilating into the GMC will take all equality issues into account.

The GMC's maternity and paternity schemes go beyond statutory requirements.

The GMC undertook a pay analysis in March 2006 to address the gender pay gap. This has led to an equal pay audit in order to ensure that equal pay issues are effectively identified and resolved.

The GMC provides a dedicated Information Systems helpdesk and a Facilities Service which provides a service to disabled staff requiring a range of technological and building-related reasonable adjustments. They have undertaken DDA building audits across all their offices. The GMC's transitional HR processes will ensure the inclusion of support for PMETB staff being assimilated into the GMC who may require reasonable adjustments to be made to the workplace or to their working arrangements.

Staff training

All staff are required to attend diversity training (level 1); those employees with policy making, planning and key service delivery roles attend a higher level of training (level 2). The GMC staff intranet provides equality e-learning, material about the Equality Scheme, the Equality and Diversity Reference Group (EDRG), the Equality Impact Assessment procedure, and the results of their Communications Accessibility Audit, in addition to their Valuing Diversity resource guides, developed to provide information and advice on diversity and equal opportunities to healthcare professionals.

Equality impact of merger on doctors

There is not expected to be a disproportionate impact on the equality strands. The two organisations will work closely together on key policy areas to ensure there will be no negative equality impact on registrants.

Fitness to practise

Of doctors subject to completed fitness to practise hearings during January to November 2007, 83.3% were male and 16.7% female. There is also overrepresentation of international medical graduates within fitness to practise procedures. The GMC has undertaken extensive research to seek explanations and address these as appropriate.

The recruitment process for examiners for the fitness to practise panel were 'equality proofed' to avoid discrimination on GMC's behalf by Third Vision Consultancy. Of the 11 Examiners appointed, five are women, three are from ethnic minority groups, and one is registered disabled. The same procedure was taken for recruitment of panellists (66% male, 34% female). All panellists are required to undertake induction and refresher training in equality and diversity.

Monitoring

Following introduction of new policies, the GMC conducts a post-implementation review and evaluation (PIRE) that from 2007 has included diversity outcomes to monitor the impact of all policies on equality and diversity.

The GMC collects equality monitoring data from staff on recruitment, with an update at least every two years.

The GMC collects gender, age (via date of birth), and ethnicity from doctors at registration. The GMC recently embarked on an exercise to collect ethnicity data from existing registrants – 164,000 responses were received, which equates to approximately 66% of doctors on the Medical Register. The GMC plans to collect disability data from doctors in 2010.

The GMC is part of a dedicated forum, which meets quarterly, to discuss and share best practice on general diversity issues in the medical profession. The forum includes representatives from the Department of Health, NHS Employers, and the British Medical Association.

Current Equality Policies

GMC's full equality policy is available here: http://www.gmc-uk.org/about/equality_scheme/index.asp

PMETB's full equality policy is available here: <http://www.pmetb.org.yk/index.php?id=equality>

Screening assessment

Adverse impact is unlikely, but positive impact is also unlikely. A full Equality Impact Assessment is therefore not required.

Related publications

1. Independent Inquiry into Modernising Medical Careers
http://www.mmcinquiry.org.uk/Final_8_Jan_08 MMC_all.pdf
2. The Secretary of State for Health's response to Aspiring to Excellence: Final report of the Independent Inquiry into Modernising Medical Careers
http://www.dh.gov.uk/en/Publicationsandstatistics/DH_083203
 - a. Merrison Report
Royal Commission on the National Health Service. (Cmnd. 7615) London: HMSO, 1979
3. Calman Report
Hospital doctors' training for the future: the report of the Working Group on Specialist Medical Training. London: Dept. of Health, 1993.
4. The Bristol Inquiry
www.bristol-inquiry.org.uk
5. The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003
<http://www.opsi.gov.uk/SI/si2003/20031250.htm>

Citation and commencement

1.—(1) This Order may be cited as the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010.

(2) This article, articles 2, 5, 6 and 8 and Schedule 2 come into force on the day after the day on which this Order is made.

(3) Any other provision of this Order which confers, amends or substitutes powers enabling rules, regulations or orders to be made, comes into force on the day after the day on which this Order is made, but only for the purpose of the exercise of those powers.

(4) Except as provided for by paragraph (2) or (3), the provisions of this Order come into force on such day as the Privy Council may by order appoint.

(5) Different days may be appointed by an order under paragraph (4) for different provisions or different purposes.

Interpretation

2. In this Order, “the 1983 Act” means the Medical Act 1983(a).

Abolition of the Postgraduate Medical Education and Training Board

3. The Postgraduate Medical Education and Training Board is abolished.

Amendments to the Medical Act 1983

4. The amendments to the 1983 Act set out in Schedule 1 have effect.

Transitional, transitory and saving provisions

5.—(1) The transitional, transitory and saving provisions set out in Schedule 2 have effect.

(2) In connection with the commencement of any provision of this Order, the Privy Council may by order make such transitional, transitory or saving provisions as it considers appropriate.

(3) The power to make an order under paragraph (2) may be exercised—

(a) so as to make different provision—

(i) with respect to different cases or different classes of cases, or

(ii) in respect of the same case or class of case for different purposes;

(b) in relation to all cases to which the power extends or in relation to all those cases subject to specified exceptions; or

(c) so as to make any supplementary, incidental or consequential provisions which the Privy Council considers necessary or expedient.

Privy Council procedures etc.

6.—(1) The power of the Privy Council to make an order under article 1(4) or 5(2) may be exercised by any two or more members of the Privy Council.

(2) The power to make an order under article 1(4) or 5(2) shall be exercisable by statutory instrument.

(3) The making of an order under article 1(4) or 5(2) shall be sufficiently signified by an instrument signed by the Clerk of the Privy Council.

(a) 1983 c.54.

(4) For the purposes of section 1 of the Statutory Instruments Act 1946^(a) (definition of “Statutory Instrument”), any power to which paragraph (2) applies is to be taken to be conferred by an Act of Parliament.

(5) Where an order of the Privy Council under this Order is signified by an instrument purporting to be signed by the Clerk of the Privy Council, that shall be evidence, and in Scotland sufficient evidence, of—

- (a) the fact that the order was duly made; and
- (b) the order’s terms.

Consequential amendments and revocations

7.—(1) The consequential amendments to primary legislation set out in Part 1 of Schedule 3 have effect.

(2) The consequential amendments to subordinate legislation set out in Part 2 of Schedule 3 have effect.

(3) The revocations of subordinate legislation set out in Part 3 of Schedule 3 have effect.

Extent

8.—(1) Subject to paragraph (2), this Order extends to England and Wales, Scotland and Northern Ireland.

(2) The extent of the amendment or revocation of any enactment in Schedule 3 is the same as that of the amended or revoked enactment.

Name
Clerk of the Privy Council

SCHEDULE 1

Article 4

Amendments to the Medical Act 1983

1. In section 29A(5)(b)(regulations as to licence to practise and revalidation), omit—

- (a) the definition of “General Practitioner Register”; and
- (b) the definition of “Specialist Register” and the word “and” immediately before it.

2. In section 29B(2A)(a)(c)(grant, refusal and withdrawal of licence), for “area” substitute “field”.

3. In section 29G (guidance on licences to practise)—

- (a) in subsection (2)(b), for “the health service, the Scottish health service or the Northern Ireland health service”, substitute “any of the UK health services”;
- (b) omit subsection (3).

4. In section 30(d) (the registers)—

- (a) before subsection (1), insert—

“(A1) In this Part, “the registers” means—

 - (a) the register;

(a) 1946 c.36; section 1 has been amended by the Government of Wales Act 1998 (c.38), Schedule 12, paragraph 2.
(b) Section 29A is inserted by S.I.2002/3135. The relevant amending instrument is S.I.2008/3131.
(c) Section 29B is inserted by S.I.2002/3135. Subsection (2A) is inserted by S.I.2008/3131.
(d) Relevant amendments are made to section 30 by S.I.2006/1914.

- (b) the General Practitioner Register; and
- (c) the Specialist Register.”;
- (b) in subsection (4), after “the register”, insert “, the General Practitioner Register and the Specialist Register”.

5. In section 31(a)(power to make regulations with respect to the registers)—

- (a) in subsection (1)—
 - (i) for “the register” substitute “the registers”;
 - (ii) for “in it” substitute “in them”;
- (b) in subsection (2)—
 - (i) for “the register” in the first place where those words occur substitute “the registers”;
 - (ii) for “the register is” substitute “the registers are”;
- (c) after subsection (4A) insert—

“(4B) Regulations under this section shall provide for the marking of the General Practitioner Register so as to distinguish between different categories of persons who are eligible to be registered in that register by virtue of section 34C(2)(b).”;
- (d) in subsection (8) —
 - (i) for “the register” substitute “the registers”;
 - (ii) for “it” substitute “them”;
- (e) in subsection (9)(a), for “the register” substitute “the registers”;
- (f) in subsection (10), after “(4A),” insert “(4B),”.

6. In section 31A(b) (voluntary removal from the register)—

- (a) in the heading, for “the register” substitute “any of the registers”;
- (b) in subsection (1)(a)—
 - (i) for “the register of medical practitioners” substitute “any of the registers”;
 - (ii) for “the register” substitute “any of the registers”;
- (c) in both subsections (1)(c) and (1A), for “the register” substitute “any of the registers”.

7. In section 32(c) (registration fees)—

- (a) in subsection (1)—
 - (i) for “the register of medical practitioners” substitute “any of the registers”;
 - (ii) in paragraphs (a) to (c), for “the register” (in each place) substitute “any of the registers”;
 - (iii) in paragraph (a), for “or qualification” substitute “qualification, specialty or field”;
- (b) in subsection (2), for “the register of medical practitioners” substitute “any of the registers”;
- (c) in subsection (3)—
 - (i) for “the register” in the first place where it occurs substitute “any of the registers”;
 - (ii) at the end, add “or registers from which it was erased”.

8. In section 34 (publication of the register)—

- (a) in the heading, for “the register” substitute “the registers”;
- (b) in subsection (1), for “the register” substitute “each of the registers”;

(a) Relevant amendments are made to section 31 by S.I.2002/3135 and 2006/1914.
 (b) Section 31A is inserted by the Medical (Professional Performance) Act 1995 (c.51), section 2 and amended by S.I.2002/3135.
 (c) Section 32 is amended but those amendments are not relevant to this Order.

- (c) in subsection (2)—
 - (i) omit “and” at the end of paragraph (b);
 - (ii) after paragraph (b), insert—
 - “(ba) in relation to the list of persons on the Specialist Register—
 - (i) the specialty in respect of which a person’s name is included in that register; and
 - (ii) the name, or a description of, any field within that specialty which is indicated in respect of that person in that register; and”.

9. In section 34A(a) (proof of registration)—

- (a) after “registered”, wherever that word occurs, insert “in any of the registers”;
- (b) after subsection (1), insert—
 - “(1A) In relation to a person who is registered on the Specialist Register, the Registrar may issue a certificate that that person is, or is not, registered on that register with a particular specialty and in a particular field within that specialty.”;
- (c) in subsection (2), after “(1)” insert “or (1A)”.

10. In section 34B(b)(registration appeals), renumber the existing text as subsection (1) of section 34B and after that subsection insert—

- “(2) The General Council may by regulations make provision with respect to the charging of fees in connection with appeals under Schedule 3A.
- (3) Regulations under subsection (2) may provide for the charging of different fees in different cases and may provide that fees shall not be chargeable in cases prescribed by the regulations.”.

11. After Part 4, insert the following Part—

“PART 4A

POSTGRADUATE MEDICAL EDUCATION AND TRAINING

The General Practitioner Register

34C.—(1) The General Council shall keep a register of general practitioners (known as “the General Practitioner Register”).

(2) The General Practitioner Register shall, subject to subsection (3), contain the names of—

- (a) registered medical practitioners who hold a CCT in general practice;
- (b) registered medical practitioners who have an acquired right to practise as a general practitioner in the United Kingdom pursuant to section 34I(1); and
- (c) registered medical practitioners falling within such other categories as the Privy Council may by order specify.

(3) A person falling within any of paragraphs (a) to (c) of subsection (2) shall only be included in the General Practitioner Register if they have applied to the Registrar for the purpose and have paid any fee specified in regulations under section 34Q.

(a) Section 34A is inserted by S.I.2002/3135.
 (b) Section 34B is inserted by S.I.2002/3135.

Appointments restricted to persons in the General Practitioner Register

34D.—(1) Subject to subsection (2) unless a person’s name is included in the General Practitioner Register, that person shall not be included in a list of medical practitioners maintained—

- (a) in England, by a Primary Care Trust by virtue of regulations made under section 91 of the National Health Service Act 2006(a);
- (b) in Wales, by a Local Health Board by virtue of regulations under section 49 of the National Health Service (Wales) Act 2006(b);
- (c) in Scotland, by a Health Board by virtue of regulations under section 17P of the National Health Service (Scotland) Act 1978(c); or
- (d) in Northern Ireland, by a Health and Social Services Board by virtue of regulations under Article 57G of the Health and Personal Social Services (Northern Ireland) Order 1972(d).

(2) The prohibition in subsection (1) does not apply in relation to a person who—

- (a) is undertaking a period of employment as a GP Registrar; or
- (b) is provisionally registered under section 15, 15A or 21 and is participating in an acceptable programme for provisionally registered doctors.

The Specialist Register

34E.—(1) The General Council shall keep a register of specialist medical practitioners (known as “the Specialist Register”).

(2) Subject to subsections (3) and (4), the Specialist Register shall contain the names of—

- (a) registered medical practitioners who hold a CCT in a recognised specialty;
- (b) registered medical practitioners who are eligible to be admitted to that register in accordance with the scheme mentioned in subsection (6); and
- (c) registered medical practitioners falling within such other categories as the Privy Council may by order specify.

(3) The Privy Council may by order designate specialties as recognised specialties.

(4) A person falling within any of paragraphs (a) to (c) of subsection (2) shall only be included in the Specialist Register if they have applied to the Registrar for the purpose and have paid any fee specified in regulations under section 34Q.

(5) A person is not entitled to have their name included in the Specialist Register as an oral and maxillo-facial surgeon unless the person is a registered medical practitioner and satisfies the Registrar both—

- (a) of their entitlement to be registered in that register by virtue of subsection (2); and
- (b) that they have successfully completed dental training that meets, or under article 22(a) of the Directive is treated as meeting, the requirements of article 34 of the Directive.

(6) The scheme referred to in subsection (2)(b) is a scheme published by the General Council for the inclusion in the Specialist Register of persons who, immediately before 1 January 1997, were either NHS consultants or consultants in a medical specialty in the armed forces.

(7) That scheme shall make provision—

(a) 2006 c.41.
(b) 2006 c.42.
(c) 1978 c.29. Section 17P was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1).
(d) N.I.14. Article 57G was inserted by S.I.2004/311 (N.I. 2).

- (a) as to the criteria to be considered in determining whether to include a person's name in the Specialist Register; and
- (b) excluding any person whose name has been removed from the Specialist Register under regulations made by virtue of subsection (2A) of section 29B (grant, refusal and withdrawal of licences to practise).

(8) In subsection (6), "armed forces" means the naval, military or air forces of the Crown and includes the reserve forces within the meaning of section 1(2) of the Reserve Forces Act 1996(a).

(9) The Specialist Register shall indicate—

- (a) the specialty in respect of which a person's name is included in that register; and
- (b) the name, or a description of, any field within that specialty which a person has requested, subject to subsection (10), to be indicated in that register.

(10) In order to have the relevant field indicated on the Specialist Register in accordance with subsection (9)(b), the Registrar must be satisfied a person has completed satisfactorily—

- (a) sub-specialty training in the United Kingdom which is approved by the General Council; or
- (b) sub-specialty training outside the United Kingdom that the Registrar is satisfied is equivalent to sub-specialty training approved by the General Council.

Appointments restricted to persons in the Specialist Register

34F.—(1) Subject to subsection (2), a person may not take up appointment to any post as an NHS consultant in a recognised specialty unless their name is included in the Specialist Register.

(3) The prohibition in subsection (1) does not apply to a person who held a post as an NHS consultant in oral and maxillo-facial surgery immediately before 1st January 1997.

Applications for inclusion in the General Practitioner Register or the Specialist Register

34G.—(1) The General Council shall make regulations as to the procedure to be followed by or in relation to persons applying to the Registrar for inclusion in the General Practitioner Register or the Specialist Register.

(2) Regulations under subsection (1) may in particular make provision as to—

- (a) the evidence required in support of applications;
- (b) the time limits to be complied with in respect of applications; and
- (c) the notification of decisions in respect of applications.

(3) Regulations may require the Registrar to inform persons who do not hold a CCT, and in respect of whom the Registrar is not satisfied as to their eligibility for inclusion in the General Practitioner Register or the Specialist Register, of the reasons why the Registrar is not so satisfied.

(4) Regulations under subsection (3) may require the Registrar to inform the persons referred to in that subsection of —

- (a) additional training that must be undertaken and the fields that the training must cover; and
- (b) any examination, assessment (including a specified period of assessment) or other test of competence that that person must complete to the Registrar's satisfaction,

in order to satisfy the Registrar of their eligibility for inclusion in those Registers.

(a) 1996 c.14.

(5) Regulations under subsections (1) to (3) shall not have effect until approved by order of the Privy Council.

Removal of names from the General Practitioner Register and the Specialist Register

34H.—(1) The Registrar may remove a person's name from the General Practitioner Register or the Specialist Register where—

- (a) it comes to the Registrar's notice that they are no longer a registered medical practitioner; or
- (b) they cease, in cases specified by the Privy Council by order, to fall within any of the categories specified by the Privy Council by order under section 34C(2)(c) or, as the case may be, section 34E(2)(c).

(2) Where a person removed from the General Practitioner Register or the Specialist Register under subsection (1)(a) becomes once again a registered medical practitioner, the Registrar shall, if requested to do so by that person, once again include that person's name in the General Practitioner Register or, as the case may be, the Specialist Register.

(3) The Registrar shall send a notice to the person concerned when removing that person's name pursuant to subsection (1)(a) or, as the case may be, once again including that person's name pursuant to subsection (2) .

(4) Paragraph 6 of Schedule 3A applies to notices required to be sent under subsection (3) as it applies to notifications under that paragraph.

Acquired rights of general practitioners

34I.—(1) For the purposes of article 30(1) of the Directive, a person has an acquired right to practise as a general practitioner in the United Kingdom if they fall within one of the categories of persons specified by the Privy Council by order.

(2) Where, pursuant to a request in writing, the Registrar is satisfied that a person has an acquired right to practise by virtue of subsection (1), the Registrar shall issue a certificate for the purposes of article 30(1) of the Directive.

(3) The General Council may make rules as to the procedure to be followed in relation to, and the evidence required in support of, a request made under subsection (2).

Postgraduate medical education and training: general functions

34J.—(1) The General Council must—

- (a) establish standards of, and requirements relating to, postgraduate medical education and training, including those necessary for the award of a CCT in general practice and in each recognised specialty;
- (b) secure the maintenance of the standards and requirements established under paragraph (a); and
- (c) develop and promote postgraduate medical education and training in the United Kingdom.

(2) In exercising their functions under this Part, the main objectives of the General Council, in addition to that required by section 1(1A), are—

- (a) to ensure that the needs of persons undertaking postgraduate medical education and training in each of England, Wales, Scotland and Northern Ireland are met by the standards the General Council establish under subsection (1)(a) and to have proper regard to the differing considerations applying to different groups of such persons; and
- (b) to ensure that the needs of employers and those engaging the services of general practitioners and specialists within the UK health services are met by the standards the General Council establish under subsection (1)(a) .

(3) The standards and requirements established under subsection (1)(a) shall be set out in determinations of the General Council.

(4) The standards and requirements established under subsection (1)(a) shall include—

- (a) the standards required for entry to training;
- (b) the training curricula to be followed in general practice and in each recognised speciality;
- (c) the assessment arrangements for persons undertaking education and training in general practice and specialist medical practice;
- (d) the assessment arrangements for persons applying to the Registrar for inclusion in the General Practitioner Register or the Specialist Register who do not hold a CCT;
- (e) the outcomes to be achieved by education and training in general practice or specialist medical practice, including the levels of skill, knowledge and expertise to be achieved;
- (f) the examinations, assessments and other tests of competence to be completed, whether during or upon completion of a course of education and training in general practice or specialist medical practice; and
- (g) any other matters relating to postgraduate medical education and training for general medical practice and specialist practice as the General Council considers appropriate.

Postgraduate medical education and training: approvals

34K.—(1) In order to secure the maintenance of the standards and requirements established under section 34J(1)(a), the General Council may approve—

- (a) courses or programmes of postgraduate medical education and training (or part of such a course or programme) which the General Council are satisfied meet or would meet the standards and requirements established under section 34J(1)(a);
- (b) training posts which the General Council are satisfied meet or would meet the standards and requirements established under section 34J(1)(a);
- (c) general practitioners whom the General Council consider to be properly organised and equipped for providing training for GP Registrars;
- (d) examinations, assessments or other tests of competence.

(2) In connection with subsection (1), the General Council may approve postgraduate medical education and training taking place outside the United Kingdom.

(3) In exercising their functions under subsection (1) or (2), the General Council may attach conditions to any approval they give or have given including, if the General Council consider appropriate, a condition limiting the period of time for which that approval is valid.

(4) The General Council may at any time withdraw approval where they are satisfied that—

- (a) any conditions imposed under subsection (3); or
- (b) any standards or requirements established under section 34J(1)(a),

are not being met.

(5) If the General Council have formed the provisional opinion that an approval be—

- (a) refused;
- (b) given subject to conditions under subsection (3); or
- (c) withdrawn under subsection (4),

they shall notify that opinion in writing to the person who has applied for the approval or, as the case may be, to whom the approval was given.

(6) Where the General Council have formed a provisional opinion under subsection (5), they shall allow—

- (a) the person who they have notified; and
- (b) any other person who they are satisfied has a substantial interest in the matter,

a reasonable opportunity to make representations to them before making the determination.

(7) The Registrar shall cause to be published from time to time (electronically or otherwise) a list specifying—

- (a) any course or programme (or part of a course or programme), training post, general practitioner or examination, assessment or other test of competence that the General Council have approved pursuant to subsection (1) or (2);
- (b) the date on which that approval was given;
- (c) any conditions to which that approval is subject pursuant to subsection (3); and
- (d) where relevant, the date on which that approval was withdrawn.

Minimum requirements for general practice training

34L.—(1) The minimum requirements for general practice training are that—

- (a) the training meets, or under article 22(a) of the Directive is to be treated as meeting, the requirements of article 28(1), the first sub-paragraph of article 28(2) and article 28(3) of the Directive; and
- (b) the period of training specified in the first sub-paragraph of article 28(2) of the Directive includes—
 - (i) a period or periods amounting to at least 12 months employment as a GP Registrar under the supervision of a general practitioner who has been approved by the General Council under section 34K(1)(c), and
 - (ii) a period or periods amounting to at least 12 months employment in a post (or posts), in a specialty or specialties which the General Council have prescribed for this purpose in rules.

(2) Once the minimum training periods in subsection (1)(b) have been completed, any remaining period of training shall consist of a period of employment in a post (or posts) falling within subsection (1)(b)(i) or (ii).

Minimum requirements for specialist training

34M.—(1) The minimum requirements for specialist training are that the training—

- (a) constitutes an entire course of training in the recognised specialty in question;
- (b) meets, or under article 22(a) of the Directive is to be treated as meeting, the requirements of article 25(1), (2) and (3) of the Directive; and
- (c) is for a period which is at least as long as any minimum training period that the Privy Council may by order prescribe for that specialty.

(2) The General Council may impose conditions in relation to any part-time specialist training which it approves.

Award and withdrawal of a Certificate of Completion of Training

34N.—(1) Subject to subsection (3), the Registrar shall award a CCT to any person who applies to the General Council for that purpose if—

- (a) that person is a registered medical practitioner;
- (b) the Registrar is satisfied that that person has been appointed to, and has satisfactorily completed, a course of training leading to the award of a CCT; and

- (b) that course of training has been approved by the General Council under section 34K(1)(a).
- (2) The Registrar may only award a CCT in general practice or in a recognised specialty.
- (3) A CCT in the specialty of oral and maxillo-facial surgery may be awarded only to a person who has also successfully completed dental training that meets, or under article 22(a) of the Directive is to be treated as meeting, the requirements of article 34 of the Directive.
- (4) A CCT shall state—
 - (a) the date on which it is awarded;
 - (b) that it is awarded in general practice, or, where applicable, the recognised specialty in which it is awarded;
 - (c) the name of its holder;
 - (d) the holder’s primary medical qualifications and where those qualifications were awarded; and
 - (e) the holder’s General Council reference number.
- (5) The General Council shall make rules as to the procedure to be followed in relation to, and the evidence required in support of, applications for a CCT.
- (6) A CCT shall be signed by the Registrar or by another person who has been nominated by the Registrar for this purpose.
- (7) A CCT shall be withdrawn where the Registrar is satisfied that it has been fraudulently procured or incorrectly awarded.

Visitors

- 34O.**—(1) The General Council may, if they think fit, appoint persons to visit any body or other person by whom, or under whose direction or management any postgraduate medical education or training is, or is proposed to be, given.
- (2) The persons appointed under subsection (1) in relation to any visit must include at least one person who—
 - (a) is not, and never has been, registered under any provision of this Act;
 - (b) was at no time registered with limited registration under section 22 prior to its repeal; and
 - (c) does not hold qualifications which would entitle an application to be made by that person for provisional or full registration under this Act.
 - (3) Persons who visit any body or person pursuant to subsection (1) shall prepare a report to the General Council on the visit.
 - (4) The General Council shall, following a request by any person, make available such reports.

Power to require information

- 34P.**—(1) This section applies to any body or other person that may be visited by persons appointed pursuant to section 34O(1) .
- (2) A body to which or person to whom this section applies shall give to the Registrar, within such period as the Registrar may reasonably require, any information that the Registrar may reasonably require for the purpose of the functions under this Part of the Registrar or the General Council.
 - (3) The matters with respect to which the Registrar may require information under subsection (2) include—
 - (a) the standards and requirements which must be met by persons pursuing postgraduate medical education and training;

(b) the procedures for managing that education or training.

(4) Where a body or person specified in subsection (1) fails to comply with a request under this section, the Registrar shall refer the matter to the General Council with a view to their forming a provisional opinion pursuant to section 34K(5).

Fees

34Q.—(1) The General Council may make regulations with respect to the charging of fees in connection with—

- (a) requests to the Registrar for written statements that a person is eligible for inclusion in the General Practitioner Register or the Specialist Register;
- (b) applications for inclusion in the General Practitioner Register under section 34C(3);
- (c) applications for inclusion in the Specialist Register under section 34E(4);
- (d) requests for certificates under section 34I(2);
- (e) applications for approvals under section 34K(1);
- (f) applications for CCTs under section 34N(1); and
- (g) visits made under section 34O.

(2) Regulations under subsection (1) may provide that a request or application in respect of which a fee is payable is not valid unless the fee is paid.

(3) Regulations under subsection (1) may provide for the charging of different fees in different cases and may provide that fees shall not be chargeable in cases prescribed by the regulations.”.

12. For section 39(1)(a) (fraud or error in relation to registration) substitute—

“(1) If the Registrar is satisfied that any entry in—

- (a) the register;
- (b) the General Practitioner Register; or
- (c) the Specialist Register,

has been fraudulently procured or incorrectly made, the Registrar may erase the entry from the appropriate register.”.

13. In section 40 (appeals), for subsection (9) substitute—

“(9) On an appeal under this section from the Adjudicator, the General Council may appear as respondent; and for the purpose of any order as to costs (or in Scotland, expenses) in relation to any such appeal the General Council shall be deemed to be a party thereto, whether they appear on the hearing of the appeal or not.”.

14. In section 45B (responsibilities of responsible officer)—

- (a) in subsection (3)(d) and (e), for “the health service” substitute “any of the UK health services”;
- (b) omit subsection (6).

15. In section 46(2A)(a)(recovery of fees), for the words from “the health service” to the end of the paragraph, substitute “any of the UK health services”.

16. In section 49B(b) (the Directive: designation of competent authority etc.)—

- (a) in subsection (2), omit paragraph (a);
- (b) for subsection (3) substitute—

(a) Section 39 is substituted by S.I.2006/1914.

(b) Section 49B is inserted by S.I.2007/3101. There is an amendment which is not relevant to this Order.

“(3) Accordingly, the General Council shall, in the United Kingdom, carry out (in particular) the functions specified in Schedule 4A.”.

17. In section 55(1)(interpretation), in the appropriate places, insert—

- ““CCT” means a certificate of completion of training awarded under section 34N(1);”;
- ““General Practitioner Register” means the register maintained by the General Council under section 34C;”;
- ““GP Registrar” means a medical practitioner who is being trained in general practice whether as part of training leading to the award of a CCT or otherwise;”;
- ““NHS consultant” means a consultant other than a locum consultant (but including an honorary consultant) employed for the purposes of providing any service as part of any of the UK health services;”;
- ““recognised specialty” means a specialty which the Privy Council have designated as a recognised specialty by order under section 34E(3);”;
- ““Specialist Register” means the register maintained by the General Council under section 34E;”;
- ““the UK health services” means—
 - (a) the health service as defined by section 275(1) of the National Health Service Act 2006(a) or section 206(1) of the National Health Service (Wales) Act 2006(b);
 - (b) the health service as defined by section 108(1) of the National Health Service (Scotland) Act 1978(c); and
 - (c) any of the health services under any enactment which extends to Northern Ireland and which corresponds to section 1(1) of the National Health Service Act 2006;”.

18.—(1) Schedule 3A(d)(registration appeals) is amended as follows.

(2) In paragraph 1 (interpretation)—

- (a) in the definition of “appealable registration decision”, for “paragraph 2” substitute “paragraphs 2 and 2A”;
- (b) in the definition of “person concerned”, after “3(2)” insert “or (3)”;
- (c) for the definition of “the requisite period” substitute—
 - ““the requisite period” has the meaning given—
 - (a) in relation to a decision which is treated as an appealable registration decision by virtue of paragraph 2A(1), by regulations under paragraph 2A(5); or
 - (b) in any other case, by paragraph 5(1A) of Schedule 3 to this Act.”.

(3) In paragraph 2(1)(mb)(e)(appealable registration decisions), at the end, add “, the General Practitioner Register or the Specialist Register”;

(4) After paragraph 2 (appealable registration decisions), insert the following paragraph—

“Appealable decisions relating to postgraduate medical education and training

2A.—(1) The following decisions are also appealable registration decisions for the purposes of this Schedule—

- (a) a decision on an application made under section 34C(3) not to include a person’s name in the General Practitioner Register;

(a) 2006 c.41.

(b) 2006 c.42.

(c) 1978 c.29.[DN: need to complete footnote.]

(d) Schedule 3A is inserted by S.I.2002/3135 and amended by S.I.2006/1914 and 2007/3101.

(e) Paragraph 2(1)(mb) is inserted by S.I.2006/1914.

- (b) a decision on an application made under section 34E(4) not to include a person's name in the Specialist Register;
- (c) a decision on an application made under section 34E(4) not to indicate a field in the Specialist Register;
- (d) a decision on a request made under section 34I(2) not to issue a certificate for the purposes of article 30(1) of the Directive;
- (e) a decision on an application made under section 34N(1) to refuse to award a CCT;
- (f) a decision to withdraw a CCT under section 34N(7).

(2) But a decision mentioned in sub-paragraph (1)(a) or (b) is not to be treated as an appealable registration decision under this paragraph if, in respect of that decision, there is a right of appeal by virtue of section 29F(1)(d) or (e) .

(3) The right of appeal under sub-paragraph (1)(a) and (b) includes a right of appeal against a decision of the Registrar as to the length of additional training, the fields to be covered by it or any examination, assessment (including a specified period of assessment) or other test of competence that the Registrar has specified when notifying the person concerned of the decision.

(4) The right of appeal under sub-paragraph (1)(a) and (b) includes a right of appeal against a decision of the Registrar under Part 3 of the General Systems Regulations requiring a person to complete an adaptation period in connection with becoming entitled by virtue of that Part of those Regulations to practise as a general practitioner or a specialist (as the case may be) in the United Kingdom.

(5) In relation to any appealable registration decision falling within sub-paragraph (1), references in this Schedule to the requisite period are references to such period as may be prescribed by the General Council by regulations; and different periods may be prescribed in relation to different decisions.

(6) Regulations under sub-paragraph (5) shall not have effect until approved by order of the Privy Council.”;

(5) In paragraph 3 (notice of appealable registration decisions), after sub-paragraph (2) insert—

“(3) Failure to notify an applicant of a decision made in respect of an application for inclusion in the General Practitioner Register or the Specialist Register within the requisite period shall, in cases prescribed by the General Council in regulations, be treated as a decision from which the applicant may appeal under paragraph 4.

(4) Regulations under sub-paragraph (3) shall not have effect until approved by order of the Privy Council.”.

19.—(1) Schedule 4A(a) (Directive 2005/36: functions of the General Council under section 49B(3)) is amended as follows.

(2) In the entry relating to article 8(1), in the second column, after paragraph (a) insert—

“(aa) the legality of a person's establishment as a specialist or as a general practitioner;”.

(3) In the entry relating to article 23(6), for the words in the second column substitute—

“Issuing certificates stating that medical qualifications awarded in the United Kingdom which do not correspond to the titles set out in respect of the United Kingdom at point 5.1.1, 5.1.2, 5.1.3 or 5.1.4 of Annex V to the Directive (as the case may be), certify, as the case may be, successful completion of—

- (a) basic medical training that is in accordance with article 24 of the Directive;
- (b) specialist training that is in accordance with article 25 of the Directive,
- (c) training in general practice that is in accordance with article 28 of the Directive;

(a) Schedule 4A is inserted by S.I.2007/3101.

(d) training under article 22(a) of the Directive which is to be treated as training in accordance with article 25 or 28 of the Directive.”.

(4) In the entry relating to article 50(1) and paragraph 2 of Annex VII, in the second column, for “primary United Kingdom qualifications” substitute “a person’s primary United Kingdom qualifications or their CCT”.

(5) In the entry relating to article 50(2), in the second column—

(a) after paragraph (a) insert—

“(aa) providing confirmation to competent authorities of other relevant European States of the authenticity of a person’s CCT;”;

(b) after paragraph (b) insert—

“(ba) providing confirmation that holders of a CCT satisfy the minimum training conditions set out in article 25 or 28 of the Directive (as the case may be) or are to be treated as satisfying those conditions under article 22(a) of the Directive;”.

(6) In the entry relating to article 50(3), in the second column, in paragraph (b), after “qualification” insert “or a CCT”.

20. In paragraph 11 of Schedule 6 (transitional and savings provisions), at the end of sub-paragraphs (1) and (2) add “who holds a licence to practise”.

SCHEDULE 2

Article 5(1)

Transitional, transitory and saving provisions

Interpretation

1.—(1) In this Schedule—

“the appointed day” means the day on which article 3 of this Order comes into force;

“the Board” means the Postgraduate Medical Education and Training Board established by article 3 of the 2003 Order;

“the 2003 Order” means the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003(a).

(2) Any term which is defined for the purpose of the 1983 Act has the same meaning for the purpose of this Schedule.

Education and training leading to the award of a CCT

2.—(1) Sub-paragraph (2) applies in respect of each of the following, as in force immediately before the appointed day—

(a) any standards of education and training established by the Board under article 4(1) of the 2003 Order; and

(b) any additional requirements or higher standards which the Board may have established under article 4(2) of that Order.

(2) Standards or requirements referred to in sub-paragraph (1) shall have effect on and after the appointed day as if they were established by the General Council under section 34J of the 1983 Act.

(3) Any approval given by the Board under article 4(5) of the 2003 Order and in force immediately before the appointed day shall have effect on and after that day, as if given by the General Council under section 34K(1) of the 1983 Act.

(a) S.I.2003/1250.

(4) Applications to the Board for approval of postgraduate medical education and training under article 4(6) of the 2003 Order which were made before the appointed day but not determined by that day, shall be determined by the General Council.

(5) Conditions attached by the Board to any approval by virtue of article 4(7) of the 2003 Order shall be deemed to have been attached by the General Council under section 34K(3) of the 1983 Act.

Visiting panels

3.—(1) Sub-paragraph (2) applies in respect of any visits made on or after the appointed day by a visiting panel appointed by the Board by virtue of article 7 of the 2003 Order before the appointed day.

(2) Notwithstanding the revocation of article 7 of the 2003 Order, those visits and the reports on them shall be conducted and prepared in accordance with the rules made under article 7(5) of that Order as in force immediately before the appointed day.

(3) In the application of article 7(3) and (4) of the 2003 Order for the purposes of this paragraph, references to the Board are to be read as references to the General Council.

Information to be provided to the General Council

4.—(1) For the purpose of enabling the General Council or the Registrar to discharge functions—

- (a) under the 1983 Act as amended by this Order; and
- (b) under the provisions of this Schedule,

the Board must supply such information and documentation which is in its possession or under its control, to the General Council or, as the case may be, to the Registrar, as is relevant to the discharge of those functions.

(2) Where the Board has made a request for information under article 9(2) of the 2003 Order before the appointed day and that information has not been supplied by that day, that information shall be supplied to the General Council.

(3) In the application of article 9(3) and (4) of the 2003 Order for the purposes of this paragraph, in article 9(4) of that Order—

- (a) the reference to the Board in the second place where it occurs is to be read as a reference to the General Council;
- (b) the reference to article 4(5) of the 2003 Order is to be read as a reference to section 34K(1) of the 1983 Act.

Award and withdrawal of a Certificate of Completion of Training

5.—(1) Applications to the Board for a CCT under article 8(1) of the 2003 Order which were made before the appointed day but not determined by that day, shall be treated as having been made to the Registrar under section 34N(1) of the 1983 Act.

(2) A CCT awarded by the Board before the appointed day shall be treated as having been awarded by the Registrar under section 34N(1) of the 1983 Act.

Requests for certificates of acquired rights

6. Requests to the Board for a certificate of acquired rights under article 12(3) of the 2003 Order which were made before the appointed day but not determined by that day, shall be treated as having been made to the Registrar under section 34I(2) of the 1983 Act.

Eligibility for entry in the General Practitioner Register and the Specialist Register

7.—(1) Applications to the Board for a person to be considered to be—

- (a) an eligible general practitioner for the purposes of article 10(2)(b) of the 2003 Order;
- (b) an eligible specialist for the purposes of article 13(2)(b) of that Order

made before the appointed day but not determined by that day shall be treated as having been made to the Registrar in accordance with regulations under section 34G(1) of the 1983 Act.

(2) Applications referred to in sub-paragraph (1) shall be determined in accordance with the relevant provisions of the 2003 Order as in force immediately before the appointed day.

(3) In determining the applications referred to in sub-paragraph (1), the Registrar shall take into account—

- (a) the outcome of any previous application made by the applicant to the Board for inclusion in those registers; and
- (b) any review of, or appeal against, that decision.

Fees

8.—(1) Fees payable to the Board or the General Council by virtue of rules under article 24(5) of the 2003 Order in respect of services provided in performing functions under the 2003 Order before the appointed day but not paid by that day, shall be payable to the General Council.

(2) Rules under article 24 of the 2003 Order which are in force on the appointed day shall—

- (a) have effect as if the fees chargeable by the Board by virtue of those rules were chargeable by the General Council;
- (b) have effect as if the fees chargeable by virtue of those rules in respect of functions performed under the 2003 Order, were chargeable in respect of functions performed under the corresponding provisions of the 1983 Act; and
- (c) remain in force until such time as the General Council has made regulations under section 34Q of the 1983 Act.

EU functions

9. Functions under Part 2 of Schedule 7A to the 2003 Order which the Board had been requested to carry out as at the day before the appointed day but had not yet been carried out, shall be carried out by the General Council.

Appeals

10.—(1) Persons or bodies falling within article 21(2)(a) or (b) of the 2003 Order immediately before the appointed day shall, subject to sub-paragraph (4), be treated as persons or bodies in respect of whom the General Council has formed a provisional opinion under the appropriate provision of section 34K(5) of the 1983 Act.

(2) Persons falling within article 21(2)(c) or (d) of the 2003 Order immediately before the appointed day shall, subject to sub-paragraph (4), be treated as persons in respect of whom an appealable registration decision has been made under the appropriate provision of paragraph 2A(1)(e) and (f) of Schedule 3A to the 1983 Act.

(3) Persons falling within article 21(2)(e) to (k) of the 2003 Order immediately before the appointed day shall, subject to sub-paragraph (4), be treated as persons in respect of whom an appealable registration decision has been made under the appropriate provision of paragraph 2A(1)(a) to (d) of Schedule 3A to the 1983 Act.

(4) Persons or bodies shall only be so treated pursuant to sub-paragraphs (1) to (3) where they have appealed against the decision within the period prescribed by rules made by the Board under article 21(6) and (7)(a) of the 2003 Order.

(5) Decisions of the Registrar referred to in article 23 of the 2003 Order which have not been referred to an Registrations Appeal Panel as at the appointed day may be referred to that Panel if

notice of appeal against the decision is given to the Registrar before the end of the period of 28 days beginning with the day on which notice of the decision was given.

(6) Where notice of appeal is given under sub-paragraph (5), Schedule 3A to the 1983 Act shall apply as if the decision were an appealable registration decision referred to in paragraph 2A(1)(a) or (b), or, as the case may be, 3(3), of Schedule 3A to the 1983 Act.

(7) Sub-paragraph (8) applies—

- (a) in respect of persons who have, as at the appointed day, appealed against a decision referred to in article 21(2) of the 2003 Order within the period prescribed by rules made by the Board under article 21(6) and (7)(a) of that Order; and
- (b) where the Appeal Panel had not determined that appeal as at the appointed day.

(8) An appeal referred to in sub-paragraph (7) shall be determined by a Registration Appeals Panel as if it were an appeal made to that Panel under paragraph 4 of Schedule 3A to the 1983 Act.

(9) Sub-paragraph (10) applies—

- (a) in respect of persons to whom sub-paragraph (7)(a) applies; and
- (b) where the Appeal Panel had determined that appeal as at the appointed day.

(10) Paragraph 5 of Schedule 3A to the 1983 Act applies in respect of determinations of the Appeal Panel referred to in sub-paragraph (9) as it applies in respect of determinations of a Registration Appeals Panel made under paragraph 4 of that Schedule.

(11) Schedule 3A to the 1983 Act shall have effect in relation to the decisions, acts or omissions of the Board referred to in this paragraph as if they were decisions, acts or omissions of the Registrar or, as the case may be, the General Council.

(12) In determining the appeals referred to it in accordance with this paragraph, a Registration Appeals Panel or, as the case may be, a relevant court, shall have regard to the applicable standards prescribed by, or established in accordance with, the relevant provisions of the 2003 Order as were in force on the date of the application.

Application of TUPE

11. The transfer of the functions of the Board to the General Council by virtue of this Order is to be treated as a relevant transfer for the purposes of the Transfer of Undertakings (Protection of Employment) Regulations 2006(a), whether or not, apart from or by virtue of this paragraph, it would be considered such a transfer.

Transfer of property, rights and liabilities

12.—(1) The Privy Council may by order provide for the transfer from the Board to the General Council of any—

- (a) property and rights; and
- (b) liabilities.

(2) An order may only be made under sub-paragraph (1)(b) with the consent of the General Council.

Financial and audit matters

13.—(1) The General Council may—

- (a) prepare a statement of the Board's accounts in respect of a period ending immediately before the appointed day;
- (b) submit a report on the performance of the Board for the period since the last report under article 27(1) of the 2003 Order; and

(a) S.I.2006/246.

- (c) carry out any other functions necessary or expedient consequent on the abolition of the Board.

(2) Notwithstanding their revocation, articles 27(2) to (4) and 29(2) to (9) of the 2003 Order apply in respect of the accounts or report prepared or submitted in accordance with sub-paragraph (1) as if they had been prepared by the Board.

SCHEDULE 3

Article 6

Consequential amendments and revocations

Part 1

Consequential amendments to primary legislation

1.—(1) In each of the provisions mentioned in sub-paragraph (2), omit the entry relating to the Postgraduate Medical Education and Training Board.

(2) Those provisions are—

- (a) Schedule 2 to the Parliamentary Commissioner Act 1967^(a)(departments etc. subject to investigation);
- (b) Part 2 of Schedule 1A to the Race Relations Act 1976^(b) (bodies and other persons added after commencement of general statutory duty), under the cross heading “Health”;
- (c) Part 6 of Schedule 1 to the Freedom of Information Act 2000^(c) (other public bodies and offices: general); and
- (d) Schedule 5 to the Health Act 2006^(d) (the Appointments Commission: list of statutory bodies).

2. In Schedule 7 to the Health and Social Care Act 2008^(e)(amendments of Medical Act 1983), omit paragraph 10(4).

Part 2

Consequential amendments to subordinate legislation

The National Health Service (Appointment of Consultants) Regulations 1996

3. In the National Health Service (Appointment of Consultants) Regulations 1996^(f), for paragraph (b) of regulation 4 (registration requirements), substitute—

“(b) in the case of an appointment of a registered medical practitioner, his name is included in the Specialist Register kept by the General Medical Council pursuant to section 34E of the Medical Act 1983.”.

The National Health Service (Appointment of Consultants) (Wales) Regulations 1996

4. In the National Health Service (Appointment of Consultants) (Wales) Regulations 1996^(a), for paragraph (b) of regulation 4 (registration requirements), substitute—

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- (a) 1967 c.13. Schedule 2 was substituted by S.I.2007/3470.
 - (b) 1976 c.74. The reference was inserted by S.I.2003/1250.
 - (c) 2000 c.36. The reference was inserted by S.I.2004/938.
 - (d) 2006 c.28.
 - (e) 2008 c.14.
 - (f) S.I.1996/701 as amended by S.I.2003/1250.

“(b) in the case of an appointment of a registered medical practitioner, his name is included in the Specialist Register kept by the General Medical Council pursuant to section 34E of the Medical Act 1983.”.

The Medical Act 1983 (Amendment) Order 2002

5. In Part 1 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002**(b)**(consequential amendments to primary legislation), omit paragraph 1.

The National Health Service (Performers Lists) Regulations 2004

6.—(1) The National Health Service (Performers Lists) Regulations 2004**(c)** are amended as follows.

(2) In regulation 21(2)(interpretation of Part 2: medical performers lists)—

(a) omit the definitions of “2003 Order”, “the Board” and “the Vocational Training Regulations”;

(b) for the definition of “armed forces GP” substitute—

“ “armed forces GP” means a medical practitioner who—

(a) is employed under a contract of service by the Ministry of Defence whether or not as a member of the armed forces; and

(b) is entered on the GP Register; ”;

(c) for the definition of “both registers” substitute—

“ “both registers” means the register of medical practitioners and the GP Register;”;

(d) in the definition of “CCT”, for “article 8 of the 2003 Order” substitute “section 34N(1) of the Medical Act”;

(e) for the definitions of “GP Register”, “GP Registrar”, “GP Trainer” and “general medical practitioner” substitute—

““GP Register” means the register kept by virtue of section 34C of the Medical Act;”;

““GP Registrar” means a medical practitioner who is being trained in general practice by a GP Trainer, whether as part of training leading to a CCT or otherwise;”;

““GP Trainer” means a general medical practitioner, other than a GP Registrar who is approved by the General Medical Council for the purposes of providing training to a GP Registrar;”;

““general medical practitioner” means a GP Registrar or a medical practitioner whose name is included in the GP Register;”;

(f) for the definition of “vocational training scheme” substitute—

““vocational training scheme” means postgraduate medical education and training necessary for the award of a CCT in general practice.”.

(3) In regulation 22(2A)(medical performers list), for “the Board” substitute “the General Medical Council”.

(4) In regulation 23 (application for inclusion in a medical performers list)—

(a) for paragraph (2)(b)(iii) substitute—

“(iii) to provide the Primary Care Trust with evidence of his inclusion in the GP Register; and”;

(b) in paragraph (3), in both sub-paragraphs (a)(ii)(cc) and (c)(ii), omit “after the coming into force of article 10 of the 2003 Order,”.

(a) S.I.1996/1313 as amended by S.I.2003/1250.

(b) S.I.2002/3135.

(c) S.I.2004/585. Relevant amending instruments are S.I.2004/2694, 2006/1385 and 2007/3101.

The National Health Service (Primary Medical Services Performers Lists)(Scotland) Regulations 2004

- 7.—(1) The National Health Service (Primary Medical Services Performers Lists)(Scotland) Regulations 2004(a) are amended as follows.
- (2) In regulation 2 (interpretation)—
- (a) omit the definitions of “the 2003 Order”, “the Postgraduate Medical Education and Training Board” and “the Vocational Training Regulations”;
- (b) for the definition of “armed forces GP” substitute—
- ““armed forces GP” means a medical practitioner who—
- (a) is employed under a contract of service by the Ministry of Defence whether or not as a member of the armed forces of the Crown; and
- (b) is entered on the GP Register; ”;
- (c) for the definition of “both registers” substitute—
- ““both registers” means the register of medical practitioners and the GP Register;”;
- (d) in the definition of “CCT”, for “article 8 of the 2003 Order” substitute “section 34N(1) of the Medical Act 1983”;
- (e) for the definitions of “GP Register”, “GP Registrar” and “GP Trainer” and “general medical practitioner” substitute—
- ““GP Register” means the register kept by virtue of section 34C of the Medical Act 1983;”;
- ““GP Registrar” means a medical practitioner who is being trained in general practice by a GP Trainer, whether as part of training leading to a CCT or otherwise;”;
- ““GP Trainer” means a general medical practitioner, other than a GP Registrar who is approved by the General Medical Council for the purposes of providing training to a GP Registrar;”;
- ““general medical practitioner” means a GP Registrar or a medical practitioner whose name is included in the GP Register;”;
- (f) for the definition of “vocational training scheme” substitute—
- ““vocational training scheme” means postgraduate medical education and training necessary for the award of a CCT in general practice.”.
- (3) In regulation 3(2A)(Primary Medical Services Performers), for “the Postgraduate Medical Education and Training Board” substitute “the General Medical Council”.
- (4) In Schedule 1 (information, declarations and undertakings to be included in an application for inclusion in a primary medical services performers’ list)—
- (a) in paragraph 3(i)—
- (i) omit sub-paragraph (iii);
- (ii) in sub-paragraph (iv), omit “after the coming into force of article 10 of the 2003 Order”;
- (b) in paragraph 4(a)—
- (i) for the words from “any period of training” to “those articles” where they first occur, substitute “any period of general practice training required by sections 34J and 34K of the Medical Act 1983”;
- (ii) for paragraph (ii) substitute—
- “(ii) the GP Registrar provides the Health Board with evidence of the applicant’s inclusion in the GP Register;”;

(a) S.S.I.2004/114. Relevant amending instruments are S.S.I.2005/333 and 2007/207 and S.I.2007/3101.

- (iii) in paragraph (iii), for the words from “any period of training” to “those articles” substitute “any period of general practice training required by sections 34J and 34K of the Medical Act 1983”;
- (iv) for paragraph (iv) substitute—
 - “(iv) the completion of a vocational training scheme, unless the GP Registrar provides the Health Board with evidence of the applicant’s inclusion in the GP Register.”.

The National Health Service (Performers Lists)(Wales) Regulations 2004

- 8.—(1) The National Health Service (Performers Lists)(Wales) Regulations 2004(a) are amended as follows.
- (2) In regulation 21(1)(interpretation of Part 3: medical performers lists)—
- (a) omit the definitions of “the 2003 Order”, “the Board” and “the Vocational Training Regulations”;
 - (b) for the definition of “armed forces GP” substitute—
 - ““armed forces GP” means a medical practitioner who—
 - (a) is employed under a contract of service by the Ministry of Defence whether or not as a member of the armed forces; and
 - (b) is entered on the GP Register; ”;
 - (c) for the definition of “both registers” substitute—
 - “ “both registers” means the register of medical practitioners and the GP Register;”;
 - (d) in the definition of “CCT”, for “article 8 of the 2003 Order” substitute “section 34N(1) of the Medical Act 1983”;
 - (e) for the definitions of “GP Register”, “GP Registrar”, “GP Trainer” and “general medical practitioner” substitute—
 - ““GP Register” means the register kept by virtue of section 34C of the Medical Act 1983;”;
 - ““GP Registrar” means a medical practitioner who is being trained in general practice by a GP Trainer, whether as part of training leading to a CCT or otherwise;”;
 - ““GP Trainer” means a general medical practitioner, other than a GP Registrar who is approved by the General Medical Council for the purposes of providing training to a GP Registrar;”;
 - ““general medical practitioner” means a GP Registrar or a medical practitioner whose name is included in the GP Register;”;
 - (f) for the definition of “vocational training scheme” substitute—
 - ““vocational training scheme” means postgraduate medical education and training necessary for the award of a CCT in general practice.”.
- (3) In regulation 22(2A)(medical performers list), for “the Board” substitute “the General Medical Council”.
- (4) In regulation 23 (application for inclusion in a medical performers list)—
- (a) in paragraph (2)(b), for paragraph (iii), substitute—
 - “(iii) to provide the Local Health Board with evidence of his inclusion in the GP Register; and”;
 - (b) in paragraph (3), in both sub-paragraphs (a)(ii)(cc) and (c)(ii), omit “after the coming into force of article 10 of the 2003 Order,”.

(a) S.I.2004/1020 (W117). Relevant amending instruments are S.I.2005/258 (W 24), 2007/3101 and 2008/1425 (W 147).

The National Health Service (Primary Medical Services Section 17C Agreements)(Scotland) Regulations 2004

9. In regulation 2 of the National Health Service (Primary Medical Services Section 17C Agreements)(Scotland) Regulations 2004(a)(interpretation)—

- (a) omit the definitions of “the 2003 Order” and “General Practitioner Register”;
- (b) for the definitions of “CCT”, “general medical practitioner” and “GP Registrar, substitute—

““CCT” means a Certificate of Completion of Training awarded under section 34N(1) of the Medical Act 1983 including any such certificate awarded in pursuance of the competent authority functions of the General Medical Council specified in section 49B of, and Schedule 4A to, that Act;”;

““general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;”;

““GP Registrar” means a medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34K of the Medical Act 1983 for the purpose of providing training under that section, whether as part of training leading to a CCT or otherwise;”.

The National Health Service (General Medical Services Contracts) Regulations 2004

10.—(1) The National Health Service (General Medical Services Contracts) Regulations 2004(b) is amended as follows.

(2) In regulation 2(1)(interpretation)—

- (a) omit the definitions of “the 2003 Order” and “General Practitioner Register”;
- (b) for the definitions of “CCT”, “general medical practitioner” and “GP Registrar, substitute—

““CCT” means a Certificate of Completion of Training awarded under section 34N(1) of the Medical Act 1983 including any such certificate awarded in pursuance of the competent authority functions of the General Medical Council specified in section 49B of, and Schedule 4A to, that Act;”;

““general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;”;

““GP Registrar” means a medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34K of the Medical Act 1983 for the purpose of providing training under that section, whether as part of training leading to a CCT or otherwise;”.

(3) In paragraph 53(2)(d)(ii) of Schedule 6 to (qualifications of performers), for “the Postgraduate Medical Education and Training Board” substitute “the General Medical Council”.

The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2004

11.—(1) The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2004(c) is amended as follows.

(2) In regulation 2 (interpretation)—

- (a) omit the definitions of “the 2003 Order” and “General Practitioner Register”;

(a) S.S.I.2004/116. The relevant amending instrument is S.S.I.2005/336.
(b) S.I.2004/291 The relevant amending instruments are S.I.2004/2694 and 2006/1501.
(c) S.S.I.2004/115. The relevant amending instrument is S.S.I.2005/337.

- (b) for the definitions of “CCT”, “general medical practitioner” and “GP Registrar, substitute—

““CCT” means a Certificate of Completion of Training awarded under section 34N(1) of the Medical Act 1983 including any such certificate awarded in pursuance of the competent authority functions of the General Medical Council specified in section 49B of, and Schedule 4A to, that Act;”;

““general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;”;

““GP Registrar” means a medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34K of the Medical Act 1983 for the purpose of providing training under that section, whether as part of training leading to a CCT or otherwise;”.

- (3) In regulation 4 (conditions relating solely to medical practitioners)—

- (a) for paragraph (4) substitute—

“(4) In paragraphs (1), (2)(a) and (3)(a), “general medical practitioner” does not include a medical practitioner whose name is included in the General Practitioner Register by virtue of—

(a) article 6(2)(a) of the Postgraduate Medical Education and Training Order of Council 2010 (“the 2010 Order”) by virtue of being a restricted services principal included in a list specified in that article;

(b) article 6(2)(d) of the 2010 Order;

(c) article 4(3) of the 2010 Order because of an exemption under regulation 5(1)(d) of the regulations specified in paragraph (5).”;

- (b) in paragraph (5) for “paragraph (4)(a)(iii) and (b)(i)(bb)” substitute “paragraph (4)(c)”;

- (c) in paragraph (6), for “the 2003 Order” substitute “the 2010 Order”.

The National Health Service (General Medical Services Contracts)(Wales) Regulations 2004

12.—(1) The National Health Service (General Medical Services Contracts)(Wales) Regulations 2004(a) is amended as follows.

- (2) In regulation 2(1)(interpretation)—

- (a) omit the definitions of “the 2003 Order” and “General Practitioner Register”;

- (b) in the definition of “CCT” for “article 8 of the 2003 Order” substitute “section 34N(1) of the Medical Act 1983”;

- (c) for the definitions of “general medical practitioner” and “GP Registrar” substitute—

““general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;”;

““GP Registrar” means a medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34K of the Medical Act 1983 for the purpose of providing training under that section, whether as part of training leading to the award of a CCT or otherwise;”.

- (3) In paragraph 52(2)(e)(ii) of Schedule 6 (qualifications of performers), for “the Postgraduate Medical Education and Training Board” substitute “the General Medical Council”.

The General Medical Services and Section 17C Agreements (Transitional and other Ancillary Provisions)(Scotland) Order 2004

13. In the General Medical Services and Section 17C Agreements (Transitional and other Ancillary Provisions)(Scotland) Order 2004(a)—

(a) S.I.2004/478 (W 48). The relevant amending instruments are S.I.2006/358 (W46) and .2008/1425 (W 147).

- (a) in article 1(2)(interpretation), omit the definition of “the 2003 Order”.
- (b) omit articles 97, 100 and 101.

The National Health Service (Personal Medical Services Agreements) Regulations 2004

14.—(1) The National Health Service (Personal Medical Services Agreements) Regulations 2004**(b)** are amended as follows.

(2) In regulation 2 (interpretation)—

- (a) omit the definitions of “the 2003 Order” and “General Practitioner Register”;
- (b) for the definitions of “CCT”, “general medical practitioner” and “GP Registrar, substitute—

““CCT” means a Certificate of Completion of Training awarded under section 34N(1) of the Medical Act 1983 including any such certificate awarded in pursuance of the competent authority functions of the General Medical Council specified in section 49B of, and Schedule 4A to, that Act;”;

““general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;”;

““GP Registrar” means a medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34K of the Medical Act 1983 for the purpose of providing training under that section, whether as part of training leading to a CCT or otherwise;”.

(3) In paragraph 53(2)(d)(ii) of Schedule 5 (qualifications of performers), for “the Postgraduate Medical Education and Training Board” substitute “the General Medical Council”.

The Medical Profession (Miscellaneous Amendments) Order 2008

15. In the Medical Profession (Miscellaneous Amendments) Order 2008**(c)**, omit—

- (a) the definition of “the 2003 Order” in article 1(6);
- (b) article 4; and
- (c) Schedule 2.

Amendment of firefighters’ and local government pensions legislation

16.—(1) In the provisions referred to in sub-paragraph (2), for “the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003” substitute “section 55(1) of the Medical Act 1983”.

(2) Those provisions are—

- (a) the definition of “Independent qualified medical practitioner” in Part 1 of Schedule 1 to the Firefighters’ Pension Scheme 1992 contained in Schedule 2 to the Firefighters’ Pension Scheme Order 1992**(d)**(glossary of expressions);
- (b) the definition of “independent qualified medical practitioner” in paragraph 2(1) of Part 1 of Schedule 1 to the Firefighters’ Pension Scheme (England) Order 2006**(e)**(the New Firefighters’ Pension Scheme (England));
- (c) the definition of “independent qualified medical practitioner” in paragraph 2(1) of Part 1 of Schedule 1 to the Firefighters’ Compensation Scheme (England) Order 2006**(a)**(the Firefighters’ Compensation Scheme (England) 2006);

(a) S.S.I.2004/163.

(b) S.I.2004/627. The relevant amending instruments are S.I.2004/2694 and 2006/1501.

(c) S.I.2008/3131.

(d) S.I.1992/129. The relevant amending instruments are S.I.2004/1912, 2005/2980 and 2006/1672 and S.S.I.2004/385. The title of the Order and the name of the scheme was changed by S.I.2004/2306 in relation to England and Scotland and by S.I.2004/2918 in relation to Wales.

(e) S.I.2006/3432.

- (d) the definition of “independent qualified medical practitioner” in paragraph 2(1) of Part 1 of Schedule 1 to the Firefighters’ Pension Scheme (Wales) Order 2007**(b)**(the New Firefighters’ Pension Scheme (Wales));
- (e) the definition of “independent qualified medical practitioner” in paragraph 2(1) of Part 1 of Schedule 1 to the Firefighters’ Compensation Scheme (Wales) Order 2007**(c)**(the Firefighters’ Compensation Scheme (Wales) 2007);
- (f) the definition of “independent qualified medical practitioner” in paragraph 2(1) of Part 1 of Schedule 1 to the Firefighters’ Pension Scheme (Scotland) Order 2007**(d)**(the New Firefighters’ Pension Scheme (Scotland));
- (g) the definition of “independent qualified medical practitioner” in paragraph 2(1) of Part 1 of Schedule 1 to the Firefighters’ Compensation Scheme (Scotland) Order 2006**(e)**(the Firefighters’ Compensation Scheme (Scotland) 2006);
- (h) the definition of “Independent qualified medical practitioner” in Part I of Schedule 1 to the Firefighter’s Pension Scheme Order (Northern Ireland) 2007**(f)**(glossary of expressions);
- (i) the definition of “independent qualified medical practitioner” in paragraph 2(1) of the Annex to the New Firefighters’ Pension Scheme Order (Northern Ireland) 2007**(g)**(the New Firefighters’ Pension Scheme (Northern Ireland));
- (j) the definition of “qualified medical practitioner” in paragraph 2(1) of Part 1 of the Annex to the Firefighters’ Compensation Scheme Order (Northern Ireland) 2007**(h)**(the Firefighters’ Compensation Scheme (Northern Ireland));
- (k) the definition of “qualified in occupational health medicine” in regulation 20(14) of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007**(i)**(early leavers: ill-health);
- (l) paragraph (a) of the definition of “qualified in occupational health medicine” in regulation 20(7) of the Local Government Pension Scheme (Benefits, Membership and Contributions)(Scotland) Regulations 2008**(j)**(early leavers: ill-health);
- (m) paragraph (a) of the definition of “qualified in occupational health medicine” in regulation 20(9) of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations (Northern Ireland) 2009**(k)**(early leavers: ill-health).

Amendment of NHS Pensions legislation

17.—(1) For the definition of “CCT” in the provisions referred to in sub-paragraph (2) substitute—

“ “CCT” means a Certificate of Completion of Training awarded under section 34N(1) of the Medical Act 1983 including any such certificate awarded in pursuance of the competent authority functions of the General Medical Council specified in section 49B of, and Schedule 4A to, that Act;”.

(2) Those provisions are—

- (a) regulation A2 of the National Health Service Pension Scheme Regulations 1995**(l)** (interpretation);

(a) S.I.2006/1811.
 (b) S.I.2007/1072.
 (c) S.I.2007/1073.
 (d) S.S.I.2007/199 to which there are amendments which are not relevant to this Order.
 (e) S.S.I.2006/338 to which there are amendments which are not relevant to this Order.
 (f) S.R.2007 No.144
 (g) S.R.2007 No. 215
 (h) S.R.2007 No. 143.
 (i) S.I.2007/1166. The relevant amending instrument is S.I.2008/1083.
 (j) S.S.I.2008/230.
 (k) S.I.2009 No.32.
 (l) S.I.1995/300. The relevant amending instrument is S.I.2005/661.

- (b) regulation A2(4) of the National Health Service Superannuation Scheme (Scotland) Regulations 1995(a)(interpretation);
- (c) regulations 2.A.1(1) (benefits for officers: interpretation) and 3.A.1(1) (benefits for practitioners etc.: interpretation) of the National Health Service Pension Scheme Regulations 2008(b);
- (d) regulations 2.A.1(1) (benefits for officers: interpretation) and 3.A.1(1) (benefits for practitioners etc.: interpretation) of the National Health Service Pension Scheme (Scotland) Regulations 2008(c).

Part 3

Consequential revocations of subordinate legislation

<i>Instrument revoked</i>	<i>References</i>	<i>Extent of revocation</i>
General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003	SI 2003/1250	The whole Order.
General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004	SI 2004/865	Paragraph 37 of Schedule 1.
General Medical Services and Personal Medical Services Transitional and Consequential (Wales)(No.2) Provisions Order 2004	SI 2004/1016	Paragraph 33 of Schedule 1.
The European Qualifications (Health and Social Care Professions and Accession of New Member States) Regulations 2004	SI 2004/1947	Regulations 4 to 10.
General and Specialist Medical Practice (Education, Training and Qualifications) Amendment Order 2005	SI 2005/2120	The whole Order.
General and Specialist Medical Practice (Education, Training and Qualifications) Transitional Provisions Order 2005	SI 2005/2361	The whole Order.
European Qualifications (Health and Social Care Professions) Regulations 2007	SI 2007/3101	Regulations 37 to 64 and 67 to 69.

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- (a) S.I.1995/365. The relevant amending instrument is S.S.I.2005/512.
 - (b) S.I.2008/653 to which there are amendments which are not relevant to this Order.
 - (c) S.S.I.2008/224 to which there are amendments which are not relevant to this Order.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order provides for the abolition of the Postgraduate Medical Education and Training Board (“the Board”) which was established by General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (“the 2003 Order”). It provides for the transfer of its functions relating to postgraduate medical education and training for specialist medical practice and general medical practice to the General Medical Council (“GMC”). It makes textual amendments to the Medical Act 1983 (“the 1983 Act”) inserting in that Act new provisions which are similar to the 2003 Order relating to the General Practitioner Register and the Specialist Register.

Articles 1 and 2 of the Order respectively make provision for commencement and interpretation of the Order.

Article 3 formally abolishes the Postgraduate Medical Education and Training Board.

Article 4 and Schedule 1 amend the 1983 Act. Paragraph 11 of that Schedule inserts a new Part 4A into the 1983 Act relating to postgraduate medical education and training. The new Part 4A initially repeats the requirement enacted originally in the 2003 Order for the GMC to maintain a General Practitioner Register and a Specialist Register and makes provision for the eligibility of exempt persons to be entered on those registers to be prescribed by Order of Council. It then provides for the GMC to set standards and requirements for postgraduate medical education and training, to approve courses and programmes relating to such education and training and the procedures to apply where such programmes are not to be approved or approvals are to be withdrawn. It also prescribes criteria to be satisfied before a doctor can be awarded a Certificate of Completion of Training (“CCT”) as a general practitioner or a specialist and makes provision for specialties and training for those specialties to be recognised by Order of Council. Any such standards or requirements established by the GMC must comply with prescribed minimum requirements, which includes the requirements for general practice and specialist training set out in Directive 2005/36/EC.

New Part 4A also allows the GMC to appoint persons to visit bodies or persons who are involved in the provision of postgraduate medical education and training. It also provides that a medical practitioner cannot work as a general practitioner, or be appointed as a consultant the National Health Service, unless their name is included in the appropriate register (new sections 34D and 34F) The new Part 4A also makes provision as to the information that such persons or bodies must provide to the GMC and for GMC to charge fees for carrying out functions in making approvals under this Part and the information and evidence to be provided when applying to be entered on the General Practitioner Register or the Specialist Register or requesting a certificate of acquired rights.

Paragraphs 4 to 10 and 12 of Schedule 1 make similar provision in the 1983 Act in connection with the General Practitioner Register and the Specialist Register as apply in connection with the medical practitioners register, respectively in relation to powers to make regulations about their form and keeping, the charging of fees for applying to be entered in those registers, removal of entries from the registers, proof of entries in those registers and rectifying fraudulent or incorrect entries in those registers. Paragraph 2 makes a consequential amendment in respect of terminology used in Part 4A.

Paragraphs 15 and 19 of Schedule 1 amend respectively section 49B of, and Schedule 4B to the 1983 Act to cater for the fact that the GMC is designated as the sole competent authority for the purposes required by Directive 2005/36/EC and for the specific functions previously carried out by the Board (in relation to the recognition and registration of specialist qualifications and of vocational training certificates and certificates of acquired rights issued in EEA States other than the United Kingdom) to be carried out by the GMC.

Paragraph 16 of Schedule 1 makes certain changes to the interpretation provisions in the 1983 Act. In particular, it inserts a definition of the “UK health services” into the 1983 Act for the first time.

Paragraphs 1, 3, 14 and 15 of the Schedule make amendments to the 1983 Act which are consequential on those changes.

Paragraph 18 of Schedule 1 amends Schedule 3A to the 1983 Act to provide that appeals against decisions of the Registrar in respect of the award of CCTs, approval of training and inclusion in the General Practitioner Register and the Specialist Register, shall be heard by the Registration Appeals Panel and thereafter in accordance with the procedures set out in Schedule 3A (to a county court or, in Scotland, a sheriff).

Paragraphs 13 and 20 of Schedule 1 make miscellaneous amendments to the 1983 Act which are carried over from the 2003 Order.

Transitional, transitory and saving provisions and arrangements are made in article 5 and Schedule 2 relating to the transfer of functions from the Board to the GMC. Consequential amendments and revocations are made to primary and secondary legislation by article 7 and Schedule 3. Article 8 provides for the Order to extend to the whole of the United Kingdom except in relation to certain consequential amendments to primary and secondary legislation provided for in Schedule 3.

An impact assessment has been prepared in relation to this Order and is available from the Department of Health, Quarry House, Quarry Hill, Leeds, LS2 7UE.

2010 No.

HEALTH CARE AND ASSOCIATED PROFESSIONS

DOCTORS

**The Postgraduate Medical Education and Training Order of
Council 2010**

<i>Made</i> - - - -	***
<i>Laid before Parliament</i>	***
<i>Coming into force</i> - -	***

Their Lordships make the following Order in exercise of the powers conferred by sections 34C(2)(c), 34E(2)(c) and (3), 34H(1)(b), 34I(1) and 34M(1)(c) of the Medical Act 1983(a).

Citation and commencement

1. This Order may be cited the Postgraduate Medical Education and Training Order of Council 2010 and shall come into force on xx xxx 2010.

Interpretation

2. In this Order—

“the Act” means the Medical Act 1983;

“previous legislation” means—

- (a) the European Specialist Medical Qualifications Order 1995(b); and
- (b) the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003(c);

Persons eligible to be registered in, and liable to removal from, the General Practitioner Register

3.—(1) Persons are eligible to be registered in the General Practitioner Register for the purpose of section 34C(2)(c) of the Act if they are—

- (a) exempt persons who are—
 - (i) eligible general practitioners as specified in article 4; or
 - (ii) eligible general systems general practitioners as specified in article 5; or
- (b) persons who are—

(a) 1983 c.54. Sections 34C, 34E, 34H, 34I and 34M are inserted by S.I.2010/ .
(b) S.I.1995/3208. This instrument is revoked by S.I.2003/1250.
(c) S.I.2003/1250. This instrument is revoked, so far as is material, by S.I.2010/ .

- (i) registered in the list of visiting medical practitioners from relevant European States mentioned in section 30(1)(d) of the Act; and
- (ii) providing services in the United Kingdom as a general practitioner on a temporary and occasional basis, in exercise of entitlement under Schedule 2A to the Act.

(2) If a person whose name is included in the General Practitioner Register by virtue of paragraph (1)(b) ceases to satisfy either of the conditions specified, the Registrar may remove that person's name from that register.

Eligible general practitioners eligible for entry in the General Practitioner Register

4.—(1) A person is an eligible general practitioner for the purposes of article 3(a)(i) if they hold any of the following issued in a relevant European State other than the United Kingdom—

- (a) a qualification in general practice listed in Annex V, point 5.1.4 of the Directive, together with the corresponding professional title;
- (b) a certificate of acquired rights; or
- (c) a qualification in general practice which is not listed in Annex V, point 5.1.4 of the Directive, if that qualification—
 - (i) is accompanied by a certificate of a competent authority of the relevant European State in which the qualification was obtained to the effect that the qualification is evidence of training which satisfies the requirements of article 28 of the Directive, and
 - (ii) is treated by that State as if it were a qualification listed in relation to that State in Annex V, point 5.1.4 of the Directive.

(2) A person is also an eligible general practitioner for the purposes of article 3(a)(i) if they hold—

- (a) a certificate of prescribed experience; or
- (b) a certificate of equivalent experience,

which was issued under previous legislation, either by the Postgraduate Medical Education and Training Board or by the Joint Committee on Postgraduate Training for General Practice.

(3) A person is also an eligible general practitioner for the purposes of article 3(a)(i) if they were exempt from the need to have acquired the prescribed experience by virtue of regulation 5(1)(a), (b), (c), (d) or (f) of—

- (a) the National Health Service (Vocational Training for General Medical Practice) Regulations 1997(a)(exemptions);
- (b) the National Health Service (Vocational Training for General Medical Practice) (Scotland) Regulations 1998(b) (exemptions); or
- (c) the Medical Practitioners (Vocational Training) Regulations (Northern Ireland) 1998(c)(exemptions).

(4) Subject to paragraph (5), a person is also an eligible general practitioner for the purposes of article 3(a)(i) if they do not fall within paragraph (1), (2) or (3) but have—

- (a) undertaken training in general practice; or
- (b) been awarded qualifications in general practice,

and the Registrar is satisfied that that training is, or those qualifications are, or both when considered together are, equivalent to a CCT in general practice.

(5) If a person to whom paragraph (4)(a) or (b) applies holds a qualification in general practice which—

(a) S.I.1997/2817; relevant amendments made by S.I.1998/669. Those Regulations are revoked by S.I.2003/1250.
 (b) S.I.1998/5; relevant amendments made by S.I.1998/669 and 2000/23. Those Regulations are revoked by S.I.2003/1250.
 (c) S.R. 1998 No.13. Those Regulations are revoked by S.I.2003/1250.

- (a) was granted otherwise than in a relevant European State, and
- (b) has not previously been accepted by a relevant European State as qualifying that person to practise as a general practitioner in that State,

that person is not an eligible general practitioner pursuant to paragraph (4) unless the Registrar is satisfied that the qualification in general practice is evidence of training that meets, or under article 22(a) of the Directive is to be treated as meeting, the requirements of article 28 of the Directive.

- (6) If a person to whom paragraph (4)(a) or (b) applies—
 - (a) holds a qualification in general practice which—
 - (i) was granted otherwise than in a relevant European State, but
 - (ii) has been accepted by a relevant European State, other than the United Kingdom, as qualifying that person to practise as a general practitioner in that State; or
 - (b) has acquired experience or knowledge in general practice, wherever obtained,

the Registrar shall take account of that acceptance or of that experience or knowledge, when determining the adequacy of the training or qualifications under paragraph (5).

(7) In paragraph (1)(b), “certificate of acquired rights” means a certificate issued under article 30(1) of the Directive to the effect that its holder has an acquired right to practice as a general practitioner under the national security scheme of the issuing State without the evidence of formal qualifications of a general practitioner referred to in Annex V, point 5.1.4 of the Directive.

General systems general practitioners eligible for entry in the General Practitioner Register

- 5. A person—
 - (a) whose case falls within regulation 3(9)(e) of the General Systems Regulations;
 - (b) to whom regulations 20 to 26 of those Regulations apply by reason of the operation of regulation 3(4) of those Regulations; and
 - (c) who has a right to practise as a general practitioner in the United Kingdom by virtue of Part 3 of those Regulations (having, in particular, successfully completed any adaptation period that he may be required to complete pursuant to that Part of those Regulations),

is an eligible general systems general practitioner for the purposes of article 3(a)(ii).

Persons with acquired rights

6.—(1) For the purposes of section 34I(1) of the Act, a person has an acquired right to practise as a general practitioner in the United Kingdom if they fall within one of the categories of persons set out in paragraph (2).

- (2) Persons have such an acquired right if—
 - (a) on 31st December 1994, their name was included in a medical list kept by a FHSA or in any corresponding list kept by a Health Board in Scotland or by the Northern Ireland Central Services Agency for the Health and Social Services in Northern Ireland;
 - (b) on 31st December 1994, they were suitably experienced within the meaning of section 31 of the National Health Service Act 1977(a) (requirement of suitable experience), section 21 of the National Health Service (Scotland) Act 1978 (b)(requirement of suitable experience), or Article 8 of the Health and Personal Social Services (Northern Ireland) Order 1978(c) (requirement of suitable experience) other than by virtue of—

(a) 1977 c.49.
 (b) 1978 c.29.
 (c) S.I.1978 No.1907 (N.I.26).

- (i) regulation 8(1)(e) of the 1979 Regulations, regulation 8(1)(e) of the 1980 Regulations or regulation 7(1)(d) of the 1979 Northern Ireland Regulations (exemption for applications to be a restricted services principal); or
- (ii) regulation 8(1)(h) of the 1979 Regulations, regulations 8(1)(h) of the 1980 Regulations or regulation 7(1)(g) of the 1979 Northern Ireland Regulations (exemption for doctors who are EC nationals).

even if on that date they had yet to obtain a certificate of prescribed experience or a certificate of equivalent experience under any of those Regulations;

- (c) on 31st December 1994, they were established in the United Kingdom by virtue of a qualification in medicine awarded in a relevant European State other than the United Kingdom which had in his case to be recognised in the United Kingdom by virtue of the Directive as entitling them to be registered under section 3(1)(b) of the Act as a fully registered person; or
- (d) subject to paragraph (3), on at least 10 days in the period of 4 years ending with 31st December 1994, or on at least 40 days in the period of 10 years ending with that date, they had—
 - (i) been engaged as a deputy by, or provided as a deputy to, a doctor whose name was included in the medical list of a FHSA or in any corresponding list kept by a Health Board in Scotland or by the Northern Ireland Central Services Agency for the Health and Social Services in Northern Ireland; or
 - (ii) been employed as an assistant (other than as a trainee general practitioner) by such a doctor.

(3) For the purposes of paragraph (2)(d), engagement or provision as a deputy for a period of less than 24 hours beginning before but ending after midnight counts as engagement or provision on the second day only.

(4) In this article—

“the 1979 Regulations” means the National Health Service (Vocational Training) Regulations 1979(a);

“the 1979 Northern Ireland Regulations” means the Medical Practitioners (Vocational Training) Regulations (Northern Ireland) 1979(b);

“the 1980 Regulations” means the National Health Service (Vocational Training) (Scotland) Regulations 1980(c);

“the 1992 Regulations” means the National Health Service (General Medical Services) Regulations 1992(d);

“FHSA” means a Family Health Services Authority;

“medical list” means the same as in the National Health Service (General Medical and Pharmaceutical Services) (Scotland) Regulations 1974(e), the 1992 Regulations or the General Medical Services Regulations (Northern Ireland) 1997(f), as the case may be; and

(5) References to legislation in paragraph (4) are to that legislation as in force on 31st December 1994.

Persons eligible to be registered in, and liable to removal from, the Specialist Register

7.—(1) Persons are eligible to be registered in the Specialist Register for the purpose of section 34E(2)(b) of the Act if they are—

(a) S.I.1979/1644; relevant amendments were made by S.I.1980/1900/1981/1790, 1984/215, 1985/1353, 1986/1642 and 1991/406.
 (b) S.R.1979 No.460; relevant amendments were made by S.R.1986 No.69 and 1986 No.309.
 (c) S.I.1980/30; relevant amendments were made by S.I.1986/1657 and 1991/576.
 (d) S.I.1992/635.
 (e) S.I.1974/506; relevant amendments were made by S.I.1978/1762, 1985/1625 and 1980/1990.
 (f) S.R.1997/380.

- (a) exempt persons who are—
 - (i) eligible specialists as specified in article 8; or
 - (ii) eligible general systems specialists as specified in article 9; or
- (b) persons—
 - (i) who are registered in the list of visiting medical practitioners from relevant European States mentioned in section 30(1)(d) of the Act; and
 - (ii) who are providing services in the United Kingdom as a specialist on a temporary and occasional basis, in exercise of entitlement under Schedule 2A to the Act.

(2) If a person whose name is included in the Specialist Register by virtue of paragraph (1)(b) ceases to satisfy either of the conditions specified, the Registrar may remove that person's name from that register.

Eligible specialists eligible for entry in the Specialist Register

8.—(1) A person is an eligible specialist for the purposes of article 7(a)(i) if they hold a recognised specialist qualification as specified in article 10.

(2) In paragraphs (3) to (6), “S” is a person who has applied to be an eligible specialist for the purposes of article 7(a)(i).

(3) Subject to paragraph (5), S is an eligible specialist if—

- (a) S does not fall within sub-paragraph (1); but
- (b) S has—
 - (i) undertaken specialist training; or
 - (ii) been awarded specialist qualifications,

in a recognised specialty and satisfies the Registrar that that specialist training is, or those qualifications are, or both when considered together are, equivalent to a CCT in the specialty in question.

(4) Subject to paragraph (5), S is an eligible specialist if S—

- (a) has—
 - (i) undertaken specialist training; or
 - (ii) been awarded specialist qualifications,
 outside the United Kingdom in a medical specialty which is not a recognised specialty; or
- (b) has knowledge of, or experience in, any medical specialty derived from academic or research work,

and the Registrar is satisfied that these give S a level of knowledge and skill consistent with practise as a consultant in any of the UK health services.

(5) If S is an exempt person and holds a specialist qualification which—

- (a) was granted otherwise than in a relevant European State, and
- (b) has not previously been accepted by a relevant European State as qualifying the exempt person to practise as a specialist in that State,

S is not an eligible specialist pursuant to paragraph (3) or (4) unless the Registrar is satisfied that the specialist qualification is evidence of training that meets, or under article 22(a) of the Directive is to be treated as meeting, the requirements of article 25 of the Directive.

(6) If S—

- (a) is an exempt person who holds a specialist qualification which—
 - (i) was granted otherwise than in a relevant European State; but
 - (ii) has been accepted by a relevant European State, other than the United Kingdom, as qualifying him to practise as a specialist in that State; or
- (b) has acquired specialist medical experience or knowledge, wherever obtained,

the Registrar shall take account of that acceptance or of that experience or knowledge, when determining the adequacy of the education or training under paragraph (3) or (4).

- (7) A person is also an eligible specialist for the purposes of article 7(a) if that person—
- (a) was included in the specialist register maintained by the General Council under previous legislation;
 - (b) was determined to be an eligible specialist under, or by virtue of, previous legislation; or
 - (c) holds a Certificate of Completion of Specialist Training awarded under, or by virtue of, previous legislation.
- (8) In paragraphs (3) and (4), “specialist training” means specialist medical training that—
- (a) comprises of theoretical and practical instruction in a post specifically designated as a training post;
 - (b) takes place in a university centre, a teaching hospital or other health establishment;
 - (c) is supervised by an appropriate authority or other body; and
 - (d) involves the personal participation of the person training to be a specialist in the activity and in the responsibilities of the establishment concerned.

General systems specialists eligible for entry in the Specialist Register

- 9.** An exempt person—
- (a) whose case falls within regulation 3(9)(a), (c) or (e) of the General Systems Regulations;
 - (b) to whom regulations 20 to 26 of those Regulations apply by reason of the operation of regulation 3(4) of those Regulations, and
 - (c) who has a right to practise as a specialist in the United Kingdom by virtue of Part 3 of those Regulations (having, in particular, successfully completed any adaptation period that he may be required to complete pursuant to that Part of those Regulations),

is an eligible general systems specialist for the purposes of article 7(a)(ii).

Recognised specialist qualifications granted outside the United Kingdom

10.—(1) The following are, for the purpose of article 8(1), recognised specialist qualifications granted outside the United Kingdom—

- (a) a specialist qualification listed in Annex V, point 5.1.2 of the Directive which was awarded—
 - (i) in a relevant European State other than the United Kingdom;
 - (ii) on or after the reference date and is not evidence of training commenced by the holder before that date; and
 - (iii) in a recognised specialty;
- (b) a specialist qualification listed in Annex V, point 5.1.2 of the Directive—
 - (i) which was awarded in a relevant European State other than the United Kingdom;
 - (ii) which was awarded following training commenced by the holder before the reference date;
 - (iii) which was awarded in a recognised specialty; and
 - (iv) where the holder of the qualification satisfies the Registrar (by means of a certificate of a competent authority of the relevant European State in which it was awarded or otherwise) that it accords with the standards laid down by article 25 of the Directive;
- (c) a specialist qualification which—
 - (i) was awarded in a relevant European State other than the United Kingdom;
 - (ii) was awarded in a recognised specialty;

- (iii) does not satisfy all the minimum training requirements laid down by article 25 of the Directive;
 - (iv) was awarded following training commenced by the holder before the reference date; and
 - (v) is accompanied by a certificate of a competent authority of any relevant European State that the holder has effectively and lawfully been engaged in the practice of his specialty in that State for at least three consecutive years during the five years preceding the date of the certificate;
- (d) a specialist qualification in a recognised specialty which—
- (i) has been obtained at any time in a relevant European State other than the United Kingdom;
 - (ii) does not correspond to the titles listed in Annex V, point 5.1.2 and 5.1.3 of the Directive; and
 - (iii) is accompanied by a certificate of a competent authority of that State to the effect that the qualification is evidence of training which satisfies the requirements of article 25 of the Directive and is treated by that State as if it were a qualification listed in respect of the relevant specialty in relation to that State in Annex V, points 5.1.2 and 5.1.3 of the Directive;
- (e) a specialist qualification which—
- (i) was awarded in Spain to doctors who completed their specialist training before 1st January 1995, even if that training does not satisfy the requirements of article 25 of the Directive;
 - (ii) was awarded in a recognised specialty; and
 - (iii) is accompanied by a certificate issued by a competent authority in Spain attesting that the person concerned has passed the examination in specific professional competence held in accordance with article 27(2) of the Directive with a view to ascertaining that the person concerned possesses a level of knowledge and skill comparable to that of doctors who possess a specialist qualification listed in respect of the relevant specialty in relation to Spain in Annex V, points 5.1.2 and 5. 1.3 of the Directive;
- (f) a specialist qualification in a recognised specialty—
- (i) which is evidence of training which does not accord with the standards laid down by article 25 of the Directive, undertaken on the territory of the former German Democratic Republic and begun before 3rd April 1992;
 - (ii) where the holder of the qualification satisfies the Registrar (by means of a certificate of a competent authority in Germany or otherwise) that he is entitled by virtue of that qualification to practise his specialty throughout the territory of Germany on the same conditions as the holder of a qualification awarded in Germany and listed in Annex V, point 5.1.2 of the Directive,
 - (iii) where evidence of the qualification is accompanied by a certificate of a competent authority in Germany that the holder has effectively and lawfully been engaged in the practice of his specialty in Germany for at least three consecutive years during the five years preceding the date of the certificate; and
- (g) a specialist qualification which—
- (i) was awarded by, or which relates to training started in, the territory specified in column (a) of the table below before the date specified in the corresponding entry in column (b) of that table;
 - (ii) is accompanied by an attestation by a competent authority of the relevant European State specified in the corresponding entry in column (c) in that table to the effect that that qualification has, on its territory, the same legal validity as regards access to and practice of specialised medicine as a qualification awarded in that specialty in that State and listed in Annex V, point 5.1.2 of the Directive in respect of that State, and

- (iii) is accompanied by a certificate from that authority that the holder has effectively and lawfully been engaged in the activity in question in that State for at least three consecutive years during the five years prior to the date of issue of that certificate.

<i>Column (a)</i>	<i>Column (b)</i>	<i>Column (c)</i>
Former Czechoslovakia	1 st January 1993	Czech Republic
Former Czechoslovakia	1 st January 1993	Slovakia
Former Soviet Union	20th August 1991	Estonia
Former Soviet Union	21st August 1991	Latvia
Former Soviet Union	11th March 1990	Lithuania
Former Yugoslavia	25th June 1991	Slovenia

(2) In paragraph (1) “the reference date”, in relation to a relevant European State, means the date specified in relation to that State in the column entitled "Reference date" in Annex V, point 5.1.2 of the Directive.

Recognised specialities within the United Kingdom

11.—(1) The specialties specified in the Schedule are those which are recognised within the United Kingdom for the purposes of the Act.

(2) Part 1 of the Schedule specifies both the specialties with a minimum training period and the minimum training period relevant to those specialties.

(3) Part 2 of the Schedule specifies the specialties with no minimum training period.

Name
Clerk of the Privy Council

SCHEDULE

Article 11

Recognised specialties within the United Kingdom

PART 1

Recognised specialties within the United Kingdom with minimum training periods

Five years

Emergency medicine (*also known as accident and emergency medicine*)

General (internal) medicine* (*formerly known as general medicine*)

General surgery*

Neurosurgery* (*also known as neurological surgery*)

Trauma and orthopaedic surgery* (*also known as orthopaedics, and formerly known as orthopaedic surgery*)

Paediatric surgery

Plastic surgery*

Cardio-thoracic surgery (*also known as thoracic surgery*)

Urology*

Four years

Cardiology (*formerly known as cardio-vascular disease*)
 Chemical pathology (*also known as biological chemistry and as clinical biochemistry*)
 Child and adolescent psychiatry (*also known as child psychiatry*)
 Clinical neurophysiology
 Clinical pharmacology and therapeutics (*also known as pharmacology*)
 Infectious diseases (*also known as communicable diseases*)
 Public health medicine (*also known as community medicine*)
 Dermatology
 Clinical radiology* [*also known as diagnostic radiology and formerly known as radiology*)
 Gastro-enterology
 Geriatric medicine (*formerly known as geriatrics*)
 Immunology (*also known as immunopathology*)
 Medical microbiology and virology (*also known as microbiology-bacteriology, and formerly known as medical microbiology*)
 Histopathology* (*also known as pathological anatomy, and formerly known as morbid anatomy and histopathology,*)
 Neurology*
 Nuclear medicine
 Obstetrics and gynaecology*
 Occupational medicine
 Oral and maxillo-facial surgery (*also known as dental, oral and maxillo-facial surgery (basic medical and dental training)*)
 Paediatrics*
 General psychiatry* (*also known as psychiatry, as general adult psychiatry, and as mental illness*)
 Clinical oncology (*also known as radiotherapy*)
 Renal medicine (*also known as renal disease, and formerly known as nephrology*)
 Respiratory medicine* (*also known as thoracic medicine*)
 Rheumatology
 Tropical medicine
 Genito-urinary medicine (*also known as venereology*)

Three years

Anaesthetics*
 Endocrinology and diabetes mellitus (*also known as endocrinology*)
 Haematology (*also known as general haematology*)
 Ophthalmology*
 Otolaryngology* (*also known as otorhinolaryngology, and as ENT surgery*)

[Note: The specialties marked * above are those listed in Annex V, point 5.1.3 of the Directive which are common to all relevant European States. The remaining specialties are those in which the United Kingdom awards a qualification but which are peculiar to two or more relevant European States.]

PART 2

Recognised specialties with no minimum training period

Allergy
 Audiological medicine
 Clinical cytogenetics and molecular genetics
 Clinical genetics
 Forensic psychiatry
 Intensive care medicine
 Medical oncology

Medical ophthalmology
Psychiatry of learning disability
Old age psychiatry
Paediatric cardiology
Palliative medicine
Pharmaceutical medicine
Psychotherapy
Rehabilitation medicine
Sport and exercise medicine.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order sets out the categories of registered medical practitioners, other than those who have been awarded a certificate of completion of training, who are eligible for entry in the General Practitioner Register and the Specialist Register kept by the General Medical Council. The eligibility criteria are largely based on the content of Directive 2005/36/EC(a) concerning the recognition of professional qualifications.

Article 3(1) prescribes that the categories of registered medical practitioners are eligible for entry into the General Practitioner Register are both those set out in articles 4 and 5 and those who are on the list of visiting medical practitioners from the EU and are practising in this country as a general practitioner (article 3(1)(b)) on a temporary and occasional basis. Article 3(2) provides that people within article 3(1)(b) may be removed from that register if they cease to be such a person. Article 4 relates to exempt persons who are eligible general practitioners and article 5 relates to exempt persons who are eligible general systems general practitioners.

Article 6 prescribes which registered medical practitioners who have acquired rights to practice as general practitioners in the United Kingdom, are eligible for entry in the General Practitioner Register.

Article 7(1) prescribes that the categories of registered medical practitioners are eligible for entry into the Specialist Register are both those set out in articles 8 and 9 and those who are on the list of visiting medical practitioners from the EU and are practising in this country as specialists on a temporary and occasional basis (article 7(1)(b)). Article 7(2) provides that people within article 7(1)(b) may be removed from that register if they cease to be such a person. Article 8 relates to exempt persons who are eligible specialists and article 9 relates to exempt persons who are eligible general systems specialists.

Article 10 prescribes the qualifications granted outside the United Kingdom which must be recognised when determining whether or not a registered medical practitioner is eligible for entry on to the Specialist Register. Article 11 and the Schedule prescribe the medical specialties which the UK recognises and the minimum training period for those specialties where applicable.

[Impact assessment?]

(a) OJ No.L255, 30.09.2005, p.22 as amended by Council Directive 2006/100/EC of 20th November 2006, OJ L363 of 20.12.2006, p.141.