

To note

Report of the Registration Reference Group 2009-2010

Issue

1. Update on the activities of the Registration Reference Group.

Recommendation

2. To note the report on the work of the Registration Reference Group since May 2009 (paragraphs 6-41).

Further information

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

Background

4. The Registration Reference Group's purpose is to:
 - a. Advise Council on the maintenance of a policy framework securing a single standard for registration which doctors can reach by different routes.
 - b. Keep under review the statutory framework governing registration and licences to practise, making proposals for amendment where necessary.
 - c. Advise Council on issues to do with the fitness for purpose of the registers, their content and publication, and access to them.
 - d. Advise the Council on the policy framework that the Registrar will apply to determine which qualifications are acceptable overseas qualifications for the purposes of registration.
 - e. Monitor the guidance from Council which the Registrar must take into account in determining individual applications for registration.
 - f. Oversee the Professional and Linguistic Assessments Board.
5. The Registration Reference Group (RRG) has met three times since it was established in January 2009.

Discussion

6. The registration policy issues that the RRG considered between May 2009 and May 2010 included:
 - a. Developing the Register.
 - b. Responsibility for the level of level of scores required in the International English Language Testing System (IELTS)..
 - c. Insurance and Indemnity.
 - d. Telemedicine.
 - e. Change of gender and name in the Register of Medical Practitioners.

Developing the Register

7. In January 2009, Council reaffirmed that the List of Registered Medical Practitioners (LRMP) should carry a wider range of information if that is of benefit to patients and the public and the NHS and other healthcare providers. The RRG was invited to recommend how best to enhance the value of the LRMP. An initial discussion was held at the RRG meeting in May 2009.

8. In October 2009 the RRG considered a paper which set out the programme of work required to collect information from registered doctors and to enhance the value of the register. The paper also set out the high level delivery timetable for the work.
9. The programme of work included proposals to:
- a. Identify the information requirements of our four key interest groups and other stakeholders to enable us to provide a wider range of information (than we currently provide) that is more meaningful and more accessible to those who use it.
 - b. Gain a greater understanding of the uses of the LRMP and our other services (including faxback) to drive changes and improvements to enhance the value of these services, including the naming and presentation of those services.
 - c. Identify the data and information we should collect from registered doctors to assist us with implementing revalidation.
 - d. Develop an electronic vehicle for the secure collection of information from all registered doctors.
 - e. Put in place a system of annual data collection from all registered doctors, which will ensure data, held by the GMC, can be maintained and built upon.
 - f. Put in place a system to deliver the annual survey of trainers and trainees previously conducted by PMETB.
10. The high level delivery timetable for this work, which was approved by the RRG at its October 2009 meeting, was as follows:

Q4 2009	Establish the 'developing the register' programme, including setting out objectives, scope, governance arrangements and structure, and project deliverables.
Q4 2009 – End Q3 2010	Engagement work with our four key interest groups and other stakeholders using a wide range of tools, including focus groups and targeted surveys.
Q4 2009 – End Q3 2010	Identify and agree data items to collect to assist us with the implementation of revalidation as well as adding further value to the current data set.
End Q2 2010	Implement first round of changes to LRMP.

Q1 2010 – End Q3 2010	Develop online data collection mechanism for registered doctors, including the required IS solutions.
Q4 2010 (possibly in November to coincide with first anniversary of introduction of licensing)	Implement system for doctors' annual data collection on a rolling programme to coincide with doctors' annual fee due dates.

11. In January 2010 the RRG considered a further paper which described in more detail the four projects that will enable the programme of work to be achieved. The four projects were set as follows:

- a. Identifying the data requirements of our four key interest groups and other stakeholders (regarding the use of the LRMP).
- b. Developing and implementing the infrastructure required to collect data from registered doctors.
- c. Implementing the 'Annual Return' for doctors to enable the collection of data.
- d. Determining the extent and manner in which the additional data collected from registered doctors and third parties will be made available to enhance the overall form and substance of the LRMP.

12. The paper also set out a high level timeline of how the four projects will be delivered and a summary of the engagement approach to be taken with our four key interest groups and other stakeholders. The RRG endorsed the proposals set out in the paper.

Responsibility for the level of scores required in the International English Language Testing System (IELTS)

13. In October 2009 the RRG considered whether the Professional and Linguistic Assessments Board (PLA Board) should continue to have responsibility for recommending the level of scores required in the IELTS test for registration by International Medical Graduates (IMGs). It was proposed that the RRG should assume responsibility for this matter. Additionally, it was suggested that, if the former proposal was agreed, the RRG may consider recommending a review of the level of IELTS required for entry to the PLAB test.

14. The RRG agreed that responsibility for recommending the required IELTS scores should transfer from the PLA Board to the RRG. The RRG also endorsed the proposal that there should be a review of the level of IELTS required for entry to the PLAB test and for registration of IMGs.

15. The RRG also received an oral update on language testing in January 2010. The presentation provided an update on whether we can require EU doctors to undertake an English language test. It was reported that progress had been made in terms of discussions on this issue with the Department of Health (England).

Insurance and Indemnity

16. In 2006, the Medical Act 1983 was amended to include a new provision for all licensed doctors to have in force an adequate and appropriate indemnity arrangement. Currently doctors are under a professional obligation (paragraph 34 of *Good Medical Practice*) to arrange cover for any part of their practice not covered by their employer's scheme, in their patients' interests as well as their own.

17. At the meeting in May 2009, the RRG received a summary of our current policy position.

18. In June 2009, the Department of Health (England) announced that the Secretary of State would commence a review of the statutory requirement for health professionals to hold indemnity/insurance.

19. In October 2009 the RRG considered proposals regarding implementing the statutory requirement for doctors to have in place an adequate and appropriate indemnity/insurance arrangement. The paper set out the elements that the GMC would wish to be included in the scope of the Secretary of State's forthcoming review of the statutory requirement for health professionals to hold indemnity/insurance.

20. It was proposed that the review should;

- a. Seek to establish the nature of the problem to which the solution is the requirement for mandatory professional indemnity/insurance. In particular whether the problem relates to the absence of cover or weaknesses in cover.
- b. Explore whether the requirement for professional indemnity/insurance could be defined in other ways in order to achieve satisfactory public protection.
- c. Ensure that, if legislation is necessary, it is proportionate to the nature and extent of the problem.
- d. Properly assess the regulatory impact of any legislative provisions.

21. The RRG endorsed the proposals set out in the paper.

Telemedicine

22. 'Telemedicine' is a term used to describe a range of activities including 'e-prescribing', internet or web diagnosis by patients, and the 'outsourcing' of analysis or reporting on x-rays, or other clinical results. It is this latter aspect which was considered by the RRG.

23. In August 2008, the former Registration Committee had agreed a policy position in relation to telemedicine. This followed several meetings with the Department of Health (England).

24. The Committee had agreed that it was in the best interests of patients that all doctors who are delivering telemedicine services to patients based in the UK are regulated to UK equivalent standards, and that those who are commissioning such telemedicine services from doctors based outside the UK are advised to ensure that doctors are appropriately qualified and regulated and have demonstrated via their regulatory body or through other means that they are up to date and fit to practise.

25. In October 2009 the RRG reviewed a paper which reaffirmed the previously agreed policy position and set out an approach to working with the systems regulators across the United Kingdom.

26. The paper set out that during 2009 the GMC had continued discussions on the issue of telemedicine with the systems regulators in England, Wales, Scotland and Northern Ireland.

27. During the discussions it was agreed that it would be beneficial for the GMC and other systems regulators to clarify their respective positions on telemedicine.

28. The paper summarised the systems regulators' position as follows;

“Those who are commissioning telemedicine services from doctors based outside the UK are advised to ensure that doctors are appropriately qualified and regulated. They should demonstrate via their regulatory body, or through other means, that they are up to date and fit to practise.

System regulators have a range of statutory powers in relation to the regulation of independent health care and also to carry out reviews and investigations of commissioning and providing NHS and HSC organisations.

The system regulators are currently reviewing their local arrangements to ensure there is no ambiguity in the language in relation to telemedicine, and where ambiguity exists, it will be addressed.”

29. The RRG considered proposals for further engagement to agree some joint wording with each of the regulators individually, allowing for subtly different language with each because of their respective statutory responsibilities. It was noted that such wording would be used proactively through our respective websites and by using *GMCToday* and other channels, and reactively in responding to enquiries from the media, patients or others.

30. It was also proposed to continue the work with the systems regulators to agree the most appropriate method of dissemination of this information in each jurisdiction.

31. The RRG endorsed the policy position and proposed approach set out in the paper.

32. The RRG also received an oral update on telemedicine in January 2010. It was noted that ongoing dialogue was taking place with the Care Quality Commission on this issue.

Change of gender and name in the Register of Medical Practitioners

33. The Gender Recognition Act (GRA) was introduced in 2004. The GRA enables the Gender Recognition Panel, which was established under the GRA, to give legal recognition to transsexual people in their acquired gender through the granting of Gender Recognition Certificates (GRC).

34. The former Registration Committee had reviewed the registration procedures for doctors seeking to change their gender and name in the Register. The Committee was satisfied that the comprehensive and rigorous application process, and the expertise of the Panel, meant that the provision of a GRC was sufficient evidence for our purposes in order to change the details of a doctor's gender in the Register of Medical Practitioners.

35. The Committee agreed that from April 2006, applicants for a change of gender in the Register will be required to submit a GRC issued by the Gender Recognition Panel.

36. In practice, however, most doctors applying to have their name and gender changed in the Register of Medical Practitioners have been unable to submit a GRC. In order to be eligible for a GRC they have to meet the requirement of living full time in their acquired gender for a minimum two years.

37. *Good Medical Practice* stipulates that doctors should make sure they are identifiable to their patients through the use of their registered name. A doctor could therefore find themselves in the position of non compliance with *Good Medical Practice* in an attempt to meet the requirements for a GRC.

38. In light of this, the RRG considered a paper in January 2010 which sought to address the issue. This included proposals to revise the policy for approving applications from doctors seeking to change their gender and name in the Register of Medical Practitioners where the doctor is unable to obtain a Gender Recognition Certificate (GRC).

39. The RRG approved the proposal that in order to complement the policy agreed in 2006, those doctors seeking to change their gender and name in the Register of Medical Practitioners and who have not acquired a GRC must submit:

- a. A completed application form requesting to change their name and gender in the Register.
- b. Two medical reports, one of which must be from a consultant/specialist who is listed on the Gender Recognition Panel's list of experts which confirms how long the consultant/specialist has been treating the applicant in relation to a change in gender, that the applicant has or has had gender dysphoria, that the effect of the change is likely to be both stable and permanent.

- c. Evidence of the name change (in line with existing and any subsequent approved procedure).

Other issues

40. Between May 2009 and May 2010 the RRG also received information on the following registration matters:
 - a. PLA Board Governance arrangements.
 - b. The GMC Operational plans for 2010 - the role and function of the operational plans, and the relevant activities in 2010 that will contribute to the achievement of the priorities for Registration.
 - c. Applications from organisations wishing to become a GMC sponsor.
 - d. Fitness to practise declarations required from those seeking voluntary erasure.
41. Between May 2009 and May 2010 the RRG also received oral updates on the following registration matters:
 - a. Introduction to Registration including the programme of work for 2009.
 - b. Key current issues for Registration.
 - c. Licence to practise.
 - d. Revalidation and the development of the LRMP.
 - e. The Registration programme of work for 2010.
 - f. Temporary registration in an emergency.

Recommendation: To note the report on the work of the Registration Reference Group since May 2009.

Resource implications

42. None arising from this paper.

Equality

43. No implications arising from this paper.