General Medical Council

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| **Agenda item:** | **4** |
| **Report title:** | **Update on review of the routes to the Specialist / GP registers** |
| **Report by:** | **Clare Barton**, Assistant Director, Registration and Revalidation clare.barton@gmc-uk.org, 0161 923 6589 |
| **Action:** | **To consider** |

**Executive summary**

Following agreement by Council at its meeting on 27 September 2012, we have been working to implement 13 recommendations concerning applications for specialist and GP registration.

Six recommendations have been implemented. Progress on those outstanding has been affected by the difficulty we have in securing legislative change to enable us to implement those recommendations.

**Recommendations**

The Strategy and Policy Board is asked to:

**a** Note the progress made on implementing the recommendations.

**b** Agree that we do not undertake further work on implementing the outstanding recommendations until we have a specific timescale for the required legislative changes.

## Background to recommendations endorsed by Council

**1** Doctors who have not completed an approved UK postgraduate training programme but wish to have their names included in the specialist or GP register can apply through the equivalence routes for a Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for GP Registration (CEGPR). This route to specialist and GP registration is set out in legislation. Doctors must be on the Specialist Register to be appointed as a consultant in the NHS and must be on the GP register to work as a GP in the NHS. A report commissioned by the GMC and published in 2010 questioned the efficacy and fairness of the process for awarding a CESR/CEGPR and recommended we undertake a review. As a result, in early 2011, we commissioned an independent review of the process for awarding a CESR/CEGPR, seeking input from a range of relevant stakeholders.

**2** We published the *Review of the routes to the GP and specialist register: final report* in January 2012 and held a public consultation on the report between March and June 2012. At its meeting on 27 September 2012, Council endorsed the 13 recommendations made in the review. The recommendations are listed at Annex A.

### *Recommendations already implemented*

**3** During 2012 and 2013 we focused on implementing the recommendations we could deliver without additional specialist input. An update on progress against the relevant recommendations – 9, 10, 11 and 12 – is at Annex A.

**4** This has contributed to significant improvements in how we assess applications for CESR/CEGPR. We have a three-month deadline in which applicants are entitled to receive our decision. During 2012, we met this deadline 40% of the time on average. Due to our improved working relationships with colleges and significant improvements in the quality of their evaluations, we have been able to meet this target on a consistent basis. Since November 2012, we have returned decisions to applicants within three months in over 95% of cases each month.

### *The Equivalence Advisory Group (EAG)*

**5** In February 2014, the Strategy and Policy Board approved the establishment of the EAG, along with its terms of reference.

**6** The EAG was set up because we did not have the expertise in-house to implement the outstanding recommendations on our own. It was felt recommendations two to seven required additional substantive expertise, advice and guidance.

**7** The EAG includes representatives from the Academy of Medical Royal Colleges, BMA SAS Committee, NHS Employers, and the organisations responsible for providing postgraduate medical training across the four countries.

**8** We have held six EAG meetings since the group was established. The EAG has considered all outstanding recommendations and given advice on recommendations two, three, four and five, summarised at Annex A.

**9** The EAG also advised that doctors should not be permitted to apply for specialist registration in a specialty where the GMC does not approve a curriculum. This is currently permitted in specific circumstances under article 8(3) of the 2010 Postgraduate Medical Education Order.

*Recommendations still outstanding*

**10** Recommendations 1-7 remain outstanding. Legislative change will be required in order to implement these recommendations. In addition, we will need to undertake policy and IS development, as well as communicating changes to relevant stakeholders.

**11** In order to implement these recommendations we would need to see amendments to the Post Graduate Medical Education Order 2010 and the Applications for General Practice and Specialist Registration Regulations 2010 (as amended). The National Health Service (Performers Lists) (England) Regulations 2013 would also need to be amended so that CEGPR applicants can gain experience in GP practices without holding GP registration or being enrolled in an approved training programme.

**12** It seems unlikely that any such change to legislation will be possible in the near future. A Department of Health consultation on regulation is due to be held this autumn. It is expected to be followed by more fundamental changes to relevant legislation based on the consultation's outcomes. It is very unlikely that we will have the opportunity to make any additional changes via Section 60 Orders in the interim.

**13** The EAG also recommended that applicants who undergo a workplace based assessment should be assessed against a set of defined 'pinnacle competencies' for their specialty. These are the key skills and competencies from each specialty curriculum that an applicant would be able to demonstrate before completion of training. These need to be established for each curriculum with input from the relevant royal college or faculty.

**14** There is currently another programme of work led by the Education and Standards directorate, which seeks to identify and then integrate Generic Professional Capabilities (GPC) into each approved curriculum. There is potential for significant overlap between these two programmes. It has been suggested by some royal

colleges that the GPC may well be the 'pinnacle competencies' that would be best assessed in the workplace. Other royal colleges have pointed out that where it has already been possible to identify pinnacle competencies, these may well be significantly affected by the introduction of GPC. Work on identifying pinnacle competencies has therefore been deferred until such time as GPC have been embedded in curricula. Even if this was not the case, we would be unable to implement recommendation three on workplace based assessments without legislative change.

*Next steps*

**15** As we are currently unable to implement recommendation 1 - 7, we intend to take forward a number of other actions which will improve the CESR and CEGPR process for applicants and assessors. This is in line with strategic aim five of the corporate strategy, and our customer service principle of 'continually improving'. Work includes:

**a** Reviewing how applicants can submit evidence for their application electronically. Currently, applications are solely paper-based and typically comprise over 1000 pages. Electronic submission would reduce the administrative burden of compiling and assessing an application for both us and the doctor. There might also be opportunity for some applicants to use existing e-portfolio systems which allow 'mapping' of evidence to requirements.

**b** Improved guidance for applicants. We have recently introduced expanded and more detailed specialty-specific guidance for applicants in a small number of specialties. This has been developed with the support of the relevant royal colleges and faculties and draws on their experience of assessing CESR applications. This allows applicants to target their evidence to the requirements of the specialty, and makes the requirements for a successful application clearer. We will expand this enhanced guidance to other specialties.

**c** Continued training with potential applicants and assessors. Practical exercised-based training, delivered by GMC staff, has received consistently excellent feedback and allows applicants to submit applications that are more likely to be 'right first time'. We will consider how we can make this training accessible to more applicants, for example via web-based training.

**d** Working with other organisations, including HEE and NHS England, to streamline the administrative burden on doctors who wish to work as GPs.

**e** Collaboration with the Medical Licensing Assessment project and consideration of any recommendations relating to how senior doctors will get onto the register as part of this project.

**f** Consideration of the potential for there to be a policy and operational impact on the CESR/CEGPR process should the automatic recognition regime for EEA nationals cease as part of the Brexit negotiations.

**16** The EAG has now provided advice on each of the outstanding recommendations. However, in light of the delay to amendments to legislation, there is no prospect of being able to implement the changes within the next few years. We would like to be open with stakeholders about the progress of the implementation of recommendations, and begin to focus resource on improvements we can make without legislative change.

General Medical Council

**4 – Update on review of the routes to the Specialist / GP registers**

**4 - Annex A**

## Recommendations and actions

| | Recommendation | Action |
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| 1 | Doctors must already hold full registration and a licence to practise, and have practised in the UK as a licensed doctor for at least 12 months within the previous three years, before applying for a CESR/CEGPR. | The EAG endorsed this recommendation. |
| 2 | In principle tests of specialist knowledge should be a mandatory element of the new model for evaluating equivalence applications. | The EAG advised that applicants for a CESR / CEGPR should be required to demonstrate they have passed any examination that is specified in the approved curriculum for their specialty. It should be possible for alternative overseas examinations to be included in the approved curriculum. |
| 3 | Successful application for a CESR/CEGPR should require an evaluation of performance in practice in the relevant specialty in the UK against prescribed competencies. | The EAG advised that:<br>■ Applicants who undergo an assessment in practice should be assessed against a set of defined 'pinnacle competencies' for their specialty. These will be established with input from |

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| | | the relevant royal college or faculty. Documentary evidence would then only need to be presented for competencies that cannot be assessed in practice.<br>■ Assessments should be carried out by assessors who are approved for that purpose by the GMC.<br>■ There will be an agreed format for a final 'supervisor report' reflecting an applicant's performance in practice.<br>■ It should be for an individual applicant to locate a post where they can undergo assessment. This is likely to be driven by market forces, with more posts available in shortage specialties. In principle applicants should be permitted to pay for an assessment where a post that provides this free of charge is not available.<br>■ Existing LETB / deanery tools, such as work-placed based assessments and ARCP-style panels should be used to structure posts where doctors are assessed in practice. |
| 4 | Relevant statutory regulations should be amended to enable CEGPR applicants to undergo evaluation of their performance in practice in training environments | The EAG advised that doctors who wish to apply for a CEGPR should be able to gain experience in GP practices without holding GP registration, or being enrolled in an approved training programme. Appropriate supervision should be in place for these doctors. |
| 5 | The documentary evidence of knowledge and experience required should concentrate on those areas of the curriculum that have not been addressed by the applicant through the other elements of the evaluation model. | See recommendation three – the move to assessment in practice would lead to documentary evidence only being required for competencies that Colleges and Faculties agree cannot be assessed in practice. |

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| 6 | The new evaluation model should also replace the current paper based applications for academic and research CESRs. | The EAG advised that it would be advisable to confine applications in Academic or Research CESRs to specialties listed as UK curricula only. This would be most appropriate in line with the review's intentions to enhance the parity between routes onto the specialist or GP register. |
| 7 | Individuals of high international renown and proven expertise in their field should not be required to undergo acclimatisation or evaluation of their performance in practice as a pre-requisite to specialist registration and should instead be assessed on the basis of documentary evidence of their credentials. | The EAG advised that evidence an applicant will need to present is likely to include:<br>■ Evidence of their eminence<br>■ a job offer from an organisation in the UK<br>■ confirmation from the employer that the applicant needs specialist or GP registration for the post<br>The EAG estimated there will only be one or two doctors per year that fit the proposed criteria for doctor of high international renown. |
| 8 | That the GMC and Colleges should explore together how direct engagement between the GMC and College evaluators can be facilitated in order to minimise the need for the GMC to seek advice on an application from a certification panel. | Due to on-going engagement work with royal colleges and faculties, there has been an increase in the numbers of assessors undertaking evaluations on their behalf. This has led to improved consistency and quality of evaluations returned to us, which in turn has removed our need to set up specialist application panels. We have accepted all college evaluations since the recommendations were published and have not needed to convene a panel. Communication and relationships between the GMC and Colleges / Faculties is now significantly improved, |
| 9 | That the task of the panel should be to advise the Registrar as to whether the evaluators have, in reaching their judgement, properly applied the published standards, | |

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| | curricula and assessment blue print applicable to the case and evidenced their conclusions by reference to the documentation submitted by the applicant. The question for the panel is not whether it prefers its own opinion to that of the College evaluators, but whether the evidence cited by the evaluators supports the conclusions of the evaluation as reasonable and properly made. | so that any concerns or queries about an evaluation can be discussed and resolved before a decision is issued. Regular training with evaluators makes clear the criteria and standards the GMC uses for assessments. |
| 10 | Where the GMC is minded not to accept a College recommendation it should take independent specialist advice at an early stage so as properly to inform any subsequent deliberations by a certification panel and the Registrar. GMC specialist advisors should have direct access to College evaluators. | |
| 11 | The GMC should review the size, composition and meeting arrangements of panels necessary for them effectively to fulfil their functions. This should include looking at the opportunities for reducing the size of panels and the frequency with which they sit. It should also examine the case for improving the consistency and efficiency of panel decision making by having a single chair and a smaller pool of panellists who are able to maintain their skills through regular involvement in the process. | |
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| 12 | Published terms of reference should ensure that the role and composition of certification panels and the role of specialist advisors are transparent and accessible. | Terms of reference for certification panels (now termed specialist applications panels) have been drawn up and are available for use in the event that a panel is convened. |
| 13 | The GMC should put in place a comprehensive communication plan aimed at promoting the visibility and wider understanding of the CESR/CEGPR process. It should also publish an annual report on the outcomes, issues and learning points from CESR/CEGPR applications. | The GMC has published three Annual Reports covering applications to the Specialist and GP registers.* These have been made available online and in hard copy. |

* http://www.gmc-uk.org/doctors/24612.asp