

<b>Agenda item:</b>	<b>7</b>
<b>Report title:</b>	<b>Routes to registration review programme</b>
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<b>Considered by:</b>	<b>Executive Board</b>
<b>Action:</b>	<b>To consider</b>

## Executive summary

We have initiated a programme to review the non-PLAB international medical graduates (IMGs) routes and pathways to registration in response to the current NHS workforce crisis and a number of interdependent pieces of work within the GMC including the introduction of the Medical Licensing Assessment (MLA). This paper provides an update on the work of the programme and sets out four recommendations for the Board to consider following initial scoping and engagement activities.

## Recommendations:

The Executive Board is asked to note progress in the programme and agree the following recommendations:

- a** We should explore the expansion of both the Sponsorship and Postgraduate Qualification (PGQ) pathways to registration.
- b** We should explore developing a route to general registration for senior doctors.
- c** We should cease referring to PGQ and Sponsorship pathways to registration as 'exceptional'.
- d** To note the work we are doing to further streamline the Certificate of Equivalence for Specialist/GP Registration (CESR/CEGPR) routes and our lobbying for legislative reform.

## Background information

- 1 The NHS is struggling with a workforce crisis which includes challenges around the recruitment and retention of doctors. This challenge is not necessarily isolated to a particular geography, specialty or grade of doctor but appears to be widespread throughout the service.
- 2 In recent years, we have experienced an unprecedented increase in the number of registration applications from IMGs. IMGs must demonstrate to the GMC that they have the 'knowledge, skills and experience' to practise safely in the UK. This is set out in s21B of the Medical Act. The GMC has the scope to determine how IMGs demonstrate that they have the necessary knowledge, skills and experience.
- 3 There are currently four different mechanisms for IMGs to demonstrate their knowledge and skills. They can sit and pass both parts of the Professional and Linguistic Assessments Board (PLAB) test, have a postgraduate qualification that's acceptable, participate successfully in a sponsorship scheme or gain entry to the Specialist or GP registers through the Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for General Practice Registration (CEGPR) process. If a CESR/CEGPR applicant is successful they are automatically entered into the general register as well as the Specialist/GP register.
- 4 Sponsorship and PGQ pathways to registration now account for nearly half of all grants of IMG registration. Moreover, Council's decision to retain alternative pathways to registration alongside the MLA has prompted us to review these pathways to ensure they remain robust and valid for obtaining assurance that applicants have the knowledge, skills and experience to be granted registration. This is particularly important as the policy frameworks underpinning sponsorship and PGQ have not been formally reviewed since they were introduced in their current form as part of the New Registration Framework in 2007.

## The routes to registration review programme

- 5 The programme includes four projects designed to review existing routes and pathways to registration, explore options for expanding or developing pathways and review legislation to identify key areas requiring reform:
  1. Sponsorship review
  2. PGQ review
  3. Registration pathways for 'senior' doctors
  4. CESR CEGPR review

### *Sponsorship*

- 6 Sponsorship is a GMC-designed pathway to full registration for IMGs under S21B of the Medical Act. Applicants must have at least three years' postgraduate experience

in their medical careers during the preceding five years and be coming to the UK to take up a period of specialist training for the first time.

- 7** Initial findings from the sponsorship review have shown that it is a useful pathway to registration for doctors who come to the UK from developing nations to expand their experience and skills which they then take back to their home countries. For this reason, it is important sponsorship retains a clear link to education and training.
- 8** The review has also identified some issues that could be addressed including the fact that:
  - a** The majority of sponsoring organisations are based in England. There is potential for the GMC to encourage and promote expansion of the scheme further throughout the NHS and especially outside of England;
  - b** Our current process for overseeing approved sponsorship schemes is seen as too prescriptive and there is scope to introduce more flexibility in our approach;
  - c** Sponsorship does not extend to senior doctors who wish to practise medicine in the UK without taking up a period of specialist training. This means their only registration pathway is currently PLAB.

#### *Postgraduate Qualifications*

- 9** The PGQ mechanism is a GMC-designed pathway to full registration under S21B of the Act for IMGs who can provide evidence that they have been awarded a UK or international PGQ that we accept as providing sufficient evidence of their knowledge skills and experience.
  - 10** Acceptable PGQs are recommended to the GMC by the medical royal colleges as demonstrating that the holder has obtained a level of knowledge and skill at least equivalent to an F2 doctor. The PGQ must have been conferred no more than three years before the doctor applies for full registration.
  - 11** Initial findings from the PGQ review have identified a number of areas for development including:
    - a** The potential for the PGQ route to be extended to include a wider range of qualifications.
    - b** Expanding the range of organisations to provide assurance about acceptable PGQs (currently only medical royal colleges recommend the approval of acceptable PGQs for this purpose).
    - c** Amending our position to include all medical royal college membership exams as acceptable PGQs.
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- d** the PGQ pathway does not extend to all senior doctors as only some qualifications are recognised by the medical royal colleges and the requirement that a PGQ must have been awarded within three years of registration.

### *Senior Doctors*

- 12** The core training and educational element of Sponsorship, together with limited list of approved PGQs, mean that some IMGs find it difficult to obtain registration, despite being skilled and experienced.
- 13** These doctors usually completed specialist training and education many years ago and do not intend to participate in further training or educational activities as part of their UK practice. This currently renders them ineligible to apply for registration via the Sponsorship pathway. However, as part of this review we are exploring the potential for these doctors to register via a sponsorship scheme if it was expanded to include **delivery** of training and education.
- 14** These doctors either do not have an acceptable PGQ or any acceptable PGQ was awarded too long ago, which renders them ineligible to be awarded registration via the PGQ pathway. In some cases, the medical Royal Colleges are able to provide letters of equivalence for individual doctors which state that their qualification demonstrates they have obtained the appropriate level of knowledge, skill and experience for registration.
- 15** Currently, the only available pathway to registration for these senior doctors is PLAB. As the benchmark for PLAB is set at the outcomes expected of doctors who have successfully completed F2, this may not sufficiently reflect their specialised knowledge and skills or experience.
- 16** Following the initial findings of this review, we will be starting a new workstream to consider whether the existing pathways can be enhanced to support senior doctors obtain general registration and/or if a separate pathway for senior doctors might be appropriate.

### *Exceptional pathways?*

- 17** A common issue identified in the review of sponsorship and PGQ pathways is that both are currently defined as 'exceptional' in GMC policies and guidance. This is reflected in our communications approach which emphasises PLAB as the primary mechanism to gaining registration. However, sponsorship and PGQ now account for 48.5% of IMG registrations each year. Moreover, given there were previous incarnations of both pathways before 2007, it is clear that they are and have been for some time, a core part of our registration framework.

## CESR CEGPR

### *Current Legislation*

- 18** The CESR CEGPR process provides a route to specialist or GP registration for those doctors who did not undertake formal postgraduate training in the UK leading to a certificate of completion of training (CCT).
- 19** Entry onto the Specialist and GP registers is governed by sections 34C-E of the Medical Act 1983 ('the Act'). Sections 34C and 34D of the Act set out broadly the criteria for inclusion in the GP and Specialist registers and allow for the Privy Council to make regulations specifying categories of eligibility.
- 20** The Privy Council has done this through the Post Graduate Medical Education and Training Order 2010 ('the Order') which sets out eligibility requirements for entry onto the GP and Specialist register with a CESR CEGPR, specifying that a person must demonstrate that their training and qualifications or both '*when considered together are, equivalent to a CCT*' in the specialty in question or general practice.
- 21** Section 34E of the Act specifies that the GMC must make regulations as to the procedures to be followed by persons applying to the Registrar for inclusion in the GP or Specialist register. These regulations are the General Medical Council (Applications for General Practice and Specialist Regulation) Regulations 2010 ('the Regulations') which set out specific requirements for applicants who must demonstrate that their training and qualifications or both when considered together are '*equivalent to a CCT*' in the specialty in question or in general practice.
- 22** There are currently 65 specialty curricula and a further 31 sub-specialty curricula leading to the award of a CCT. Each curriculum and assessment methodology has been approved by the GMC and the award of the CCT depends on having completed a recognised programme of training and having demonstrated key knowledge and capabilities in the course of assessments.
- 23** The curricula describe the evidence (against a number of competencies) that learners should present at ARCP which includes, but is not limited to, log books, portfolios of learning, appraisals, reflective diaries, consultant feedback forms, multi-source feedback forms, completion of unit training forms and educational supervision reports.
- 24** Given the emphasis on equivalence to training and qualifications in the Order and the Regulations, CESR CEGPR applicants are currently required to provide similar evidence in their applications to demonstrate that their training and qualifications or both when taken together are equivalent to that which leads to the award of a CCT in any one of the 65 specialties or 31 sub-specialty each of which has its own curriculum and assessment methodology.

- 25** Therefore, the issue with the application process for a CESR CEGPR under the current legislation is that the level of specificity and emphasis on equivalence (in terms of documentary evidence required to demonstrate equivalence to an application for a CCT) leaves little flexibility for the GMC to determine alternative, more proportionate and adaptable evaluation methods which could be applied to demonstrate that the applicant has the necessary knowledge, skills and experience for entry to the Specialist/GP register.

### *Proposals for Change*

- 26** We have been lobbying the Department of Health and Social Care (DHSC) for some time for legislative change in this area. Our preferred approach is that changes are made to section 34 of the Act by way of a section 60 Order. Amendments to the Act can be made via Orders made under section 60 of the Health Act 1999 which provides a power to modify the regulation of the medical profession through amendments to the Act which are then:
- a** Consulted on by the Secretary of State.
  - b** Laid in Parliament to be approved by each House of Parliament.
- 27** We have suggested significant changes to section 34 that would, effectively, remove the powers of the Privy Council to make regulations specifying categories of eligibility for entry to the Specialist/GP registers and also remove the powers given to the GMC to make regulations (with Privy Council approval) on the procedures that applicants need to follow to make successful application.
- 28** Ideally, we would like section 34 of the Act to reflect the type of broad powers we are given in relation to IMGs who wish to apply for general registration which is set out in section 21B of the Act. This approach reflects the government position in their recent response to the *Promoting Professionalism, Reforming Regulation* consultation which outlines that one of the principal drivers for legislative change is to give regulators the autonomy to set more of their own operating procedures to support more responsive regulation.
- 29** s21B simply says that IMG full registration applicants must satisfy the Registrar that they have the 'knowledge, skills and experience' necessary for practising as a fully registered practitioner in the UK. There is no requirement for us to make regulations and our routes to general registration for IMGs are set out in guidance. We would like the same flexibility for applicants for GP and Specialist Registration. This kind of flexibility would properly future proof the process as it would enable us to quickly change and amend our approach as approaches to postgraduate training and assessment change.

- 30** Failing that, we have suggested that the test of 'equivalence' to training and qualifications to a particular CCT in the relevant specialty or general practice (as set out in the Order and Regulations) is too prescriptive and could be amended to provide greater flexibility. Amendments to the Order and Regulations can be made via an Order of the Privy Council. Any such Orders made follow the negative resolution procedure, meaning they are still required to be laid in Parliament but become law without a debate or a vote. This is a less onerous process than the section 60 process.

### *Test of Equivalence*

- 31** We are also looking again at whether we are applying the test of equivalence too rigorously. DHSC lawyers have suggested that there is some potential for us to be more flexible in our approach even without legislative change. Their argument is that the term 'equivalence' is not 'specified further' in the Order or Regulations and that, therefore, equivalence should be given 'its natural and normal meaning which in the English Oxford Dictionary is defined as "*The condition of being equal or equivalent in value, worth, function, etc.*" This does not demand that say two qualifications must be prescriptively "like for like", a mirror image of each other in order to be considered equivalent. I consider it to imply a degree of flexibility'.
- 32** Our current view is that the DHSC advice somewhat misses the point. The fact is that the word 'equivalent' **is** qualified further in the regulations as any CESR applicant must demonstrate that his or her 'specialist training is, or those qualifications are, or both when considered together are, equivalent to a CCT in the specialty in question'. There is a similar provision covering CEGPR. They do not speak in general terms of, for example, equivalence to the standards expected of a consultant in the NHS.
- 33** We have responded to DHSC to this effect but have heard nothing further. However, we have also agreed to seek further legal advice on the interpretation of the Order and Regulations to understand whether it might be possible to apply some further level of flexibility within the current legal framework.

### *Streamlining the process within the current framework*

- 34** Over the last few years, we have made a number of changes to try to streamline and simplify the existing CESR CEGPR process including:
- a** Developments to Siebel so that doctors can submit their evidence electronically.
  - b** Simplifying and streamlining the process for the authentication of evidence.
  - c** Simplifying the process for sign off by training organisations.

- d** Reducing the number of signatures required for sign off to one relevant supervising doctor.
  - e** Reducing the minimum number of structured reports required from six to four.
  - f** Making clear in our guidance for medical royal college evaluators that we expect the same outcomes to be met but not necessarily demonstrated in exactly the same way.
- 35** Throughout January to May 2019 we engaged with a range of key stakeholder organisations, including the medical royal colleges and faculties, specialty and associate specialist (SAS) doctors and employer organisations. All stakeholders agreed that the existing CESR CEGPR process presents a number of challenges for applicants and the ability to provide greater flexibility within the process was widely supported. In particular stakeholders were supportive of recognising different forms of evidence to demonstrate knowledge, skills and experience and providing a more flexible application framework which can be adapted to individual experience and skills.
- 36** We are currently reviewing a number of areas of improvement that would not require legislative reform including:
- a** Encouraging the medical royal colleges to open up access to e-portfolio systems for CESR/CEGPR applicants to support these doctors collating and storing evidence in advance of their applications.
  - b** Working more closely with employers to provide advice and guidance to CESR applicants and those supporting applicants in the workplace.
  - c** Facilitating the expansion of curricula mapping to other countries and/or specialty areas.
- 37** DHSC has funded the Royal College of General Practitioners (RCGP) to undertake curricula mapping in relation to GP postgraduate training programmes in a number of other countries. The University of Exeter has been commissioned to complete the curricula mapping including Australia, New Zealand, South Africa, Canada and USA. We now have a streamlined process for GP applicants from Australia and South Africa. This has significantly reduced the evidence these applicants need to provide to us. Other medical royal colleges have not expressed a great deal of enthusiasm for this approach.

## Next steps

- 38** With Executive Board endorsement of the direction of the programme we will continue to develop the policy options and return with a further update.
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