Executive Board

Monday 26 June 2023
10:30 – 11:40

MS Teams

General Medical Council

Agenda

10:30-10:35 *5 mins*	1	**Chair's business and minutes of the meeting on 30 May 2023**
10:35 - 11:05 *30 mins*	2	**MLA Risk Deep Dive**
11:05-11:25 *20 mins*	3	**New Recognised Specialist Qualifications (RSQ) route for GP and specialist qualifications**
11:25-11:40 *15 mins*	4	**Any other business, including:** • Date of next meeting: Monday 31 July at 10:30 in London

General Medical Council

Recognised Specialist Qualification pathway

Action	To approve our plans to establish a new pathway to GP and Specialist registration called the Recognised Specialist Qualification pathway and note the further work planned to develop the pathway.
Purpose	Amendments to the legislation which governs GP and Specialist registration will come into effect at the end of November 2023. These amendments will allow us to develop new pathways to GP and Specialist registration for doctors who have not completed their specialist training in an approved programme in the UK. The Recognised Specialist Qualification pathway is the first new pathway we are planning to introduce.
Decision Trail	The paper has been approved by Expanding Registration Pathways Programme Board
Recommendations	**a** To approve our plans to establish the Recognised Specialist Qualification pathway for GP and Specialist registration. **b** To note the further work planned to develop the pathway and our intention to bring the outcome of that work back to the Board in due course.
Annexes	Annex A: Domains and High Level Learning Outcomes for 2021 Anaesthetic curriculum Annex B: List of mapped GP qualifications
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Agenda item 3
Recognised Specialist Qualification pathway

Background

1 We have signalled our ambition to widen access to the GP and specialist registers for over a decade and worked closely with the DSHC to secure changes to the Postgraduate Training Medical and Education and Training (PMETB) Order 2010 to enable us to achieve this. In September 2022 Council agreed amendments to the Eligibility and Registration of General Practitioners and Specialist Medical Practitioners (Amendment) Order of Council 2010 and the GMC (Applications for General Practice and Specialist Registration) (Amendment) Regulations 2010 (the Regulations) to reflect the changes to the PMETB Order.

2 These legislative changes will come into effect on 30 November 2023. In doing so they will remove the requirement for doctors who have not completed their specialist training in the UK to demonstrate their specialist knowledge or training, or both when taken together, are equivalent to a Certificate of Completion of Training (CCT) in the relevant specialty or general practice. Instead, doctors will need to demonstrate they have the knowledge, skills and experience (KSE) required for practising as an eligible specialist or general practitioner in the UK.

3 Currently, the only pathway to GP or specialist registration for doctors who have not gained a CCT* is through the Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for GP Registration (CEGPR) pathways. The CESR/CEGPR portfolio pathways are used primarily by International Medical Graduates (IMGs) holding full registration who are already working in the UK. The introduction of the new standard (KSE) will enable us to not only make improvements to the existing CESR/CEGPR portfolio pathways but also to develop new pathways thereby allowing different cohorts of doctors, including those with specialist qualifications from outside the UK, to demonstrate their eligibility for GP or Specialist registration.

4 Underpinning the new standard of KSE will be an assessment framework based on the High Level Learning Outcomes (HLLOs) for each specialty in the UK. We will define criteria for each pathway that embed the high level learning outcomes across the breadth of the curriculum and assess that clinical standards have been met in order to demonstrate applicants' knowledge and skills for specialist/GP registration. Applicants in all pathways will also be required to demonstrate currency and breadth of practice to demonstrate they have the necessary experience.

5 An example of the Domains and HLLOs for 2021 Anaesthetic curriculum is at Annex A.

6 Establishing and developing new pathways for GP and specialist registration is a key step in meeting our strategic aim of developing a sustainable medical workforce.

* Or eligible to apply through the Relevant European Qualification route.

A new pathway to GP and specialist registration

7 The Recognised Specialist Qualification (RSQ) pathway is the first new pathway to GP and Specialist registration we are planning to introduce. It will provide a more direct way for doctors who have completed their specialist training outside the UK to demonstrate they have the required KSE for entry onto the GP or specialist register on the basis of their specialist qualification. The pathway will be open to doctors already holding full registration and those who have never held registration.

8 We have now completed our initial phase of development work including undertaking a wide-ranging stakeholder engagement exercise on our proposals. In this paper we outline our plans for the pathway and the feedback we have received from stakeholders. In the next phase of work, we will continue to develop detailed aspects of the pathway including undertaking a wider piece of work looking at how we approach recognising qualifications across a number of different registration pathways.

Evidence requirements for the pathway

9 The primary evidence requirement for this pathway will be evidence of a doctor's recognised specialist qualification. We are keen to ensure any additional evidence requirements we set are proportionate to the assurance we are seeking around an individual's practice. However, in some circumstances, depending on when a qualification was awarded, we may require additional evidence to assure us a doctor is continuing to practise broadly in the same specialty in which they were awarded their specialist qualification prior to their application for registration.

10 Doctors who are new to the register will also still be required to satisfy our requirements for full registration including primary source verification of their primary medical qualification, English language requirements, ID checks, and insurance and indemnity arrangement requirements.

Recognising specialist qualifications

11 With the input of expert and experienced senior clinicians, we will decide which specialist qualifications we recognise and the relevant time limits for the purposes of the pathway. They will form a list of recognised specialist qualifications which we will publish on our website.

12 The specialist qualifications we recognise will enable individuals to demonstrate they have the KSE to practise as an eligible specialist or GP in the UK. We have defined a set of

minimum requirements a specialist qualification will need to meet for us to recognise it. The qualification will need to:

a Have been awarded in a UK approved specialty.

b Demonstrate in broad terms an individual has met the HLLOs for the specialty in which it is was awarded unless the qualification was listed on Annex V of the European Directive on the Recognition of Professional Qualifications as of 31 December 2020.

c Be based on assessments which are quality assured and subject to external validity processes.

d Include a practical training or assessment element to rule out qualifications based purely on online learning.

e Be awarded by an organisation/body which is recognised in the country or region it is operating in.

f Be independently verifiable.

13 In the next phase of work, we will use these requirements as a basis for developing a model for assessing qualifications. This will include defining criteria for the RSQ pathway that embed the high level learning outcomes across the breadth of the curriculum and assess that clinical standards have been met in order to demonstrate applicants' knowledge and skills for specialist/GP registration. It will also include setting out the evidence we would need to see to recognise a qualification and how we include expert clinical input into our decision-making process. The model will also allow external organisations to nominate specialist qualifications they think meet our requirements.

14 A specialist qualification which is assessed as meeting our requirements will be added to our list of recognised qualifications enabling doctors holding that qualification to apply for GP or specialist registration via the RSQ pathway.

Starting the pathway

15 How and when we launch the pathway will depend on whether the Relevant European Qualification (REQ) route is closed at the end of 2023 as part of the government's review of the Brexit standstill arrangements.

16 Between March 2022 and February 2023 around 400 doctors applied for GP or specialist registration with full registration via the Relevant European Qualification (REQ) route. Establishing the RSQ pathway provides us with an opportunity to continue to recognise European specialist qualifications in the event the REQ route closes.

17 The qualifications which form part of the current REQ route are those which were listed in Annex V of the European Directive on the Recognition of Professional Qualifications prior to 1 January 2022 which have a corresponding approved UK specialty. In order to have been listed in Annex V they must have met certain minimum standards including:

a Minimum length of training.

b That training was given under the supervision of the competent authorities or bodies.

c That the training was carried out on a full-time basis.

18 In the event the REQ route closes at the end of 2023 we will implement the pathway to coincide with its closure. The Government had an opportunity to review the Annex V list prior to the introduction of the REQ route so we do not, at this stage, plan to undertake individual assessments of the qualifications in Annex V before adding them to the list. However, we will check whether any qualifications have been removed from Annex V since 1 January 2022 and ensure they are excluded.

19 We are aware as part of operating the REQ route that the name of qualifications and/or awarding bodies may change over time but that substance of the qualification may remain the same. Where we receive confirmation of this from the relevant competent authority we continue to recognise the qualification. We propose to adopt this approach for Annex V qualifications we add the RSQ list.

20 Any new (or those not included in the Annex V list) specialist and GP qualifications awarded in a European country covered by the Directive will need to go through our assessment process and will not be included on the initial RSQ list.

21 If, as part of the review of the Brexit standstill arrangements, the REQ route remains in place we will continue our next phase of work to develop our approach to assessing and recognising other international specialist qualifications and implement the pathway in 2024 when that work is complete.

Mapped GP qualifications

22 There are a group of GP qualifications which currently form the basis of streamlined CEGPR routes to GP registration which we plan to add to the list when we launch the pathway.

23 In 2017 the Royal College of GP, on behalf of NHS England, commissioned the University of Exeter to undertake research to map overseas GP training, qualifications and healthcare context against UK GP training, qualifications and healthcare context. The result of this research identified a number of GP qualifications including those from Australia, New

Zealand, Canada and South Africa, where there was a high degree of consistency with the UK.

24 In 2018, we introduced a streamlined CEGPR portfolio process for applicants with these qualifications to reflect the increased assurance and broad alignment with UK GP training. Adapting the existing CEGPR portfolio process was the only option available to us under the legislation at the time. However, the RSQ pathway will provide us with a new way to recognise these qualifications potentially giving doctors more direct access to the GP register.

25 The mapping exercise undertaken by Exeter University provides us with assurance the qualifications, healthcare context and training that led to the qualifications meet the principles we have developed for the purposes of recognition.

26 In deciding which mapped GP qualifications to add to the list of recognised specialist qualification we also considered the success rate of applications based on individual qualifications as part of the streamlined CEGPR portfolio processes.

27 Success rates of applications made as part of the streamlined CEGPR portfolio processes are generally very high, above 95%. However, the success rate for applications made as part of the streamlined CEGPR portfolio pathway based on South African GP qualifications is much lower at around 50%. The lower success rate of the South African GP qualifications suggests they do not have the high degree of consistency and assurance needed for a direct qualification pathway and for that reason we have decided not to add them to the list. Doctors with the South African GP qualification will still be able to apply through the streamlined CEGPR portfolio process.

28 The mapped GP qualifications we will add to the RSQ list are at Annex B. Between February 2022 and February 2023, 11 doctors gained GP registration using the streamlined CEGPR portfolio process based on these qualifications. Adding these qualifications to the RSQ pathway will provide a more straightforward way for doctors holding these qualifications to apply for GP specialist registration which may result in a greater number of doctors applying.

29 We have shared our proposals to add mapped GP qualifications to the RSQ list with the Royal College of General Practitioners as part of our stakeholder engagement on the RSQ pathway and regular communication with them on CEGPR processes. And while they haven't raised any concerns to date, we will continue to liaise with them as we develop our plans further to ensure they remain content with our proposals.

Stakeholder feedback

30 We recently undertook a wide-ranging engagement exercise with key stakeholders from across the UK including SAS and locally employed doctors, Royal Colleges and Faculties,

employers, UK governments, employers and patient and public representatives. In general, there was strong support across all stakeholders for us to develop new pathways to the GP and specialist registers including the RSQ pathway because of the role they could play in helping to ease workforce pressures in the NHS.

31 There were also a number of issues raised which we will need to consider as we move forward with our plans for the pathway and its implementation.

32 We are keen to introduce the pathway soon after the legislative change comes into effect later this year. However, this means we may end up launching it with a relatively small number of qualifications and stakeholders suggested this could limit its potential in helping with workforce issues in the short term. We are clear the introduction of the RSQ pathway will not, in and of itself, provide a solution to the workforce crisis but instead should be seen as the first step in our wider plans to widen access to GP and specialist registers and will, over time, as we recognise more qualifications, act as an enabler for appropriately qualified doctors to come and work in the UK.

33 Stakeholders also noted the variation in specialty training outside of the UK and the challenge this presents in recognising specialist qualifications in particular specialties. As a result, the list of qualifications may not cover all specialties. It's helpful to be aware of this potential outcome as we develop our approach to assessing qualifications. However, our intention is not that the RSQ pathway should cover all specialties or that it ever could but that it provides a way for doctors with appropriate specialist qualifications to gain GP or specialist registration.

34 A small number of stakeholders raised concerns about our plans to add European specialist qualifications to the list without any additional checks on individual qualifications. In contrast, however, other stakeholders suggested the RSQ pathway provided a way for qualifications outside of Europe to be recognised thereby demonstrating an opening up of our pathways. There are a significant number of doctors who, should the REQ route come to an end, would be required to use the CESR/CEGPR portfolio pathway to GP and specialist registration. Using this pathway would slow down the registration process for this group of doctors and in many cases act as a disincentive for them to apply in the first place. For the reasons outlined above we are satisfied we have the necessary assurance to add the Annex V specialist qualifications to the RSQ list should we need to. In addition, we are developing processes to enable us to review and remove qualifications, including Annex V qualifications, if concerns are raised about them.

35 Stakeholders also raised the importance of ensuring there are safeguards in place when doctors applying through this pathway start practising as many will be new to the UK. We are clear about the role we play in ensuring patient safety but also the responsibility of employers and others to ensure individuals have the necessary skills and experience for a

particular role, and that an adequate induction is put in place. We will continue to support work across the system to develop more effective induction for all doctors new to UK practice including offering our own Welcome to UK Practice training to any doctor with an overseas qualification that registers with us for the first time.

36 Local recruitment processes should assess the suitability of a doctor for any specific role and it is always an employer's responsibility to make sure that the doctor they appoint – at any level and in any specialty – has the knowledge, skills and experience to do the job that they have been recruited to do. Specialist registration, which was originally created to facilitate the movement and employment of doctors around the EU, does not and has never confirmed this suitability, which remains a local responsibility. However, we understand that this may not be widely understood externally, and we will consider how to address this when designing our communications strategy for implementing any new pathways.

Risks and opportunities

37 The main risk in establishing this pathway is not knowing how many nominations for qualifications we will receive and therefore the number of doctors who may benefit from it. However, as part of our engagement exercise several organisations indicated they may wish to nominate specialist qualifications in future. In addition, we have also received a separate approach from an educational body from outside of the UK. We are exploring how we may work with some of these organisations as early adopters to test and refine the application of our qualification criteria as well as our process for nomination.

38 This work also provides us with an opportunity to develop our awareness of specialist training outside of the UK and our skills in assessing qualifications which will be beneficial when we are developing other new pathways to GP and specialist registration.

Further work and next steps

39 If the Board approves the establishment of the RSQ pathway, we will continue to develop detailed plans including our approach to:

- **a** Developing criteria for the pathway that embed the high level learning outcomes across the breadth of the curriculum and assess that clinical standards have been met in order to demonstrate applicants' knowledge and skills for specialist/GP registration
- **b** Assessing and recognising international specialist qualifications including time limits.
- **c** Removing qualifications from our list where concerns are raised.
- **d** Maintaining the list of recognised specialist qualifications.

e A fees structure for the pathway.

40 We will bring this further work back to the Board to consider later this year.

Equality and diversity impacts

41 We are undertaking a full equality impact assessment, and this will be updated as we continue work to develop and implement the pathway. It is important, when we're assessing potential impacts to view this pathway in the wider context of a range of new pathways to GP and specialist registration which will be available to doctors in the future. Each pathway will enable different groups of doctors with different characteristics to demonstrate they have KSE for eligibility for GP or Specialist registration. Together the pathways will provide increased accessibility to the registers.

42 However, from the evidence we have gathered and the data we have analysed so far we have identified the following issues:

- currently doctors who are granted GP and specialist registration through the REQ and streamlined CEGPR pathways* are predominantly those who declare they are from a white background. Over time as we add more qualifications, we would expect to see a change in the characteristics of doctors applying through this pathway as we begin to recognise qualifications from outside Europe. However, we will need to keep this under close review to understand how the impacts of the pathway change as it matures.
- the potential impact of additional evidence requirements around recency of practice on doctors taking career breaks due to health issues or maternity/paternity leave. We will consider how to minimise these impacts while still ensuring patient safety is maintained as part of developing our evidence requirements and associated decision-makers guidance.

*Using GP qualifications from Australia, Canada and New Zealand.

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Annex A

Domains and high-level learning outcomes for the 2021 Anaesthetics curriculum

Generic professional domains and outcomes

Domain	High-level Learning Outcome
Professional Behaviours and Communication	Demonstrates the professional values and behaviours that patients expect from their doctors
Management and Professional and Regulatory Requirements	Undertakes managerial, administrative and organisational roles
Team Working	Contributes to teams to enhance patient care
Safety & Quality Improvement	Improves the quality and safety of patient care
Safeguarding	Identifies vulnerable people and takes appropriate action
Education and Training	Helps others to develop their professional practice
Research and Managing Data	Expands the understanding of anaesthetic practice

Specialty specific domains and outcomes

Domain	High-level Learning Outcome
Perioperative Medicine and Health Promotion	Facilitates safe multi-disciplinary peri-operative care and promotes the principles of public health interventions and efficient use of healthcare resources

General Anaesthesia	Provides safe and effective general anaesthesia
Regional Anaesthesia	Provides safe and effective regional anaesthesia
Resuscitation and Transfer	Resuscitates, stabilises and transfers critically ill patients safely
Procedural Sedation	Provides safe & effective sedation
Pain	Manages pain
Intensive Care	Manages critical illness

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Annex B

List of mapped GP qualifications

Awarding country	Qualification
Australia	Fellowship of the Royal Australian College of General Practitioners (FRACGP) under any of the RACGP curricula from 2007 to date, following satisfactory completion of the Australian General Practice Training (AGPT) programme
	Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) under any of the Fellowship curricula from 2013 to date and following satisfactory completion of an approved AGPT programme.
Canada	Certification in Family Medicine (CCFP) with the College of Family Physicians of Canada under any of the CanMEDS-Family Medicine curricula from 2009 to date, following satisfactory completion of the two year clinical training programme.
New Zealand	Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP) under any of the RNZCGP curricula from 2012 to date, following satisfactory completion of the General Practice Education Programme (GPEP) programme
	Dual fellowship training in general practice and rural hospital medicine leading to the award of FRNZCGP and Fellowship of the Division of Rural Hospital Medicine (FDRHMNZ). This should follow satisfactory completion of the Rural Hospital Training Programme in parallel with the General Practice Education Programme under any of the RNZCGP curricula from 2012 to date