General Medical Council

GMC-regulated credentials for doctors

A case for change

We are introducing a framework for GMC-regulated credentials for doctors. We recognise the name is problematic to some and will continue to explore meaningful alternatives. However, to address the immediate issues, we are intending to refer to them as *GMC-regulated credentials*.

What problems are we trying to solve?

There are two drivers supporting a process to approve credentials in discrete practice areas:

- Unregulated areas of practice where there may be significant patient safety risks.
- Where the capacity to train doctors is insufficient to meet patient or service needs.

All four UK governments have agreed that credentials are one of the mechanisms that will help them better support their medical workforce to develop in areas needed by the service and/or patients.

Benefits from this framework

This approach will offer a number of benefits including:

- Supporting the development of doctors for areas where they are needed by patients and the service – by facilitating doctors to acquire new skills in discrete areas of practice where they have the appropriate experience and qualifications to do so.
- Enabling patients and employers to confirm that a doctor is working at a specific level of expertise in these discrete areas of practice – by looking at the List of Registered Medical Practitioners (LRMP).
- Supporting more flexible career development and lifelong learning, facilitating doctors to change career direction or enhance their skills and expertise in discrete areas of practice through an approved and assured programme of learning, building on established skills, experience and qualifications.

Definition of GMC-regulated credentials

GMC-regulated credentials will be focused in areas where consistent clinical standards recognised across the UK are necessary to support better and safer patient care. We are facilitating a process to support the development of GMC-regulated credentials for doctors that are delivered in an assured and educationally supervised environment.

Our aim with GMC-regulated credentials is to reduce risks to patients and support the service to provide better patient care. They will be limited to discrete areas of practice where gaps in training or service have raised concerns about patient safety.

Employers and others will be able to use credentials as one of the ways they can develop a more agile medical workforce to better meet the needs of patients. Individuals will be able to use these opportunities as one way to extend or enhance their career in areas that relate to, or complement, their specialty or area of practice.

Principles for GMC-regulated credentials

Aimed at doctors

We will only endorse credentials for doctors. We recognise that in some cases there is an ambition to develop packages of learning for other healthcare professionals or multi-professional teams. While we are not opposed to these developments, our regulatory remit as a statutory body covers education and postgraduate training of doctors only.

When doctors have completed their postgraduate training, where a component of it is comparable to a GMC-regulated credential, we will automatically recognise they have attained the credential on the List of Registered Medical Practitioners (LRMP).

Limited scope of practice

GMC-regulated credentials are significant areas of medical practice that are narrower than the breadth of a specialty or more general area of practice. They build on, and recognise, capabilities and expertise gained through training and/or experience, and will have entry requirements to reflect this. A credential will recognise that doctors have demonstrated, at a minimum, that they have achieved a defined level of expertise in the discrete area of practice.

Eligibility requirements for a GMC-regulated credential will describe the required level of training and experience necessary to access the approved learning programme, or have comparable capabilities recognised, in the specific area of practice. The organisation proposing the credential will identify and describe the entry requirements for a credential, basing them on the necessary expertise and experience that will minimise risk to patients.

We anticipate that in many clinical areas, doctors will access GMC-regulated credentials only in areas that relate to the knowledge, skills and capabilities that have been gained through their general, specialty or subspecialty training or experience. This may limit many credentials to doctors who are on the Specialist and GP register in a relevant area. We believe that most of the early proposed credentials would be likely to fit in this group.

In some areas of practice, it may be appropriate to allow access to doctors who are not on the Specialist and GP registers. In order to better understand how this can be done in a way that safeguards patients, we will consider a limited number of early adopter proposals that have wider eligibility, allowing us to explore how SAS doctors may access credentials. We will use this experience to engage again if we think that further GMC-regulated credentials could have more widely accessible entry requirements.

Where doctors have met the requirements of a GMC-regulated credential, recognition on the LRMP will be specific to that discrete area of practice.

Because of their limited scope, GMC-regulated credentials are not intended to replace the requirements of postgraduate training that lead to a Certificate of Completion of Training (CCT) / a Certificate of Completion of GP Training (CCGPT) or the comparable outcomes described in a Certificate of Eligibility for Specialist Registration (CESR) / a Certificate of Eligibility for GP Registration (CEGPR). It is not possible to use only GMC-regulated credentials to obtain a CCT/CCGPT or CESR/CEGPR. But doctors may use credentials as part of their evidence to help support their applications for routes onto the registers.

Proportionate response to risk

We will only approve and assure credentials if there is a demonstrable and evidenced need for recognised standards. This will only apply where there is a significant risk to patients or a gap or need in service provision. In order to be approved, the proposals for a credential will have to meet strict criteria, including providing evidence or information that describes issues related to patient safety and/or gaps in service delivery in the discrete area of practice.

Assuring the quality of credentials

GMC-regulated credentials will be developed and assured using the GMC standards and processes. Where possible, credentials will be evaluated alongside relevant specialties and subspecialties. Using our approval and quality assurance processes, we will aim for credentials to complement, rather than compete, with postgraduate training. We will expect organisations proposing a credential to consider, as part of the approval process, the impact of the credential on training, the service it will affect and the current professional workforce, and to set out the entry requirements for participants.

We expect that as part of the development and delivery of GMC-regulated credentials, the roles of trainers, supervisors and other required support will be described. Where

organisations are seeking to deliver an approved credential, adequate resources should be identified for supervisors, trainers and learners. These expectations are already set out in our standards for curricula, *Excellence by design* and our standards for the delivery of training, *Promoting excellence*.

Identifying potential credentials

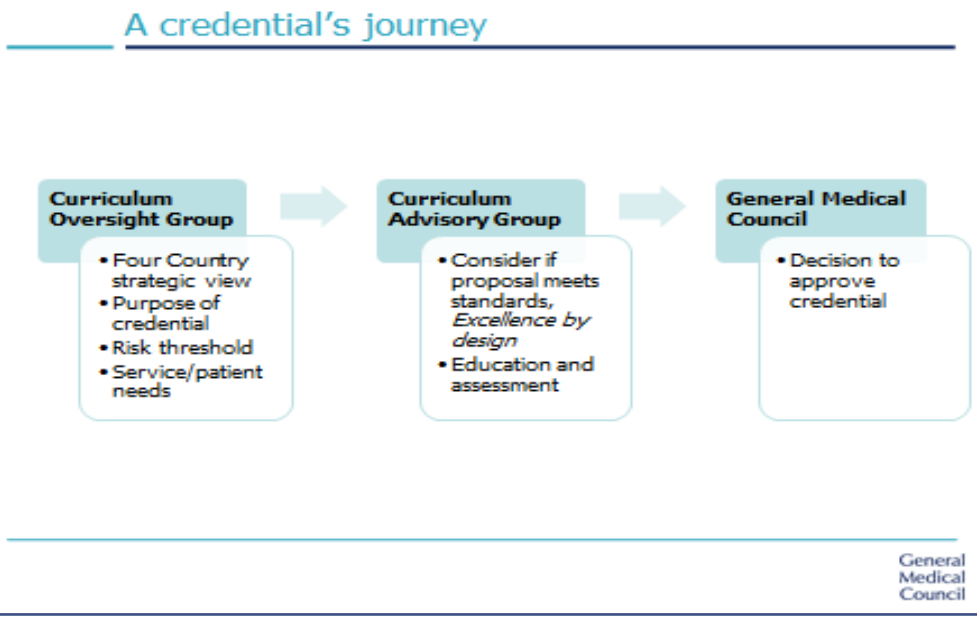
The majority of learning and development, outside of formal training, will not need approved standards and outcomes. Some areas, however, warrant the same treatment as postgraduate training.

In most cases, the UK Medical Education Reference Group (UKMERG) – which includes representatives from the four UK governments and their statutory education bodies, will prioritise and recommend discrete areas of practice that could be considered as possible credentials in order to help support patients and/or the service. Representatives of the UKMERG, where necessary, may support relevant organisations to scope out, develop and pilot areas before they are proposed to the GMC for approval as a credential.

Employers and workforce planners across the UK – as well as Health Education England, the Northern Ireland Medical and Dental Training Agency, NHS Education for Scotland, and Health Education and Improvement Wales – will have the flexibility to commission or fund credentials based on patient and service needs.

Facilitating GMC-regulated credentials

The GMC is providing processes to approve and assure credentials against our standards for medical education and training. We have aligned our processes to those we currently use in postgraduate training. We are also introducing a process to recognise doctors with credentials on the List of Registered Medical Practitioners (LRMP).



Approval of credentials

The Curriculum Oversight Group

Organisations that want to develop a GMC-regulated credential will submit proposals to our Approvals team. We expect that in most cases, these will be areas identified, supported and recommended by UKMERG.

Proposals will be considered by our Curriculum Oversight Group (COG). Organisations that want to develop a credential will submit a 'purpose statement' (like a business case) that describes the rationale, evidence and feasibility for an area of practice to become a GMC-regulated credential. The COG will evaluate this information based on patient safety factors, including service need, and in line with our standards, *Excellence by design*. It will advise the GMC on whether the proposal has met the patient safety criteria for a credential.

Organisations will have to show explicitly how they have or intend to engage and consult key groups such as relevant patient/population groups, the profession including consultants, SAS doctors and doctors in training as well as experts in the field. We also require evidence that the credential is feasible and the quality can be maintained over time.

We recognise that credentials, as a new development, may impact on existing structures and processes. To better anticipate and address possible consequences from the credential, we will ask organisations to consider the impact of the credential in the purpose statement on patients, the service, training and the current medical workforce. We also expect specific information about equality and diversity and any potential issues with differential attainment to be identified. These expectations are already required for postgraduate training in both *Excellence by design* and *Promoting excellence*. We will expect clear entry criteria to ensure that those taking the credential have the relevant skills and experience to do so safely.

Threshold for approving a credential

The decision to approve a credential by the GMC has to be a proportionate response to an identified patient risk or service need. Our Curriculum Oversight Group (COG) will make a recommendation, based on the evidence in the proposal developed by the relevant organisation or body, on whether an area of practice needs training:

- with consistent UK-wide professional/clinical standards and outcomes, and
- in a governed and educationally supervised environment.

The COG will look at evidence against a number of patient safety factors and consider on balance if the credential will address patient and/or service needs proportionately. We recognise that the factors will vary between proposals and over time. We will continuously

review them to make sure they remain appropriate and relevant. Risk to patients and service need are the key considerations underpinning any evaluation.

The main factors that will be considered are:

- Service/patient needs – whether the proposed credential will support the development of doctors to address or better manage service needs or gaps.
- Significant risk to patients – whether there are specific risks to patients identified in the area eg new or emerging area or practice; no approved training pathway.

Other considerations might include:

- Complexity and expertise in the clinical care.
- Scope of practice – whether there are other mechanisms, besides credentials, that better support development in the area of practice. We would consider if it should be part of the general specialty curriculum or if it can be managed effectively through fellowships, other training opportunities, flexibility procedures and continuing professional development.
- Clinical context – whether the area will support or facilitate the development of expertise to better support new, different or innovative service/care environments, including private or charity sector.

The Curriculum Advisory Group

If the purpose statement is approved at COG, the organisation will be able to develop a curriculum and appropriate assessments or evaluations for the next stage of our approval process. These will be reviewed by our Curriculum Advisory Group (CAG) to ensure they are educationally sound and can realistically be delivered.

The GMC will make the final decision to endorse the credential.

Quality assurance

Where GMC-regulated credentials are delivered, our standards – *Promoting excellence* – will apply. These standards describe our expectations for the quality of the learning and the environment in which that learning is delivered.

We will ensure credentials will not be used to undermine or devalue the quality of postgraduate training. Our approval process, focusing on patient safety as the primary indicator for a credential, will limit GMC-regulated credentials to where they are a proportionate response. We will ensure the quality of the training or approach to delivering the credential through our quality assurance processes. We will evaluate the impact of the

credential, including its impact on relevant postgraduate training, through our data collection and monitoring mechanisms.

Recognition on register

We will recognise the award of a credential on a doctor's entry on the LRMP in a similar way to how we record approved trainers. This will remain separate from being on the specialist or GP registers, but will allow employers, other professionals and patients to see if a doctor has been endorsed in a credential.

We will be clear in any communications that doctors with GMC-regulated credentials have demonstrated they have met UK approved standards and outcomes. Where doctors don't have or want a credential, appraisal and revalidation will continue to reassure patients, employers and others that doctors are practising safely.

Maintaining credentials

GMC-regulated credentials, similar to postgraduate curricula, will be reviewed regularly through our curricular approval processes. The COG, looking across both postgraduate training curricula and credentials, will consider whether a credential should be de-commissioned if the conditions that resulted in the approval of the credential have changed.

We expect doctors with GMC-regulated credentials will confirm they're continuing to meet the relevant standards and expectations. This will feed into appraisal and revalidation.

As part of the phased implementation, we will further explore and develop the detail of how this will work in practice over the coming months. If doctors decide to no longer maintain their credentials, we will remove the endorsement from the LRMP.