

M4 – Credentialing update

M4 – Annex C

Engagement on draft framework

External engagement

- 1 From September 2018 to January 2019 we are engaging with a range of external stakeholders on the draft framework. We are giving presentations and hold discussions, but we are also circulating the framework and providing an online form for written feedback. A summary of the meetings is included below.
- 2 Different stakeholder groups hold widely varying views, expectations and concerns around credentialing. To address the impact on them and to support discussions during engagement, we have summarised key messages for each group.

Key messages for stakeholder groups

Doctors in training	<p>Credentialing will allow for more flexibility within training and enhance a doctor's ability to have a bespoke career pathway, alongside the CCT.</p> <p>Process will support lifelong learning and a commitment to quality of training.</p> <p>Approved credentials will allow greater opportunities for wider training and will be supported by those funding or commission the training.</p> <p>The process is neutral on the length of training – curricula and training pathways are shifting to outcomes rather than time.</p>
SAS doctors	<p>Credentialing will provide an opportunity for recognition of training and career development.</p> <p>We are aiming to hold a symposium in 2019 to discuss how to develop credentialing for these groups.</p>

Consultants and GPs	<p>Credentialing will provide an opportunity to access training, allow recognition of expertise and ongoing career development.</p> <p>This will not impact on the GP or specialist register.</p>
Wider profession	<p>Access to further training, lifelong learning and recognition.</p>
Education organisations	<p>Colleges are aware of credentialing developments through the curricula review process, where they are having ongoing discussions with the UK Medical Education Reference Group (UKMERG) to identify changes to curricula, including potential areas for credentials. This includes bringing new areas to discussions with UMERG to determine suitability as a credential.</p> <p>Will be a collaborative approach with other bodies, for example where an area of practice is linked to more than one specialty, we will ask the colleges to work together to develop a proposed credential.</p> <p>We will be supporting them throughout the process and implementation of a new credentialing framework.</p> <p>We need to ensure that credentialing is proportionate and follow criteria; we want to be able to manage the numbers.</p>
Employers and workforce planners	<p>Process will support transparency of training and better resource management.</p> <p>Clear mechanisms to develop and train staff in particular areas where demand can emerge quickly.</p> <p>Provides opportunities for team development, as identified as a priority by the new Secretary of State for DHSC in England.</p> <p>Mechanism to confirm expertise in particular areas of practice if on the LRMP.</p>
Patients and public	<p>Process supports transparency of training, provides assurance of standards, as well as regulating areas that are currently not within the GMC's remit.</p> <p>Able to confirm expertise in particular areas of practice if on the LRMP.</p>
Government	<p>Reassurance on our progress on taking forward the actions agreed by the Shape of Training Implementation group and the four governments.</p> <p>Credentialing will allow more flexibility within training, and training for specific needs eg remote and rural.</p>

	<p>Governments and their officials will have mechanism to prioritise areas that they need to become credentials to manage their service/patient needs within their countries.</p> <p>Close working with UKMERG throughout the development of the process.</p>
GMC	<p>Process gives us better oversight of areas where patients may be at risk if there are not consistent UK standards and expectations.</p> <p>Protects the quality of training, through the approval and quality framework.</p> <p>Supports us in being responsive to the needs of patients and supporting the service to deliver safe care.</p> <p>Supports the ambition to make postgraduate training more flexible and agile.</p> <p>The process is neutral on the length of training – curricula and training pathways are shifting to outcomes rather than time.</p>

Summary of external engagement

Meetings with COG and colleges	We've facilitated meetings between the individual colleges with UKMERG and considered curricula changes through our Curricula Oversight Group (COG) as part of the ongoing curricula review.
Throughout 2018	These meetings have explored proposed areas for credentialing, as part of discussions to make sure all curricula can meet the requirements in <i>Excellence by design</i> and Shape of Training principles.
Joint Academy Training Forum (JATF) 06/09/2018	<p>We presented an outline of our proposals and answered questions.</p> <p>Members agreed this is important work, but highlighted the need for sensitive handling of concerns around the potential to undermine curricula, and the need to engage with trainees. Members were keen to see the framework and to learn if particular areas might become credentials.</p>
BMA Junior Doctors Committee – call with Chair 14/09/2018	<p>Colin Melville spoke with the BMA JDC Chair and Deputy about progress.</p> <p>They were reassured to hear about proposed processes around approval and quality assurance, but remain concerned about what might come out of CCT. They emphasised the need for clarity and definitions, and for the trainee voice to be part of the decision-making.</p>

<p>Health and disability reference group</p> <p>17/09/2018</p>	<p>This is a small group of medical students and doctors who volunteered to help develop supporting resources for our <i>Welcomed and Valued</i> guidance.</p> <p>We gave a brief update on our plans, to promote awareness of the draft framework and answer any questions. We followed up with circulating the draft framework to them.</p>
<p>GMC education roundtable – Northern Ireland</p> <p>26/09/2018</p>	<p>This was our first wider engagement event, before circulating the framework.</p> <p>Attendees commented on the complexity of proposals, the importance to SAS doctors, and whether cost effectiveness should be considered among criteria. They agreed with a phased approach, and broadly with recognition on the LRMP.</p>
<p>RCPsych credentialing working group</p> <p>28/09/2018</p>	<p>We presented our proposals to this group which included attendees we've worked with on a pilot credential in liaison psychiatry.</p> <p>The group welcomed our plans, and were keen to progress credentials in other areas such as perinatal psychiatry.</p>
<p>Joint Committee for Surgical Training (JCST)</p> <p>02/10/2018</p>	<p>We presented to a reference group on a post-certification fellowships in surgical training project, which included lay and trainee representatives.</p> <p>They were positive about the benefits of credentialing for workforce planning and the value of aligning the process they are developing for fellowships with the credentialing criteria. A member from the Royal College of Surgeons in Ireland advised that Ireland is introducing a process similar to credentialing.</p>
<p>Conference of Postgraduate Medical Deans (COPMeD)</p> <p>10/10/2018</p>	<p>We presented and held a discussion at COPMeD which was a joint meeting with the Committee of General Practice Education Directors (COGPED) and which includes representatives from the BMA JDC, colleges and others.</p> <p>We received general positive support for the draft framework, with deans interested in thinking through how credentialing would be managed and implemented. The group felt they were gaining clarity and understanding about how credentials will work, allowing them to start planning and thinking. They still want further understanding about how new areas might be identified and developed. And there was interest in whether credentials would be applicable to other members of the healthcare workforce.</p> <p>The BMA JDC representatives continued to voice concerns about whether credentials would lead to a dilution of status and quality of training leading up to the Certificate of Completion of Training (CCT) and whether particular areas currently within training would come out to become credentials.</p>

Further engagement meetings

16/10/2018	GMC education roundtable – Wales
30/10/2018	GMC education roundtable – Scotland
09/11/2018	Quality leads – postgraduate training
15/11/2018	Academy Trainee Doctors Group (ATDG)
21/11/2018	GMC doctors in training roundtable – representatives from BMA JDC, ATDG, Association of Surgeons in Training (ASiT), and medical students
Dates tba	Possible separate meetings with doctor in training groups: BMA JDC; ASiT; Faculty of Medical Leadership and Management (FMLM) Fellows
14/01/2019	Doctors in training workshop – with FMLM Fellows, BMA, AoMRC, college and four-country representatives from each specialty and general practice training
Dates tba	HEE SAS Career Grade Doctor Working Group; other SAS doctor groups
Dates tba	Meetings with patient and public representatives
Dates tba	Meetings with NHS and employer organisations
Dates tba	Meetings with medical school representatives
Ongoing	Meetings with organisations interested in piloting or developing credentials, including: Royal College of Radiologists; British Association of Dermatologists; Royal College of Surgeons; Royal College of Psychiatrists; Faculty of Pain Medicine; Royal College of General Practitioners; British Sleep Society
Ongoing	Meetings with organisations interested in credentials for cosmetic practice, including: Royal College of Surgeons; Medical Defence Union; British College of Aesthetic Medicine; and other cosmetic practice associations
Ongoing	Work with partners in the UK Medical Education Reference Group (UKMERG) and Shape of Training groups across four countries, as well as the COG and our Curriculum Advisory Group for expert input
Ongoing	Briefing our Employer Liaison Advisers to share our proposals with Responsible Officers; and Regional Liaison Advisers to share with all contacts