

GMC credentials for doctors (2021)

This updated framework incorporates learning and progress from the early adopter phase, where we tested the principles set out in the 2019 framework and our approval processes.

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A new pathway for better patient care

Purpose of GMC credentials

The aim of GMC credentials is to enable a more flexible training response to patient and service needs, and to reduce risks to patient safety. They will provide consistent standards in areas of practice where concerns about patient safety may arise due to gaps in training or service, where vulnerable patients are at risk, or to meet future service needs.

Employers and others will be able to use GMC credentials as an innovative way to develop a more agile and responsive medical workforce that better meets the evolving needs of patients. Doctors will be able to use them as a flexible way to enhance their careers in areas that complement their scope of practice. And patients and employers will be able to confirm that doctors are skilled and competent in a specific area of practice.

Helping to meet patients' evolving needs

GMC credentials will bring assured training and regulatory oversight to areas where consistent clinical standards, recognised across the UK, are necessary for better patient care. They will support areas of practice where patients are at risk due to workforce gaps, limited clinical governance or other factors that cannot safely be addressed in other ways.

GMC credentials will help to improve patient care and patient safety by facilitating both:

- quality assured training in areas where it will help meet patient or service needs
- additional regulation in areas where it will help reduce risks to patient safety.

All four UK governments view credentials as a mechanism that will help the medical workforce to develop in areas needed by the service and/or patients.

GMC credentials will be recognised on the List of Registered Medical Practitioners (LRMP) to confirm a doctor is qualified and skilled in a specific area of practice. They will not be mandatory for practice in the credentialed area, but will allow patients to make more informed choices.

In areas where it is necessary for patient safety, doctors will be required to demonstrate ongoing competence to keep the credential on the LRMP.

A proportionate approach

GMC credentials will provide a proportionate and flexible training solution to address changing patient needs and safety issues. They will only be approved where there is a demonstrable need for recognised standards in an area of practice.

Most GMC credentials will allow for development in areas of practice where:

- more flexible training is required to meet the needs of the UK health service and to provide improved patient care
- an approved training pathway with consistent UK-wide outcomes is needed to assure quality and safety in the area of practice
- the UK health service has existing systems and oversight in place to maintain safe practice in the credentialed area.

Some GMC credentials will demonstrate competence in areas of practice with potential patient safety risks. In exceptional circumstances the maintenance requirements for these may be different, such as when:

- patient safety is at risk due to lack of sufficient assurance around training, practice or other factors
- clinical governance systems may not adequately assure safe practice in the credentialed area, and additional maintenance requirements are needed.

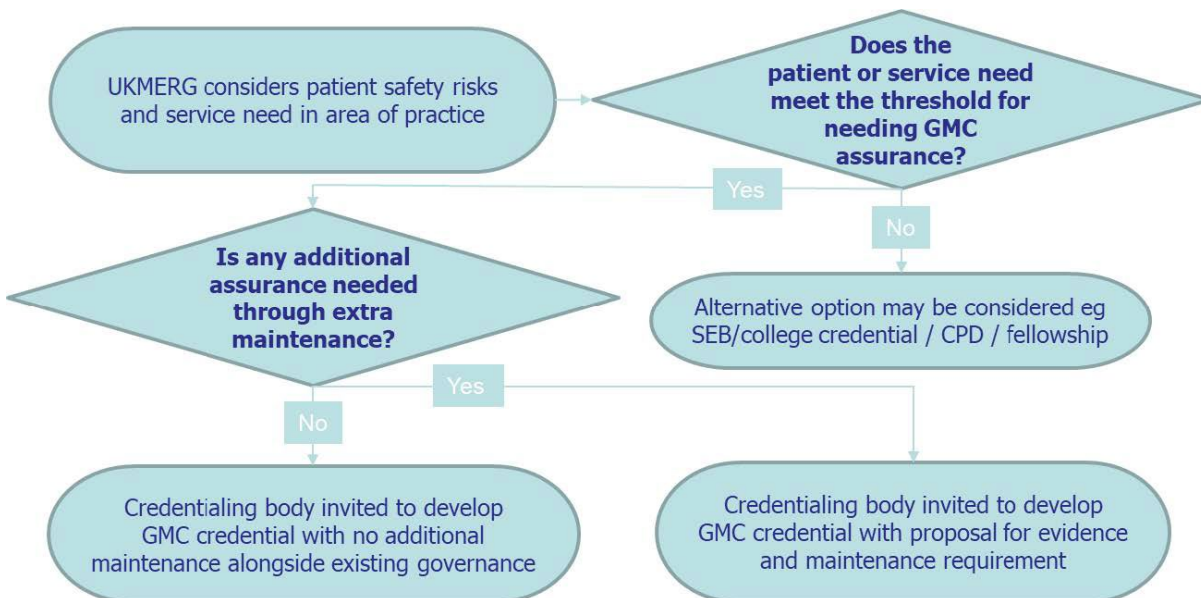
GMC credentials will appear on the LRMP. Credential holders will be able to remove them if they choose (for example if they stop working in the area of practice included in the credential), and in exceptional circumstances some credentials may have additional maintenance requirements in order for the credential to continue to be recognised.

Principles for GMC credentials

- GMC credentials must be a proportionate response to patient or service needs.
- The scope will generally be narrower than a specialty and wider than a procedure. This will depend on the patient need or risks in the area of practice.
- Eligibility for doctors will be based on patient safety. In some areas of practice, it may be limited to doctors in senior clinical roles.

Developing and approving GMC credentials

How areas for GMC credentials will be prioritised



Prioritisation – roles and responsibilities

The UK Medical Education Reference Group (UKMERG) – will identify areas of patient and service need, and make recommendations about which areas should be prioritised for entry into the GMC approval process.

GMC – will identify areas of significant patient safety risk for consideration, and will collaborate with UKMERG on decisions around prioritisation. We will invite submissions from credentialing bodies, on the basis of UKMERG recommendations.

Credentialing bodies – will engage with UKMERG and GMC on potential credential areas, and develop and submit proposals for approval when invited.

Prioritisation decision

The UKMERG includes representatives from the four UK governments and their statutory education bodies (SEBs). It will identify and prioritise areas where GMC credentials are needed for UK health service delivery and to address risks to patient safety. The UKMERG is also

responsible for national oversight of postgraduate training. Any recommendations about GMC credentials will be made alongside those about specialty training programmes.

The UKMERG will decide on who is best placed to develop a credential in an area of practice. In some cases, two or more organisations may be asked to work together.

The decision that a GMC credential is needed will include an initial consideration of scope, and may involve dialogue with credentialing bodies with expertise in the area of practice.

Prioritisation decisions may also include consideration of readiness, to facilitate the flow of submissions into the approval process.

Threshold for GMC credentials

The decision to approve a GMC credential must be a proportionate response to an identified patient risk or service need. This is reflected in Excellence by design (EBD) requirement CR1.1: 'Explain the need for the curriculum based on an analysis of patient, population, professional, workforce and service needs.'

A threshold for GMC credentials based on patient and service needs will form the basis of decisions about whether a GMC credential is needed in an area of practice. Whether ongoing maintenance is needed will also be considered at this stage. A range of factors will be considered when making these decisions. These will include, but are not limited to:

- risks to patient safety due to service needs or workforce gaps
- significant risks to patients due to limited clinical governance or inconsistent training in the area of practice
- risks due to the level of complexity and expertise in clinical care
- whether care takes place in the context of new, different or innovative services or care environments, including the private and charity sectors
- a need to train doctors from various backgrounds in a cross-specialty or new area
- any other risk factors, including anticipation of future patient and service needs.

The UKMERG will consider these factors to evaluate if a threshold for patient safety or service need has been met, and if a GMC credential is a proportionate response.

The UKMERG will consider two questions: whether a GMC credential is needed; and whether as a result of exceptional circumstances additional maintenance is required. A recommendation will be made to the GMC on this basis.

Does the patient or service need meet the threshold for needing GMC assurance?

A GMC credential is not needed if other mechanisms can address the risks sufficiently. These could be inclusion in specialty curricula, fellowships, other training, flexibility arrangements or continuing professional development (CPD).

Is any additional assurance needed through extra maintenance?

If an approved training pathway will not sufficiently address the patient safety risks in the area of practice, an ongoing maintenance requirement will be needed. This may be where local clinical governance arrangements may be insufficient.

Additional maintenance requirements are appropriate if patient safety requires that the credential on the LRMP should show currency, or be removed if a doctor fails to demonstrate they have maintained the relevant skills.

Alternative options

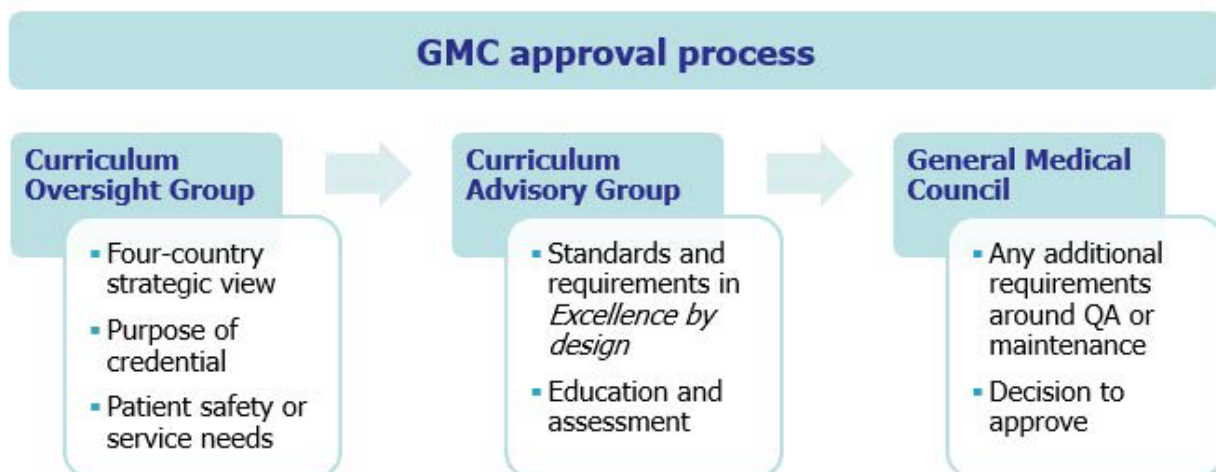
Discussions about which areas need GMC credentials will include oversight of credentials to be developed outside of our approval processes, which may be considered for GMC credentials in the future. These conversations will take place at the Curriculum Oversight Group (COG) as part of an ongoing process to look at current priorities.

When a GMC credential is no longer needed

GMC credentials will be subject to monitoring and review, and UKMERG may decide a credential is no longer needed in the area of practice. We will develop these processes with key partners.

How GMC credentials will be approved

We will approve and quality assure GMC credentials against our standards for medical education and training. We have aligned our processes to those we use for postgraduate curricula.



Approval – roles and responsibilities

GMC – will provide information that will help credentialing bodies to prepare submissions. We'll also manage the approval process, including chairing COG and Curriculum Advisory Group (CAG) meetings. We'll make the final decision to approve a GMC credential, which will include approving any additional requirements around delivery of training and maintenance.

COG – will make recommendations to endorse the purpose statement for GMC credentials, and confirm the proposal will meet the need identified at the prioritisation stage.

CAG – will make recommendations to endorse the curriculum for GMC credentials, based on EBD requirements around governance, education, assessment and quality assurance (QA).

Credentialing bodies – will develop proposals for GMC credentials and submit to the GMC.

COG recommendation

Proposals will be considered by our COG, which is made up of members of the UKMERG and provides strategic oversight. Credentialing bodies will submit a purpose statement describing how the proposal will meet the theme 1 requirements in EBD.

This will include an explanation and evidence for how the credential will address patient and service needs in the area of practice. It will confirm and may expand on the need identified by the UKMERG at the prioritisation stage. An early discussion with COG may be necessary to clarify and agree the scope of the credential, before the proposal is developed and submitted to COG for evaluation.

A high-level description of the levels of performance required for entry and completion of the credential will be included in the COG submission. The submission will also describe the scope of practice and high-level outcomes of the credential, and may include any additional details around consultation on the proposal, delivery and feasibility.

The COG will evaluate this information and make a recommendation about whether the proposal meets the EBD requirements, thereby addressing patient and population needs, as well as strategic service needs for the four countries of the UK.

CAG recommendation

Following a positive recommendation by COG, the credentialing body will develop a curriculum for the next stage of our approval process. This submission will be reviewed by our CAG to make sure it is educationally sound and can realistically be delivered.

The submission will have to meet the requirements in themes 2-5 of EBD. These cover the governance of the design and development of the credential, the approach and details of education and assessment content and processes, and the quality assurance and improvement processes of the curriculum.

Organisations will have to show explicitly how in developing the curriculum they have consulted key groups in all four nations, such as:

- relevant patient/population groups
- the profession including consultants, SAS doctors and doctors in training
- experts in the field.

Submissions will also need to show evidence of feasibility and that the quality can be maintained over time.

Clear entry criteria will need to be described to make sure that those taking the credential have the relevant skills and experience to do so safely. Information about equality and diversity and any potential issues with differential attainment will also be required.

Different approaches will be needed for GMC credentials in different areas of practice. Some credentials will involve specific training requirements, while others may allow doctors to draw on a portfolio of evidence to show that they have met the standards needed for the credential.

We will work with the CAG to consider how GMC credentials may meet the expectations for approval where the approach to education and assessment may be different to that usually seen with postgraduate curricula.

GMC decision to approve

The GMC will make the final decision to approve the credential based on the recommendations of the COG and CAG, as we do with postgraduate curricula.

Our decision will also consider the approach to delivery, QA, signoff and maintenance.

Additional requirements around delivery, QA, signoff and maintenance

Promoting excellence, our standards for the delivery of education and training, will apply to the delivery of GMC credentials. These standards set out our expectations for the quality of the learning and the environment in which that learning is delivered.

As part of the development of GMC credentials, we expect the roles of trainers, supervisors and other required support to be described. Adequate resources for supervisors, trainers and learners should also be identified.

We recognise that credentials may impact on existing structures and processes. Credentialing bodies will need to consider the impact of the credential on training, the service, and the current professional workforce.

When a GMC credential is delivered in the same environment or in a similar way to postgraduate training, we'll use our QA processes to make sure standards are being maintained. When the approach or environment is different, we will work with the credentialing body to make sure our standards will be met.

We have set out our expectations for signoff and maintenance of GMC credentials in this framework. Credentialing bodies will describe how these processes will work as part of their submissions. We will assess their proposals with input and advice from internal and external QA colleagues where needed.

As we approve the first few GMC credentials in different areas, we will refine and clarify further

details of our approach as needed. This may include consideration of a process for programme approval. We will work with key partners to determine appropriate solutions, and will develop further guidance as needed.

Recognising doctors with GMC credentials

How doctors will be awarded GMC credentials



Signoff – roles and responsibilities

GMC – will approve the signoff process proposed by credentialing body, and make the decision to award and recognise the credential on the doctor's record on the LRMP.

Credentialing body – will describe the signoff process including membership of awarding panel, and notification to the GMC of doctors to be awarded the credential.

SEBs/postgraduate deans – will participate and/or lead panel as appropriate for credential.

Awarding panel – will evaluate evidence and make recommendations that doctors should be awarded the credential.

Doctors – will achieve credential by completing training and assessments, or by providing evidence that they meet the outcomes of the credential.

Signoff process

Doctor meets requirements

Doctors may achieve a credential by completing the training set out in the curriculum or by presenting a portfolio of evidence that shows they've met the required outcomes.

Doctors who have completed previous training similar to that in the credential will not be awarded the credential automatically, as their skills and competencies in the area of practice may not be current. However, doctors will be able to provide evidence of previous experience and training that can be considered when applying for a credential.

Panel reviews training records or evidence and makes recommendation

A national panel will review the evidence showing that a doctor meets the requirements of the credential. They will then make a recommendation about whether it should be awarded.

The credentialing body will describe how the panel will be convened, as part of the approvals process. In most cases, it will include representatives from the statutory education bodies, a representative from the credentialing body, and an independent Chair.

We are considering the role of the Chair, and our role in appointing them. We expect the panel to make decisions by consensus wherever possible, but anticipate that a mechanism will be needed if this can't be achieved, which is likely to be reliant on the Chair's decision.

In specific instances the panel may also need to include specialists or experts in the field if these are not already represented by the credentialing body. For some areas of practice, it may be appropriate to use regional Annual Review of Competence Progression panels (ARCP panels).

The credentialing body will also need to describe the process for evaluating evidence of experience or previous training. This is for doctors who wish to demonstrate they can meet the outcomes of the credential without needing to complete the required training and assessments.

The same panel will make recommendations about signoff and awarding of credentials to doctors who have completed the training and assessments.

GMC awards credential and adds to doctor's record on LRMP

Unless there are exceptional circumstances, we will accept the recommendation of the credentialing body. We will award the credential and update the doctor's record on the LRMP, to show the relevant area of practice. This will be similar to how recognition of trainers is shown, which is separate from the specialist and GP registers.

How doctors will maintain GMC credentials

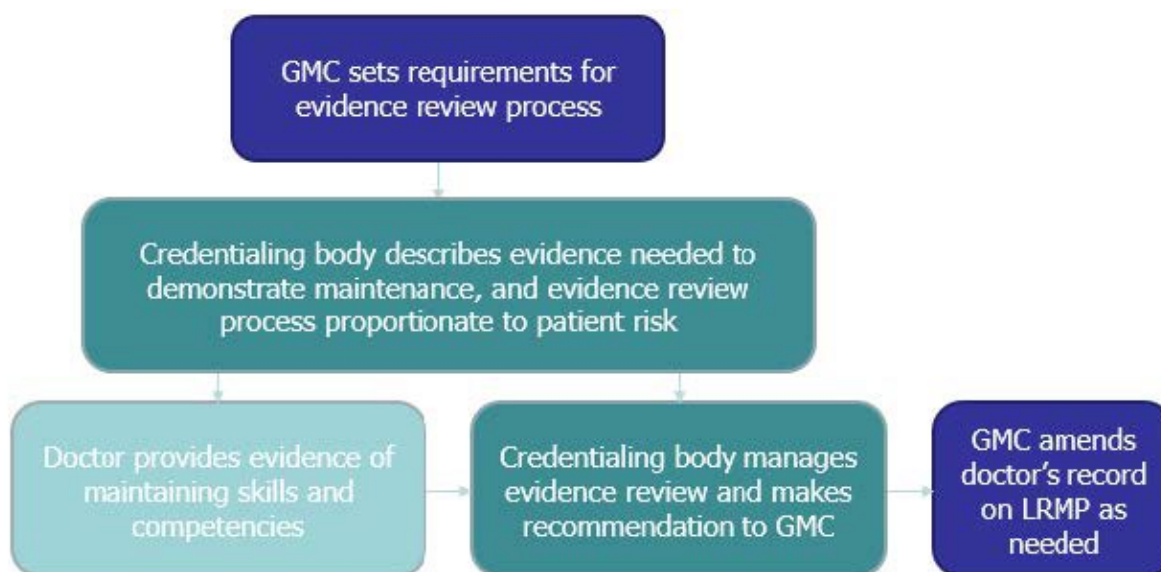
No mandatory additional requirements for most GMC credentials

For most GMC credentials, there is no requirement to demonstrate ongoing maintenance of competence since this will be monitored through existing processes. If a doctor stops working in an area covered by the credential they should request the credential be removed from LRMP.

In most cases, UK health service clinical governance systems will be sufficient to ensure safe practice in the credentialed area, as is the case for doctors with a Certificate of Completion of Training (CCT).

Additional maintenance requirements for GMC credentials in exceptional cases

Where there are requirements for additional information to support maintenance, for the reasons outlined above, these will be developed as part of the process of approving the credential. We will list those that require additional maintenance centrally.



Maintenance – additional roles and responsibilities for credentials

Credentialing body – will describe evidence and processes for making sure doctors have maintained competencies for the credential, and make recommendations to us about whether doctors have met the maintenance requirements.

GMC – will provide guidance, set requirements, and approve the maintenance processes proposed by the credentialing body. We will make decisions about whether the doctor has maintained the GMC credential based on recommendations by the credentialing body, and will update the LRMP to reflect this.

Doctors – will collect and submit evidence for maintenance of the credentials, as set out by the relevant credentialing body.

UKMERG – will consider whether any additional maintenance is required, and provide a recommendation to the GMC on this basis.

Maintenance process for GMC credentials

As part of a submission for a GMC credential with additional requirements for maintenance beyond the expectations for all doctors around job planning and appraisal, the credentialing body will need to include a proposal for how it will make sure a doctor is maintaining their credential.

We have set out requirements for an evidence review process which we will use to assess the process proposed by the credentialing body. This will determine if it is sufficient and proportionate for providing assurance that a doctor is up to date and competent to continue practising in the area of the GMC credential.

Credentialing body describes evidence needed, and evidence review process

The credentialing body will set out the evidence a doctor needs to provide to demonstrate they've maintained the skills needed for the credential. They will also describe the evidence review process, which will be used to evaluate the doctor's evidence.

Doctor collects evidence

The doctor will collect the evidence required to demonstrate they are maintaining the skills and competencies needed for the credential.

Credentialing body oversees review of evidence

The credentialing body will determine the process and frequency for reviewing the evidence, in line with the requirements that we set out. This will be put forward as part of the approvals process.

There are a number of potential routes the credentialing body could use.

- The national panel that signs off the credential could review the evidence and make an assessment.
- The doctor could present their portfolio of evidence at a meeting with a reviewer appointed by the credentialing body who has knowledge in the area of practice.
- The credentialing body could review evidence and make an assessment.

Credentialing body notifies GMC

The credentialing body will make a recommendation to the GMC as to whether a doctor has maintained their credential or not.

GMC amends record on LRMP as needed

Based on the recommendation from the credentialing body, we will decide if a doctor has met the requirements for maintaining the credential. We will update the LRMP to reflect the decision.

If a doctor has not met the requirements, the credential will be removed from the LRMP.

Evidence review process

The credentialing body will decide on the most appropriate evidence review process to assess whether doctors have maintained the skills and competencies needed for their credential. However, we have set out requirements that this process needs to meet.

This approach will allow for flexibility in how evidence is reviewed, and allow the credentialing body to design a process that can address the specific patient safety risks in the area of practice.

The credentialing body will submit a proposal for the intended review process, as part of the credential approvals process.

Requirements for an evidence review process

1. The proposal must show how the evidence and evidence review process address the patient safety risks identified in the need for the credential.
2. The proposal must explain the rationale for using either a panel or an individual to review evidence.

3. The individual or panel reviewing the evidence must have knowledge of the area of practice.
4. If the evidence review process requires an interview, the proposal must justify why this is necessary.
5. The proposal must state how frequently a doctor needs to demonstrate maintenance. It must also explain how the proposed frequency addresses relevant patient safety risks.
6. There must be evidence of how the process utilises existing data, such as appraisal evidence or a doctor's e-portfolio, to avoid duplication of effort.
7. The proposal must explain how the process is fair, feasible, practical and sustainable.

How doctors can appeal decisions about GMC credentials

Doctors will need to have a right of appeal for decisions about signoff and maintenance.

We are considering how a process for appeals will work and which organisations should be involved. We're currently exploring issues around externality, consistency and legal responsibility and will liaise with key partners as we develop policy, processes and appeal management.

Glossary

Annual Review of Competence Progression panel (ARCP panel)

The ARCP is a review of evidence of achievement over the course of a year of training. The ARCP panel reviews and validates the educational supervisor's recommended outcome against the doctor's portfolio of evidence.

Certificate of Completion of Training (CCT)

The CCT is awarded after successful completion of a specialty training programme.

Credentialing body

The credentialing body refers to the body developing the curriculum for the credential. They may have different levels of involvement in delivery processes such as signoff panels, depending on the credential.

Curriculum Advisory Group (CAG)

The CAG is a GMC-led group of associates, made up of lay members, postgraduate trainee doctors and specialist doctors who have expertise in medical education. Input is sought at the CAG stage from our Equality and Diversity team, Conference of Postgraduate Medical Deans (COPMeD) and NHS Employers.

Curriculum Oversight Group (COG)

The COG is a GMC-led group made up of representatives from the departments of health and statutory education bodies in the four countries of the UK.

Excellence by design (EBD)

EBD sets out our standards and requirements which all postgraduate curricula need to meet for approval, and which will be applied to GMC credentials.

List of Registered Medical Practitioners (LRMP)

The LRMP is a list of doctors in the UK, showing their registration status, training and other useful information.

Promoting excellence (PE)

PE sets out our standards and requirements for the delivery of both undergraduate and postgraduate medical education and training. It is the basis for our quality assurance of medical education and training.

Statutory education bodies

The statutory education bodies oversee the training and development of the workforce in the UK. They are Health Education England, Health Education and Improvement Wales, NHS Education for Scotland and the Northern Ireland Medical and Dental Training Agency.

UK Medical Education Reference Group (UKMERG)

The UKMERG is the forum for the discussion and approval of matters relating the medical education and training with representation from the four UK health departments and the four statutory postgraduate medical education bodies.