Doctor

GDM17

General Medical Council

Guidance for assessing entry onto the Specialist and GP Registers

Guidance for assessing whether applicants have demonstrated they meet the standard for Specialist or GP Registration, and where applications are made on the basis of an existing certificate

Introduction

This guidance is for decision makers within the Registration and Revalidation directorate who are asked to consider whether applicants wishing to be have their name entered onto the Specialist or GP Register, have demonstrated they possess the necessary knowledge, skills and experience or hold an existing certificate issued by the GMC or our predecessors.

This guidance aims to ensure consistency, fairness and proportionality in our approach to making decisions in this area, and should be read in conjunction with the principles which apply to decision making in relation to registration and revalidation.

The specialist register was introduced on 1 January 1997 and all doctors taking up an appointment as a substantive, fixed term or honorary consultant in the health service in the UK are required to be on the Specialist Register.

Doctors already holding a consultant post in the NHS or Armed Forces prior to the above date were not compelled to obtain specialist registration. Those already appointed to an NHS or Armed Forces consultant post prior to the above date can obtain specialist registration as 'existing specialists'. The criteria for these doctors is set out in separate guidance.

The GP register was established on 31 March 2006, requiring all doctors working in general practice in the health service in the UK, other than trainee GPs, to be included.

Our role in managing the Specialist and GP Registers is detailed in part IV.A of the 1983 Medical Act, sections 34C, 34D and 34E. Our powers are outlined in the Eligibility and Registration of General Practitioners and Specialist Medical Practitioners (Amendment) Order of Council 2022 (, in conjunction with The General Medical Council (Applications for General Practice and Specialist Registration) (Amendment) Regulations 2022

Our powers in relation to applications received by 31 December 2020 were also outlined in the EU Directive on the Recognition of Professional Qualifications (the Directive).

Entering the Specialist or GP Registers through CCT

Most applicants for Specialist or GP registration complete a GMC approved training programme. Through successfully completing this programme they are awarded a Certificate of Completion of Training (CCT) and are entitled to have their name entered on to the specialist or GP register.

For a doctor to enter the specialist or GP register with a CCT, four things must be present:

a Their LETB/deanery must declare they have satisfactorily completed the training programme by issuing an ARCP 6 (ARCP stands for annual review of competence progression, with the code 6 indicating completion of training programme)

b A notification to the GMC from the relevant royal college or faculty to enable the GMC to invite the doctor apply for a CCT

c A recommendation to the GMC from the relevant royal college or faculty for that specialty so the GMC can award the CCT

d An application from the doctor to the GMC to claim their CCT and have their name entered onto the specialist or GP register. In all but exceptional cases, this application must be made within 12 months of the date of completion of the training programme

- On 1 April 2013, the GMC introduced a time limit for the submission of CCT applications. This followed a recommendation from the Postgraduate Board, which was issued in 2012. Doctors who had previously been invited to apply for their CCT were given notice of the change. Doctors had until 31 March 2014 to apply for their CCT before the change became effective

- There may also be doctors who completed training prior to 2013, and were never invited to apply for a CCT. They may be unaware of the stipulation that applications must be submitted within 12 months

Factors to consider for awarding CCT

Assistant Registrars will consider the following when deciding:

	CCT Checklist
1	Has the recommendation for CCT come from the relevant medical royal college or faculty?
2	Is the CCT date within the previous 12 months to the point of applying? If no, go to question 3; if yes, go to question 4.

3	In the opinion of the registrar, did the applicant have a reasonable expectation that they could be awarded a CCT more than 12 months after their CCT date? Had the GMC made reasonable attempts to inform the doctor of the 12 month rule for CCT applications? In the opinion of the Registrar, would upholding the 12 month time limit be contrary to the GMCs Objectives, as described in Section (1A) and (1B), subsections 1, 2 or 3 of the Medical Act 1983? (In deciding this, the following questions could be used as a guide): ▪ In the event of making the doctor apply through the Portfolio pathway would the actions necessary to gather the evidential requirements of the application, as recommended by the college (and in consideration of the individual applicant) create unreasonable hardship for the applicant? *If **yes**, explain **how**.* ▪ Would a refusal create a significant risk to the health and safety of the general public? *If **yes** explain **how**?* ▪ Would granting a CCT, in the opinion of the AR, present a risk to the health and safety of the public? *Explain why?* ▪ Is our decision proportionate, considering all of the prevailing circumstances at the time of application? *If **yes,** explain **why**? If **no**, revisit the decision making process.*
4	Does the doctor currently hold full registration with a licence to practise?
5	Does the application specialty listed by the applicant match the specialty recommendation from the medical royal college?

Entering the Specialist or GP Registers using the Portfolio pathway (previously known as CESR/ CEGPR)

Some doctors will apply for specialist or GP registration through the Portfolio pathway (previously known as Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for GP Registration (CEGPR)).

Doctors will need to meet eligibility criteria to apply.

a For entry onto the specialist register using the Portfolio pathway in a CCT specialty, a doctor will need either a specialist qualification in the specialty of application or at least six months continuous specialist training in the specialty of application.

b For entry onto the specialist register using the Portfolio pathway in a non-CCT specialty, a doctor will need either a specialist qualification from outside the UK in any non-CCT specialty or at least six months continuous specialist training outside the UK in any non-CCT specialty.

The evidence submitted by the doctor will be reviewed by relevant medical royal college/faculty appointed evaluators or GMC assocaites, who will evaluate whether the applicant meets the

requirements in the relevant specialty (NB for applications that are not in a CCT specialty will be evaluated at the level of a consultant in any of the UK health services). Our policy on the currency of evidence for the Portfolio pathway can be found here.

The evaluation from the medical royal college, faculty or GMC associates must address all requirements (or standard of consultant in any of the UK health services where non-CCT CESR application), with commentary on where the requirements have or have not been met. Specialist Applications team co-ordinators, Officers, or the team manager review all evaluations.

Factors to consider when reviewing Portfolio applications

Assistant Registrars will consider the following when deciding:

	Portfolio application Checklist
1	Does the applicant meet the eligibility criteria to apply using the Portfolio pathway?
2	Does the doctor currently hold full registration with a licence to practise, or have a current registration and licence application in progress?
3	Is the evidence the applicant relies on robust, objective and verified?
4	Does the evaluation refer to all of the evidence submitted by the applicant in an appropriate way?
5	Where the evaluation is recommending specialist or GP registration are there sufficient references to the supporting evidence to demonstrate that the requirements have been met? In the case of a non-CCT Portfolio application are there sufficient references to the supporting evidence to demonstrate that the standard has been met?
6	Where the college evaluation is not recommending specialist or GP registration, ■ Have the areas not meeting the requirements been highlighted? ■ Does each area not meeting the requirements have an accompanying recommendation? ■ Are the recommendations for the applicant clear and within the parameters of the requirements in that specialty (non-CCT Portfolio applications recommendations define what would be needed for the standard of a consultant in any of the UK health services)?

Entering the Specialist or GP Registers through General System

The UK left the EU on 31 December 2020, therefore no new General Systems applications can be accepted after this date. However; decision makers will still need to consider guidance for applications made under the General System by 31 December 2020 which have not yet been

concluded, including where applicants have been issued a decision and are still within their three year reassessment period.

The Directive allowed doctors who are EEA nationals to be assessed where their qualification is not automatically mutually recognised.

A General System applicant will be an EEA national, or will be entitled to be treated as such, and will be entitled to an assessment of their training.

The directive advises that if there are 'substantial differences' between UK and EU member state curriculum, the UK can require an applicant to undertake compensation measures. Compensation measures can be in the form of an adaptation period or adaptation test but in the UK, by virtue of derogation, only an adaptation period applies. The adaptation period is a maximum of three years.

Factors to consider for General Systems

Assistant Registrars will consider the following when deciding:

	Eligibility
1	Is the applicant a national of a member state of the EEA or Switzerland? Or are they entitled to be treated as such by virtue of an EC right?
2	Did the applicant obtain their specialist qualification in the EEA or Switzerland? If not, their qualification from outside the EEA needs to have been recognised by an EEA member state for specialist registration and will need to demonstrate three years practice in the territory that recognised them in the specialty in which they are applying.
3	Is the applicant's specialist qualification listed in the directive as acceptable for mutual recognition in the UK? If so, they are entitled to automatic recognition.
	Application of compensation measures (adaptation period)
4	Is the evidence the applicant relies on robust, objective and verified?
5	Does the college evaluation refer to all of the evidence submitted by the applicant in an appropriate way?
6	Where the college evaluation is recommending specialist or GP registration (which would mean no compensation measures) are there sufficient references to the supporting evidence to demonstrate that there are no substantial differences?
7	Where the college recommendation is not to grant specialist or GP registration, ▪ Have the areas not meeting the required standard been highlighted? ▪ Does each area not meeting the standard have an accompanying recommendation?

	■ Are the recommendations for the applicant clear and do they identify the differences that need to be addressed?
	Demonstration of completion of compensation measures
8	Has the applicant's adaptation period exceeded three years from the date it started? If so, they will need to re-apply.
9	If the applicant's adaptation period is within three years, have they demonstrated meeting the compensation measures set? (NB, under the directive, we are not allowed to ask them to prove maintenance of the whole curriculum, and the assessment must be against the curriculum version used when the compensation measures were set).
10	Is the evidence the applicant relies on robust, objective and verified?
11	Does the college evaluation refer to all of the evidence submitted by the applicant in an appropriate way?
12	Where the college evaluation is positive are there sufficient references to the supporting evidence to demonstrate that the substantial differences have been addressed?
13	Where the college recommendation is not to grant specialist or GP registration, ■ Have the areas not meeting the required standard been highlighted? ■ Does each area not meeting the standard have an accompanying recommendation? ■ Are the recommendations for the applicant clear and do they identify the differences that need to be addressed?

Using an existing certificate to obtain specialist or GP registration

The GMC took over the function of certification of specialist and GP training in April 2010. Before this point several other bodies issued these certificates. The other bodies that used to award certificates were the Specialist Training Authority (STA), Joint Committee for Postgraduate Training in General Practice (JCPTGP), and latterly, the Postgraduate Medical Education and Training Board (PMETB). Once in possession of such a certificate a doctor could apply to the GMC to have their name entered onto the GP or Specialist register.

A holder of a certificate from any of these bodies can still apply to the GMC for specialist or GP registration.

Doctors who were issued a certificate of completion of specialist training (CCST), CCT, CESR or CEGPR by the PMETB or STA between 12 January 1996 and 31 January 2007 are entitled to entry onto the specialist or GP register. Section 34C(2)(c) of the Medical Act specifies that the Privy Council can designate "other categories" (aside from CCT holders and those who have an acquired right) of doctors who are eligible for the award of GP registration. This provision is mirrored for

specialist registration by section 34(d)(2)(c). The PMET Order notes that a doctor is eligible for registration if they hold the above certificates issued specifically by the PMETB or STA. The above date parameters reflect the dates between which the PMETB and STA issued these certificates.

Doctors who were issued a CESR or CEGPR by PMETB or STA outside of the above date parameters can apply for entry onto the specialist or GP register and have this certificate considered as part of their application. All certificates held by potential applicants will be at least eleven years old. There will have been newly published curricula since that time and the applicant will need to demonstrate meeting the current required standard for entry onto the specialist or GP register.

Please note the GMC has now stopped issuing CESR/CEGPR and other registration certificates upon grant and instead will email applicants a link to their entry on the online registers. We do however still issue CCT certificates.

Factors to consider for granting Specialist or GP registration

Assistant Registrars will consider the following in reaching a decision:

	Certificates issued 12 January 1996 and 31 January 2007 Checklist
1	All certificates held by potential applicants will be stored in the legacy databases held by the GMC. Does the certificate provided by the applicant contain the same information as that listed in the relevant database, including award date, specialty, name and UID?
2	Does the doctor currently hold full registration with a licence to practise?

	Specialist/GP registration Checklist – outside of above dates
1	Does the doctor offer robust, objective evidence of maintaining competencies in the breadth of the curriculum, including adopting any changes to the curriculum? This evidence could comprise of further qualifications, continuing professional development, appraisal or other appropriately verified evidence that demonstrates the knowledge, skills and experience for the current curriculum requirement.
2	Given the applicant must demonstrate experience in the full breadth of the curriculum, are there any circumstances in which we would consider any narrowing of experience, for example where an applicant is working in a more senior role or specialised area of the curriculum, which would inherently demonstrate maintained competence? *If **yes** explain **why**?*
3	Does the doctor currently hold full registration with a licence to practise?
4	Would a refusal create a significant risk to the health and safety of the general public? *If **yes** explain **how**?*
5	Would granting specialist/GP registration, in the opinion of the AR, present a risk to the health and safety of the public? *Explain why?*

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