Agenda item: 16
Report title: Annual report of the Equivalence Advisory Group
Report by: Clare Barton, Assistant Director, Revalidation cbarton@gmc-uk.org, 0161 923 6589
Considered by: Equivalence Advisory Group
Action: To note

Executive summary
This paper provides an overview of progress made against recommendations agreed by Council in September 2012 following the review of the routes to GP and Specialist Registration (CESR/CEGPR processes).

Recommendation
The Strategy and Policy is asked to note the progress made relating to those recommendations agreed by Council and the work of the Equivalence Advisory Group.
Background

1 In March 2010, Lord Naren Patel published a series of recommendations for how the GMC should regulate medical education and training in the future. Among his recommendations, Lord Patel proposed that we should review how doctors who have not completed general practice (GP) training or specialist training in the UK can be granted GP or specialist registration if they have demonstrated equivalent knowledge and experience in other ways. Lord Patel said that the aim of the review should be to ensure that the processes for establishing equivalence are ‘fair, efficient and fit for purpose, and … continue to ensure standards are maintained’.

2 After a public consultation in early 2012, Council endorsed 13 recommendations in September 2012 to deliver a fairer, more efficient and fit for purpose process. These recommendations refer to Certificate of Eligibility for GP registration (CEGPR) and Certificate of Eligibility for Specialist Registration (CESR).

Categorising recommendations and launching the Equivalence Advisory Group

3 When the recommendations were initially approved, they were categorised into those that were straightforward and could be implemented with relative ease and those which would take longer due to the complexity involved and the need for legislative changes.

4 We have established the Equivalence Advisory Group (EAG) to help us take forward those recommendations that would necessarily involve further discussion, debate and advice from those with relevant expertise. This EAG has representatives from Academy of Medical Royal Colleges (AoMRC), deaneries/ local education and training boards (LETBs) from all four UK countries, BMA SAS representation and NHS employer representatives.

Straightforward recommendations

Recommendations 8 to 12

5 Recommendations 8 to 12 focused on the potential for using specialist panels in particular circumstances and improving our working relationship with medical royal colleges. The programme of work to implement these recommendations is now complete and was agreed by the Strategy and Policy Board in December 2014.

Recommendation 13

6 Recommendation 13 focused on promoting the visibility and understanding of the CESR and CEGPR process. Since 2012, we have produced and published an annual report and have worked closely with key interest groups to raise the profile of CESR and CEGPR.
Remaining recommendations

Recommendation 1
7 The review group recommended that all CESR/CEGPR applicants should work in the UK for a minimum of 12 months before submitting an application. Data for 2014 shows that over 80% of applicants already fulfil this criterion.

8 The EAG gave us advice on how this might be implemented and how this might apply in practice for CEGPR applicants.

9 Although we have not discussed the UK Medical Licensing Assessment (UKMLA) with the EAG, we recognise the need to continue to work closely with colleagues developing UKMLA to ensure the overall coherence of our approach to registering doctors.

Recommendation 2
10 The review group recommended that all applicants should pass a specialty specific knowledge test. We sought advice from the EAG on using existing exams contained in the specialty curricula. This was supported and we were advised to approach the AoMRC to ensure exams were accessible for non-trainees from mid-2016.

Recommendation 3
11 Recommendation 3 asks for applicants to be assessed in practice, in the UK workplace, against prescribed competencies for the relevant specialty.

12 The EAG has advised us that we will need agreement from colleges to specify those prescribed competencies that should be assessed in UK practice. We will need support from employers to ensure CESR/CEGPR applicants have access to suitable assessors, while recognising it will be the applicant’s responsibility to arrange assessments.

13 So that assessments for applicants are comparable to those in training, the EAG supported our proposal that suitable assessors should come from the pool of GMC approved trainers.

14 Our proposal also allows applicants to work in any UK post to obtain the prescribed competencies and we are seeking further advice from the EAG on how to manage the practical implications.
Recommendation 4

15 Recommendation 4 outlines the need to make changes to the performers’ list regulations so that CEGPR applicants can work and be assessed in practice. We will need to engage with the department of health to amend the regulations.

Recommendation 5

16 The review group recommended that documentary evidence of knowledge and experience required should concentrate on those areas of the curriculum that have not been addressed by the applicant through the other elements of the new evaluation model. We intend to begin working on this recommendation once other elements of the new model have been finalised.

Recommendation 6

17 Recommendation 6 requires the new evaluation model should also apply to academic or research applications. Work on this recommendation has only recently begun.

Recommendation 7

18 The review group recognised there are doctors of high international renown (DIR) who may wish to gain entry to the specialist register and come and work in the UK. The Group recommended that those meeting appropriate criteria, will not need an acclimatisation period or workplace evaluation.

19 The EAG advised this route for DIRs would only be satisfactorily robust if the starting point was sponsorship from an appropriate organisation. Consideration was also given to the role of the Responsible Officer from a sponsoring organisation in overseeing doctors that have attained specialist registration through this route.

Next meetings

20 The next meetings of the EAG will address the outstanding elements in the remaining recommendations from which we need further advice.

21 All of the remaining recommendations will need legislative change before we can implement our proposals to meet them. We will get these legislative changes either through the Law Commission or current options for legal change.