To consider

Establishing the Equivalence Advisory Group

Issue

1  To support us in delivering the 13 recommendations arising from the review of the routes to specialist and GP registration, we wish to establish the Equivalence Advisory Group, involving representatives from key interest groups.

Recommendations

2  The Strategy and Policy Board is asked to agree:

   a  To establishing the Equivalence Advisory Group.

   b  The terms of reference for the Equivalence Advisory Group.
Establishing the Equivalence Advisory Group

Issue

3 Doctors who have not completed a UK training programme but wish to have their names included in the specialist or GP register can apply through the equivalence routes of CESR (Certificate of Eligibility for Specialist Registration) and CEGPR (Certificate of Eligibility for GP Registration). This is a statutory option offered to doctors who want to take up a substantive consultant post or work as a GP in the NHS.

4 In early 2011, we commissioned an independent review of the equivalence process, seeking input from a wide range of interests including employers, medical royal colleges and faculties, staff grade doctors and junior doctors in their early years of training.

5 The findings of the review revealed significant issues with the:
   a Relationship between us and the medical royal colleges and faculties.
   b Awareness of the various routes to specialist and GP registers.
   c Perceptions of doctors who had obtained GP or specialist registration through equivalence.
   d Career progression opportunities for CESR/CEGPR doctors.
   e Bureaucracy of the equivalence application process itself.

6 We published the Review of the routes to the GP and specialist register: final report1 in January 2012 and held a public consultation between March and June 2012.

7 At its meeting on 27 September 2012, Council endorsed the 13 recommendations made by the review group. Our initial focus has been on those recommendations that we can deliver ourselves (paragraph 11). We will now work on delivering the other recommendations (see complete list at Annex A).

Establishing an Equivalence Advisory Group

8 At present, we do not believe that we have the depth of expertise needed to implement all the recommendations on our own. We would like to establish the Equivalence Advisory Group (EAG) to help us take forward some of the

1 http://www.gmc-uk.org/Routes_to_the_GP_and_Specialist_Register_Final_Report.pdf_48195178.pdf
recommendations. We will draw on knowledge from employers and those bodies delivering medical education and training, standard setting and workforce planning.

9 Proposed Terms of Reference for the EAG are at Annex B.

10 We would have a core group of representatives, with an option to include other key interest groups where the agenda allowed. The EAG would look at any issues relating to implementing the recommendations endorsed by Council. The group will be asked to focus on recommendations two to seven. These are the recommendations that will require substantive expertise, advice and guidance. Some of these recommendations will also need legislative change and we await the outcome of the Law Commission review to determine the appropriate next steps.

11 The other recommendations can be implemented by us either in conjunction with the substantive legislative changes needed or in the near future without input from the EAG. A number of recommendations have been completed already.

a We have drafted the first Annual CESR and CEGPR report which we aim to submit to the next meeting of the Strategy and Policy Board.

b Terms of reference for certification panels (now termed specialist applications panels) have been drawn up and are available for use if a panel is convened.

c Owing to on-going engagement work with colleges, there has been an increase in the numbers of evaluators undertaking evaluations on behalf of colleges. This has led to improved consistency and quality of evaluations returned to us, which in turn has removed our need to set up specialist application panels. We have not been in a position to disagree with a college evaluation since the recommendations were published and have not needed to convene a panel.

d We have a three-month legal deadline in which applicants are entitled to receive our decision. During 2012, we met this legal deadline 40% of the time on average. Due to our improved working relationships with colleges and their improved quality of evaluations, we have been able to meet this deadline more often. Since November 2012, we have returned decisions to applicants within three months in over 95% of cases (100% for the first time ever in January 2013, and an average of 99% throughout 2013).
Supporting information

How this issue relates to the corporate strategy and business plan

12 Strategic aim 1: ‘to continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.’ By ensuring the standards of assessing equivalence are maintained.

13 Strategic aim 2: ‘to give all our key interest groups confidence that doctors are fit to practise.’ By involving our key interest groups as widely as possible in this project, we will be contributing to strategic aim 2.

14 Strategic aim 5: ‘to develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK.’ Working with those bodies in medical education and training, and workforce planning, we will strengthen these relationships.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

15 A previous working group produced the original recommendations prompting a public consultation between March and June 2012. The finalised recommendations were endorsed by Council at its meeting on 27 September 2012.

What equality and diversity considerations relate to this issue

16 An equality analysis was completed for the original working group, prior to consultation. A post consultation equality analysis has been drafted in preparation for implementing the recommendations. Equality and diversity will also be an agenda item in the first group meeting to ensure we have covered all considerations.

If you have any questions about this paper please contact: Clare Barton, Assistant Director - Registration & Revalidation, cbarton@gmc-uk.org, 0161 923 6589.
Review of Routes to GP and Specialist Registration

List of recommendations approved by GMC Council on 27 September 2012

1 Recommendation 1: Doctors must already hold full registration and a licence to practise, and have practised in the UK as a licensed doctor for at least 12 months within the previous three years, before applying for a CESR/CEGPR.

2 Recommendation 2: In principle, tests of specialist knowledge should be a mandatory element of the new model for evaluating equivalence applications.

3 Recommendation 3: Successful application for a CESR/CEGPR should require an evaluation of performance in practice in the relevant specialty in the UK against prescribed competencies.

4 Recommendation 4: Relevant statutory regulations should be amended to enable CEGPR applicants to undergo evaluation of their performance in practice in training environments.

5 Recommendation 5: The 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 evaluation model.

6 Recommendation 6: The new evaluation model should also replace the current paper based applications for academic and research CESRs.

7 Recommendation 7: Individuals of high international renown and proven expertise in their field should not be required to undergo acclimatisation or evaluation of performance in practice as a pre-requisite to specialist registration and should instead be assessed on the basis of documentary evidence of their credentials.

8 Recommendation 8: That the GMC and Colleges should explore together how direct engagement between the GMC and College evaluators can be facilitated
in order to minimise the need for the GMC to seek advice on an application from a certification panel.

9 Recommendation 9: That the task of the panel should be to advise the Registrar as to whether the evaluators have, in reaching their judgement, properly applied the published standards, curricula and assessment blueprint applicable to the case and evidenced their conclusions by reference to the documentation submitted by the applicant. The question for the panel is not whether it prefers its own opinion to that of the College evaluators, but whether the evidence cited by the evaluators supports the conclusions of the evaluation as reasonable and properly made.

10 Recommendation 10: Where the GMC is minded not accept a College recommendation it should take independent specialist advice at an early stage so as properly to inform any subsequent deliberations by a certification panel and the Registrar. GMC specialist advisors should have direct access to College evaluators.

11 Recommendation 11: The GMC should review the size, composition and meeting arrangements of panels necessary for them effectively to fulfil their functions. This should include looking at the opportunities for reducing the size of panels and the frequency with which they sit. It should also examine the case for improving the consistency and efficiency of panel decision making by having a single chair and a smaller pool of panellists who are able to maintain their skills through regular involvement in the process.

12 Recommendation 12: Published terms of reference should ensure that the role and composition of certification panels and the role of specialist advisors are transparent and accessible.

13 Recommendation 13: The GMC should put in place a comprehensive communication plan aimed at promoting the visibility and wider understanding of the CESR/CEGPR process. It should also publish an annual report on the outcomes, issues and learning points from CESR/CEGPR applications.
Equivalence Advisory Group Terms of Reference

**Purpose**

1. The Equivalence Advisory Group (EAG) provides expert advice to the GMC on taking forward the recommendations arising from the review of the CESR (Certificate of Eligibility for Specialist Registration) and CEGPR (Certificate of Eligibility for GP Registration) process.

**Objectives**

2. To provide expert input and advice on implementing the recommendations.

3. To identify, monitor and seek to mitigate any risks associated with implementing the recommendations.

4. To identify any unresolved policy issues associated with implementing the recommendations.

**Membership**

5. Membership of the EAG to comprise representatives from:

   a. Academy of Medical Royal Colleges (AoMRC) – four representatives to cover all Royal Colleges and Faculties.


   c. NHS Education for Scotland (NES).

   d. Wales Deanery.

   e. Northern Ireland Medical & Dental Training Agency (NIMDTA).

   f. NHS Confederation.
The EAG will liaise with interested parties and invite attendance at group meetings, where the agenda requires, from:

a. BMA SAS Committee.
b. AoMRC SAS Committee.
c. Medical Women’s Federation.
d. IMG representative organisations.

Meetings

The EAG will aim to meet three to four times per year.
Agenda and papers will be circulated in advance of each meeting.
Each group member is appointed on an annual basis and membership may be reconfirmed annually.
EAG members are appointed based on a mandate from the organisation they represent. If this mandate ceases, for any reason, that member shall stand down from the group with immediate effect. The organisation represented may designate another representative for the group.
There will be no substitution system in place for attending meetings.
The GMC reserves the right to determine and change the size or composition, and objectives of the working group.

Working practice

The EAG will have an independent chairperson, in line with the GMC’s existing practice for governance of advisory groups.
All meeting papers and minutes will be published on a publicly accessible website. This may include information relating to membership, governance arrangements and implementation progress.
The minutes of the meeting shall be circulated to EAG members following each meeting and ratified at the subsequent meeting.
These terms of reference will be reviewed annually; they may be amended at any time with agreement from the majority of the EAG.

Reporting and accountability

The EAG is accountable to the Strategy and Policy Board.
18 The EAG shall present a progress report to the Strategy and Policy Board on a regular basis.

19 Any matters requiring policy decisions or changes to existing policies will be referred to the Strategy and Policy Board to consider and decide.