To consider

Establishing terms of reference for Specialist Applications Panels

Issue

1. In September 2012, Council endorsed all of the recommendations of the Review of the equivalence routes to the specialist and General Practitioner (GP) registers. We have now responded to recommendations 8-12 arising from the Review, and propose Terms of Reference for Specialist Application Panels for use in exceptional circumstances where we might want to constitute such a panel.

Recommendations

2. The Strategy and Policy Board is asked to:

   a. Approve the Terms of Reference for Specialist Applications Panels.

   b. Approve publishing the Terms of Reference on our website.

   c. Agree that recommendations 8-12 arising from the Review are now complete.
Establishing terms of reference for Specialist Applications Panels

Issue

3 When processing applications for entry to the specialist and General Practitioner (GP) registers via the equivalence route, we receive input from the medical Royal Colleges to support the evaluation of the application. We require input from a minimum of two Royal College evaluators per application. They provide a recommendation on whether the applicant has demonstrated that he or she has the knowledge, skills and experience equivalent to those doctors who have completed postgraduate training in the UK, but the final decision on whether the doctor has met the requirements for entry to the specialist or GP register rests with us.

4 Before February 2012, we occasionally used Specialist Applications Panels (formerly known as certification panels) when determining the outcome of an application in circumstances where:

   a A medical Royal College could only provide one evaluator (or none).

   b There was a disagreement between us and the medical Royal College about the outcome of the evaluation.

5 In addition, panels were used occasionally as part of a quality assurance (QA) mechanism, although this was not their primary purpose.

6 The Review of the routes to the specialist and GP register examined the operation of these panels. At the time of the Review, these panels were often used to evaluate applications and, indeed, Specialist Applications Panels were a regular feature of the former Postgraduate Medical Education and Training Board’s (PMETB’s) process prior to its merger with the GMC in 2010.

7 The Review identified that using these panels in this way was a source of some considerable friction with the medical Royal Colleges because:

   a On occasion panels would overturn College recommendations, substituting their own recommendation.

   b Panels were not always populated to reflect the applicant’s specialty. This meant that Colleges lacked confidence in the value added by the quality assurance process. They were perceived to be an unnecessary layer of bureaucracy.

   c It was unclear what the purpose of the panel was. No transparent or open terms of reference existed and notes of the meetings were not published to clarify the reasons behind any decisions made.
In September 2012, Council endorsed all of the recommendations of the Review Group, at Annex A. Recommendations 8 to 12 covered arrangements for Specialist Applications Panels.

Recommendation 8 focused on the need for the GMC to work closely with the Colleges and their evaluators to minimise the need for specialist panels.

Since 2012, the Specialist Applications team has delivered 23 evaluator training events to over 200 College evaluators. These events have strengthened the relationship between the GMC and medical Royal College evaluators, ensuring a consistent understanding of the standards that we apply. This in turn has led to an open dialogue between the GMC and colleges where there are matters that need to be resolved. We have reviewed our approach to quality assurance both within the GMC and in each medical Royal College. The outcome from this review suggests panels are not needed for any form of QA work.

No Specialist Applications Panels have been used since February 2012.

In terms of cost and effectiveness, our current process represents a more proportionate approach to processing equivalence applications for specialist and GP registration. It allows us to fulfil our regulatory role with a process that does not incur the costs or time associated with using panels.

Terms of Reference

We haven’t used a panel for over two years. However, there may be exceptional circumstances where we might want to constitute such a panel where, for example, a College has been unable to identify appropriately qualified evaluators. We have drafted Terms of Reference, at Annex B, for these panels to address recommendations 9-12 of the Review. Once agreed, these Terms of Reference will be published on our website.
Supporting information

How this issue relates to the corporate strategy and business plan

15 Strategic aim 5 of our Corporate Strategy: to work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory function.

16 Drafting, agreeing and publishing terms of reference for Specialist Applications Panels contributes to our commitment to transparency in decision making and enhances collaborative working with important key interest groups.

How the issues support the principles of better regulation

17 Completing the actions arising from these recommendations is a step towards improving the perception of the equivalence routes for specialist and GP registration.

18 Publishing terms of reference reflects our commitment to transparency. Clearly setting out the circumstances when a panel will be used demonstrates proportionality in our duty as a regulator.

What equality and diversity considerations relate to this issue

19 Our evaluator training explores case examples to minimise unintentional bias and making fairer decisions.

20 As part of the wider equality analysis for the project, additional equality and diversity (E&D) considerations include mandatory E&D training for panellists and specialist partners in line with E&D planning.

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

List of recommendations approved by Council on 27 September 2012

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.

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

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.

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

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.

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

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.

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.
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.

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.

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.

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.

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.
Establishing terms of reference for Specialist Applications Panels

Terms of Reference for Specialist Applications Panels

Specialist and GP registration decisions guidance

1 In line with the Medical Act, section 34E, the Registrar considers applications for inclusion in the specialist register or general practitioner register.

2 Section 6 of the General Medical Council (Applications for General Practice and Specialist Registration) (Amendment) Regulations Order of Council 2011 empowers the Registrar to:

   a Obtain advice from one or more medical or lay advisers as to whether the applicant is eligible for inclusion in the General Practitioner Register or the Specialist Register.

3 In deciding whether an applicant’s name should be entered onto the specialist or GP register the Registrar will take into account recommendations from the college or faculty that oversees the specialty in which the application is being made.

4 The college or faculty are to be considered the experts when evaluating the content of applications, as the authors of the curricula.

5 In the event that a college or faculty can only find one evaluator for the specialty, the GMC will use one specialist partner to give advice to the Registrar to consider when making a decision.

6 In the event that college evaluators disagree among themselves and the college cannot mediate, and there is a risk that the legal deadline will be compromised, the GMC may use a specialist partner to mediate and give advice to the Registrar to consider when making a decision.

7 In the unlikely event that a college has no appropriately qualified evaluators available, the GMC will use at least two specialist partners to give advice to the Registrar to consider when making a decision.
8 The GMC will not usually convene a panel or use specialist partners without first consulting the college.

**Specialist partners working independently**

9 A specialist partner will undertake the same mandatory training expected of all GMC associates subject to all mandatory training.

10 A specialist partner will be used to ensure that at least two specialists have reviewed an application and completed recommendations in time to meet the legal deadline.

11 A specialist partner will:

   a have received evaluator training from the GMC.

   b will be asked to assess any application against the standards of the current version of the approved specialty CCT curriculum or, in the event of a non-CCT application, the current version of the most closely aligned CCT curriculum.

   c need to ensure their recommendations are supported by the evidence cited in the application, using page numbers as reference points for any conclusions drawn.

   d will provide independent recommendations to the GMC.

12 A specialist partner will not make any contact with the applicant when evaluating the application nor ask the GMC Specialist Applications team to make contact with the applicant on their behalf for any reason.

**Terms of reference for specialist applications panels**

13 Specialist applications panels will most likely be used when a college has no available evaluators to undertake one or more evaluation within the legal deadline.

14 The specialist applications panel will consist of a minimum of two specialist partners (usually more and one must be in the specific specialty of the application being reviewed with the other in the overall specialty). The panel will be supported by an appropriate member of the GMC specialist applications team.

15 The specialist application panel’s primary objective is to give advice to the Registrar to consider when making their decision. The role of the panel is to provide a recommendation based on the evidence contained within the application.

16 The panels will not have any direct contact with the applicant and will not seek to communicate or ask the GMC Specialist Applications team to make contact with the applicant for any reason.
Rules of conduct for specialist partners or panels

17 Specialist partners will be given evaluator training in order to carry out the same role as that of evaluators. To ensure consistency for applicants, this training will be the same as the training the GMC undertakes with college evaluators.

18 Specialist partners will be given as much notice as possible but we have a 90 day legal deadline to issue a decision once the application reaches the evaluation stage (ie, application submission is complete).

19 The specialist partner or specialist applications panel is not there to agree or disagree with the evaluation of the college or faculty except in the following circumstances:

   a the evaluators from the college/ faculty disagree themselves

   b the college or faculty can only provide one evaluator and are relying on the GMC to provide a second opinion.

20 All specialist partners, either as panellists or independents, will need to undertake the E&D training that is mandatory for all GMC associates.

If specialist partners cannot agree on the recommendation

21 If a panel has only two specialist partners and they disagree on the recommendation, the GMC may:

   a use a third specialist partner

   b accept the recommendation from the specialist partner who is aligned directly to that specialty. If both specialist partners are aligned to the specialty of the applicant, seek the opinion of a third specialist partner. Make the final decision, taking into account the differing recommendations.

22 In the vast majority of cases, the college/faculty should be able to mediate a difference of opinion between two evaluators. If this is not possible – or would jeopardise complying with the legal deadline – a specialist partner can be used to mediate in line with the principles outlined above.

23 In the extremely unlikely event that the GMC disagrees with a college recommendation and is unable to resolve this with the college, independent advice should be sought, which may include the input of specialist partners or a specialist applications panel.