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Dr Dai Lloyd
Chair of the Health, Social
Care and Sports Committee
National Assembly for Wales
Cardiff Bay CF99 1NA

Wales office
2 Caspian Point
Caspian Way
Cardiff CF10 4DQ

Email: [REDACTED]
Website: www.gmc-uk.org
Telephone: [REDACTED]

Dear Dr Lloyd

GMC response to the HSCS Inquiry - All Wales Medical Performers List

Thank you for the opportunity to respond to the one day inquiry on the All-Wales Medical Performers List (MPL).

Before providing our comments to the inquiry, we would like to reiterate the role of the GMC. We have an office in Wales and have done so since 2005. We are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.
- Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.
- We are independent of government and the medical profession and accountable to Parliament. Our powers are given to us by Parliament through the Medical Act 1983.

We recognise that the Committee is holding this inquiry as part of their wider work into medical recruitment in Wales. Problems recruiting to and then retaining the medical workforce in Wales impacts on the performance of the NHS in Wales and on patient safety. Any measures to improve filling vacancies, particularly in

shortage specialties, such as General Practice, should be explored and we commend the Committee for taking on this challenge.

The Medical Performers List is an important tool to ensure that sanctions can be taken on a local level, swiftly and where necessary. In Wales, the MPL is held by Welsh Health Boards and not by the GMC. However, GPs need to be on both the GMC GP register and on the MPL to practise; GP registration (ie being included on the GP Register) is one requirement for entry to a medical performers list for GPs.

The GMC is happy to explore ways in which the burden placed on GPs (and specialists) by complex and lengthy processes can be reduced, thereby addressing current shortfalls in recruitment and retention. We believe that legislative reform, if adopted, can go a long way to streamlining arrangements without compromising patient safety.

Our response to the Medical Performers List inquiry follows the Committee's terms of reference. We are also pleased to be providing oral evidence to the Committee. If you have any immediate queries or we can be of further assistance, please do not hesitate to contact me.

Katie Laugharne

Head of Wales Office
General Medical Council

The existence of separate Medical Performers Lists for England and Wales;

1. General Practitioners, Locums and Registrars wishing to work in the UK must be on the Medical Performers List of a Primary Care Organisation (PCO) in order to practice. Each UK country has its own PCOs and therefore its own list, which is governed by regulatory arrangements for that country. In Wales, the list is governed by the NHS Performers List (Wales) Regulations 2004 (amended in 2016). In Wales, the PCO's are the relevant Health Boards.
2. GPs registered in England and looking to work in Wales are required to join the list in Wales and the same applies for Welsh GPs wishing to work in England. It is worth noting that this is true for the whole of the UK; GPs wishing to work across any of the UK borders would need to register in the country where they planned to practice.
3. The border between England and Wales is long and heavily populated, which results in a high level of movement between the two countries and greater cross-border interaction. Concerns around having two separate lists for England and Wales have been raised in 2015 and more recently in 2017. The Welsh Affairs Select Committee published a report in 2015 on the constraints facing the two healthcare systems impacting directly on cross border care. Witnesses to the inquiry stated that a separate list for Wales and for England was detrimental to recruitment and that it impacted on workforce movement either side of the border. Vacancies are difficult to fill in a timely manner due to the lengthy application process. Separate lists also impacted on the availability of locums for border practices. The Select Committee recommended that the UK Department of Health works with its counterparts in the devolved administrations to establish a single Performers List for GPs across the UK.
4. In 2017, this Committee raised the issue again in your inquiry into Medical Recruitment, recommending that regulations should enable doctors to be on both lists, which as we understand forms the basis of this one-off inquiry.
5. The GMC recognises the constraints and the impact that the current system of multiple lists has on recruiting not just on the border between England and Wales but throughout Wales. We would welcome closer working between the countries and feel that the four countries could consider a reciprocal arrangement between the four MPLs.
6. We believe that the existence of separate lists currently presents a potential patient safety issue as it may result in a governance or information gap between the organisation in which a GP works, and that to whose MPL the GP belongs. This is compounded by the requirement for every doctor on our register to connect to a Responsible Officer for the purposes of governance and revalidation. The Responsible Officer could theoretically be located in a different organisation, creating a more complex information flow with likelihood of information about concerns not being shared appropriately. We understand the same issue applies when GPs move to a different Health Board within Wales and need to change their MPL area – anecdotally we hear this is a lengthy and unnecessarily bureaucratic process, whereas they can easily connect to a different Responsible Officer via our online system.

7. We have an example of a complaint regarding a patient safety issue in one of our Health Boards being managed by an English organisation as the GP was on their MPL. This leaves the Welsh RO potentially unsighted on a patient safety issue within their organisation. Recognising a single MPL is not the only solution here, we believe that anything which can be done to simplify and streamline these processes in the interests of patient safety should be explored.

Ease of access to Medical Performers List registration for Doctors returning to Wales;

8. Primary Care Organisations are required to make a number of checks before admitting a doctor on the Medical Performers List, and although these checks are necessary, this can be a timely and expensive process. GPs returning to Wales within two years can apply to return to practice. GPs who are off the List for more than two years must also complete the Deanery's Induction and Refresher Scheme, which although necessary, places further time constraints, costs, and delays.
9. The GMC strongly advocates the importance of doctors demonstrating that they are up-to-date with their training and therefore fit to practice within the UK. We recognise the speed of change in this area and the wider cultural aspects that are integral to practising medicine in the UK, and in fact offer our own 'Welcome to UK Practice' programme for doctors new to the register. At the same time, we are aware that many of the processes that doctors go through can be onerous, bureaucratic, and slow. We hope that legislative reform, proposed by the Department of Health, will eventually streamline what is required of applicants.
10. The GMC is currently working with NHS England and Health Education England to streamline applications to the GP Induction & Refresher Scheme, Performers' List and GMC register by reducing the requirement to present the same documents to multiple organisations. It is hoped that NHS England could rely on the GMC checks to approve doctors for the Performers' List, rather than asking GPs to provide documents to NHS England directly.¹ If a new process results in improvements, we would welcome discussion with the NHS in Wales in view of adopting a similar process in Wales.
11. There may also be opportunities to explore synergies between our processes for [doctors relinquishing their licence and subsequently applying](#) to get this back, and associated processes for leaving and rejoining the MPL.

How the Medical Performers List registration process assesses the equivalence of medical training undertaken outside the UK

12. While we are not in a position to comment on the MPL processes, we have described below our processes for assessing equivalence and would be happy to discuss further any potential for streamlining the processes, within the legislation described below.
13. Doctors who have trained outside of the EEA and therefore not gone through a conventional training programme leading to the award of a certificate of

completion of training (CCT), but who wish to demonstrate that they have equivalent knowledge, skills and experience so they can get onto the Specialist or GP registers, must apply to the GMC for the Certificate of Equivalent GP Registration (CEGPR). "Equivalence" is necessary if they are to be eligible to take up NHS consultant or GP posts. We receive around 850 applications a year in the UK through this route across both general practice and specialty practice. About 60% of these are successful.

14. The way these applications are dealt with is governed by secondary legislation. That legislation is highly prescriptive both about what is required of applicants and how we must assess them. To comply, applicants usually need to share over 1,000 pages of authenticated evidence with us. This process can take a number of months and costs around £2,000 per applicant to complete.
15. The consequence is a system that is slow, bureaucratic and inordinately burdensome. But it is one which we are unable to change without legislative reform.
16. However, it is not simply the bureaucratic burden that is the problem, significant though that is. More importantly, there are implications for workforce recruitment which risk being exacerbated following the UK's exit from the EU. At the moment we have around 1,300 doctors a year (1,377 in 2016) from the EEA coming to the UK going straight on to the specialist or GP register via automatic recognition. If automatic recognition of EEA doctor's training were to cease following exit from the EU, these doctors would need to apply to us for GP or specialist registration through equivalence routes. This would add to the problems of NHS recruitment.
17. Alternatively, Brexit could create an opportunity for amending legislation that would help to address some of the UK's workforce supply issues, including giving the GMC the flexibility to recognise training from countries where we can be assured of doctors' training and fitness to practise.
18. The GMC has long argued for fundamental reform of the legislative framework within which we work. What we need is a future-proofed model which gives us flexibility and autonomy so that we are not just patching over today's problems in a piecemeal fashion, but able to meet the changing needs of the system in years to come.

¹ GMC Statement of Intent [15] of 2016 to reduce duplication.