EXPLANATORY MEMORANDUM TO

THE ELIGIBILITY AND REGISTRATION OF GENERAL PRACTITIONERS AND SPECIALIST MEDICAL PRACTITIONERS (AMENDMENT) ORDER OF COUNCIL 2022

2022 No. 1326

1. Introduction

1.1 This explanatory memorandum has been prepared by the Department of Health and Social Care (The Department) and is laid before Parliament by Command of His Majesty.

2. Purpose of the instrument

2.1 This Order amends the General Medical Council's (GMC) eligibility requirements for doctors seeking to join the general practitioner (GP) and specialist registers outside of the approved training pathway.

2.2 These changes provide the GMC with the freedom to develop additional registration pathways for GP and specialist registration.

3. Matters of special interest to Parliament

Matters of special interest to the Joint Committee on Statutory Instruments

3.1 None.

4. Extent and Territorial Application

4.1 The extent of this instrument (that is, the jurisdiction(s) which the instrument forms part of the law of) is the United Kingdom.

4.2 The territorial application of this instrument (that is, where the instrument produces a practical effect) is the United Kingdom.

5. European Convention on Human Rights

5.1 As the instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

6. Legislative Context

6.1 This Order amends the Postgraduate Medical Education and Training Order of Council 2010 (S.I 2010/473) (the "2010 Order"). It also approves and gives effect to the General Medical Council (Applications for General Practice and Specialist Registration) (Amendment) Regulations 2022, which amend the General Medical Council (Applications for General Practice and Specialist Registration) Regulations 2010 (the "2010 Regulations").

6.2 The Order removes the requirement from the 2010 Order and 2010 Regulations for general practice and specialist doctors seeking to join the GMC's GP and specialist registers to demonstrate equivalence to a UK certificate of completion of training. The requirement is replaced with a requirement to demonstrate knowledge, skills and experience required for GP or specialist practice in the UK.

7. Policy background

What is being done and why?

7.1 As the independent regulator for doctors in the UK, the GMC has responsibility for deciding which doctors are qualified to work in the UK.

7.2 Requirements for entry onto the GMC's specialist and general practice registers are set out in the 2010 Order and 2010 Regulations that sit beneath the GMC's primary legislation – the Medical Act 1983. The GMC will issue a certificate of completion of training (CCT) where a doctor has completed an approved UK training programme. The CCT confirms that a doctor is eligible for entry onto the GMC's specialist or GP registers. A recognised UK specialty (a "CCT specialty") is a specialty which has a UK curriculum approved by the GMC, such as acute internal medicine.

7.3 The 2010 Order and 2010 Regulations require doctors who have completed training in a CCT specialty outside of an approved training programme in the UK to demonstrate 'equivalence to a CCT' in terms of training undertaken, or their qualification, or both together to join the GP or specialist register.

7.4 The GMC is responsible for granting Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Eligibility for GP Registration (CEGPR) for doctors who have completed their training outside the approved curriculum. This is the mechanism by which the GMC consider whether equivalence with a CCT is satisfied. Obtaining either certificate requires very similar material to that submitted for a UK CCT, as otherwise the Registrar would not be able to be satisfied that the training and/or qualification is/are 'equivalent' to the CCT in question. The resulting process, sometimes involving a significant quantity of documentary evidence, is complex to navigate, burdensome to satisfy and does not recognise the often-extensive experience gained by applicants outside the UK.

7.5 In addition, the 2010 Order and 2010 Regulations are inconsistent on the evidential threshold applied for international specialist applicants. Applicants qualified in non-CCT specialities (where no corresponding UK curriculum exists) or who have knowledge of, or experience in, any medical specialty derived from academic or research work, are required to demonstrate that they have knowledge and skills consistent with practice as a consultant in the UK, rather than demonstrating equivalence to UK standards. Thus, the standard of assessment is different for these types of applications as they are not assessed against the outcomes of a UK specialty curriculum, as CESR applicants are.

Policy aims

7.6 In 2021, 929 doctors were granted specialist or GP registration via the CESR and CEGPR routes. The Department's aim is to provide the GMC with broader registration criteria for these routes which will result in the regulator having greater flexibility to decide how any new processes for registering GP and specialist doctors operate.

7.7 The Department understands that the GMC would prefer to provide more accessible routes to the GP and specialist registers by expanding the options open to eligible applicants beyond the existing CESR and CEGPR process, and to introduce consistency of processes for those applying for CESRs in both CCT and non-CCT specialties.

7.8 The changes to registration criteria being made do not amend these processes but by providing the GMC with broader registration criteria the GMC will, in turn, have flexibility to expand the range of evidence that it can accept from applicants via the CESR and CEGPR routes and to explore the introduction of different registration options around the same standards, making the process more adaptable to an individual's knowledge, experience and skills. The introduction of new, more flexible specialist and GP registration criteria will potentially reduce the number of unsuccessful applications and/or increase the number of overseas-qualified applicants seeking specialist or GP registration in the UK.

8. European Union Withdrawal and Future Relationship

8.1 This instrument does not relate to withdrawal from the European Union / trigger the statement requirements under the European Union (Withdrawal) Act.

9. Consolidation

9.1 The Department has no plans to consolidate the relevant legislation.

10. Consultation outcome

10.1 The GMC undertook a programme of engagement activity between March and May 2022 and has confirmed that stakeholders were supportive of the change to GMC registration criteria that the Order will provide.

10.2 Engagement sessions were held with a number of organisations including Statutory education bodies (representing the four UK countries), 19 UK Royal Colleges and Faculties, the British Medical Association, NHS England/Improvement and NHS Trusts/Employers.

10.3 All stakeholders were supportive of streamlining CESR/CEGPR and the development of new pathways. Many confirmed that these changes to introduce more flexibility and accessibility for specialist/GP registration would help address workforce issues. The engagement activity provided an opportunity to explore the GMC's initial thinking on the development of new pathways to specialist/GP registration following the amendments brought about by this Order. The GMC committed to further engagement with stakeholders as it develops each pathway under the new registration criteria.

11. Guidance

11.1 The Department of Health of Social Care has not issued any guidance in relation to this Order.

11.2 If the GMC changes its processes for the registration of GP and specialists, it will publish supplementary guidance to assist doctors applying for inclusion in these registers. This will cover operational matters which fall outside the legal rights and responsibilities described in the Order.

12. Impact

12.1 There is no, or no significant, impact on business, charities or voluntary bodies.

12.2 There is no, or no significant, impact on the public sector.

12.3 A full Impact Assessment has not been prepared for this instrument because the potential impact on business foreseen falls below the threshold for producing one.

12.4 If the GMC decides to develop new pathways to specialist/GP registration or make changes to the CESR and CEGPR processes, this could potentially result in costs to the regulator.

12.5 In addition to individual GP and specialist applicants, which may include some self-employed professionals, we expect that some businesses employing health professionals, such as GP practices, may also potentially be impacted by any future process changes, but we expect this impact to be low. Examples of potential costs include the cost to the GMC or external providers of delivering workplace-based assessments of applicants. It is also possible that such pathways could lead to reduced costs for individuals, some employers and the GMC.

12.6 Any costs or benefits to individuals, employers or the GMC will depend on the specific requirements of its new specialist/GP registration pathways and will not be a direct outcome of these legislative amendments.

13. Regulating small business

13.1 The legislation does not apply to activities that are undertaken by small businesses.

14. Monitoring & review

14.1 No monitoring or review provisions have been made in this instrument. These changes provide the GMC with the freedom to develop additional registration pathways for GP and specialist registration under amended eligibility requirements. Any such new procedures will be subject to monitoring by the GMC and amended as it considers appropriate.

15. Contact

15.1 Charlotte Bone at the Department of Health and Social Care (Telephone: 0113 254 6534 or email: charlotte.bone@dhsc.gov.uk) can be contacted with any queries regarding the instrument.

15.2 Phil Harper, Deputy Director for Professional Regulation, at the Department of Health and Social Care can confirm that this Explanatory Memorandum meets the required standard.

15.3 Will Quince MP at the Department of Health and Social Care can confirm that this Explanatory Memorandum meets the required standard.