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Inquiry into the All Wales Medical Performers List

RESPONSE BY BMA CYMRU WALES

BMA Cymru Wales welcomes the opportunity to provide evidence to the Health, Social Care and Sport Committee's one-day inquiry on an All-Wales Medical Performers List.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. BMA Cymru Wales represents over 7,000 members in Wales from every branch of the medical profession.

We have made several previous representations on the performers' list system. This includes our written response to the Committee's recent inquiry on the *Sustainability of the Health and Social Care Workforce*¹. We also submitted evidence to the House of Commons' Welsh Affairs Committee in 2014 on *Cross-border health arrangements between England and Wales*². Given that many of the issues raised remain pertinent, links to these documents are included below.

¹"Response from BMA Cymru Wales: Inquiry into the sustainability of the health and social care workforce" BMA Cymru Wales, 9 September 2016
<http://senedd.assembly.wales/documents/s53974/WF%2029%20British%20Medical%20Association%20Cymru%20Wales.pdf>

²"Cross border health arrangements between England and Wales: Written evidence submitted by BMA Cymru Wales" BMA Cymru Wales, 10 March 2015
<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/welsh-affairs-committee/crossborder-health-arrangements-between-england-and-wales/written/15814.pdf>

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We were asked to comment specifically on three areas, so will do so accordingly below:

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

We previously reported to the committee our views on the existence of separate lists and feel it is appropriate to repeat these views:

The existence of separate performers lists for England and Wales has a number of detrimental impacts. For instance, GPs on the English performers list may not be immediately able to take up vacancies that may exist within practices in Wales. In border areas, having separate lists can prevent GP colleagues in nearby practices, on either side, from simply being able to cover for each other in the way that might often happen between practices on the same side of the border. In the same way, the separate lists also limit the availability of locums for border practices.³

We recognise that from an organisational standpoint that it may be clearer administratively to retain separate lists. However, this does not serve to facilitate cross-border movement and provide much needed support already hard-pressed services. At the very least, mutual recognition between the lists should be prioritised, with aligned standards of entry and consistent induction and refresher schemes to provide quality assurance. With the current system in mind, consideration also needs to be given to the process for ceasing to be on a certain performers list, which is known to hinder mobility

We would support the introduction of a true all-Wales performers list maintained by an appropriate body with a national remit. This could be a function of Health Education and Investment Wales as this would provide a link to existing appraisal systems and processes. A properly constituted national list would facilitate mobility across health board boundaries which the present system, with separate lists per LHB, is known to hinder. Were this robust all-Wales system to be introduced with appropriate national oversight, local processes around appraisal and performance could persist within current structures.

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

We acknowledge that granting access to the Medical Performers List is a balancing act between providing public assurance and safety, employer assurance and allowing doctors to return. Given the current pressures within the system, we suggest that enabling individuals to re-enter the workforce is a key priority.

The Welsh General Practitioners Committee (GPC Wales) welcomed the reforms made in March 2016 to ease the administrative burden of inclusion on a LHB performers list, particularly for the those who are registered on a performers list within another home nation. The reforms allowed GPs already on another performers' list but wishing to work in Wales to have to provide their GMC registration number, a copy of their

³ p24 "Response from BMA Cymru Wales: Inquiry into the sustainability of the health and social care workforce" BMA Cymru Wales, 9 September 2016

performers list inclusion letter, proof of qualifications, a recent criminal record certificate and consent for validation checks to be undertaken. We understand that NHS Wales Shared Services Partnership also agreed to undertake initial checks and inform the GP of their decision as to whether they could practice within five working days. However, members have informed us of cases whereby doctors wishing to work in Wales after a period working in England have experienced delays beyond this in receiving approval from the appropriate agency in NHS England, which has led to start dates being delayed. We would again encourage that steps are taken to enhance mutual recognition between lists.

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

It is important to recognise that the Medical Performers list is most important at the time of entry to the area in which the doctor wishes to work, ensuring a performers' eligibility and their compliance with regulatory processes. The regulatory processes concerning the recognition of medical training conducted outside of the UK, and thus entry onto the GP or specialist register, is a matter for the General Medical Council on a UK-wide basis.

Doctors who have trained in the European Economic Area (EEA) have legal rights of equivalence for their qualifications but are recommended to undertake an induction programme on applying to a medical performers list. Doctors who trained outside of the EEA wishing to practice as GPs in the UK must apply to the GMC for CEGPR (Certificate of Equivalent GP Registration), which is a lengthy and complex process. Unsuccessful applicants are often told to spend time working in a UK training practice before reapplying, but cannot do so due to the Medical performers' list regulations. These doctors must therefore "compete" against prospective GP trainees seeking entry to the UK GP speciality training programme. Once again, we acknowledge the importance of appropriate checks and balances to ensure patient safety is maintained, but we would encourage that measures are taken to address this on a UK-wide level given the present challenges in health systems across the nations, which could be further exacerbated by the impact of Brexit.

We trust that these comments are helpful and look forward to providing further observations during the oral evidence session.

Yours sincerely



Dr Charlotte Jones
Chair, GPC Wales