



## **Inquiry into the All Wales Medical Performers List**

It may be useful to provide some context for the Wales Deanery. The Wales Deanery is responsible for the management and quality management of education and training of over 3000 Doctors and Dentists in Wales and, for General Practitioners and Dentists, their continuing professional development in line with the requirements of the General Medical Council (GMC) and the General Dental Council (GDC). Our client group includes Foundation, General Practice, Specialty Training grade doctors and Dental Vocational Trainees. The Wales Deanery also has a role in relation to overseeing the provision of Continuing Professional Development for General Medical and Dental Practitioners across Wales. Our goal is to deliver excellence in postgraduate medical and dental education for Wales by ensuring that all training grade doctors and dentists in Wales have access to high quality postgraduate facilities and educational support so that they can achieve their potential in service provision to the NHS in Wales.

In November 2016, the Cabinet Secretary for Health, Well-being and Sport in Welsh Government, announced his intention to set up a single body to commission all health-related workforce education and training, mapped to an agreed, nationally-coordinated NHS workforce strategy: Health Education and Improvement Wales (HEIW).

The creation of HEIW represents a new strategic approach to developing the healthcare workforce across Wales for now and in the years to come.

It is planned that staff in the Wales Deanery will be transferred under the Transfer of Undertakings (Protection of Employment) (TUPE) arrangements out of Cardiff University and into this new body, a Special Health Authority (an NHS organisation), with a view to HEIW being fully operational by October 2018.

The Wales Deanery welcomes the opportunity to provide comments on this important inquiry and to attend the event on 7<sup>th</sup> March 2018. We will be represented by Professor Malcolm Lewis, Director of General Practice and Revalidation.

The Wales Deanery does not have any direct or legal authority over the management or nature of the Medical Performers List (MPL) in Wales. However, there are indirect links in a number of contexts:

- Currently, doctors in GP training programmes must be entered on the MPL for the GP attachment component of their training. Given the general governance issues that embrace GP trainees, including appointment processes, educational and clinical supervision and annual reviews of competency progression, there is a strong argument for not requiring doctors in GP Training Programmes to be entered on the MPL.
- Doctors coming to Wales to continue GP training on the inter-deanery transfer scheme must currently apply to a Wales MPL even though they are already under the above level of scrutiny and on an MPL in England.
- It is not unusual for UK qualified GPs to spend long periods of time out of practice. This may be to live/work abroad, because of illness or because of prolonged or repeated maternity leave or other caring roles. At the time of return, a period of re-entry in a supervised and supporting environment is valued both by GPs to facilitate their own return to confident practice and by Health Boards (HBs) as providing a degree of assurance of patient safety. The Wales Deanery has a long established network of Further Training Practices (FTP) which provides this returner facility for a wide range of needs. This was established for this purpose some 14 years ago and was the first network of its kind in the UK. Other parts of the UK have since developed similar processes and we now have a consistent approach across most of the UK (certainly England and Wales) in delivering assessments and placements for this category of doctor.
- Non-UK doctors who qualified as GPs in other EEA jurisdictions have a legal right of entry to the GMC's register as fully registered doctors and with entry to the GMC's GP register. This makes these doctors legally eligible to work as GPs in the UK. However at the time of entry to the MPL, there will usually have been no clinical experience in the UK NHS and certainly not in UK General Practice. The Wales Deanery has recognised this as a potential patient safety risk and has for the past 14 years, advised HBs and previously LHBs that this group of doctors should undergo an induction programme, similar in structure to the returners programme. Again this is now a UK wide programme allowing for consistency of approach.
- In order to remain on an MPL, GPs must undergo annual appraisal and part of their contract, as well as contributing to the revalidation cycle. The Wales Deanery has a major role in supporting this process for all doctors in Wales and in delivering the appraisal of all GPs in Wales in a consistent and quality assured environment. The web-based Medical Appraisal and Revalidation System (MARS) is central to this activity and is an essential resource for Responsible Officers in all Health Board to facilitate the revalidation recommendation.

Although other issues will undoubtedly arise during discussion and through submissions, the focus of the consultation is on three key questions.

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

During the process of developing the MPLs it would have been clear that the four countries would develop their own processes. If only for political reasons as part of the devolution process, this would have made sense. However, the underpinning regulations were barely, if at all different. Additionally, the standards of entry and standards of practice in UK General Practice are consistent across the 4 nations, regardless of which NHS a GP works in. Increasingly, there have been differences in the approach to patient delivery systems but this does not change the fundamental principle that the standard must, and in reality is, the same.

The continued existence of separate lists therefore only seems to exist as a hindrance to movement of doctors across the border.

At a time when Wales had developed its own Induction and Returner (I&R) programme and England was less consistent, it would be of concern that a lesser standard was being applied and that patient safety issues might arise which would require a mutual recognition agreement. An example would be in the context of EEA GPs coming to England and working in an out of hours setting without the scrutiny that we were then applying in Wales – specifically the case of Dr Ubani in 2009 (as reported in the Telegraph : *Dr Daniel Ubani was told he had not passed the language exam in June 2007, but a month later successfully applied to a different trust for formal registration as a GP. The Cornwall and the Isles of Scilly PCT did not enforce the test because he was an EU doctor and subsequently placed him on the nationwide performance register*). This GP would not have been placed on a MPL in Wales at that time.

So in order to successfully apply a mutual recognition agreement, both parties would need to be clear that the correct approach to Induction and Returner processes were being applied.

- *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. While we recognise that given the current pressures within the system, the emphasis

on enabling individuals to re-enter the workforce might take priority, we would say that this cannot be at the expense of patient safety.

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

The assessment of non-UK qualified doctors works at several levels.

Non-EEA medical graduates. The General Medical Council makes assessments in terms of entry to the register. Most would be required to undertake the PLAB exam. Entry to the GMC specialist register or GP register is by the 'equivalence route' – Certificate of Equivalent Specialist Registration of all specialties other than General Practice and Certificate of Equivalent General Practice Registration (CEGPR) for General Practice.

In the past few years the GMC established an Equivalence Advisory Group, chaired by Professor Malcolm Lewis of the Wales Deanery, to further progress the recommendations of an earlier working group. A range of agreements have been reached and many of the recommendations implemented. For General Practice, an outstanding problem is that it is not possible to obtain workplace experience in the specialty under current legislative restrictions.

The only doctors allowed to work in UK General Practice are those on the GMC's GP register - through UK Certificate of Completion of Training (CCT), EEA rights or CEGPR; or those in an approved training programme. This explains why the number of CEGPR entries to the GP Register is disproportionately low compared to the CESR entrants to the specialist register – all of who can work in staff grade positions to gain experience and undergo workplace assessments under the proposed changes agreed by the EAG

[https://www.gmc.uk.org/16\\_Annual\\_report\\_of\\_the\\_Equivalence\\_Advisory\\_Group.pdf\\_62067971.pdf](https://www.gmc.uk.org/16_Annual_report_of_the_Equivalence_Advisory_Group.pdf_62067971.pdf)

It may be that consideration of how to work around this restriction would be of value in creating opportunities to increase the number of potential CEGPR applications in Wales (or UK). Options would include a change to the Medical Act – on which the MPL criteria are based or to create 'programmes' for CEGPR candidates that would need to be approved by the GMC. The latter would require involvement of the Wales Deanery (or Committee of General Practice Education Directors on a UK level) and the Royal College of General Practitioners to allow access to e-portfolios and the Applied Knowledge Test and Clinical Skills Assessment.