BMA House
Tavistock Square
London WC1H 9JP
dmcalonan@bma.org.uk

BMA

Professor Colin Melville
Medical Director and Director of Education and Standards
General Medical Council
Regent's Place
350 Euston Road
London, NW1 3JN

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Dear Professor Melville,

Credentialing – A draft framework

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

We welcome the opportunity to respond to these important proposals and hope our comments will highlight the risks, inconsistencies and areas lacking in detail in the proposed credentialing framework, due to launch in spring 2019.

As you will be aware, the Association has had a clear position on credentialing for some time. This was originally set out during the development of, and in response to, the report of the independent 'Shape of Training' review led by Professor David Greenaway in 2013. At this time, together with 14 other doctors associations in the UK, we made it clear through a consensus statement[1] that while credentialing may have a role in areas which are not currently covered by comprehensive training programmes, it cannot be a replacement for high-quality structured speciality training.

The previous GMC consultation

Following publication of Professor Greenaway's report, in June 2015 the GMC brought forward proposals to introduce regulated credentials. We took this opportunity to again set out our concerns and opposition[2], explaining that the proposals failed to make clear that credentials should only relate to narrow areas of practice that are not covered by the existing system of speciality training. We therefore proposed that, if credentials were to be introduced, they *'must not impair, undermine or supplant any existing specialist or GP registration or training certification, in the area covered by a specific credential or more generally.'*

In addition, we argued that credentials could undermine the role of the Certificate of Completion of Training (CCT) and the Certificate of Eligibility for Specialist Registration / Certificate of Eligibility for GP Registration as gold standard qualifications that protect the standards of patient care. We also warned against the potential risk of consultants being disadvantaged if training they had

undertaken within their CCT was not properly recognised as a result of a specific credential being established in the same or a similar area.

The GMC's own conclusions to its consultation were set out in its 'Introducing regulated credentials – report on the consultation'[3]. This report stated that '*While there was a clear majority of respondents in favour of credentialing, the commentary received suggests that this was in relation to areas of practice not covered by existing, recognised specialties and training curricula. Credentialing must not undermine or deconstruct the existing CCT*'.

Importantly, in discussing the responses it received the GMC also noted that *'There is no support for establishing credentials which would compete with, overlap or dismantle CCT training programmes. That was never the intention.'*

Adapting for the future

Credentialing was further discussed in the GMC's 2017 publication 'Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training[4]'. This stated that the GMC's '*approach for credentials will explore recognition of areas of practice where there is a service need but where that expertise is not fully reflected in existing specialties or subspecialties*'. It also stated that '*it is important to recognise that there are divergent ambitions for credentialing and concerns about the consequences these could have upon existing training programmes. These views must be reconciled in order for a solution to be found that is acceptable to all*.' It is vital that this particular conclusion is not forgotten when the GMC reflects on the responses to the current proposed framework.

The current proposals

Given the views we have previously set out it is disappointing that the latest suggested framework does not provide any specific definition of a credential, or indeed offer clarity on its intended purpose. More worrying still, it offers few reassurances regarding the many outstanding concerns that exist regarding them.

The broad proposals laid out includes the development of credentials which will undermine, compete and overlap with the existing CCT – proposals which have been raised and rightly discounted before.

It seems the GMC is now proposing to move forward with a broad definition of credentials having been challenged to do so by those whose key concern is finding a short-term solution to current system pressures regardless of the negative long-term impact this will have on the medical workforce and standards of patient care. We therefore must restate our opposition to the development of any credential that impairs, undermines or supplants any existing specialist or GP registration or training certification in the area covered by a specific credential or more generally.

There is broad agreement within the medical profession and the health sector that the introduction of a form of accreditation could be beneficial for unregulated areas of practice where there may be significant patient safety risks. We can therefore see a case for the development of regulated credentials where doctors develop expertise outside of an approved training programme and a consistent standard is absent. However, recent statements from the GMC that these would not be compulsory mean it is hard to see how credentialing would allay these patient safety concerns. In fact, this could potentially exacerbate these issues by accrediting more formally a market of privately provided qualifications.

We also appreciate the need for discussions with SAS doctors about how their competencies should be recognised. SAS doctors have clearly defined development needs that must be addressed for the purposes of appraisal, revalidation and recognising the breadth of their

expertise in practice. However, this system of credentialing as proposed is not the way of achieving this owing to the manner in which it will be delivered, and the risk of unintended consequences. The GMC and the wider health system have a duty to allow these doctors the opportunity to upskill and develop .

The BMA remains unconvinced that these proposals identify specific or relevant defined areas of practice or indeed explain how such proposal might be funded or delivered to achieve the aim of the GMC. This approach would still also risk competing with and undermining the existing CCT.

The proposals for a system of credentialing suggest that these could be introduced to provide a framework of standards and accreditation in areas outside recognised specialties where regulation may be absent or weak. To help ensure a proportionate response to risk for credentials which do not undermine, compete and overlap with the existing CCT:

- the GMC should only approve and assure credentials if there is a demonstrable need for recognised standards, and that this must only apply where there is a significant risk to patients that cannot be managed through appraisial and revalidation.

- All credentials should go through approval and quality assurance processes in the same way as postgraduate training, and that they will be recognised on the List of Registered Medical Practitioners in a similar way to the recognition and approval of trainers. This should ensure they remain separate from the specialist or GP registers, but will allow patients and employers to see if a doctor has a credential in a particular area.

- Credentials should be identified through the GMC's Curriculum Oversight Group, against a threshold based on the need for consistent standards and outcomes in the area of practice, and the need for GMC oversight. However, as training programmes evolve over time it will be important to review and remove credentials which cover areas that are no longer unregulated taking into consideration the impact on those doctors who have attained the credentials and have them listed on the LRMP.

The framework proposals go on to describe examples of other developments the GMC is exploring with the aim of supporting flexibility outside the CCT pathway, including standalone endorsed modules and bringing additional skills areas into its quality assurance system – we would expect to discuss these potential developments in detail with the GMC.

At this early stage there is insufficient information for us to comment further, suffice to say that we would want to ensure developments that support flexibility outside the CCT pathway will not undermine, compete and overlap with the existing CCT.

We note that the framework proposals: do not include an assessment of the likely implementation and administrative costs for the GMC; lack clarity about who is responsible for funding credentials; and do not provide a commitment to consult with key stakeholders on the final framework that is developed following full consideration of responses to these proposals. It is important as credentialing is developed for this information to be available and for consultation with key stakeholders to continue.

We would expect any new curricula for credentials to be informed by the latest research and to facilitate the undertaking of research. Also, if there were to be credentialing for public health doctors, we would expect the GMC to have regard to the fact that there are other public health specialists registered by another regulatory body.

Terminology and definitions

We agree that the word 'credential' has been used to mean a number of different things, both within the UK health services and elsewhere. We suggest the introduction of a GMC credential framework which focuses on non-CCT related areas of training could help remove confusion. However, the framework as it stands lacks sufficient detail to provide any clearer understanding of what a credential is, and importantly, what it is not. Further detail on the likely process for and areas for development and approval as credentials are essential for the medical profession to have any faith in this system going forward.

We hope this response will highlight the considerable issues with the current plan for the development of any final credentialing framework. Please do not hesitate to contact us for more information if that would be helpful. We are happy for our views to be identified and attributed to us in future reporting.

Yours sincerely,

Raj Jethwa,
Director of Policy

References:

1. *Consensus statement on Shape of Training, January 2015*
2. *Introducing regulated credentials, BMA response to GMC consultation, Oct 2015 (available on request)*
3. *Credentialing consultation: results and next steps, GMC Council paper, 19th April 2016*
4. *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training, GMC, March 2017*