Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
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	The Welsh NHS Confederation response to the Health, Social Care and Sport Committee inquiry into the All Wales Medical Performers List.
Contact	Nesta Lloyd – Jones, Policy and Public Affairs Manager, the Welsh NHS Confederation. [redacted] Tel: [redacted]
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Introduction

1. We welcome the opportunity to contribute to the Health, Social Care and Sport (HSCS) Committee inquiry into the All Wales Medical Performers List. Our response has been developed with our members, including Medical Directors and Deputy Medical Directors.

2. The Welsh NHS Confederation represents the seven Local Health Boards (LHBs) and three NHS Trusts in Wales. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

Overview

3. This inquiry is timely because it follows the previous HSCS Committee inquiry into medical recruitment, which was conducted from October 2016 to the report launch in June 2017. During the previous inquiry the HSCS Committee put forward a recommendation in relation to the Medical Performers List: "*The Welsh Government should: continue discussions with the UK Government on performers list regulation with the aim of enabling doctors to be on the performers list in both England and Wales*" (recommendation 8).

4. The separate Medical Performers List operating in England and Wales has previously caused administrative and practical issues for General Medical Practitioners (GPs) and General Dental Practitioners. Historically, if a GP and Dental Practitioners were on a Performers List in England and they wished to work in Wales, either permanently or on a sessional or locum basis, they had to apply separately for inclusion on a Welsh Performers List. However, action has recently been taken to make it easier for GPs, based in England, to work in Wales.

5. A new streamlined Performers' List application form for GPs already listed in the Performers List in England (and the other countries) has been in operation since October 2015. The new streamlined Performers List application form substantially addresses concerns, raised predominately by GPs, about a lengthy bureaucratic administrative process to be included in the LHBs Performers Lists.

6. In addition, the administrative burden in applying to be included on a Performers List in Wales has been further reduced following the amendments to the NHS Performers List (Wales) Regulations 2004 on 1st March 2016. The regulatory changes allow a GP to be listed immediately with the LHB on receipt and consideration of their application and to be able to work in Wales with minimum delay whilst NHS Wales Shared Services Partnership (NWSSP) undertake further checks. The Department of Health supports these actions and has agreed to discuss a single performers list should these actions prove to be unsuccessful.

Existence of Separate Medical Performers Lists for England & Wales

7. As highlighted above, the NHS Performers List (Wales) Regulations 2004 (as amended in 2016) governs the eligibility of General Dental Practitioners and GPs to provide general dental and medical services respectively in Wales. It is important to appreciate the potential impact on both professions when considering any revision to the Regulations, unless the approach is to creates separate Regulations. LHBs also maintain Performers Lists for Optometrists, but these are governed by separate legislation and Regulations.

8. The Performers List Regulations in England were revised in 2013 through the **National Health Service (Performers Lists) (England) Regulations 2013**. They relate to General Medical Practitioners, General Dental Practitioners and Optometrists. Although they are similar to the Welsh Regulations, there are a number of distinctions.

9. The changes in recent years to NHS Performer List (Wales) Regulations 2004 reflect progressive measures previously undertaken to make movement of practitioners between the other UK countries and Wales easier than before. We believe that this has significantly reduced the bureaucracy, delays and frustration for applicants.

10. While there have been improvements, experience across Wales suggests LHBs encounter more issues in including dentists on the Performers' Lists than with general medical practitioners. This is because it is more common for dentists applying to be included in the Performers List to have undertaken the required postgraduate training outside the U.K. It is rare for GPs applications to take more than three months from the time of original application to full inclusion. Furthermore, for the vast majority provisional inclusion, which can typically be effected within seven days of receipt of the required information, will allow them to work through almost all of this three-month period, if it takes that long.

11. Current arrangements that allow provisional inclusion are; access to a Disclosure and Barring Service (criminal record) certificate within the past three years; regulatory registration and List Inclusion; and evidence of current and adequate indemnity. This evidence is sufficient to allow this provision inclusion decision to be reached whilst further evidence is sought and suitable safeguards to identify and manage practitioners over whom there may be concerns is provided. While medical qualifications are not part of the initial application for provisional inclusion they are undertaken during the subsequent

checking processes under Regulation 4A (8A) (a) of the NHS Performers List (Wales) Regulations 2004, as amended.

12. The safeguards in the current application process allows the NWSSP, on behalf of LHBs, to make enquiries about and source a concurrent completed declaration of relevant facts from the comparable primary care organisation (for applicants from England this would be from the NHS England Area teams). This reduces the risk of practitioners with known concerns or risks being fully included without appropriate conditions being attached (conditional inclusion) where this is considered necessary.

13. The number of dentists with conditional inclusion considerably exceeds the number of GPs with conditions when GPs are moving from other U.K. countries.

14. The LHBs appreciate the rationale for a wider UK or England/Wales Joint Performers List but would wish to ensure that communications regarding concerns about practitioners were notified promptly across the NHS in the UK. We would also wish to develop improved mechanisms to understand where practitioners are working or have worked, particularly for locums. In the past, there have been some difficulties obtaining reciprocal information from England, particularly where information systems have been outsourced to third party organisations. There have also been concerns in relation to the loss of information regarding practitioners' history from antecedent Primary Care Organisations in England and the current arrangements between NHS England Area Teams and external providers of back office functions.

15. As well as a UK or England/ Wales Joint Performers List, a 'Locum Passport' system has been discussed previously. This would provide a continuous record of employment and could facilitate collation of governance concerns where needed. The introduction of this would require legislation and investment in IT infrastructure as well as consultation with the profession.

16. The establishment of a single Wales Performers List would not be radically different to how arrangements work at present as teams within individual LHBs administering this communicate effectively across LHB boundaries. However, the existence of Area and Locality/Cluster teams and the varying size of LHBs does make it difficult for responsible medical managers to be familiar with several hundred practitioners and their previous performance history.

17. The existence of a Single Wales Performers List would probably still rely on individual LHBs ownership of governance responsibilities and would require clarity as to which LHB has responsibility to take forward, investigate and manage individual performance concerns. Under current arrangements the Medical Director of the LHB in whose Medical Performers List in Wales a GP is included is also ordinarily the Responsible Officer for that GP (unless the GP is also included in the Medical Performers List in another U.K country where someone else may act as the practitioner's Responsible Officer). Each doctor can only relate to a single Responsible Officer. The introduction of different (e.g. pooled) arrangements would require legislation and new governance arrangements.

18. It will be very important to retain organisational memory over any historical concerns in any process to unify administration of a Single Performers List. Medical and dental practitioners in Wales can work across Wales whilst managed within a single LHB list so, albeit infrequently, cases may arise where the performance concerns can arise in the jurisdiction of a separate LHB to that where the practitioner is included. There is a regulatory requirement, under Regulation 18, that practitioners will not transfer to a different LHBs' Performers List until such matters are resolved. This also facilitates the options to apply conditions to a practitioner's Performers List inclusion when the practitioner subsequently transfers to the Performers List of a different LHB without a more cumbersome requirement, as might apply to a Single Performers List in Wales, for screening and reference panels to be held to achieve the same outcome through contingent removal. Clarity of such procedures is helpful before issues are identified.

19. Some practitioners may have been on a Performers List for years, rolled forward through 'grandfather' arrangements into the Performers List when established in 2004. The opportunity to require an application and provide more contemporary information, including an enhanced DBS criminal records certificate, does assure LHBs regarding the applicant practitioner's current performance and any risks that might arise from their inclusion. It also allows the LHB to have available information regarding the practitioner's previous professional experience.

Ease of Access to Medical Performers List registration for Doctors returning to Wales

20. This question has in part been covered in the previous question above. If a GP wishing to return to Wales is already on a Medical Performers List in another U.K. country, they can return under the Regulation 4A process within the NHS Performers List (Wales) Regulations 2004.

21. If they wish to return to general practice in Wales and are not currently on a Medical Performers List elsewhere in the U.K, but have not been out of U.K practice for more than two years, they can make a full application to return to practice. The numbers in this situation who have voluntarily removed themselves from any Medical Performers List and then wish to return in that timescale is not significant. Those who have been out of U.K practice (whether due to career break or working overseas) for more than two years can return to practice via the Induction and Refresher Scheme operated consistently between the Wales Deanery General Practice department at Cardiff University and Health Education England.

22. For any GPs that have not worked within the NHS for two years or more they will need a period of supervised return, the duration of which will be guided by the results of an assessment. The assessment is managed by the GP National Recruitment Office and they run this scheme for England and Wales. The link to their website explains the process of what needs to be undertaken **https://gprecruitment.hee.nhs.uk/Induction-Refresher**

23. The GP will also need to apply for inclusion on the Medical Performers List but will not be included in the list until they have gone through the assessment process and have been allocated a returner placement post in a GP Practice.

24. Given the wide scope of General Practice and continuing developments in many aspects of care, this is considered a valuable requirement. However, it is important to ensure that recognition of equivalent experience is accepted.

25. The number of returners into practice through this scheme is not significant as a proportion of those taking up training placements in Wales. The salary on offer whilst in these schemes to returners may act as a deterrent.

How the Medical Performers List registration process assesses the Equivalence of Medical Training undertaken outside the UK.

26. This activity for applicants wishing to come to work in Wales is undertaken by the Wales Deanery after the doctor has already registered with the General Medical Council (GMC) and demonstrated their equivalence of GP training to the satisfaction of the GMC. Such doctors would also participate in the Induction & Refresher Scheme if they have not worked in General Practice in the UK at any point during the previous two years. The Scheme provides a standardised assurance for practitioners and the length of time practitioners spend within these arrangements, and under assessment, will depend upon how similar their approach is to current UK general practice, whether or not they qualified in the UK, the EU or further afield.

27. Depending on the outcome of the UK leaving the EU, Brexit could have significant implications for healthcare professionals trained in a EU country outside of the UK. Across the UK, the NHS is heavily reliant on EU workers. Currently healthcare professions, namely general practice nurses, dentists, doctors, midwives and pharmacists, have a special status under the Recognition of Professional Qualifications Directive 2005/36/EC which makes their mobility easy and safe. The legislation also enables students of those professions to benefit from educational systems other than that of their home country. These arrangements are reciprocal so that UK-qualified practitioners can also practise relatively easily elsewhere in the EU, although the outbound flow is less.

28. At the same time, patients and consumers are adequately protected by an alert mechanism established by the Directive. This allows the competent authorities of all Member States to quickly warn each other if health professionals have been prohibited or restricted from practicing the profession in one country or have used falsified diplomas for their application for the recognition of their qualification.

29. This framework allows a high degree of professional mobility without jeopardising patient safety and quality of care. Patients and professionals benefit from this transfer of knowledge and Specialised expertise which contributes to continuously improving the quality of healthcare in Europe. As a member of the Brexit Health Alliance, the Welsh NHS

Confederation and other members of the Alliance, are highlighting these issues with the UK Government.

30. In relation to the NHS workforce our priority in NHS Wales will be to ensure a continuing 'pipeline' of staff for the sector. The immigration system that is in place after the UK leaves the EU will need to ensure that, alongside our domestic workforce strategy, it supports the ability of our sector to provide the best care to our communities and people who use our services.

Conclusion

31. In conclusion, across the NHS in Wales, as in other health organisations throughout the UK, there are workforce shortages which are never far from the headlines. While the movement of practitioners between the other UK countries and Wales has become easier, it is important that this continues to ensure that patients receive high-quality services in the future. Following the Parliamentary Review of Health and Social Care in Wales report we now have an opportunity to put forward a long-term vision for the health and social care workforce, delivering new models of seamless services closer to people's home.