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15 January 2018

Dear Dr Lloyd

Performers Lists

Thank you for your letter of 28 Nov 17 to our President, Professor Mayur Lakhani asking for the views of the Royal College of General Practitioners on Performers Lists. I understand that this query is part of a wider inquiry into medical recruitment and I am replying on behalf of the Royal College of General Practitioners.

The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education; training; research; and clinical standards. Founded in 1952, the RCGP has just over 52,000 members and our most recent data shows that there are over two thousand associates in training, members and fellows resident in Wales.

The NHS (Performers List) (Wales) Regulations 2004 came into force on 1 Apr 2004 with very similar arrangements in the rest of the United Kingdom. They were updated and amended in England in 2013, following the disestablishment of Primary Care Trusts and creation of NHS England. The regulations apply to the disciplines of general medical practice, general dental practice and optometry and an individual is required to have membership of the relevant list to work in the NHS. They do not apply to health professionals who work exclusively in private practice nor to members of HM Forces (unless the military doctor also sees NHS patients) who have their own regulatory arrangements. All of the Performers List Regulations are designed to ensure that individuals have the necessary qualifications and attributes to work in their relevant discipline and in broad terms are very similar to those that would be undertaken by a hospital human resources department if the doctor was applying for a hospital position. For example a doctor applying for the Medical Performers List in Wales is required to provide the following[1]:

- Letter from the GMC confirming receipt of Annual Retention Fee.
- Original letter from GMC confirming GP licence to practise status.

[1] See http://www.primarycareservices.wales.nhs.uk/apply-for-inclusion-in-the-medical-perfo accessed 27 Dec 17

- Original Certificate of Prescribed/Equivalent Experience, a PMETB certificate (Postgraduate Medicine Education and Training Board) or a Certificate of Completion of Training (CCT). These certificates are not applicable to GP Registrars
- Original current Certificate of Medical Indemnity Insurance.
- Medical degree certificate and any other original certificates relating to your qualifications
- For UK citizens born in the UK, passport and birth certificate
- For UK citizens born outside the UK and for non UK citizens, a passport (birth certificate is not acceptable).
- English language competency certificate (only applicable to citizens of EEA countries whose first language is not English and were trained in countries other than the UK or Republic of Ireland).
- Completed Personal Superannuation Questionnaire
- For new UK residents, a translated police/other suitable body report from your previous overseas place of residence (this report should be less than 6 months old).
- Most recent Disclosure and Barring Service (DBS) Enhanced Disclosure Certificate confirming that both the Children and Vulnerable Adults Lists have been checked.
- Proof of immunity to relevant infectious diseases such as rubella, hepatitis B etc
- References from two referees willing to provide a clinical reference

The RCGP takes the view that the above "pre-employment checks" are needed and as described are almost identical to those that would be undertaken by a hospital human resources department or a hospital locum agency.

In your letter you pose three questions. I will take each in turn.

1. <u>The existence of separate Medical Performers Lists for England and Wales.</u> In principle it would be possible to have one UK wide Performers List for the relevant disciplines such as general medical practice as the necessary standards and approaches are very similar. However, health is a devolved government matter and thus it would need the agreement of all four governments to agree on both the principle and the application. Our recommendation is that a simpler and quicker approach would be to agree reciprocal agreements with NHS England and also with counterparts in Scotland and Northern Ireland that if a doctor was on a Performers List in other parts of the UK, then provided there were no concerns regarding performance, then automatic registration could take place and vice versa. An analogous system is already in place under the Responsible Officer (RO) Regulations 2012 whereby, for example the RO in the Midlands and East area of NHS England which contains the counties of Shropshire and Herefordshire and thus contains doctors who work routinely both in England and Wales, provides recommendations to the GMC on revalidation and performance. Such recommendations take place after consultation with the relevant Welsh RO with the opposite being place for doctors whose main place of work is in Wales. The RCGP view is that such a system would significantly speed up the application process, be cheaper and reduce barriers to applications.

2. <u>Ease of access to Medical Performers List registration for Doctors returning to Wales.</u> A common theme of the feedback the RCGP receives is the slowness of the application process. Information we have received is that the overall process would be considerably improved if there was a more proactive approach to supporting the doctor through the application process and assisting, if further information is required.

3. <u>How the Medical Performers List registration processes assesses the equivalence of medical training outside the UK.</u> The RCGP is working with GMC to simplify and speed up the processes that doctors undertake when applying from overseas.

However, the process to assess equivalence of medical training undertaken outside of the UK is not via the Performers List. This is done via a General Medical Council (GMC) legislative process with an application for a Certificate of Eligibility for GP Registration (CEGPR). The College's role is to evaluate the application on behalf of the GMC. Once a CEGPR has been issued, the doctor must then go through an induction period before they can apply to be added to the performers list.

The College is working on initiatives linked to international recruitment to improve processes. One of these is the curriculum mapping project, looking at countries with similar training and systems to the UK, which will provide us with the data and evidence we need to work with the GMC to develop a streamlined CEGPR process for these countries. The countries being considered first are Australia and New Zealand.

We have also recently reviewed the Portfolio Route, making it easier for UK trained doctors who have spent time abroad, to return and enter the Performers List quickly. Once the changes have been approved which will make this process easier and eligibility criteria more flexible; they will be implemented early in 2018.

There is useful information on CEGPR and performers list processes in the new Guide for Overseas Doctors: http://www.rcgp.org.uk/training-exams/discover-general-practice/overseas-doctors-guide.aspx

I trust that this information is helpful and if I can be of further assistance, please do not hesitate to contact me.

Yours sincerely

Dr Jonathan Leach
Joint Honorary Secretary
Royal College of General Practitioners

Cc
Professor Mayur Lakhani – President RCGP
Dr Rebecca Payne – Chair RCGP Wales

Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu

Performers List: Case Studies

To support this evidence session RCGP Wales would like to provide case studies of GPs' experience with the Performers List.

This document contains a summary of the experience of five GPs. The first relates to a GP with cross-border issues in the North-East Wales area, the second relates to a Locum GP looking to work in different areas within Wales, and the latter three relate to British trained GPs who moved overseas and sought to return.

While their circumstances will be recognisable to those who know them, we have avoided explicitly identifying them for this purpose.

The information below comes directly from information provided by them.

Case study 1

This GP was born, brought up and lives in North Wales but worked predominantly in West Cheshire, where his principal Performers List membership was. He describes how he decided to carry out some locum work in North East Wales – "out of affection for the area" – before facing "excessive hassle and delay". The process included form filling, a face to face appointment to confirm his identity, a repeat DBS check and a wait for information from NHS England, before having to send his CV, copies of his degree certificates and details of two referees. He said the result of this was that practices missed his availability for nearly three months.

Case study 2

This GP is a locum GP, based in the Abertawe Bro Morgannwg Health Board (ABMU), who was looking to do occasional work in Barmouth. He also got regular offers to work in Swansea which he intended to do as well. He was told that while he was included to work anywhere in Wales as a Locum, if he intended to do the majority of work in Barmouth he should change Performers Lists. To work within the ABMU area as well he was asked to send approximate locations and times to go with his review, and he was informed a decision may not be made for a while. He was prevented from working during this period.

Case study 3

This GP is a British trained GP who worked in the Netherlands for 12 years (including 5 years as GP partner), and looked to locum in Wales for a fixed period of time (just under 1 year). To do this she had to do 2 exams before a practice placement from 3-6 months, a

process which she said would take her towards the end of the period she was in the United Kingdom. This made her consider looking for an alternative to general practice during the time she was in Wales.

Case study 4

This GP was a Welsh-speaker who was trained in the UK before working as a GP partner in New Zealand for 6 years, before a planned return to the UK. In March 2014 she emailed the Wales Deanery for information and in May 2014 she received a reply advising her that "application to the GP Induction and Refresher Scheme would be advisable." The earliest date for MCQ assessment was September 2014, the earliest date for simulated surgery assessment was October 2014, no fixed timeframe was provided for feedback and planning for clinical placement, and no fixed timeframe was provided for placement in a further training practice in Wales.

She summaries her grievances as:

1. Protracted and uncertain timeframes
2. The training practice having to be an advanced training practice, limiting the options available and creating uncertainty around start dates in view of other requirements
3. Cost implication for exams and grant only for the training period

Case study 5

This GP went to medical school in Nottingham, completed her FY1 and FY2 years in England at the South Thames Deanery, before moving to Australia and qualifying as a GP there. She qualified in June 2016 and moved back to the UK in August 2016. She started the application process before moving back to the UK but could only submit it in person when in the UK.

She spent around 6 months collecting evidence for this application, which she estimated involved 4-5 kilos of paper evidence. To get her evidence properly validated each page had to be signed, dated and stamped by a GP or educational supervisor from her previous work in Australia. Supervisors had to sign and stamp each page with his full name and position written on every page, and when her supervisor only signed each page this caused further delays.

She received conflicting advice about what type of evidence was needed, leading to her paying staff in Australia to print and post evidence to the UK only to find out later that this was not necessary. She also had to provide 6 referees who were asked to provide long and detailed references.

Once evidence was submitted there was a 3 month wait before an MCQ exam, and a period of supervised practice for refresher training with an approved practice for up to 6 months.

She summarised her experience by saying the process was "too difficult and unreasonable", involving thousands of pages of evidence, when she was already a GP in Australia - "the standards to become a GP there are high". She said the process takes more than a year and half, and said with such a long time out of general practice she is more likely to need refresher training.