

Vaughan Gething AM
Cabinet Secretary for Health and Social Services

21 March 2018

Dear Vaughan

One-day inquiry into the All Wales Medical Performers List

I am writing to inform you that on 7 March 2018, the Health, Social Care and Sport Committee undertook a one-day inquiry into the All Wales Medical Performers List. Further details of the inquiry, including the Terms of Reference are available on our [webpages](#).

The existence of separate Medical Performers Lists for England and Wales

As you will be aware, as recently as 2016 amendments have been made to the NHS (Performers List) (Wales) Regulations in a bid to reduce the administrative burden in applying to be included in a Local Health Board's Performers List in Wales. However, we heard from representatives of NHS Wales Shared Services Partnership (NHSWSSP) that these changes will have helped the administration process but not necessarily GPs themselves.

In evidence from the BMA Cymru Wales, the Committee was made aware that there are still barriers for GPs who are currently on the English Performers List and are seeking to transfer to Wales. We heard that individuals should be able to work for up to three months while the relevant documents are validated, but GPs are finding it difficult getting a face-to-face appointment and the necessary checks completed which is causing significant delays to what should be a simple process.



This process has also resulted in the loss of already recruited GPs, where the time passed between a job offer and accessing the List has been so great that these individuals have taken up a job in England instead.

During our evidence session, the General Medical Council (GMC) outlined the current arrangements that exist in the UK. As you will be aware, there are different performers lists across the four countries in the UK and then different performers lists within the local health boards in Wales. Clare Barton of GMC was of the view that reciprocity would bring clear benefits to information sharing and good governance arrangements. She added that the process to register and obtain a licence to practice from the GMC is fairly simple and can be done relatively quickly, the delay is then with the Performers List – meaning GPs are wanting to work but are unable to until such a time as they have completed the process of getting onto the Medical Performers List. We understand the GMC is currently piloting a project to streamline applications to the GP induction refresher scheme, performers list, and GMC register whereby documentation only has to be verified once. However, we understand this has experienced some information governance issues.

We note the comments made by Prof Malcolm Lewis from the Wales Deanery that the number of GPs who work cross-border is very small. The Committee is therefore of the view that, as a minimum, there is a need for mutual recognition between lists in England and Wales, and even across the whole of the UK.

Based on the evidence we have taken, we believe that because processes are very similar in England and Wales this should not be difficult to achieve. We would wish to see the lists on both sides of the border recognise and respect each other and develop so that the process is much easier to register in England in particular.

More worryingly, we heard evidence to suggest that GPs within Wales are having difficulties getting onto the List, with trainee GPs progressing as fully qualified GPs on the Medical Performers List quicker than a salaried GP can move between areas in Wales.



We heard from a number of Local Health Boards who explained the process in Wales. For governance reasons, GPs on the Performers List are also aligned to the health board performers list where they predominantly work. However, this does not restrict them from working in other areas of Wales and does not require additional paperwork to do this.

Prof Lewis of the Wales Deanery believes there to be no clear resistance to the suggestion of one Performers List in Wales. He told us that the Performers List regulations in Wales are universal across the health boards and therefore having separate lists for each local health board creates no benefits in terms of standards and governance.

The NHSWSSP told us that IT improvements could be at the heart of further streamlining processes as lack of IT infrastructure has been a barrier to date. It also told us that amending the Regulations to allow a GP to provide their own clinical references, professional experience and medical qualifications when applying to the Welsh list may speed up the process, as currently obtaining this information from primary care organisations in England could add a number of weeks to the process.

Ease of access to Medical Performers List registration for GPs returning to Wales

We heard in evidence that for GPs trained in the UK, who have moved overseas but are seeking to return to practice in the UK, getting onto the list is ultimately at the discretion of the responsible officer. We understand that the guidance says that if that person has been out of practice in the UK for more than two years, generally, this is not allowed to happen. However, advice can be sought from the Wales Deanery in relation to retraining programmes. One of the challenges for GPs returning to Wales has been identified as the inability to access this training locally. Evidence provided to the Committee by the Royal College of General Practitioners Wales (RCGP Wales) suggests that returning GPs are having to travel 80 miles to access retraining.



The BMA Cymru Wales highlighted the importance of patient safety and suggested that for GPs working overseas who had trained in the UK, they could remain subject to a UK appraisal system, which would ensure they were safe to practice in the UK and streamline their return.

The RCGP Wales is of the view that Wales does not train enough GPs internally for our current needs, and therefore it is essential to bring in GPs from elsewhere. However, if the message being promoted unofficially is that the process is too hard and bureaucratic then this will act as a barrier to recruitment. Dr Charlotte Jones of BMA Cymru Wales stated that the return to work in Wales scheme is currently looking at what can be done to remove hurdles and encourage more people to apply. She indicated that it is also important to look at the tentative enquiries made about this scheme, and consider carefully why these are not followed up, suggesting the need to assess this current initiative's success in recruitment terms. Dr Rebecca Payne, Chair of RCGP Wales added that although the 'Train. Work. Live' scheme is identified as a first point of contact for returning GPs and local champions are used to provide personal inductions, she believed that a national body should take responsibility for this process. Dr Payne also suggested that more could be done with regard to integrating these individuals back into life in Wales, through providing advice and support on schools and employment opportunities for spouses in addition to streamlining processes.

However, we note the comments made by Prof Malcolm Lewis that the vast majority of returners to Wales are happy to undertake the process required and the training offered, as it allows them to regain their confidence and ensures their knowledge is up to date in a constantly evolving National Health Service. He assured the Committee that patient safety in Wales is safeguarded by the processes surrounding access to the Medical Performers List. The NHSWSSP supported this view, it stated that, as the numbers affected are, so few there are no real changes required to the system for GPs returning Wales.

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



We heard from BMA Cymru Wales that the accreditation of those individuals with equivalent training needs to be considered carefully. They told us that when there is a need for experience within Welsh general practice, then doctors from overseas are competing with GP speciality trainees for these positions. They emphasised the importance of maximising the use of GP trainers to enable these individuals to access the training they require and locally.

We note the remarks of Dr Mark Walker of Betsi Cadwaladr University Local Health, Board who told us that general practice in the UK is very broad-ranging and complex and different countries may have different expectations of their GPs. There is, therefore, no direct equivalence so it may be that there is a need to familiarise people from elsewhere with what happens in the UK and provide the extra training and support to facilitate that.

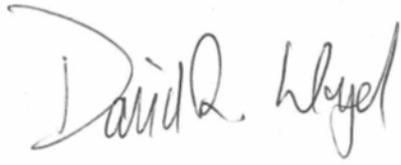
We understand that the GMC is currently working with the Royal College of General Practitioners on a study comparing the curricula in the UK and Australia to see where the similarities lie in order to identify opportunities to streamline equivalence processes whilst maintaining patient safety and standards. We await the outcome of this work with interest.

We are aware that the Welsh Government has been looking at further measures to simplify the process for performers in the UK and note the consultation on the options closed on 8 February 2017. I would be grateful if the evidence received by the Committee as part of this inquiry could be taken on board in your considerations of the future for the Medical Performers List. The Committee would also be grateful if you would keep us updated on this issue, in particular in the areas of mutual recognition between the lists in Wales and England and streamlining processes.

I look forward to hearing from you.

Kind regards





Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

