FSRH response to the consultation ‘Regulating healthcare professionals, protecting the public’ by the Department of Health and Social Care

14th June 2021

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to submit a response to the consultation ‘Regulating healthcare professionals, protecting the public’ by the Department of Health and Social Care (DHSC).

We are the largest UK multidisciplinary professional membership organisation representing more than 15,000 members working at the frontline of Sexual and Reproductive Healthcare (SRH) in a range of settings in the community and primary care. Our members are SRH specialists, GPs, nurses, midwives, pharmacists and other healthcare professionals delivering services commissioned by local authorities, Clinical Commissioning Groups, NHS England (NHSE) and Public Health England (PHE). Our goal is to ensure that high standards in SRH are achieved and maintained through appropriate funding and commissioning to ensure the population can access services which realise our Vision for high-quality and holistic SRH across the life course.

We are responding to this consultation in our capacity as the professional membership body providing a range of training and qualifications in SRH, including developing and managing the Community Sexual and Reproductive Healthcare (CSRH) Specialty Training Programme. As such, we are focusing on the questions directly relevant to us.

Questions

The GMC currently has the power to approve specific postgraduate curricula - should the GMC retain all existing approval and standard setting powers?

The GMC should retain all existing approval and standard setting powers as these give confidence to patients and the public that education is appropriately regulated. Having said that, medical royal colleges and faculties continue to be in dialogue with the GMC about how these powers are enacted.

The current process for curriculum approval is onerous, bureaucratic and burdensome, especially for small organisations who have to provide the same amount of information as large colleges. It stems in part from the historic creation of PMETB in 2007 and a distrust of what colleges actually do.

It is time to innovate. What some colleges & faculties have advocated is a move to a model whereby the GMC approves the mechanisms by which colleges & faculties develop their curricula (committees, processes, lay and trainee input, E&D) rather than the actual curricula themselves. This would follow the model that universities use, whereby the QAA grants degree-awarding powers to universities and approves the mechanisms by which degree programmes are developed and approved. There should still be the opportunity to involve a wide range of stakeholders including NHS Employers, Lead Dean, etc, as they can offer valuable insight and so they are kept informed of any changes in education arising from developing healthcare practice.

Colleges & faculties could be approved to develop and implement curricula providing that they have GMC-approved governance – and that they consult NHS Employers, patients & public etc. A pilot would be useful to see what worked and the GMC could audit colleges & faculties on a periodic basis, as the QAA does universities once they have gained degree-awarding powers.

It is interesting that GMC appears to be contemplating delegating their power to approve CCTs – if they can do that, then perhaps shifting the power to colleges & faculties to approve their own curricula naturally follows.
Do you agree or disagree that all regulators should have the power to set and administer exams or other assessments for applications to join the register or to have annotations on the register?

All regulators should retain this power, as it is a powerful quality assurance measure to ensure that those entering healthcare have the appropriate competencies and qualities to be entered onto the register. The current system of MRSA for specialist seems to be appropriate.

Do you agree or disagree that all regulators should have the power to set:

1. standards for the outcomes of education and training which leads to registration or annotation of the register for individual learners;
2. standards for providers who deliver courses or programmes of training which lead to registration;
3. standards for specific courses or programmes of training which lead to registration;
4. additional standards for providers who deliver post-registration courses of programmes of training which lead to annotation of the register; and
5. additional standards for specific courses or programmes of training which lead to annotation of the register?

We agree broadly with these powers and have the following comments.

1. we agree with this power for the reasons stated above. The regulator should set standards for the types of learning outcomes, which can then be articulated by the relevant bodies.
2. we agree with this power.
3. we agree with this power, although there should also be room for other professional interests to be involved.
4. we agree with this power, as it ensures that there is consistency across the UK in postgraduate medical education.
5. we agree with this power, although there should also be room for other professional interests to be involved.

Do you agree or disagree that the GMC’s duty to award CCTs should be replaced with a power to make rules setting out the procedure in relation to, and evidence required in support of, CCTs?

This does not explicitly address the question as to who has the power to award CCTs if it is not the GMC. If it is the colleges & faculties, then we agree that the GMC should have the power to make rules about CCT (which is in a sense the model mentioned in the first box) which presumably would be based on current well-established practice re evidence etc. It would be interesting to know how many recommendations for CCT have been disputed by the GMC. If this is indeed a power GMC are prepared to relinquish, they should still conduct quality assurance checks. The Medical Act would need to be changed to make this change. Would this also apply to CESR?
Apart from setting standards which providers of courses or programmes of training must meet, DHSC is proposing that regulators should also have the power to set additional standards regarding providers and that all regulators should be able to set specific standards which specify the outcomes that individuals should achieve.

We agree with this, for the reasons of consistency, although additional standards should not be allowed to proliferate.

It is also proposed that all regulators should have the power to approve, refuse, re-approve, withdraw approval, monitor and quality assure courses, programmes of training, qualifications and education and training providers.

We agree with this, although these powers would need to be enacted with all the relevant stakeholders and partners. PGME is very complex, and the roles of deaneries in managing quality must not be undermined. Clear quality criteria would be key to implementation.

**Do you agree or disagree with the proposal that education and training providers have a right to submit observations and that this should be taken into account in the decision-making process? Please provide a reason for your answer.**

It is not clear when this would be needed, and what decision-making process is being referred to. If it is about providers being able to have a right to respond in a process to approve, refuse, re-approve, withdraw approval etc, then the insight of providers is an essential element for any final decision to be made.

**Do you agree that:**

1. education and training providers should have the right to appeal approval decisions;
2. that this appeal right should not apply when conditions are attached to an approval;

…that regulators should be required to set out the grounds for appeals and appeals processes in rules?

1. Yes.
2. No – if conditions are attached, then that should be part of the discussion.

Yes.

**Do you agree or disagree that regulators should be able to set out in rules and guidance their CPD and revalidation requirements?**

We agree that regulators should specify clear rules and guidance for CPD and revalidation, as they do now. It is essential for public trust and to ensure consistency across the healthcare profession.
Should all registrars be given a discretion to turn down an applicant for registration or should applicants be only turned down because they have failed to meet the new criteria for registration?

We think all registrars should be given the discretion to turn down applicants for registration, whether they have met the new criteria or not – again for reasons of public trust. However, we believe that extensive feedback and reasoning must be provided to the applicants that have been turned down to ensure that the process is fair and transparent.

For further information please contact:

Camila Azevedo
FSRH External Affairs Manager
Email: cazevedo@fsrh.org
Telephone: 02037945309