
Establishing a Regulatory Framework for Credentialing: Working Group Terms of Reference

Background

1. In December 2008 the Department of Health (England) invited PMETB to lead exploratory work on the concept of credentialing. A PMETB-led Steering Group (which included GMC representation) was established to take forward this work. The Credentialing Steering Group (CSG) defined credentialing as:

‘...a process which provides formal accreditation of attainment of competences (which include knowledge, skills and performance) in a defined area of practice, at a level that provides confidence that the individual is fit to practise in that area in the context of effective clinical governance and supervision as appropriate to the credentialed level of practice.’

2. The CSG published its report in April 2010.¹ The key conclusions were:
- Credentialing has significant potential for benefit because there is a strong need to articulate the nature of a doctor’s practice and whether this meets national standards.
 - Credentialing has the potential to complement revalidation for doctors providing specialist services.
 - Credentialing could potentially provide trainee doctors with more flexibility to stop training at different stages, although this may be of interest to only a minority of doctors.
 - Credentialing must be seen to be objective, reproducible, credible, validated and appropriate.

¹ http://www.gmc-uk.org/CSG_Report_April_2010.pdf_34123082.pdf

- There should be a further phase of work, a 'bottom up' approach determining the need for and benefits of credentials including the development of pilots.

3. Following the merger of PMETB with the GMC in 2010, the GMC agreed that the feasibility of credentialing should be piloted in three areas of practice where there was no formal specialty recognition leading to a CCT or sub-specialty.² The three areas to be piloted were breast disease management, forensic and legal medicine, and musculoskeletal medicine. In the light of the pilots, in July 2012 the GMC's Council agreed in principle that a regulatory framework for credentialing should be established, subject to the outcome of further developmental work.

Task

4. To:
- a. Define the purpose and characteristics of a model for regulated credentialing
 - b. Describe the regulatory and related processes necessary to support delivery of the credentialing model.

Principles to underpin the approach

5. The credentialing model must have regard to the following key principles:
- **Patient and public interest:** The primary and overriding consideration in the design of the credentialing model must be to ensure that patients and the public can have confidence in standards attained and maintained by credentialed doctors.
 - **Consistency and objectivity:** The approach to credentialing must be capable of general application across different disciplines.
 - **Equality:** Any proposed model must have regard to considerations of equality and diversity.
 - **Flexibility:** The approach must support flexibility within the future workforce and potential changes to the healthcare systems of the UK.
 - **Proportionality:** The approach developed must have regard to, and where possible, build upon existing regulatory structures

Themes and issues

6. In describing the model for future credentialing, the working group will address such issues as it considers pertinent, but this must include the following:

- Describing the purpose and characteristics of credentialing.
- Describing the standards for credentialing and the levels of practice signified.
- Describing the criteria to be applied for the recognition of credentials and how they should be prioritised.
- Describing the powers and privileges attached to holding a credential.
- Describing the future relationship between credentialing and sub-specialties.
- Describing the mechanisms for developing, approving, quality assuring and maintaining credentials.
- Set out proposals for how the development of credentials in different areas of practice should be funded and the costs of awarding credentials met.
- Describe the relationship between credentialing and revalidation.
- Set out proposals for how information about doctors credentials should be made transparent and accessible to patients, the public, employers and other key interests.
- Identify any legislative changes necessary to implement the proposed credentialing model.
- Identify the priority areas for developing credentialing.

Outputs

7. The output of the credentialing project will be a report to the Strategy and Policy Board setting out recommendations in relation to the themes and issues referred to in paragraphs 4-6 above, and on such other matters as it identifies as necessary for the introduction of regulated credentialing.

8. Subject to the report being endorsed by the Board, its conclusions will form the basis of a public consultation by the GMC.

.Process: working group membership

9. The credentialing project will be undertaken by a working group drawn from members of the GMC executive (Education and Standards, and Registration and Revalidation) and representatives from key interests as listed below:

- a. Working group chair appointed by the GMC's Strategy and Policy Board.
- b. Two representatives from the Academy of Medical Royal Colleges.

- c. One representative from employers.
- d. One representative from the Postgraduate Deaneries.
- e. One representative from SAS grade doctors.
- f. One representative from each of credentialing pilot groups.
- g. One trainee representative.
- h. One patient/public representative
- i. One representative from each of the UK administrations

10. The group may seek information and expertise from additional sources, as required.

Working methods

11. To be determined by the working group.

Accountability

12. The review group will report to the Strategy and Policy Board of the GMC.

Timescales

13. The working group is expected to report to the Strategy and Policy Board 12 months from the date of its inception.