

The History of 'Credentialing'

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The background to the principal of credentialing is convoluted but in summary:

In December 2008 PMETB lead exploratory work on the concept of credentialing.

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.'

The CSG published its report in April 2010. Within the conclusions they stated:

"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"

and

"Credentialing has the potential to complement revalidation for doctors providing specialist services".

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. The three areas to be piloted were breast disease management, forensic and legal medicine, and musculoskeletal medicine.

The ABC took this pilot study on board and with help from its members produced a report.

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.