

IN BRIEF

Doctors urged to identify designated organisation in advance of revalidation

The General Medical Council has launched a campaign to encourage doctors to identify which organisation will be revalidating them.

The “Make your connection” campaign will first target doctors who do not have a prescribed link to a designated body under the responsible officer regulations and will then ask doctors for which the GMC has identified a designated body to confirm their connection.

The GMC is seeking to identify the designated body and responsible officer for each registered doctor so that it knows which organisation will be submitting the doctor’s recommendation on revalidation.

A total of 719 designated bodies exist in the UK at present, which include NHS trusts, independent sector providers, the Independent Doctors’ Federation, postgraduate deaneries, and locum agencies. Every designated body has a responsible officer who will make a recommendation to the GMC every five years on whether a doctor is up to date and fit to practise and should be revalidated.

NHS launches national Leadership Academy

The NHS has launched a national centre designed to produce and inspire current and future generations of NHS leaders.

The NHS Leadership Academy, first announced by the health secretary for England, Andrew Lansley, in July last year (*BMJ Careers*, 12 Jul 2011, <http://bit.ly/HSH36L>), will help develop outstanding leaders (whether doctors, managers, or others) to improve patients’ experiences, health outcomes, and wellbeing.

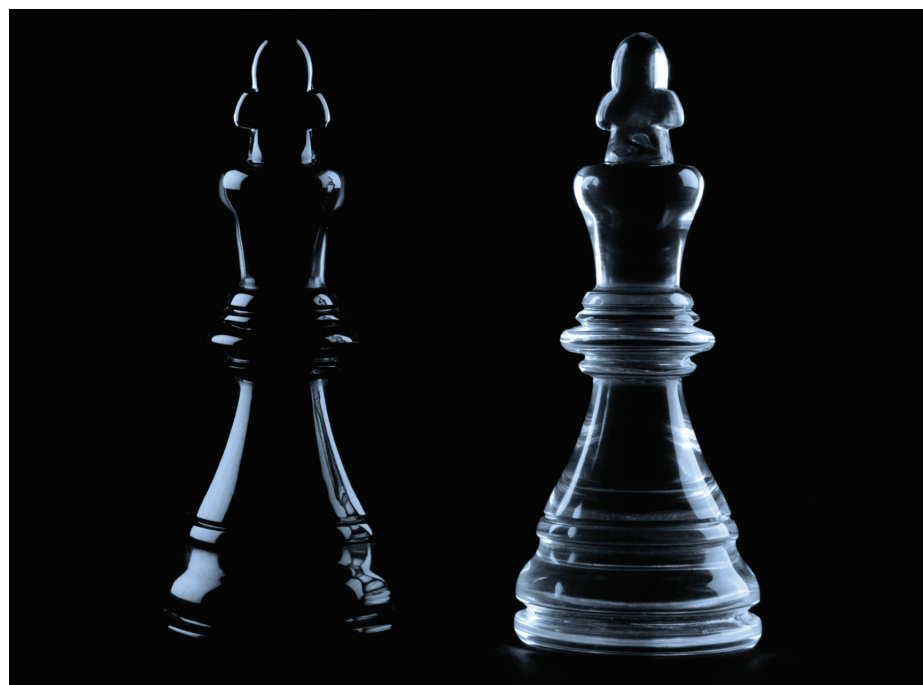
The new academy in Leeds will also help deliver the strategic shift in leadership needed for the NHS to meet the huge challenges in health, social care, and public health in the coming years, said David Nicholson, the NHS’s chief executive.

“Our leaders must be better equipped and more innovative than ever before. Vitaly, they must be able to work in an integrated way across health and social care, to make sure people have a consistently good experience of our services,” he said. “Developing outstanding leadership has never been more important than now.”

Different but equal: equivalence routes to the medical register

A GMC review of equivalence routes to the medical register found disparate views on the value of CESR and CEGPR in comparison with CCT.

Helen Jaques looks at how to boost confidence in the equivalence routes



Neither doctors nor employers seem entirely convinced that the application process assures the equivalence of CESR and CEGPR holders to CCT holders, and doctors with a CESR or CEGPR may experience discrimination and poor employment prospects as a result

There are two routes to the medical register for a doctor who wishes to practise as a hospital consultant or a general practitioner in the United Kingdom. Most doctors complete a training programme approved by the General Medical Council (GMC) and are awarded a certificate of completion of training (CCT) at the end. Doctors who have not followed an approved training programme in the UK can join the medical register by getting hold of a certificate of eligibility for specialist registration (CESR) or a certificate of eligibility for general practice registration (CEGPR).

The application process for a CESR or CEGPR—known as the equivalence routes to the medical register—requires candidates to show that their skills, knowledge, and experience are equivalent to those of doctors who have completed an approved training programme and been awarded a CCT. This involves providing documentary evidence of training, qualifications, and experience, which is then assessed by the relevant royal college and

subsequently by the GMC. Most people applying to the equivalence routes are staff, associate specialist, and specialty (SAS) doctors who have trained overseas or have struggled with the UK’s specialty training programme, either with the pace or with getting into specialty training in the first place.

As part of its review of equivalence routes the GMC recently commissioned research to investigate perceptions of the CESR and the CEGPR among employers and doctors.^{1,2} Its findings indicate that neither doctors nor employers are entirely convinced that the application process assures the equivalence of CESR and CEGPR holders to CCT holders, and doctors with a CESR or CEGPR may experience discrimination and poor employment prospects as a result.

What doctors think

The GMC’s researchers asked 648 doctors who held a CCT, CESR, or CEGPR (“certificate holders”); 535 doctors in training; and 187 SAS doctors for their