ABI RESPONSE TO THE
GENERAL MEDICAL COUNCIL CONSULTATION ON
REVALIDATION: ‘THE WAY AHEAD’

EXECUTIVE SUMMARY

The ABI welcomes the opportunity to respond to the General Medical Council (GMC) proposal on revalidation for doctors and in particular supports the aim of reassuring patients, and other stakeholders, by evidencing the ongoing competency of doctors practicing in the UK.

The role of the Chief Medical Officer (CMO) is integral to the insurance industry’s work in health, liability and protection. The proposal clearly sets out the requirements on doctors in clinical practice with patients. The requirement on CMO’s working within an insurance setting that does not include clinical practice with patients is less clear. Specific areas of the proposal where we suggest there be further consideration are discussed in the response.

The GMC revalidation proposal focus is on doctors working within the NHS. The aim of revalidation is to "contribute to improvement in quality of patient care", however, the role of the CMO is to support a fair decision to clients and to inform the decisions of underwriters and actuaries, there is no clinical practice with patient contact. Doctors that work part time in clinical practice and are engaged part time by insurers can currently remain registered. However, if the GMC determines that a doctor has to have a licence to be registered then doctors that are engaged by insurers only in an advisory capacity would lose their registration and ability to act as CMO.

We look forward to working with the GMC to recognise the expertise of CMO engaged by insurers and avoid unintended consequences in the registration process. We would welcome the opportunity to work with the GMC on the next phase regarding the application of revalidation requirements to non-clinical doctors, in particular for doctors/CMO engaged by insurance companies.

The success of the proposed revalidation process will be influenced by:

- Clarification of the requirements for doctors not in clinical practice.
- The accessibility of the register to members of the public (including insurers and service providers) so they can easily check that a doctor has the necessary validation.
- Cohesion with Royal Colleges and Speciality Societies in the implementation of the revalidation process. It should be noted that CMO engaged only by insurers and not in clinical practice do not have Society representation.
INTRODUCTION

The Association of British Insurers (ABI) is the trade body that represents the collective interests of the UK’s insurance industry. The ABI currently has around 400 members. These insurers provide nearly 94% of the domestic insurance services sold in the UK. ABI member companies are prominent institutional investors and account for almost 17% of investments in the London stock market.

The CMO is integral to the provision of a variety of insurance offerings including Private Medical Insurance, Life, Income Protection, Critical Illness, Employer Liability, Employment Practices Liability, occupational health and/or vocational rehabilitation services, Motor (personal injury), Professional Indemnity, and Medical Negligence.

The ABI would welcome the opportunity to work with the GMC on the next phase regarding the application of revalidation requirements to non-clinical doctors, in particular for doctors/CMO engaged by insurance companies.

Consultation questions

Question 1a: Do you agree that revalidation should be based on a single set of processes for evaluating doctors’ performance in practice, rather than split into the separate elements of relicensing and recertification?
Response 1a: No

Question 1b: If you have any further comments please expand here

There are doctors/CMO engaged by the insurance industry who:
- Only advise insurers; and/or
- No longer meet the criteria of the NHS doctor; and/or
- Do not do two days a week in clinical medicine.

Doctors who do not undertake any medical practice do not require a licence to practise (para 91. at p19 consultation document). The license to practice is not relevant to CMO who do not have a clinical practice and who work in an advisory capacity to insurers and do not consult with, nor prescribe for, patients.

Clarification is required that if the CMO is on the Medical Register and insured that they are covered for the type of work they do.

Question 2: Do you agree that revalidation should be based on a continuing evaluation of doctors’ performance in the workplace?
Response 2: The ABI has no comment on this.
Question 3a: Do you agree with the proposals for dealing with the most common situations where a Responsible Officer may not be in a position to make a positive recommendation?

Our proposal for Scenario A: Yes

Our proposal for Scenario B: Yes

Our proposal for Scenario C: Yes

Question 3b: If you have any further comments please expand here

Clarification is required on what kind of record would be needed to allow the standard of a doctor/CMO engaged by an insurance company medical work to be judged.

There are doctors/CMO engaged by the insurance industry who:
- Only advise insurers; and/or
- No longer meet the criteria of the NHS doctor; and/or
- Do not do two days a week in clinical medicine.

Doctors who do not undertake any medical practice do not require a licence to practise (para 91. at p19 consultation document). The license to practice is not relevant to CMO who do not have a clinical practice and who work in an advisory capacity to insurers and do not consult with, nor prescribe for, patients.

Clarification is required that if the CMO is on the Medical Register and insured that they are covered for the type of work they do.

Question 4: Do you agree that the Colleges and Faculties should not be involved in the recommendations made by the Responsible Officer to the GMC?

Response 4: No

Question 5: If so, what do you think the role should involve? Please tick all of the following that you think should apply:

Response 5:
- Setting standards and defining specialty information
- Advice and guidance for appraisers
- Advice and guidance for Responsible Officers

Question 6a: Do you agree that for trainees, successful progression through training should be the means of securing revalidation?

Response 6a: The ABI has no comment on this.
Question 7a: Do you agree with our proposals for the revalidation of doctors with no medical practice of any kind?
Response 7a: No

Question 7b: If you have any further comments please expand here

There will be physicians who fail re-licensing - they are registered, but not licensed. The GMC will have to provide a mechanism to cover this category.

We recommend that the same mechanism accommodate doctors/CMO who do no clinical practice and are engaged by insurance companies so they can be registered with the GMC, but choose not to be licensed to practice.

Question 8a: Do you agree that the list of registered and licensed medical practitioners should indicate the field of practice on the basis of which a doctor has secured revalidation?
Response 8a: The ABI has not comment on this.

Question 9: Do you agree that, for the purposes of revalidation, the Good Medical Practice Framework is an appropriate basis for appraisal and assessment?
Response 9: Clarification is required on the Good Medical Practice Framework applicability to / requirements on CMO are that are non-clinicians engaged by insurers.

Question 10: Do you have any further comments on the proposed use of the Good Medical Practice Framework?
Response 10: Clarification is required on the Good Medical Practice Framework applicability to / requirements on CMO are that are non-clinicians engaged by insurers.

Question 11a: Is the overall approach to the development of standards and supporting information for revalidation reasonable?
Response 11a: Yes

Question 12a: Is the supporting information proposed by the Colleges and Faculties meaningful, practicable and proportionate for the majority of doctors in clinical practice?
Response 12a: The ABI response is lease refer to 12b.
Question 12b: If not, or you have any further comments please expand here

The ABI would welcome the opportunity to work with the GMC on requirements for non-clinical doctors engaged by insurance companies.

The section 2, paras 143-144, subdivisions are Medical Management, Medical Research, Special Expertise, and Civil Service. We recommend that doctors/CMO engaged by insurance companies be incorporated under Special Expertise.

Question 13a: Do you agree that these are the appropriate principles to guide doctors’ Continuing Professional Development (CPD) activity in relation to revalidation?
Response 13a: The ABI has no comment on this.

Question 14a: Do you agree with our approach to patient and public involvement in revalidation? (Please tick all the options you agree with)
Response 14a:
- Involvement through questionnaire feedback to doctors
- Yes
- Involvement in the Responsible Officer’s recommendation and quality assurance
- Yes
- Involvement in the GMC decision making process where concerns are raised
- Yes

Question 15a: Do you agree that GMC Principles, Criteria and Key Indicators for Colleague and Patient Questionnaires in Revalidation are appropriate for evaluating these types of questionnaires for revalidation?
Response 15a:
- Colleague Questionnaires: Not Sure
- Patient Questionnaires: Not Sure

Question 16a: Do you agree that doctors should be required to participate in colleague and patient (where applicable) feedback at least once in each five year cycle?
Response 16a: Yes

Question 17a: Do you think that there should be a mechanism for making sure that colleague and patient questionnaires comply with our criteria for revalidation?
Response 17a: Yes
**Question 17b: If you have any further comments please expand here**

Clarification is required on the *Good Medical Practice* Framework applicability to / requirements on CMO are that are non-clinicians engaged by insurers.

For the response to questionnaires on revalidation to be meaningful, and if they are to be used, then they should align with GMC revalidation requirements.

**Question 18a: Do you agree that revalidation should be introduced initially in areas and organisations where local systems are developed and sufficiently robust to support the revalidation of their doctors?**

Response 18a: Yes

**Question 19a: Do you agree with our proposed approach for the initial roll-out of revalidation?**

Response 19a: Yes

**Question 19c: If you have any further comments please expand here**

The ABI would welcome the opportunity to work with the GMC on requirements for non-clinical doctors engaged by insurance companies.

The section 2, paras 143-144, subdivisions are Medical Management, Medical Research, Special Expertise, and Civil Service. We recommend that doctors/CMO engaged by insurance companies be incorporated under Special Expertise.

**Question 20a: Do you agree that a deadline should be set for organisational readiness for revalidation?**

Response 20a: The ABI has no comment on this.

**Your details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Erin Flood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td>Policy Adviser</td>
</tr>
<tr>
<td>Organisation</td>
<td>Association of British Insurers</td>
</tr>
</tbody>
</table>
| Address      | 51 Gresham Street  
               London  
               EC2V 7HQ |
Would you like to be contacted about GMC consultations in the future? 
Response: Yes

If you would like to know about upcoming GMC consultations, please let us know which areas of the GMC’s work you are interested in:

Response:
- Education
- Standards and Ethics
- Fitness to Practise
- Registration
- Licensing and revalidation

**Data protection**
The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the consultation responses and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

**Responding as an organisation**

Are you are responding on behalf of an organisation? 
Response: Yes

Which of the following categories best describes your organisation?

Other (please give details)  
Trade Association of British Insurers

In which country is your organisation based? 
Response: UK wide

In our consultation reports we often include quotes from respondents. Are you content for the comments you submit to be attributed to your organisation in our consultation reports? 
Response: Yes