Consultation analysis report

Good doctors, safer patients: Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients

A report by the Chief Medical Officer

and

The regulation of the non-medical healthcare professions

A review by the Department of Health

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Description	The Department published last July a review of non-medical healthcare professional regulation and a report on the reform of medical regulation by the Chief Medical Officer, Good doctors, safer patients. Following the publication of these reports, the Department ran a public consultation from 14th July 2006 until 10th November 2006, which generated in excess of 1200 responses.This document is a summary and analysis of the responses to this consultation.		
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1. Purpose

On 14 July 2006, *Good doctors, safer patients* was published by the Chief Medical Officer (CMO) – a review of the arrangements in place for medical regulation. At the same time, the Department of Health published 'The regulation of the non-medical healthcare professions'. The aim of undertaking these two reviews at the same time was to ensure the development of a coherent approach to regulation across all health professionals, without diluting the tight focus necessary to address the specific deficiencies in the arrangements in place for doctors, identified by the Shipman Inquiry and related inquiries.

A joint consultation for these two reports ended on 10 November.

Good doctors, safer patients examined the history and context of medical regulation, drawing lessons from other high-risk industries and jurisdictions, and taking into account public and professional views, before arriving at a series of 44 recommendations, each presented with a rationale. The parallel departmental review, 'The regulation of the non-medical healthcare professions', followed a similar process.

The consultation document split the recommendations of the two reports into 12 main themes:

1. Changes to the governance and accountability of regulators.

2. The importance of defined, operationalised standards against which to regulate.

3. The appropriate standard of proof in 'disciplinary' hearings.

4. Proposals for a 'spectrum of revalidation' across all clinical professions.

5. Devolution of some regulatory activity to a local level.

6. The number of regulators for the non-medical professions.

7. The requirement to record post-regulation qualifications.

8. The role of regulation for student health professionals.

9. The need for standardised pre-employment English-language testing.

10. Extending the scope of regulation to include support workers and new roles in healthcare.

11. The importance, or otherwise, of a lay majority on the governing bodies of the various regulators.

12. Ensuring co-ordination of all stages of medical education in a single body.

In particular, the consultation exercise asked three questions of respondents:

1. Do stakeholders support the principles upon which *Good doctors, safer patients* is based?

2. Do stakeholders support the approach advocated in the two reports?

3. What are the priorities for stakeholders in terms of implementation?

This report records the numbers and nature of the responses received to the consultation. Analysis is made of the level of support for each of the 12 themes of the report, and detail is given of specific responses from key stakeholders.

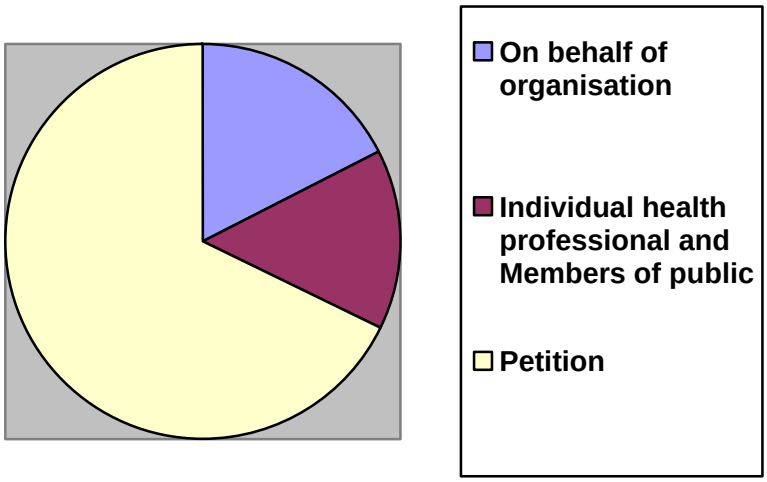
2. Responses

There were 2,708 responses to the consultation on *Good doctors, safer patients*, and 'The regulation of the non-medical healthcare professions'.

The responses were received in a variety of forms: letters to the CMO and Secretary of State, emails, petitions, and entries on the electronic consultation database via the Department website.

Of these, 473 were from organisations, 334 from individual health professionals, and 69 from members of the public. Another 1,832 were in the form of signatures on petitions: *Pulse* magazine sent in a petition with 1,065 signatures from doctors who were opposed to changing the standard of proof for fitness to practise cases from 'beyond reasonable doubt' (also known as the criminal standard) to 'balance of probabilities' (also known as the civil standard); the Erdington Natural Health Centre sent in a petition with 31 signatures from osteopaths who wished to remain under the regulatory jurisdiction of the General Osteopathic Council; and 736 doctors signed an online petition against *Good doctors, safer patients*.

Figure 1: Response type

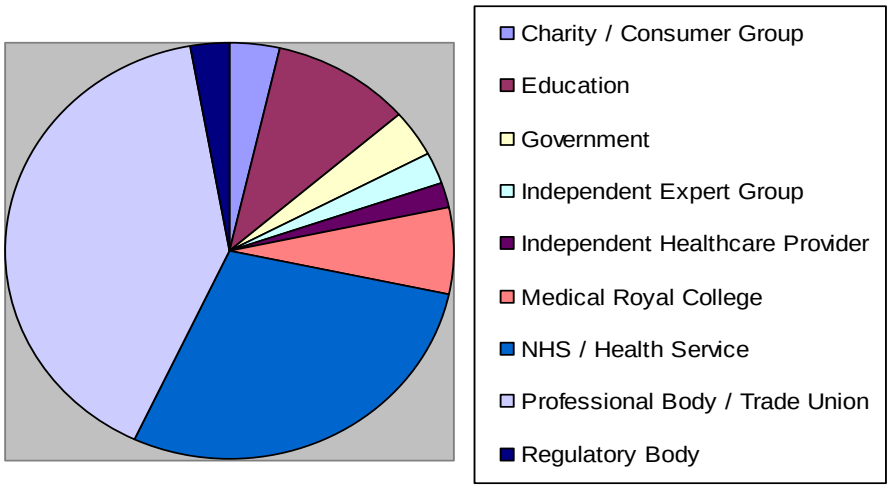


The organisations that responded covered a wide-range of sectors, including: NHS trusts and primary care trusts (PCTs), government departments and bodies, charities and consumer groups, educational establishments, independent expert groups, independent healthcare providers, trades unions and professional bodies, and regulatory bodies. (See Table 1 and Figure 2.)

Table 1: Organisation type by sector

Organisation type	Number of responses received
Charity / consumer group	17
Education	47
Government	18
Independent expert group	11
Independent healthcare provider	10
Medical Royal College	31
NHS / health service	136
Professional body / trades union	190
Regulatory body	13

Figure 2: Organisation type



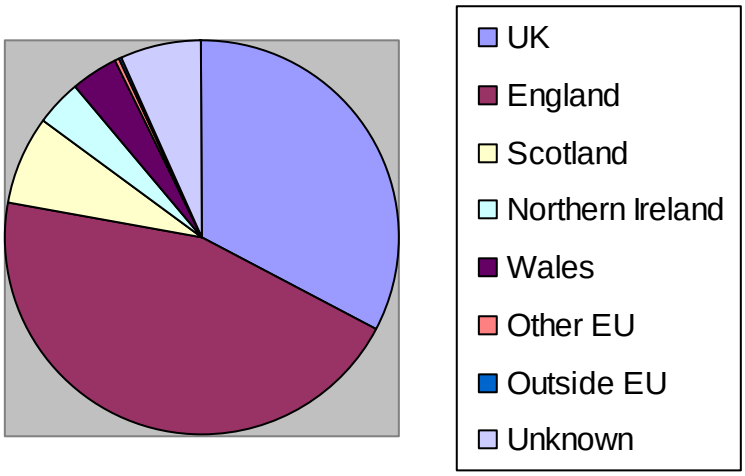
Responses were received from all four countries of the UK, from individuals and organisations in Scotland, Northern Ireland and Wales, including the Scottish Executive, the Welsh Assembly and the Department of Health, Social Services and Public Safety in Northern Ireland. (See Table 2 and Figure 3 for a breakdown of responses by country.)

Table 2: Number of individual responses received from each country*

Country	Number of responses received
UK*	287
England	395
Scotland	63
Northern Ireland	33
Wales	34
Other European Union country	4
Outside the European Union	2
Not specified / unknown	58

* As indicated by respondents. UK figure does not include all four countries. For responses received on behalf of organisations, this figure relates to the country which the organisation represents. Figures exclude the petitions.

Figure 3: Responses by country



3. Analysis of findings: overall support

The consultation document asked respondents three particular questions:

1. Do stakeholders support the principles upon which *Good doctors, safer patients* is based?

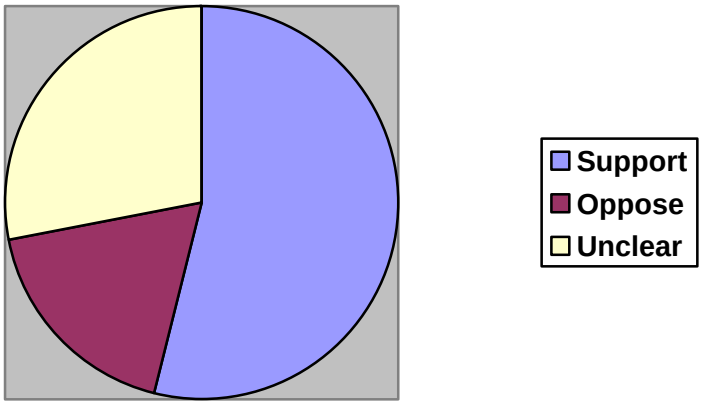
2. Do stakeholders support the approach advocated in the two reports?

3. What are the priorities for stakeholders in terms of implementation?

The majority of respondents did not specifically answer these questions, and instead focused on commenting on the 69 recommendations or the 12 themes of the two reports.

However, from analysing the content of the 876 individual responses received, we were able to establish that 465 (53%) overall supported the two documents and 161 (18%) opposed; 250 (29%) did not make it clear whether, overall, they supported or opposed the reports.

Figure 4: Level of overall support for *Good doctors, safer patients* and 'The regulation of non-medical healthcare professions'



In general, most respondents who answered the three questions above said that they **supported** the intentions of the reports:

- improving patient safety;
- harmonisation of regulation for all health professions;
- stronger management of fitness to practise at local levels;
- more co-ordination of actions between regulators, employers and other related bodies;
- clarification of the standards expected of health professionals.

4. Analysis of findings: general points

Some common *general* points were raised in the responses to the consultation.

- Many respondents commended the CMO and Department for undertaking such a large-scale review of the regulation of health professionals. They felt the reports were well-timed, given recent well-reported cases of malpractice by health professionals, and in particular the Shipman Inquiry. It was felt that the reform of medical and non-medical regulation would help satisfy the public that the Government holds public safety as paramount, and puts the needs of patients first:

  "The School welcomes this consultation document, given the concerns over the last few years amongst the public about the regulation of professionals in healthcare and the many 'failures' that have occurred in the health service which have influenced public confidence. The proposed changes in the regulation of health professionals, together with the current clinical and integrated governance agenda, provides a sound platform upon which patient safety can be further enhanced and the

quality of care individuals receive advanced."
(School of Health Science, University of Wales, Swansea)

"The practice of medicine has changed hugely in recent years. New knowledge, a greater therapeutic repertoire and the need to manage greater uncertainty during rapid change makes the job of the doctor more challenging and complex. The idea that a doctor can graduate and not be subject to review, appraisal and continuous [continuing] professional development is no longer tenable, if it ever was. Most health managers feel that most doctors agree on this. Any new regulatory framework must command the confidence of the public and many of the proposals offered by the CMO are likely to assist in this."
(Managers in Partnership)

- Many responses from the medical profession gave strong praise to *Good doctors, safer patients,* on the basis that it would provide a regulatory framework that is supportive of doctors' needs, and provide clear regulatory structures and standards within which they could confidently work. It was felt that not only would the recommendations help protect patients, but they would also help protect doctors from unnecessary bureaucracy and unjust investigations:

  "The report appears well researched and we welcome the move towards 'joined-up' processes as regards medical regulation. Protracted and unwieldy complaints procedures in the past have indeed threatened doctors' careers unnecessarily and failed to provide exoneration where appropriate. Beginning the regulatory process at a medical school level would also seem to provide a sensible way to teach such requirements, as well as to redirect those who can be predicted to struggle later in their careers. Likewise we recognise the benefit to the profession of a secure repository of 'soft information' so as to ultimately provide a fuller picture of a registrant's career. Furthermore, a move to retaining and rehabilitation, away from binary decisions of competence, provides a pragmatic method to support doctors and protect patients."
  (Churchfields Surgery)

- Many respondents thought it important that the Government's response to the two reviews brought the different perspectives and recommendations in the two reports into a more harmonised framework, which provided for greater consistency across the professional regulators.

  "It is disappointing to note that, despite the call for harmonisation and consistency from the Foster review, there is no cross-reference to its recommendations in the Donaldson report."
  (Scottish Executive)

  "The differences between the two reports make it difficult to respond to the questions and identified themes in a unified way. The Foster review

bases its recommendations on broad principles which can be applied by different regulators but where more work will need to be undertaken on the detail for implementation. In contrast, the CMO's review makes specific recommendations."
(Chartered Society of Physiotherapy)

- Comments from Scotland, Wales and Northern Ireland stressed the importance of ensuring that Government proposals resulting from the two reviews took proper account of the differences in health practice, governance and regulation in the Devolved Administrations:

  "Given that there are devolved powers in Scotland relating to the regulation of new professions, the regulation of counsellors and psychotherapists in Scotland should take account of the fact that there are bodies identified in the Foster review that do not exist in Scotland, eg the Healthcare Commission. The regulator's work in Scotland should also embody an understanding of the structural differences in Scotland with respect to social, education and health contexts."
  (Counselling and Psychotherapy in Scotland, COSCA)

  "How the proposals are implemented in Wales is therefore a specific concern for local health boards, which by their nature are much smaller than the proposed new arrangements for PCTs in England."
  (All Wales Local Health Board Medical Directors)

- Many respondents were concerned that the proposals in the reports should be properly adapted to the needs of patients, professionals and employers working in non-NHS settings:

  "Since a significant and growing proportion of patient care takes place in the private and voluntary sectors, it is vital that any regulatory reforms are designed to support a diversified healthcare sector. They cannot be driven solely by NHS demands."
  (Universities UK)

  In particular, many medical responses requested that the revalidation procedures proposed for doctors were adapted to encompass medics working outside the NHS, or in non-clinical practice. Many doctors spend a period of time working in non-clinical roles – for example, in the pharmaceutical industry or academia – or working abroad, where they do not have access to appraisal processes.

5. Analysis of findings: consultation themes

1. Changes to the governance and accountability of regulators	
In general, the recommendations relating to changing the governance and accountability of regulators were supported by the majority of respondents. Most of the individual health professionals and members of the public who responded did not express a strong opinion on this theme. The organisations that responded were mainly supportive, although a few professional bodies did not support changing the structure and election/appointment process of the regulatory bodies. A breakdown of responses from organisations is given below.	
Regulatory bodies	Strong support for greater accountability of regulatory bodies, accountability of General Medical Council (GMC) to Parliament, and the medical register being improved to include two tiers of information, and be the main source of information on doctors. The proposal to appoint, rather than elect, registrant council members was widely supported by regulatory bodies, except the General Osteopathic Council (GOsC), but there was concern that the appointment process should be fair, independent and free from government influence. The Royal Pharmaceutical Society of Great Britain (RPSGB) had concerns about a wholly appointed council. In general, the majority of the regulatory bodies also support having a balance of lay and registrant council members.
NHS	There was general support for all the recommendations relating to this theme, especially lay involvement in regulation.
Medical Royal Colleges	Supportive.
Patient and consumer organisations	Supportive.
Independent expert groups	Supportive.
Independent healthcare providers	Supportive, although there was some call from the Locum Doctors' Association to abolish the GMC altogether.
Government	Generally supportive. The Scottish Executive was concerned

bodies and organisations	about the medical register subsuming Performers Lists for primary care, as this is a devolved issue that they would like further opportunity to discuss.
Education	Generally supportive, though not commented on in detail.
Professional bodies and trades unions	Some opposition to having lay involvement in councils, and having an appointment process for council members rather than elections. The British Medical Association (BMA) expressed opposition to removal of Performers Lists.

2. The importance of defined, operationalised standards against which to regulate	
Strong support. Many responses quoted the GMC guidance 'Good Medical Practice' as a valuable document that goes some, if not all, of the way to identifying standards for the medical profession. Many non-medical responses supported having a common definition of 'good character', although they expressed concern about how easy this would be to do. A breakdown of responses from organisations is given below. The members of the public and individual professionals who responded on these recommendations were mainly supportive but did not comment in detail on this theme.	
Regulatory bodies	Not widely commented on but' where it was, there was support for having clear defined standards, with input from both the regulators and professional bodies.
NHS	Supportive.
Medical Royal Colleges	Strongly supportive, as long as standards are evidence-based. They were keen to be involved in setting and managing standards for specialist medicine. The Royal College of Physicians of Edinburgh also stressed the need to include lay members in the setting of standards for generic medical practice.
Patient and consumer organisations	Supportive.
Independent expert groups	Supportive.
Independent healthcare providers	Mixed. There was some opposition to having a single definition of 'good character' as proposed in 'The regulation of the non-medical healthcare professions'. It was felt that

	this was difficult to define clearly. The Federation of Independent Practitioner Organisations (FIPO) said that it felt current GMC standards are adequate.
Government bodies and organisations	Supportive.
Education	Supportive.
Professional bodies and trades unions	Supportive, and many wish to be involved in the standard-setting process.

3. The appropriate standard of proof in 'disciplinary' hearings

There was a mixture of responses to the proposal to change the standard of proof used when adjudicating about a doctor's performance, health or conduct, to the 'balance of probabilities' (civil) – rather than 'beyond reasonable doubt' (criminal) – standard. Although this proposal was put forward only in *Good doctors, safer patients*, many of the non-medical professions also commented on this proposal, with strong support for applying a common standard across all healthcare professions.

Some individual doctors – especially general practitioners (GPs) – expressed opposition to this recommendation, on the basis that they felt it would put the livelihoods of doctors at risk on the balance of probability.

Members of the public expressed strong support for the change to the standard of proof, as this was felt to offer better safeguards for patients.

Most organisations supported the change, but with appropriate flexibility built in, to allow for more stringent standards to be applied in more serious fitness to practise cases. The following quote from NHS Employers sums up the overall feeling:

"Whilst there was support for the application of the civil standard of proof, there was a minority view that this could result in injustice to doctors. There was a view that there should be consistency amongst regulators. We recognise that practitioners can be faced with a number of different investigations each with a differing standard of proof, and that different professionals can be subject to different standards of proof by regulatory bodies investigating a single incident. We believe that the standard of proof should be appropriate to the level of sanction, with a higher standard applicable to erasure from the register than to a warning or the imposition of conditions on future practice, and that standards should be consistent across regulators. In these circumstances a crude distinction between 'civil' and 'criminal' standards seems simplistic." (NHS Employers)

A breakdown of responses from organisations is given below.	
Regulatory bodies	Support for having the same standard for all professions. Majority support for using the 'balance of probabilities', but, where cases could cause professionals to lose their livelihood, would like to be able to be able use a sliding scale of probability. Only the General Optical Council (GOC) opposed any change to current arrangements.
NHS	Support for the 'balance of probabilities' to be used, but with a sliding scale for cases with serious consequences.
Medical Royal Colleges	Majority support for using the 'balance of probabilities' in less serious cases, but wish to maintain 'beyond reasonable doubt' in more serious cases in which a doctor's livelihood is at risk. There was stronger opposition from the colleges in Scotland – on the basis that they would prefer to debate this further.
Patient and consumer organisations	Support.
Independent expert groups	Generally supportive.
Independent healthcare providers	Oppose.
Government bodies and organisations	Support.
Education	Not greatly commented upon, but supported where it is discussed.
Professional bodies and trade unions	Strong opposition from some individual GPs, local medical committees, the BMA, and some other medical professional bodies. *Pulse* magazine sent in a petition with 1,065 signatures opposing this recommendation. They were opposed on the grounds that it would result in doctors being less likely to raise concerns about the fitness to practise of colleagues, and there could be more likelihood of the innocent losing their livelihood. Non-medical professional bodies sent in mixed responses.

4. Proposals for a 'spectrum of revalidation' across all clinical professions
The proposals relating to revalidation for health professionals in both reports

were generally supported by most respondents. There was overall praise for CMO's proposal of separating relicensure and recertification for doctors, although concern was expressed about the applicability of this for doctors working outside the NHS or in specialties which were not easily assigned to a single medical Royal College. There was a strong call from all professions to undertake further discussion with professional bodies, NHS and regulators before deciding on a definite process.

There was some moderate opposition from professional bodies, education and the NHS to basing revalidation on the current NHS appraisal systems, and for non-medical professions the Knowledge and Skills Framework (KSF). The proposal to include explicit judgements about performance in appraisal was also opposed by some who thought the appraisal process should be formative. Some appraisers said they would feel uncomfortable using this process for managing performance.

There were mixed views on the proposal to introduce special registration procedures for retiring doctors, and many supported the setting-up of a working group to consider this in further depth.

There was strong support within all groups for the remedial and rehabilitative approach to supporting doctors who fail to satisfy the requirements for revalidation.

There was also strong support for clinical audit programmes, although some medical Royal Colleges in Devolved Administrations would prefer a local clinical audit rather than a national advisory group.

There was a mixed response to 360-degree appraisal. There was concern about general opposition to using an independent body to create a process for the NHS. Some Royal Colleges offered their experience of using this tool.

A breakdown of responses from organisations is given below.

Regulatory bodies	Generally support. The Nursing and Midwifery Council (NMC) enquired why the five-year period had been proposed, and would prefer a shorter revalidation period. There was some call for the process to follow clear standards and to face regular audit. The Health Professions Council (HPC) said that it would welcome further research into revalidation for non-medical professions, as it felt the case had yet to be made. It was concerned about combining the formative process of appraisal with the summative assessment of revalidation.
NHS	Generally support. Most organisations supported the principles of revalidation for all health professionals, although concern was expressed about the resource

	implications of the proposed systems, especially 360-degree appraisal. The British Association of Medical Managers (BAMM) raised concerns about duplicate assessments for recertification with individual Royal Colleges for doctors working in multiple specialism roles: "*A single form of assessment of medical management skills, knowledge and behaviours against a nationally agreed set of standards across all specialties could present a sensible way forward."* (BAMM).
Medical Royal Colleges	Support. Strong support for separate relicensure and recertification, and for a medical Royal College role in this process. Some concerns were expressed about resources to deliver this.
Patient and consumer organisations	Support.
Independent expert groups	Support.
Independent healthcare providers	Support the principle of revalidation, but felt that the systems proposed in the two reports did not sufficiently take into account professionals working in private practice, and requested these recommendations should be reworked to ensure they cover this group of professionals.
Government bodies and organisations	Support.
Education	Support, but with reservations about cost, and would like appraisal to remain a separate process for formative purposes.
Professional bodies and trades unions	Support from both medical and non-medical professions, but with reservations about applicability to private, voluntary and non-clinical health professionals.

5. Devolution of some regulatory activity to a local level
There were 25 recommendations in the two reports relating to local involvement in regulation. Most respondents did not comment on all recommendations, choosing instead to discuss the theme of 'local regulatory activity' in general terms rather than specific proposals. **Adjudication:** Overall, there was a preference for keeping the responsibility for adjudication in fitness to practise cases with the regulatory bodies, but having an independent shared panel working to common standards to carry out this function, and improve independence. For doctors, a number of respondents expressed a preference for the separation of adjudication from

the GMC.

Employer-led regulation: There was almost unanimous support for increasing the role of local employers in the regulation of health professionals, but respondents were concerned about the proposal to establish a network of GMC Affiliates at local organisational level and preferred to pilot more affordable arrangements that enhanced and supported the relationships between local employers and the national regulator.

A number of respondents were concerned about how locums and health professionals working outside the NHS would be subject to employer-led local regulation.

Support systems: The majority of respondents who commented on the recommendation relating to a role for the National Clinical Assessment Service (NCAS) in supporting doctors with addiction or mental health problems supported this idea.

Within the non-medical professions there was support for 'The regulation of the non-medical healthcare professions' recommendation relating to a single portal of advice and complaint.

A breakdown of responses from organisations is given below.

Regulatory bodies	Partially supportive. There was a mixed response to having a separate independent adjudication process. 'The regulation of the non-medical healthcare professions' presented the option of having an adjudication panel, under the control of regulators, but shared panellists working to common standards. This appeared to be the approach preferred by the majority of the regulatory bodies. Support for stronger links between local employer and regulatory bodies, but opposition for affiliates. Some concern about greater involvement at a local level or of a national body – such as the Healthcare Commission–- leading to inconsistency in management of fitness to practise.
NHS	Strong support for increasing independent adjudication but no clear preference for the process. Concerns were expressed about the local model of GMC Affiliates. Some NHS trusts, NHS employers and BAMM felt that this role would duplicate the role of medical directors.

Medical Royal Colleges	Generally supportive in principle, but do not make detailed comments on the specific recommendations relating to this theme. The Royal College of General Practitioners (RCGP) said: "*agree there should be strengthening of the relationship between professional regulator, the GMC and the NHS through its local clinical governance processes."* In particular, the medical Royal Colleges support separate adjudication function from the GMC.
Patient and consumer organisations	Support, although concerns were expressed about appropriate arrangements for PCTs to have access to patient records.
Independent expert groups	Generally supportive in principle, but require further clarification of how the proposals would work in practice.
Independent healthcare providers	Mainly oppose. Support for a greater role for NCAS in supporting professionals with addiction and mental health problems, but would like to see NCAS's remit extended to the private sector.
Education	Support. *"Regulation at a local level could provide benefits and offers the potential for much earlier detection and resolution of problems, as well as a 'de-layering' of processes."* (Universities UK)
Professional bodies and trades unions	Mixed. Generally support closer links between employer and regulator, but did not comment in great detail on specific recommendations. Support for a single portal of complaints. The BMA was opposed to having Affiliates and an independent tribunal. Other respondents in this group were happy with having a separate adjudication panel, although there were some concerns about the Council for Healthcare Regulatory Excellence (CHRE) having a role in the organisation of this panel.

6. The number of regulators for the non-medical professions

The majority of respondents who commented on the three recommendations linked to the number of regulatory bodies for the non-medical professions supported them.

There was general support for new professions coming under the regulation of one of the existing bodies, as opposed to setting up a new one. However, there was mixed acceptance as to whether the HPC would be suitable for all new professions.

Although not widely commented on, the recommendation to amalgamate the Pharmaceutical Society of Northern Ireland (PSNI) with the Royal Pharmaceutical Society of Great Britain (RPSGB), and separate the RPSGB's regulatory and professional functions, was generally supported.

Similarly, the proposal to review the number of regulators in 2011 was widely supported.

A breakdown of responses from organisations is given below. Members of the public did not comment widely on this theme.

Regulatory bodies	Support, except the PSNI which wishes to remain separate from the RPSGB to maintain a local focus.
NHS	Not commented.
Medical Royal Colleges	Not commented.
Patient and consumer organisations	Support.
Independent expert groups	Support.
Independent healthcare providers	Support
Government bodies and organisations	Support.
Education	Many not commented, but where they have they support.
Professional bodies and trades unions	Generally supportive, although Royal College of Midwives argued that the HPC is not always the most appropriate 'home' for newly regulated professions. Sometimes the NMC or RPSGB would be more suitable. Most of the psychological therapies professions oppose the recommendation relating to regulation of new professions, on the basis that they would prefer their own 'Psychology

	Professions Council' to the regulation of the HPC.

7. The requirement to record post-registration qualifications	
This recommendation was not widely commented on, but the majority of respondents who did comment supported it and made the point that a clear definition was needed as to which qualifications are related to patient safety. A breakdown of responses from organisations is given below.	
Regulatory bodies	Support.
NHS	Not widely commented on, but supported when it is.
Medical Royal Colleges	Not widely commented on, but supported when it is.
Patient and consumer organisations	Not widely commented on, but supported when it is.
Independent expert groups	Not widely commented on, but supported when it is.
Independent healthcare providers	Not widely commented on, but supported when it is.
Government bodies and organisations	Not widely commented on, but supported when it is.
Education	Support.
Professional bodies and trades unions	Support.

8. The role of regulation for student health professionals
The proposal to introduce 'student registration' with the GMC was supported: *"This will help to reinforce professional behaviour and would support the work of the universities in assuring students are professionally fit for practice."* (Universities UK) A number of responses from non-medical professionals opposed the idea of student regulation for non-medical student health professionals, on the basis that adequate supervisory procedures were already in place, or that the students of that profession do not undertake any potentially dangerous clinical practice on patients.

A breakdown of responses from organisations is given below.	
Regulatory bodies	Support. PSNI opposed the recommendation on the basis that student pharmacists must currently undertake a pre-registration year prior to acceptance on the register, and they believe this is an adequate safeguard.
NHS	Support.
Medical Royal Colleges	Support.
Patient and consumer organisations	Support.
Independent expert groups	Not widely commented on, but supported when it is.
Independent healthcare providers	Not widely commented on.
Government bodies and organisations	Support.
Education	Support, but concern that it should not be regarded as an alternative to university systems for maintaining fitness to practise.
Professional bodies and trades unions	Mainly support, although some non-medical professionals feel it is inappropriate for them as their students do not come into contact with patients. Concern that it should not increase financial burden on students.

9. The need for standardised pre-employment English-language testing
There was overwhelming support from individual health professionals, members of the public and organisations for ensuring all health professionals have the necessary English-language skills to practise safely. The majority of respondents also supported the introduction of a national exam for medical practitioners to ensure they have the necessary skills – including communication – prior to initial registration. However, there was some concern from individual doctors that this would add to the financial burden on medical graduates applying for their first registration. There was also some opposition from educational establishments which felt

the introduction of an examination could lead to rote learning:

"There are concerns that a national examination would stifle innovation and encourage rote learning rather than detailed enquiry of benefit to patients. The logistics and cost of implementing such an exam are daunting and should not be underestimated.
An alternative approach would be to encourage medical schools to continue to work together to ensure that exams are of a comparable standard."
(Council of Heads of Medical Schools)

The European Commission considered that these proposals may violate European Union laws regarding recognition of qualifications, and requested further discussion with the Department prior to implementation.

A breakdown of responses from organisations is given below.

Regulatory bodies	Support, although some opposition to testing UK medical school graduates.
NHS	Support, but would like to see additional language tests introduced for situations in which languages other than English are also of benefit.
Medical Royal Colleges	Support.
Patient and consumer organisations	Support. Should apply to both NHS and non-NHS professionals.
Independent expert groups	Support.
Independent healthcare providers	Support.
Government bodies and organisations	Support.
Education	Support language testing. Some oppose national exam.
Professional bodies and trades unions	Support but not for UK citizens or graduates of UK medical schools. Concern about added cost for professionals.

10. Extending the role of regulation to include support workers and new roles in healthcare

The recommendations linked to extending regulation to include these additional professions were generally supported by respondents. Strong support was given for learning from the Scottish pilot into employer-led regulation of support workers, although a minority of professional bodies and

individual professionals opposed this on the basis that professionals in private practice have no employer.

Some responses expressed concern over cost of registration for professionals working in these roles.

The majority of responses supported placing these newly regulated professions under one of the existing regulators, although there was concern from some respondents that this should not automatically be the HPC, as it would be more appropriate to regulate the new professions under the regulator of the profession they are most closely affiliated with.

A breakdown of responses from organisations is given below.

Regulatory bodies	Support
NHS	Not widely commented on, but supported when it is.
Medical Royal Colleges	Not widely commented on, but supported when it is.
Patient and consumer organisations	Support.
Independent expert groups	Not widely commented on, but supported when it is.
Independent healthcare providers	Not widely commented on, but supported when it is.
Government bodies and organisations	Not widely commented on, but supported when it is.
Education	Not widely commented on, but supported when it is.
Professional bodies and trades unions	Mainly supported, although opposition from some psychological therapies' bodies and professions complementary to medicine. Some opposition to employer-led regulation as many non-medical professionals have no employer, being based in private practice.

11. The importance, or otherwise, of a lay majority on the governing bodies of the various regulators

The recommendations that relate to a lay majority, and the appointment of members of councils, as presented in 'The regulation of the non-medical healthcare professions', received a mixed response.

Most respondents acknowledged the importance of lay representation in regulation, but preferred a balance of lay and registrant council members, or a professional majority of one.

The majority supported the appointment of registrant council members.

There were very few comments supporting or opposing the changes to the membership of CHRE's council.

A breakdown of responses from organisations is given below.

Regulatory bodies	Mainly support.
NHS	Not commented on widely.
Medical Royal Colleges	Mixed response, though not commented on widely.
Patient and consumer organisations	Support.
Independent expert groups	Support.
Independent healthcare providers	Not commented on widely.
Government bodies and organisations	Support.
Education	Supported, though not commented on widely.
Professional bodies and trades unions	Mixed. Most respondents acknowledged the importance of lay membership, but would like a balance of lay and registrant council members, or a professional majority of one. Some respondents said it was important to ensure that the balance of registrant council members on the HPC council reflected the number of professions covered by the HPC.

12. Ensuring co-ordination of all stages of medical education in a single body

There was significant opposition to the recommendation in *Good doctors, safer patients* to pass the responsibility for setting the undergraduate medical curriculum, and for inspecting and approving medical schools, from the GMC to the Postgraduate Medical Education and Training Board (PMETB).

The recommendation to pass responsibility for the Professional and Linguistic

Assessments Board (PLAB) to PMETB was also opposed.

Respondents often argued that PMETB was a new and unproven organisation, whereas, the GMC's review teams were well regarded by universities. Many respondents proposed instead to strengthen formal linkages between GMC and PMETB, or abolish PMETB and place all medical education within the remit of the GMC or a new body.

"We support the principle of seamless regulation and planning of undergraduate and postgraduate education and believe there are benefits in having a single regulatory body that oversees all medical education. PMETB has yet to prove itself with postgraduate education and we are unsure of the capability of PMETB to take on this function in the foreseeable future. Given the clear links between education, training and regulatory standards it seems logical for an independent and reformed GMC, through its statutory Education Committee, to retain responsibility for medical undergraduate education."
(Academy of Medical Royal Colleges)

A breakdown of responses from organisations is given below.

Regulatory bodies	Oppose move to PMETB. GMC PLAB board responded that it is also important that PLAB remain closely linked to the registration process in the GMC.
NHS	Oppose move to PMETB.
Medical Royal Colleges	Oppose move to PMETB.
Patient and consumer organisations	Not commented.
Independent expert groups	Not widely commented on, but generally oppose move to PMETB.
Independent healthcare providers	Generally oppose move to PMETB, but not commented widely.
Government bodies and organisations	Oppose move to PMETB. Support the principle of having one body managing education, but concern that PMETB lacks the ability.
Education	Oppose move to PMETB.
Professional bodies and trade unions	Oppose move to PMETB.