Royal College of Nursing

Royal College of Nursing's response to the General Medical Council's (GMC) Consultation on Credentialing

1) Why are credentials needed?

This is for comments about 'A case for change' in the framework and 'Why we are introducing credentials' as well as 'Impact and issues'. Also whether credentials will enable flexibility, support necessity for change, opportunity for doctors and other thoughts.

RCN response:

In essence we are supportive of this approach and the collaboration across UK through UKMERG to ensure strategic oversight & development of "credentials" for doctors.

The Royal College of Nursing is a membership organisation with approximately 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets. As the voice of nursing across the UK we are the largest professional union of nursing staff in the world. Our members work in a variety of hospital and community settings in the NHS and the independent sector. We promote patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

2) Defining a Credential

This is for comments on whether we have described credentials clearly, if an alternative word should replace 'credentials' and any other thoughts.

RCN response:

It will be essential to ensure terminology is appropriate and consistent across professions. For example "approved training component" may cause some confusion between this and existing training pathways. Credentialing is clearly separate and is terminology already used by and understood by the nursing profession.

Definitions need to be consistent and it is important to consider if credentialing is a curriculum or recognition of expertise in a particular area of practice that may have been achieved by following a specific programme of study.

It is unclear who will be facilitating the credentialing process. Will the GMC record the attainment of a credential on the List of Registered Medical Practitioners (LRMP) whilst professional bodies/ colleges will develop and lead the credentialing process?

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3) Criteria and threshold for credentials

This is for comments on ‘Identifying credentials’ in the framework. Whether criteria right, balancing the criteria correctly and risk threshold.

RCN response:

Will existing advanced trainees or post CCT doctors be expected to credential? Could this be an inclusive element in revalidation?

How will credentialing be comparable to existing certification schemes e.g. Royal College of Surgeons of England certification for cosmetic surgeons?

Further information/clarity is needed on the risk test to determine if there is a patient safety issue. Will the colleges be involved/ lead if the proposed credential is relevant to them?

We welcome the priorities mentioned such as cosmetic surgery. Collaboration across the sector will be essential including related stakeholders e.g. the newly created Joint Council of Cosmetic Practitioners (JCCP).

4) Engaging on the framework for credentials

This is for comments on regulating credentials and how GMC proposes regulation of credentialing. Also if approving credentials as part of post graduate training pathway is right and whether should be recognised on the registered medical practitioners.

RCN response:

Will doctors only need to credential once or will this be an ongoing process to ensure competence is maintained (e.g. revalidation) – this is not currently consistent with other areas of clinical practice which follow a standard training pathway.

Other health care professionals such as nurses who credential to recognise their expertise and level of practice attained are required to renew their credential every three years which is usually in keeping with revalidation timescales.
https://www.rcn.org.uk/professional-development/professional-services/credentialing

5) A phased approach to implementation

This is for comments regarding implementation plan

RCN response:

The plan appears realistic and flexible to allow the process to evolve.

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6) **Supporting flexibility in training in other ways**

This is for comments on ‘other developments to support flexibility’ such as endorsing training modules in post graduate curricula and whether QA processes for additional skills areas add value.

RCN response:

We see that there are various commissioning pathways which the credential could go through. Will a national standard be met or will the credential be subject to local policies and governance? There could be quality assurance variations if certain training pathways are not consistent. It is essential that there is clarity with consistent specifications especially regarding what credentialing is and how it is attained.

7) **Any other comments**

RCN response:

The supplementary information includes recognition of multiple-professional clinical practice, we acknowledge that this is often at advanced or consultant level, enhancing patient journeys and outcomes.

As a professional body we have an Advanced Level Nursing Practice Credentialing Programme and have published Advanced Practice Standards for Nurses: https://www.rcn.org.uk/professional-development/advanced-practice-standards

Whilst we welcome that you identify that you will consult with regulators where there is overlap of medical credentials however it should also be noted that professional bodies lead the credentialing process. We welcome working with other colleges/ professional bodies where there is a need for multi-professional credentialing however regulation must be through existing professional regulators. We would not be supportive of the GMC regulating nurses and there would need to be collaboration between regulators.

We would be happy to discuss this further and share learning from our introduction of the credentialing process.

We feel it is important that there is standardisation and recognition of expertise across professions. It is now common place to have different health care professional groups (including doctors) leading clinical pathways and practicing as part of multi-professional clinical rotas.

We believe that there should be equity of the governance and assurance of credentials across professionals with the emphasis on scope of practice and skills competence. For example if a patient required a chest drain inserted the clinician responsible for this should have the same assessment of competence regardless of setting (e.g. Emergency Department or Respiratory Ward) or profession (e.g. doctor or Advanced Clinical Practitioner often a nurse or paramedic).

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Member consultation: ANP forum committee & online portal. One detailed response from committee member and one from member via online portal. Both responses incorporated into draft.