EXPLANATORY MEMORANDUM TO

THE GENERAL AND SPECIALIST MEDICAL PRACTICE (EDUCATION, TRAINING AND QUALIFICATIONS) AMENDMENT ORDER 2009

2009 No. 1846

1. This Explanatory Memorandum has been prepared by the Department of Health and is laid before Parliament by Command of Her Majesty.

2. Purpose of the instrument

2.1 This Order amends the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (S.I. 2003/1250) ("the 2003 Order"), which, amongst other matters, implemented European Community obligations contained principally in Council Directive 93/16/EEC (OJ No. L165, 7.7.93, p.1) relating to the training of specialist doctors and mutual recognition of their qualifications. That Directive was replaced by Directive 2005/36/EC (OJ No.L255, 30.09.2005, p.22), as amended by Council Directive 2006/100/EC (OJ No.L363, 20.12.2006, p.141)).

3. Matters of special interest to the Joint Committee on Statutory Instruments

3.1 None

4. Legislative Context

4.1 Article 2 of this Order adds the specialties of Acute Internal Medicine ("AIM") and Community Sexual and Reproductive Health ("CSRH") to the list of specialties in which the Postgraduate Medical Education and Training Board ("the Board") can award a Certificate of Completion of Training ("CCT"). A CCT is the qualification awarded by the United Kingdom competent authority (currently the Board) when the necessary training has been completed in a medical specialty.

4.2 That article also creates two new separate specialties: Medical Microbiology and Medical Virology and removes the specialty of Clinical Cytogenics and Molecular Genetics from the list of specialties.

4.3 It achieves both of these things by amending Schedule 3 to the 2003 Order, which contains a list of all the specialties in which the Board can award a CCT.

4.4 Article 3 is a saving provision whereby those still training for a CCT in Medical Microbiology and Virology when article 2 comes into force will still be able to be awarded a CCT in that specialty.

5. Territorial Extent and Application

5.1 This instrument applies to all of the United Kingdom.

6. European Convention on Human Rights

As the instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

7. Policy background

- ***What is being done and why***

7.1 The addition of the new specialties in AIM and CSRH, follows a positive response to consultation of key medical, public health and other relevant stakeholders undertaken by the Secretary of State for Health on the need for these two new specialties.

7.2 The initial proposal for AIM came from the Joint Royal Colleges of Physicians Training Board supported by the Board, the Specialty Advisory College in General Internal Medicine and the lead Dean. There is a current specialty in general internal medicine (GIM) and although there are a few trainees training in the subspecialty of acute medicine, the present content of the GIM acute curriculum has significant acute medicine emphasis. This has resulted in a mismatch between what is best for patients and service in terms of clarity, skills and qualifications and the present CCT in GIM. In addition, as GIM is a widely recognised specialty in Europe, the present curriculum is at odds with that applying in the rest of Europe. The GIM curriculum has been revised to reflect the greater emphasis on long term conditions, this specialty remains in this Order. So service and employers will have the GIM CCT, the acute medicine subspecialty, and the new specialty AIM as potential outcomes ensuring fitness for purpose. This development is supported by the Board**.**

7.3 There is therefore a need for employers, commissioners, and most of all patients to be clear that the doctor employed and dealing with acute medical problems has a specialty in that discipline. Therefore, as certification and revalidation are implemented, there is need for doctors to have a certificate in the relevant specialty.

7.4 The initial proposal for CSRH came from the Royal College of Obstetricians and Gynaecologists and its Faculty of Sexual and Reproductive Healthcare and is supported by the Board. The Royal College and Faculty have good evidence to suggest the rapidly expanding field of sexual and reproductive health ("SRH") care outside that of the existing subspecialty training programme is currently unable to meet the workforce needs of SRH services both in terms of numbers and content. The rapidly expanding field of SRH care outside hospitals requires a significant expansion in the elements of SRH training to equip the NHS to deliver key targets as outlined in the National Strategy for Sexual Health and HIV, Teenage Pregnancy Strategy, Chlamydia Screening Programme and Choosing Health

7.5 The benefits of developing an independent specialty status for SRH include:

7.5.1 improving provision of timely, accessible and convenient services with particular consideration of the benefits of integrating services for contraception, abortion and sexually transmitted infections;

7.5.2 having clinicians equipped with skills to forge partnerships and lead multidisciplinary teams to improve health, tackle social inequalities and increase the quality of care and support for vulnerable people;

7.5.3 improving public health campaigns with a broader sexual and reproductive health focus.

7.5.4 spreading good practice in sexual health care delivery by supporting primary care and other related health care providers with particular emphasis on client safety, risk management, training and governance.

7.5.5 making more effective use of NHS resources by allowing senior clinicians within the United Kingdom with experience and skills in SHR to apply for equivalence assessment currently under article 14(4) of the 2003 Order.

7.6 The initial proposal to develop a new specialty in Medical Virology came from the Royal College of Pathologists supported by the Board who have requested that Medical Virology becomes a new specialty in its own right so that the legislation reflects current practice. The Royal College of Pathologists workforce data indicates that it has been a specialty in its own right for a number of years and in practical terms, this clearly indicates the current need for the legislation to recognise this, the long-term commitment to resourcing and supporting it and the ability for medical virology to be delivered effectively. The supporting infrastructure is already in place with a sustainable demand recognised, not only because of the essential role of virologists in managing diseases such as HIV, hepatitis B and C, but because of the involvement of Medical Virology in the proposed training model for the infection specialties.

7.7 Currently in place is the joint but single CCT specialty Medical Microbiology and Virology, so consequently, the above proposal results in the recognition of Medical Microbiology as a new specialty.

7.8 The decommissioning of the specialty of Clinical Cytogenics and Molecular Genetics follows instructions from the Royal College of Pathologists, supported by Board. This is because a new curriculum was not submitted to the Board for approval to accompany the introduction of the new Modernising Medical Careers specialty training programmes in August 2007, there are currently no trainees in this specialty and there have not been any for some time.

- ***Consolidation***

7.9 Once legislation is in place the appropriate College or Faculty will submit their curriculum to the Board for approval. Once approved, decisions will be taken locally on the creation and funding of training posts in the new specialties.

8. Consultation outcome

8.1 In line with the protocols for Developing Specialties in Medicine and on behalf of the four UK Health Departments, Department of Health England carried out a formal two stage consultation on the new specialties of AIM and CSRH, applications having been made to the Department by the relevant Royal College or Faculty for these new specialties to become law.

8.2 The first stage of the process is consultation which sets out the evidence supporting either a service need or a notional need for the proposed new specialty. It must also test the basic educational requirements for the new specialty.

8.3 The outcomes of the first stage consultation for both AIM and CSRH were supportive. However, further clarification was needed about the differences between AIM (the proposed new specialty), Acute Medicine (the current subspecialty) and GIM a current specialty. How links between primary and secondary care would be affected and the effects of a new training programme on the workforce. The Department and the Board confirmed that second stage of the process could take place, with the proviso that the AIM application addressed the concerns raised at stage one.

8.4 The second stage of the process is consultation which must provide details on the development of proposals for implementation. There were only five responses, all in support of the CSRH stage two application. Respondents were generally supportive of the AIM second stage application. However, one respondent said there needed to be greater clarity regarding the respective roles of Emergency Medicine and AIM specialties and three correspondents raised issues about the proposed curriculum. Approval of the curriculum is outside of the scope of this legislation and the responsibility of the Board. The above comments have however been forwarded to the Board for their consideration.

8.5 A first stage consultation was carried out on the two new separate specialties of Medical Virology and Medical Microbiology. As this change provides legal recognition of two different areas of practice for which there is already an established service need and curriculum, the Board considered that there was no need for further consultation as set out in stage 2 of the protocols.

8.6 No consultation was carried out on the decommissioning of the specialty of Clinical Cytogenics and Molecular Genetics as it was not felt necessary, given the reasons for its decommissioning set out in paragraph 7.8 above.

9. Guidance

9.1 Not applicable.

10. Impact

10.1 The impact on business, charities or voluntary bodies is nil.

10.2 The impact on the public sector is to help meet NHS service needs through the appropriate recognition and training of qualified doctors.

10.3 An Impact Assessment has not been prepared for this instrument as it is below the threshold of £20 million pounds, it does not effect business, charities or voluntary bodies and it is non controversial. However, consultation has been carried out with all the relevant stakeholders.

11. Regulating small business

11.1 The legislation does not apply to small business.

12. Monitoring & review

12.1 Not applicable.

13. Contact

13.1 Wendy Russell at the Department of Health Tel: 0113 254 5856 or e-mail: wendy.russell@dh.gsi.gov.uk can answer any queries regarding the instrument.