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House of Commons
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Primary Care report

Following our meeting on 9 June, I thought it might be helpful to set out our initial reflections to the Health Committee's report on Primary Care.

First, we were pleased to see the Committee's support for the regulation of physician associates. We have made it clear that if the four governments of the UK asked the GMC to take on this role, we would give it serious consideration. It remains unclear however, whether the GMC, Health and Care Professions Council or some other body would be best suited to regulate this group. We co-hosted a session with the Health and Care Professions Council in early May to explore some of these issues and hear the views of interested parties.

The report places an expectation on the Department of Health to draft proposals within the next 12 months for the regulation of physician associates. In the meantime we will continue to work with our key partners to determine how best to approach this issue and would be happy to discuss it further with you whenever suits. Whether there is any legislative time for such a change remains to be seen.

Secondly, the Committee's report highlights the importance of our joint working with NHS England and the CQC to reduce the regulatory burden in primary care. As you know we have been working closely with both organisations to streamline reporting requirements, and will continue to explore ways to take this further both in primary care and across the wider healthcare system.

Finally, the Committee states that the GMC should hold medical schools to account if they do not adequately cover primary care or if they fall behind in the number of graduates who are choosing GP training. While we agree on the importance of making sure more doctors are attracted to general practice, we have no role in

managing the workforce and it would not be appropriate and we have no powers to censure or sanction medical schools that produce fewer GPs.

Furthermore our legal powers to hold medical schools to account in relation to their teaching of primary care are, in practice, limited. The only regulatory lever available would be the withdrawal of accreditation from the relevant medical school and there would only be limited circumstances in which that would be a proportionate and therefore lawful response to such a concern.

However, we certainly do encourage medical schools to promote general practice to their students. We are also publishing data, which shows the proportion of students from each school who are entering different specialties (including general practice). We will consider whether there is more we can do as we review the outcomes we require graduates to meet, and start to develop the blueprint for our proposed Medical Licensing Assessment (MLA).

In England, the statutory responsibility for the provision, via education and training, of sufficient numbers of suitably qualified health care workers lies with Health Education England. Our role is to set the standards of post graduate training and approve curricula, training posts and GP trainers.

I hope this is helpful. We would be happy to discuss any of these issues further if you or the Committee would find that helpful.



Niall Dickson