International Journal of Surgery 36 (2016) S10–S13

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.journal-surgery.net

Editorial

Credentialing in surgical specialities: Recommendations by the Association of Surgeons in Training

Keywords:
Surgical training
Surgery
Education
Credentialing

A B S T R A C T

The General Medical Council (GMC) has conducted a consultation process on its proposals for "credentialing" in postgraduate medical practice in the UK. It has been suggested that these may be used to provide formal accreditation of a doctor's competency in a certain area of practice. There are 5 main issues being consulted upon: (a) the time point in a doctor's career at which credentialing should be undertaken, (b) the scope of practice that should be included in credentials and whether this should include any competency already accredited by a Certificate of Completion of Training, (c) the funding source for the credentialing process, (d) the bodies that are entitled to award a credential, and (e) who exactly should be eligible for a credential. The Association of Surgeons in Training has commented on each issue and made recommendations to the GMC. One area of practice that has already begun a regulation process is Cosmetic Surgery, in response to the lack of defined standards and a clear training pathway. Both the GMC and Royal College of Surgeons of England have now published standards in this area and will come into effect in 2016. The impact of these on surgical training is discussed.

1. About ASiT

The Association of Surgeons in Training (ASiT) is a professional body and registered charity working to promote excellence in surgical training for the benefit of junior doctors and patients alike. With a membership of over 2700 surgical trainees from all 10 surgical specialities, the Association provides support at both regional and national levels throughout the United Kingdom and Republic of Ireland. Originally founded in 1976, ASiT is independent of the National Health Service (NHS), Surgical Royal Colleges, and specialty associations.

2. Introduction

The General Medical Council (GMC) has outlined its plans for credentialing in postgraduate medical practice across the United Kingdom. The GMC has defined credentialing as 'a process, which provides formal accreditation of competences (which include knowledge, skills and performance) in a defined area of practice, at a level that provides confidence that the individual is fit to practise in that area … ' [1]. The GMC has outlined that credentials will be recorded against an individual's entry on the List of Registered Medical Practitioners [1].

3. Proposals made by the general medical council and how they affect surgical trainees

3.1. Time point for credentialing

The proposals suggest that a credential will be 'comparable to the level of competence expected of a doctor who has completed formal postgraduate training, but not across the same breadth of practice.' [1]. ASiT has significant concerns that credentialing may result in doctors with only partial training in a specialty and that those doctors may be ill-equipped to cope with complex cases or complications that unexpectedly arise.

It is essential, therefore, that credentials do not include any skill or competency already included in a surgical specialty training

http://dx.doi.org/10.1016/j.ijsu.2016.09.078

curriculum leading to an award of Certification of Completion of Training (CCT).

3.2. Scope of credentials

Staff and associate specialist (SAS) doctors work in a setting that has consultant oversight; this can be a safe, appropriate and accountable system. Patient safety should remain paramount; therefore ASiT would not support any introduction of a clinical credentialing system that allows doctors to practice without the full range of skills covered by a CCT, or equivalent.

Furthermore, we would strongly oppose the tiered credentialing system proposed by the GMC. This system suggests that there may be a number of "levels" to which a doctor can credential in a certain area, gaining increasing responsibility at each level. Recent studies have demonstrated that patients find the array of titles assigned to doctors confusing [2]. A goal of the credentialing process is to ensure that patients can be treated safely and provide informed consent. To do so requires the knowledge that the professional overseeing a procedure is appropriately trained to do so. The introduction of a tiered system may add further potential for misunderstanding in the process of informed consent. It is contradictory to the statements in the GMC consultation document that credentialing would introduce "certainty for patients … about those practicing autonomously," and maintain "public confidence that patients are protected" [1].

Avoiding the use of clinical credentials in areas already covered by a CCT would alleviate the aforementioned concerns. ASiT recognises, however, that there are potential clinical areas that are not fully defined in training programmes, which may benefit from credentialing, such as remote and rural medicine or forensic and legal medicine.

Credentialing may also be useful in non-clinical aspects not already covered by a specialty training programme, such as medical education or leadership and management. Credentialing in these areas may have a less direct impact on patient safety and therefore should be available to those not on the Specialist Register but with a full license to practice.

3.3. Eligibility for credentials

With the primary goal of credentialing being to improve patient protection and care, ASiT is concerned about the erosion of a complex professional role to a mutually exclusive list of basic competencies. Each competency often relies on a multitude of other competencies and it requires a comprehensive medical education to fully assess a patient seeking medical attention. As such, and with concern for patient safety, ASiT strongly recommends that credentials (clinical or non-clinical) are not made available to anyone without an existing medical degree, which confirms a basic level of training; have successfully completed the post-graduate surgical examinations, which certifies a specialist level of training; and are in good standing with the regulator with a full license to practise.

Furthermore, to ensure a doctor has the appropriate skills to safely and thoroughly assess a patient and to perform a task independently, it is of paramount importance that clinical credentials should only be made available to those already on the Specialist or GP Register, as this ensures that the practitioner has been robustly assessed as competent to treat patients without supervision.

Although the GMC's proposals regarding doctors applying for credentials seem pragmatic, ASiT would not endorse such proposals prior to the provision of much more detailed information, e.g. the method by which a doctor's competence would be evaluated.

3.4. Credentials and organisations

We fully support the objective of improving patient safety. However, introducing credentials for "service need" undermines that principle. Under GMC proposals organisations will be eligible to submit an application to award a new credential. This is concerning. The GMC do not highlight which organisations will be eligible to submit a proposal, what safeguards will be implemented to ensure those organisations do not have significant conflicts of interest (such as private healthcare organisations, or the ability to make a profit from awarding credentials) and which "authorities in the field" will be appropriate for approving the proposals.

There is also a risk of project creep that would lead to a significant, unmanageable and expensive burden to doctors across the country to maintain numerous credentials covering their professional practice.

We believe, therefore, that there needs to be much stronger regulation on how organisations apply to award a credential and that these organisations should be limited to the appropriate Royal Colleges or their nominated bodies such as the Joint Committee on Surgical Training (JCST).

3.5. Funding for the credentialing system

The GMC consultation states that it will not expand on plans for how any training associated with credentialing will be funded. However, it does recommend that doctors pay a fee to a "credentialing organisation." This is of particular concern to ASiT as the representative body for trainees in all surgical specialities in the UK and Republic of Ireland.

It has been clearly demonstrated that there is an increasing cost of undergraduate training [3], with financially burdensome post-graduate surgical training [4,5] and trainees are afforded minimal training budgets per year [6]. Those budgets do not come close to meeting the already-rising cost of mandatory training. Whilst the GMC states that it is not its responsibility to decide how the system is funded it must take some responsibility as the organisation proposing the systematic changes. It must consider the financial costs and funding source for a credentialing system carefully.

With a decreasing number of medical graduates choosing to pursue a career in surgery [7], a further financial disincentive would exacerbate the problem and would be strongly opposed by ASiT. Even more worrying is that, regardless of the primary funding source, if independent bodies are responsible for charging for credentials there remains the potential that a mandatory credential could be introduced that serves only to make a profit for that organisation.

ASiT opposes doctors being required to pay a fee to gain a qualification whose primary benefit is to their host organisation, and would strongly encourage an alternative funding strategy. Doctors-in-training in particular are facing challenging times regarding the cost of training. The introduction of multiple credentials, paid for by doctors, will inevitably increase the financial strain faced by many doctors, who wish to remain professionally competitive. Patients should receive care from those best suited to deliver it, not those who can afford to be trained.

4. Credentialing in practice: cosmetic surgery

Cosmetic interventions have rapidly gained popularity and increased profitability, going from a £720 million industry in 2005 to an estimated £3.6 billion in 2015 [8]. As such, the number and diversity of practitioners has increased to meet the demand for