

Review of Materials on Mutual Recognition

This review of materials on mutual recognition focusses on four key areas:

- (A) To examine the legislative framework for non-United Kingdom qualifications in relation to possible mutual recognition options.
- (B) To review healthcare regulators assessment processes to establish whether any lessons can be learnt regarding mutual recognition.
- (C) To look at some general principles that can be established in this area around mutual recognition models that are currently in operation (e.g. New Zealand and Australia).
- (D) To explore any other areas of interest on mutual recognition outside of the healthcare professions.

(A) Legislative framework for non-United Kingdom Qualifications

1. Our registration applications come primarily from particular universities outside the United Kingdom. We would like to consider whether it is possible under the existing legislative framework to establish mutual recognition of qualifications from recognised overseas countries/institutions.
2. Our current legislative framework allows us to recognise qualifications awarded outside the UK on the basis that individual applicants satisfy the registrar that they have reached the required standard of proficiency.
3. Therefore, at a preliminary level it would appear that it would be possible under the existing legislative framework to establish mutual recognition of qualifications from recognised overseas countries/institutions. However, we currently do not operate a process of quality assuring institutions outside the United Kingdom for a range of reasons not least the impact of imposing UK educational standards in countries outside of the United Kingdom.

(B) Review of Healthcare Regulators Assessment Processes and methods

4. To offset the work supporting this report we also undertook a review of current healthcare regulators assessment processes together with their views on and awareness of mutual recognition models to build on the material collected by the PSA during 2013¹ (See Figure 1).

¹ PSA (2013) Processes used by nine health and care professional regulatory bodies in the UK to register applicants trained and applying from outside of the European Economic Area (EEA) – Rapid review by the Professional Standards Authority October 2013

5. As you will see from this, the majority of other regulators are not aware of any similar models in place in any other healthcare regulators. The only mutual recognition they have is for EU rights applicants.
6. The GMC provide some useful reflection about mutual recognition under the EU directive: Evaluating the Professional Qualifications Directive Matters. Things that are interesting here include: the practical application – e.g. verification of documents, health and character.
7. In 2001, the GMC abolished their commonwealth routes to registration. This highlighted that applying 'special indifference' to registration can be 'unfair', particularly, if solely based on the place of a qualification rather than what the practitioner is doing currently. This information has helped us to understand and identify the traps in mutual recognition in our context, along with why regulators don't do mutual recognition and how we address those concerns in the specific context around osteopathy and the countries we want to mutually recognise.
8. The GCC have thought about mutual recognition and it was raised by the Australian Chiropractor regulator, but the GCC are constrained by their regulation, as their legislation states that anyone that comes to the UK to practice as a chiropractor has to come through one of the two designated route to registration as described in the log in Figure 1. The Australian/New Zealand border has some level of mutual recognition for chiropractors, under the trans-Tasman mutual recognition arrangements.

Figure 1: Inter-regulatory Registration Processes and Mutual Recognition Log

General Pharmaceutical Council	
Who?	<ul style="list-style-type: none"> • Pharmacists • Pharmacy technicians
Number of routes to registration	Three
Description of routes to registration	<ul style="list-style-type: none"> • International route • EEA automatic route • EEA general systems route <p>Further details for Pharmacist Registration at: https://www.pharmacyregulation.org/registration/registering-pharmacist/overseas-non-eea-qualified-pharmacists</p> <p>For pharmacy technicians</p> <ul style="list-style-type: none"> • EEA qualified pharmacy technicians follow the General Systems route to registration • Internationally qualified (non-EEA pharmacy technicians) must complete the UK pharmacy technician qualifications before they can make an application for registration.

Annex B to 4

Length of time each route to registration takes for an internationally qualified applicant to become registered	<ul style="list-style-type: none"> • International route – a minimum of two years to complete the qualifying process • EEA automatic route – less than six weeks from receipt of first enquiry • EEA general systems route – depends on length of compensation measure, but usually 12 to 18 months from receipt of a complete application
Duration that these routes to registration for internationally qualified applicants have been in place	10 years +
Fee charges (Registration assessors, non-EU applicants, EU applicants)	<p><i>EU Applicants (Pharmacist Registration only)</i> Automatic route – £109 scrutiny fee General systems £109 + £391</p> <p><i>Non EU Applicants(Pharmacist Registration only)</i> £687 + cost of 1 year course and living expenses +12 month pre-registration training fee £142 + registration exam fee £182</p>
Models of mutual recognition in place in sector	Yes – EU
Awareness of models of mutual recognition in place in the UK internationally	No
Views on mutual recognition (Including advantages and disadvantages)	<p>Advantage – speed</p> <p>Disadvantage – risk to patient safety</p>

General Dental Council	
Who?	All registrants – dentists, dental hygienists, dental therapists, dental nurses, orthodontic therapists, dental technicians and clinical dental technicians
Number of routes to registration	Four
Description of routes to registration	<ul style="list-style-type: none"> • 'Automatically' recognised (sectoral) qualifications under the Directive (dentists only). Qualifications listed in the annex to the Directive are automatically

	<p>recognised if training started on or after the reference date.</p> <ul style="list-style-type: none"> • General System of Recognition. Qualifications assessed to identify any substantial differences in training. Where differences are identified compensation measures are required. Applications are assessed by an independent panel of professionals (Registration Assessment Panel) which provides recommendations and advice to the registrar. • Individual assessment of knowledge and skill. Overseas qualified (non-EEA) dentists and DCPs who do not fall under the General System may be eligible for an individual assessment of qualifications, knowledge and skill. Applications are assessed by an independent panel of professionals (Registration Assessment Panel) which provides recommendations and advice to the registrar • Overseas Registration Exam (ORE) (dentists only). Overseas (non-EEA) qualified dentists must complete the ORE to register. The ORE has 2 parts; Part 1 is theoretical and must be passed in order to sit Part 2. Part 2 is practical with 4 components including OSCE. Candidates have a maximum of four attempts at each part of the ORE. Part 2 must be completed within five years of first sitting Part 1. • There is also a small group of historical 'automatically' recognised non-EEA dental qualifications where qualifications were awarded prior to 2001.
Length of time each route to registration takes for an internationally qualified applicant to become registered	<ul style="list-style-type: none"> • General System applications – maximum of four months. • All other registration routes – maximum of three months. • ORE – Part 2 must be completed within five years of first sitting Part 1.
Duration that these routes to registration for internationally qualified applicants have been in place	10 years+
Fee charges (Registration assessors, non-EU applicants, EU applicants)	<ul style="list-style-type: none"> • Registration assessors – Daily rate of £353 (half day £176.50) • EU applicants/Non-EU applicants Dentists – Pro rata proportion of £890 dependant upon month of year registered. DCPs – Pro rata proportion of £116

Annex B to 4

	<p>dependant upon month registered.</p> <ul style="list-style-type: none"> All applicants for registration are charged the same fee irrespective of route to registration.
Models of mutual recognition in place in sector	Yes – EU
Awareness of models of mutual recognition in place in the UK internationally	No
Views on mutual recognition (Including advantages and disadvantages)	<p>Advantages</p> <ul style="list-style-type: none"> Quick and relatively cost effective. Minimal burden on the migrating professional. <p>Disadvantages</p> <ul style="list-style-type: none"> The host country has no control over accepting mutually recognised qualifications. Training standards, e.g. amount of patient contact/clinical experience, may vary between different providers/countries. Quality assurance of qualifications may vary between different providers/countries.

Health and Care Professions Council	
Who?	HCPC registrants include: Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, social workers in England and speech and language therapists.
Number of routes to registration	Two
Description of routes to registration	<ul style="list-style-type: none"> International route – for those without mutual recognition rights. European Mutual Recognition (EMR) route – for those with mutual recognition rights.
Length of time each route to registration takes for an internationally qualified	Both routes take up to sixty working days for the initial decision on the recognition of professional qualifications.

applicant to become registered	
Duration that these routes to registration for internationally qualified applicants have been in place	10 years+
Fee charges (Registration assessors, non-EU applicants, EU applicants)	<p><i>Registration Assessors</i></p> <p>1. Assessors are paid £79 for an assessment of a single application, regardless the route.</p> <p><i>Applicants (EU and Non EU)</i></p> <p>2. Applicants pay a scrutiny fee of £495, regardless the route.</p>
Models of mutual recognition in place in sector	Yes – EU
Awareness of models of mutual recognition in place in the UK internationally	No
Views on mutual recognition (Including advantages and disadvantages)	The mutual recognition process is a consequence of relevant EU Directive. It is difficult to comment on advantages of this process, as this sort of assessment has not been carried out internally.

General Medical Council	
Who?	Doctors holding full registration with a licence to practise.
Number of routes to registration	Two
Description of routes to registration	<p>1) EEA applications route</p> <p><i>Registration</i></p> <ul style="list-style-type: none"> • Two part process (registration and licence) • Recognition of qualification = registration • Access to the profession = licence • Standard RPQ requirements on registration • Language control on licence • ID check to conclude process <p><i>Licence Process</i></p> <ul style="list-style-type: none"> • Standard RPQ requirement “plus” • Qualification, 5 year work history, FTP declaration, 5 year regulatory history, ID, evidence of nationality or acquired

	<p>right</p> <ul style="list-style-type: none"> • Entitlement to be registered • Online application • First assessment in 5 days • Evidence presented by email • Originals validated at ID check • Includes ID Check <p>2) IMG applications route</p> <ul style="list-style-type: none"> • Single process – reg + LTP • Process includes: <ul style="list-style-type: none"> - Online application - Cannot submit without - PMQ - PLAB (where appropriate) - PGQ - Language - FTP • 5 'factors' <ol style="list-style-type: none"> 1. <i>Knowledge and Skills</i>: PLAB test – 2 parts, Sponsorship , acceptable PGQ, specialist or GP 2. <i>Experience</i>: -Internship, published policy, doesn't apply to PGQ, sponsorship, or SR/GP 3. <i>Language</i> – IELTS, English language PMQ, practise in an 'English speaking' jurisdiction, cannot submit application without it 4. <i>PMQ</i> – Acceptable Overseas Qualification (AOQ), published criteria, not the same as RPQ Art 24, currently under review, 3 lists 5. <i>FTP</i> – Declaration, 14 questions, not a barrier to registration but will always be considered
Length of time each route to registration takes for an internationally qualified applicant to become registered	Unsure
Duration that these routes to registration for internationally qualified applicants have been in place	Unsure

Fee charges (Registration assessors, non-EU applicants, EU applicants)	Unsure
Models of mutual recognition in place in sector	Yes – EU Directive The GMC also used to have a fast-track Commonwealth route to registration pathway in place.
Awareness of models of mutual recognition in place in the UK internationally	As above
Views on mutual recognition (Including advantages and disadvantages)	The GMC Commonwealth route to registration pathway was abolished in 2001, due to the special indifference of registration not being fair i.e. it relied to heavily on the place of the qualification. ²

General Chiropractic Council	
Who?	Chiropractors
Number of routes to registration	Two
Description of routes to registration	<ul style="list-style-type: none"> • <i>Foreign qualification route (outside EU):</i> This process includes: <ul style="list-style-type: none"> - A test of competency (which applicants have to pass), - Evidence of practice questionnaire, - CV, - Patient notes of case examples. - All of the above are then reviewed by a panel and then the applicant is interviewed to address/mop up any differences in terms of the application in meeting the chiropractic standards or not. If insufficient evidence is supplied (i.e. a narrow miss), the applicant is permitted to submit additional evidence based on the recommendations of the panel and this evidence is then assessed by them. For example, this could include evidence of a course had attended.

² GMC (2001) Registration of overseas qualified doctors Paragraphs 4 – 10

	<ul style="list-style-type: none"> • <i>EU route – establishment to practice in UK or temporary/occasional to practice in the UK for short period of time:</i> <ul style="list-style-type: none"> - This process includes a mapping document (similar to GOsC), whereby the applicant maps their education and skills against the degree recognised criteria/education standards. - If the qualification is recognised then the applicant proceeds to GCC registration processes. - There are some slight differences with regards to the UK context and practice, but there has to be a <i>substantial difference</i> to refuse application. The GCC are fortunate that they have a European Council on Chiropractic Education (ECCE), good colleges in France. - If an applicant does not pass a <i>period of adaptation</i> is provided to the applicant. However the GCC have not had to do this as yet, largely due to small numbers of internationally qualified applicants that apply (approx. est. 7 annually) and those that do apply usually have third-party qualifications.
Length of time each route to registration takes for an internationally qualified applicant to become registered	In terms of point of recognition of qualification this depends on the test of competency, if this runs smoothly then it will probably take an internationally qualified applicant two months to become registered, with the registration process taking up to 48 hours, if the applicant provides a complete application i.e. everything that is required.
Duration that these routes to registration for internationally qualified applicants have been in place	15 years – Since 2002 when foreign qualifications came into force
Fee charges (Registration assessors, non-EU applicants, EU applicants)	<ul style="list-style-type: none"> • Registration assessors –Not known – (but do charge for Test of Competency Review Panel) • EU applicants – no fee charged • non-EU applicants – £2000
Countries are regulated for this profession	Nine – 10 regulators including United States, Australasia Europe – the ECCE, Netherlands (different mechanism to ECCE), South Africa, Botswana, Hong Kong and New Zealand
Models of mutual recognition in place in sector	Yes – The Australian/New Zealand border has some level of mutual recognition, under the trans-Tasman mutual recognition arrangement where" Someone registered to

	practise an occupation in one country is entitled to practise an equivalent occupation in the other country, without further testing or examination" ³
Awareness of models of mutual recognition in place in the UK internationally	No
Views on mutual recognition (Including advantages and disadvantages)	<p>The GCC has thought about mutual recognition and it was raised by the Australian Chiropractor regulator, but the GCC are constrained by their regulation, as the legislation states that anyone that comes to the UK to practice as a chiropractor has to come through one of the two designated route to registration as described above.</p> <p>Advantages</p> <p>It would speed up the process for both the regulator and the applicant as there would not be so much work to undertake with applications. It would also mean that potentially it could be much cheaper for the applicant; they would not have to spend £2000 to register.</p> <p>For the GCC mutual recognition is a pipe dream and as such scoping of mutual recognition has not taken place because there is not any point at this stage, due to the constraints with legislation</p>

(C) Development of Mutual Recognition Models in Australia and New Zealand

9. We have been looking at New Zealand and Australia models to see if there are some general principles that can be established in this area. Australia and New Zealand have the developed models at the moment; hence the reason for looking at those in particular, but it is important to note that anything we subsequently agree needs to work in any context. For example, post-Brexit in regulated countries.
10. Both New Zealand and Australia operate a recognised qualifications registration process whereby osteopaths who are registered with the General Osteopathic Council (GOsC) and hold a qualification from a recognised institution can apply directly for registration to the Australian and New Zealand Osteopathic Council (ANZOC), which is the accreditation body that works on behalf of the Osteopathy Board of Australia, or the Osteopathic Council of New Zealand (OCNZ).

³ Ministry of business innovation and employment (2017) – Trans-Tasman mutual recognition arrangement

11. During December 2012 ANZOC and the OCNZ undertook a detailed matrix comparison of UK and Australian practice standards, accreditation standards and processes and governance for the period 1999 to 2012. It was noted here that if GOsC has equivalent standards to ANZOC for osteopathy programmes and equivalent standards for osteopathic practice, then it could be said that osteopaths registered by both authorities are equivalent in the knowledge, skills or professional attributes to practice osteopathy. ANZOC concluded that certain osteopaths registered in the UK demonstrate this equivalency. Therefore, it was recommended that:
 - Graduates with a GOsC Recognised Qualification (Australian Qualification Framework level VII or higher) reviewed by GOsC between 1999 and 2012 should be eligible for a Competent Authority Assessment Pathway (the Competent Authority Pathway)
 - Applicants who do not meet the requirements for the Competent Authority Pathway should continue to undertake the Standard Pathway.
12. Currently, in both Australia and New Zealand, osteopaths who are registered with the GOsC and hold a qualification from a recognised institution (see Table 1) can apply directly for registration.

Table 1: Recognised Institutions and qualifications

Institution	Years
British College of Naturopathy and Osteopathy	From 9 May 2000
British College of Osteopathic Medicine	From 9 May 2000
British School of Osteopathy	From 9 May 2000
College of Osteopaths	From 8 May 2001
European School of Osteopathy	From 9 May 2000
Leeds Metropolitan University	From 1 September 2007
London College of Osteopathic Medicine	From 9 May 2000
London School of Osteopathy	From 9 May 2000
Oxford Brookes University	From 1 October 2003
Surrey Institute of Osteopathic Medicine	From 1 January 2003
Swansea University	From 15 December 2011

13. The Australian and New Zealand Osteopathic Council (ANZOC) and the Osteopathic Council of New Zealand (OCNZ) are both keen for a reciprocal relationship to be developed whereby osteopaths who are registered with the either the ANZOC or OCNZ and hold a qualification from a recognised institution can apply directly for registration with the GOsC.

Model operating in New Zealand: 12 month workplace based assessments

14. In New Zealand the current model is as follows: In order to work legally as an osteopath in New Zealand, it is necessary to be registered by the Osteopathic Council of New Zealand (OCNZ), which is the regulatory body governing the practice of osteopathy and hold a current practising certificate. Osteopaths who are registered with the General Osteopathic Council (GOsC) and hold a qualification from a recognised institution (see Table 1) can apply directly for registration. Registration, by itself, does not allow a practitioner to lawfully practise osteopathy in New Zealand. In addition to registration, an annual practising certificate (APC) is also required.
15. An important component in the New Zealand model is the adoption of a Competent Authority Model which allows candidates registered with GOsC to enter into the New Zealand workforce with no initial screening (beyond normal migration checks), but to enter a pathway of workplace-based assessment for a period of 12 months.
16. Thus the assessment process through the inclusion of a workplace-based phase with a modified registration in New Zealand is thought to provide many benefits to the candidate and to the profession, in particular where people are not unfairly “failed” without possibilities of redress or are or are unfairly passed without monitoring of actual practice to clarify any on-going issues.

Model operating in Australia: healthcare online module and six month supervised practice

17. Before applying for registration, all overseas trained osteopaths (apart from those registered in New Zealand) must be assessed for practice in Australia by the Board’s accreditation authority, the Australasian Osteopathic Accreditation Council (AOAC). AOAC conduct initial desktop assessments and advise candidates whether they are eligible to be assessed by the Osteopathy Board of Australia via the Competent Authority Pathway and/or Standard Pathway.
18. To be eligible for assessment under the Competent Authority Pathway, candidates must hold current GOsC registration and have an osteopathy qualification degree from one of the UK osteopathic schools listed in Table 1.
19. Applicants who are deemed ineligible for the Competent Authority Pathway may be eligible to complete the Standard Assessment Pathway. Applicants who are assessed as being eligible for the Competent Authority Pathway have a choice of either pathway.
20. The two pathways are summarised in Table 2.

Table 2: Mutual Recognition Assessment Pathways in Australia

Stage	Standard Pathway	Competent Authority Pathway
Stage 1 Desk Top (Paperwork) Assessment	Yes	Yes
Stage 2 Written Exam	Yes	No
Stage 3 Portfolio Assessment	Yes	No
Stage 4 Practical Exam	Yes	No
Assessment (Open Book Exam (OBE)) on the guide Information on the practice of Osteopathy in Australia – A guide for graduates trained overseas	Yes	Yes
Supervised practice under Provisional Registration for a minimum of six months	No	Yes

21. The only area judged to be lacking in equivalence of accreditation standards and processes over the 2000-12 period for UK osteopathic graduates wishing to work in Australia that hold a recognised qualification, relates to the socio-cultural, structural and medico-legal aspects of Australian healthcare delivery and financing. These deficits are being addressed in a specially developed module for all internationally qualified osteopaths seeking registration in Australia.
22. The Competent Authority Pathway module Open Book Exam (OBE) is an assessment about practice in the Australian health system. ANZOC developed the module which consists of self-study material about the Australian health care system which is then assessed. The assessment on the content of the module uses various practice scenarios and involves an online assessment using a rotating bank of questions.

Supervisory Relationship

23. The Osteopathy Board of Australia approves the six months of supervision arrangements under provisional registration and the decision is administered by the Australian Health Practitioner Regulation Agency (AHPRA).
24. If provisional registration is granted, the osteopath's name appears on the public register of practitioners, and the osteopath is then allowed to practice under supervision. Information about the supervision arrangements also appears on the register as a notation.

25. The supervisee is required to provide a report signed by the supervisor to the Osteopathy Board at both the three month and six month stages of supervision using the standardised osteopathy supervision report template.
26. At the six month stage, an osteopath with a satisfactory six month report submits the report at AHPRA and may also submit their application for general registration at the same time. A lower application fee is payable for provisional registration and a full registration fee for general registration is then payable thereafter. It is important to note that, although the period of supervised practice is six months, the standard period of provisional registration is 12 months to allow for provisional registration to continue pending the Board's decision to grant general registration; or any unforeseen gaps in or extensions to supervised practice under provisional registration.
27. The provisional registration and practice under supervision remains in effect until general registration is finalised and confirmed via email, and the osteopath's name appears on the public register of practitioners with general registration.

How do these models apply to GOsC non-UK assessment processes?

28. The critical difference we have with Australia and New Zealand is that they have the ability to grant provisional/conditional registration while we do not. Therefore we have to complete satisfaction at the point of registration. Therefore, the supervised practice issue is not going to be an option.
29. While the UK practice type approach sounds good on paper we would have to be absolutely certain that this was a real risk, rather than it just being a nice thing to do.

(D) Other literature explored

30. Outside the sector architects highlight "trust" as a crucial component in mutual recognition arrangements/ relationships (and the risk/ risk tolerances to be mindful of). From this it is clear that mutual recognition is not just about verification of qualifications as a proxy, which perhaps sits less well in regulation where verified evidence is of paramount importance. Trust metrics are harder to quantify or justify and seen as "soft" qualitative measurements or less tangible measurements concerning notions of ability, reliability and even belief as to whether a practitioner can do the job safely and effectively or not. Trust in the work of international regulators in regard to accreditation of courses and maintaining standards, and the ways in which they ensure that practitioners remain in good standing is therefore central to this debate.
31. A report by the NFER – Cross nation research into mutual recognition of teaching qualifications looks at content and standard of teaching across four UK nations and Ireland also touches on quality assurance and implementation, which may prove useful at a further stage.

Central Questions to consider:

This initial review raises some key questions central the mutual recognition debate:

- To what extent can we have confidence in the extent of equivalence?
- How can we assure ourselves that this is the case and remains consistent?
- How can we sufficiently rely, trust or have confidence in the work of international regulators in regard to accreditation of courses and maintaining standards, and the ways in which they ensure that practitioners remain in good standing? (e.g. trust metrics and reliability)
- Which of the three steps in our current process can be simplified or are not needed (if any), which would achieve this “fairly”?