

## **Medical & Dental Professional Registration (MD27)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity & Inclusion Officer.

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<b>Date of Issue:</b>	August 2023	<b>Next Review Date:</b>	July 2025
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JLNC		July 2019	
JLNC		August 2021	
JLNC		July 2023	
<b>Links or overlaps with other policies:</b>			
<i>Need to list all policies that are referred to, or have links to this policy. List them in numeric order.</i>			

### Amendment History

Issue	Date	Reason for Change
1	July 2019	New template and general review
1.1	August 2021	Removal of para 6.4 – Temporary and occasional registration (also known as visiting EEA registration)
2	August 2023	Update to Section 6 regarding registration terminology and Section 12 EEA update

**Rapid (E)quality Impact Assessment (EqIA)** (for use when writing policies)

<b>Policy Title</b> (and number)	M&D Professional Registration	<b>Version and Date</b>	v2 Aug “2023
<b>Policy Author</b>	Medical Workforce		
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other, please state... <input type="checkbox"/>			
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any ‘Yes’ answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular ‘Inclusion Health’ groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated ‘Yes’.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the policy encourage individualised and person-centered care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual’s independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
Ensure that professional registration of medical and dental staff is maintained and up to date at all times			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>	
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: ‘Yes’ may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	

**Please contact the Equalities team for guidance:** For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pdf.sdhct@nhs.net](mailto:pdf.sdhct@nhs.net). **This form should be published with the policy and a signed copy sent to your relevant organisation.**

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## **1. Policy Statement**

- 1.1 Compliance with the General Medical Council's (GMC) and General Dental Council's (GDC) arrangements for professional registration is a condition of employment for the Trust's Medical and Dental staff and is a requirement by law.

## **2 Introduction**

- 2.1 It is the responsibility of all staff, employed in posts subject to registration with a professional body, to ensure that their registration with the relevant body is kept up to date at all times and that they comply fully with their professional codes of conduct and practice.
- 2.2 The Medical Act 1983 (MA) makes it a criminal offence for an individual to hold themselves out as having a licence to practise or to engage in conduct that suggests they have a licence to practise when they do not.
- 2.3 It is illegal for a doctor to undertake clinical practice in the NHS if they are not registered with a licence to practice.

## **3 Scope**

- 3.1 This policy applies to all Medical and Dental staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer who are working in posts which require mandatory professional registration/license.
- 3.2 Although not employees of the Trusts, Medical and Dental bank staff, agency staff and outside contractors in posts subject to registration will be required to comply with the policy.

## **4 Equality and Diversity Statement**

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

## 5 Roles and Responsibilities

### Medical & Dental Staff

- 5.1 To ensure that their registration with the GMC/GDC is maintained and up to date and that they comply fully with the professional codes of practice. To ensure that they renew their registration annually and to pay their registration fees. Non-payment will result in their name being removed from the register.
- 5.2 New employees will be required to provide evidence of their professional registration and qualifications prior to commencement with the Trust copies of which will be kept on their personal file.
- 5.3 Doctors holding provisional registration will still require a licence to practise and will be restricted to working in Foundation Year 1 posts which are subject to specific supervision arrangements.
- 5.4 International and UK graduates will be required to work initially in GMC approved practice settings when they are granted full registration with a licence to practise for the first time.
- 5.5 All doctors registered with the GMC must comply with the standards of competence, care and conduct described in *Good Medical Practice*. These are the standards which patients have a right to expect of their doctors and serious or persistent failure to follow the guidance will put doctors' registration at risk.
- 5.6 It is the individual registered practitioners' responsibility to inform their manager and professional body of any change in personal details such as name, address, all necessary professional development etc.
- 5.7 It is also the responsibility of the registered practitioner to inform their professional body and employer of any police / criminal investigations or offences relating to them.

### The Trust

- 5.8 When doctors first make contact with the GMC they are given a seven digit registration number and with the GDC, dentists are given a five digit registration number, which they keep throughout their professional career. It is important for the employer to check with the GMC or GDC whether a doctor or dentist is currently registered, as possession of the number does not mean that the doctor is currently on the register. Registration numbers can be checked on the GMC/GDC website as below.
- 5.9 For potential new employees, following the interview, the Appointing Manager must contact the relevant Registering Professional Body to verify the validity of registration. This can be either via telephone or by the Professional Bodies web site in the case of the GMC [The medical register - GMC \(gmc-uk.org\)](http://www.gmc-uk.org) . The medical register is an online list of doctors in the UK. It shows the type of registration a doctor holds their training and other useful information. For the GDC <https://olr.gdc-uk.org/SearchRegister>

- 5.10 Any staff not directly employed, and therefore not on the payroll system (ESR), must have their professional registration checked by the line manager and a record must be kept for all professionals who will be working within the organisation and/or have access to patients. This includes professionals who are independent contractors, or who are on placement or undertaking work experience or who have an honorary contract.
- 5.11 Where contractors and agency/ bank workers are employed through temporary staffing it is the responsibility of the temporary staffing manager to check professional registration to ensure that the practitioner is registered to practice.
- 5.12 It is the responsibility of the workforce information team to alert the individual and their manager immediately where any lapses of registration occur as per section 7.

## 6 Types of Registration

### 6.1 *Full Registration*

To be eligible for full registration, a doctor must be able to meet the one of the three options below:

- 6.1.1 Completed the first year of the Foundation Programme (F1) in the UK.
- 6.1.2 Be a graduate with an acceptable primary medical qualification from a country outside of Switzerland or the UK. And be able to prove that you have enough clinical experience to practise medicine in the UK. You can do this in one of five ways.
- A pass in the PLAB test
  - Sponsorship by a GMC approved sponsor
  - An acceptable postgraduate qualification
  - Relevant European Qualification
  - Eligibility for entry onto the Specialist or GP register
- 6.1.3 Be a Swiss or UK national (or benefit from enforceable community rights) and have either:

a formal qualification listed in The Directive on Recognition of Professional Qualifications (the Directive).

or

an acceptable primary medical qualification from outside the EEA (which has been recognised in Switzerland) with evidence of an acceptable pattern of experience.

## **6.2 Provisional Registration**

- 6.2.1 This type of registration allows newly qualified doctors to undertake the general clinical training under supervision which is needed to move to full registration. A doctor with provisional registration is entitled to work only in posts in hospitals or institutions that are approved for the purpose of Foundation Year 1 (F1)<sup>1</sup>.
- 6.2.2 Provisionally registered doctors in F1 posts will be required to meet the outcomes set by the GMC Education Committee before achieving full registration. These outcomes will be met by successfully demonstrating the possession of certain skills deemed essential for a doctor at this level of training.

## **6.3 Specialist Registration**

- 6.3.1 It is a legal requirement that, in order to take up a consultant post (other than a locum consultant appointment) in a medical or surgical specialty in the NHS, a doctor must be included on the specialist register. The only exceptions are doctors who held a consultant post in oral and maxillo-facial surgery in the NHS immediately before 1 January 1997.

## **7 Monitoring of Professional Registration**

- 7.1 The national HR and payroll system for all NHS staff (ESR) will hold professional registration details for staff. Any lapse of registration will be identified by the Workforce Planning and Information Team with an e-mail to the individual and their manager.
- 7.2 Staff who have not updated their registration by mid-month prior to the registration lapsing are sent a reminder by the Workforce Team. During the 3rd week of the month if the status is unchanged they are sent a 2nd reminder with the Manager copied in to the email. If the professional registration is still not updated on the 1st of the month a third email is sent to the Manager (with staff member copied) informing of lapse of registration. The manager is also contacted by phone and if contact not successful section 8 PROCEDURE ON IDENTIFICATION OF A LAPSE OF REGISTRATION of this policy is implemented and it is paramount that the professional ceases all work aligned to their professional registration immediately.
- 7.3 The GMC/GDC provide daily alerts to the trust workforce team when a practitioner's registration is in the month leading up to lapses. This will only cover practitioners who are entered onto the Trust ESR system.

## **8 Procedure on Identification of a Lapse of Registration**

- 8.1 Where an individual fails to register or a registration body removes a practitioner's permission to practice the individual will not contractually and, in many cases legally, be indemnified to carry out any clinical/ dental duties of that post.



- 8.2 It will then be at the discretion of the Clinical Lead/Associate Director of Operations as to whether the doctor/ dentist to consider the following options to address the situation in the short term:
- a) Checking with the GMC/GDC as to whether the doctor is allowed to work (backlog at the GMC/GDC may mean that the individual's renewal is currently being processed).
  - b) The doctor may be allowed to work but not in a clinical capacity, i.e. research/management/administration.
  - c) The doctor may be allowed to take outstanding annual leave until the registration is renewed.
  - d) The doctor may be placed on unpaid leave until the registration is renewed.
- 8.4 The employee may be allowed to work in another temporary role for which they have the required skills and do not require a valid registration. The individual will receive the pay rate associated with the temporary position.
- 8.5 The Clinical Lead/Associate Director of Operations should advise the doctor that they are required to take immediate measures to have their professional registration reinstated. Normally the Trust will allow a maximum of 10 working days for the doctor to have their registration reinstated – however, the GMC will require the doctor to pay a restoration fee in addition to the registration fee.

## **9 Investigation of a Lapse in Registration**

- 9.1 Failure to maintain Professional Registration could have potentially serious implications for both the member of staff and the Trust. Therefore, in cases of lapsed registration the issue should be fully investigated in accordance with the Trust disciplinary policy.

## **10 INTERNATIONAL MEDICAL GRADUATES – MEETING THE CRITERIA**

- 10.1 IMGs must be able to satisfy the GMC that:
- a) They hold an acceptable primary medical qualification whether applying for full or provisional registration. IMGs applying for full registration who have previously held provisional registration will not generally be required to provide further evidence that they hold an acceptable primary qualification;
  - b) Their fitness to practice is not impaired. The GMC will ask them to provide a:
    - character declaration which they, the applicants, must make themselves
    - Certificate of Good Standing issued by the medical regulatory authority in any country or state where they have worked or held registration in the five years before they applied for registration with the GMC. In the case of refugees who may be unable to provide

this information the GMC will ask to see a structured character reference from another doctor registered with the GMC

c They have the necessary knowledge of English. There are a number of ways in which doctors may be able to demonstrate their knowledge of English, and the GMC will consider evidence if it meets the following criteria:

- Less than 2 years old at point of application
- Clearly shows you can read, write and interact with patients, relatives and healthcare professionals in English
- Can be verified by the GMC through contact with recognised medical institutions, regulators or other official bodies.

10.2 Whether IMGs apply for provisional or full registration will depend on the nature and extent of their postgraduate experience. If they have satisfactorily completed either Foundation Year 1 in the UK or a period of postgraduate clinical experience that provides an acceptable foundation for future practice as a fully registered medical practitioner, they will apply for full registration. If they have not they may apply for provisional registration.

10.3 Applicants who meet the criteria for full registration will not be eligible for provisional registration.

## **11 Approved Practice Setting**

11.1 The purpose of approved practice settings is to provide public protection by ensuring that new full registrants work initially in environments with appropriate supervision and appraisal arrangements or assessments. This will also ensure that in the small number of cases where problems arise there are systems in place which are capable of detecting them early.

11.2 In summary, an approved practice setting is one that:

- is regulated or quality assured by an independent body;
- has in place systems for the effective management of doctors that include:
  - an annual appraisal or assessment process for individual doctors, based on the principles of *Good Medical Practice*
  - a system of clinical governance or, if outside the NHS, quality assurance
- has in place systems for identifying and acting on concerns about doctors' fitness to practice;
- has in place systems for acting on and learning from complaints;
- has in place systems to support provision for relevant training or continuing professional development so that doctors have access to and participate in activities to update the knowledge and skills relevant to their professional work;

- has in place systems for challenging discriminations and promoting equality and respect for human rights;
- has in place systems for providing regulatory assurance that:
  - all employed or contracted doctors are registered with the GMC and are both required and enabled to abide by *Good Medical Practice*
  - identify and manage staff who do not comply with GMC guidance

11.3 The requirement to work within an approved practice setting will be lifted when doctors have successfully revalidated for the first time.

11.4 Newly fully registered doctors or newly restored doctors (not held registration for more than five years) will be restricted to approved practice settings for an initial period of twelve months unless the GMC directs otherwise.

## **12 Lifting the Requirement to Work in An Approved Practice Setting**

12.1 There will be special arrangements for IMGs who have already undertaken an acceptable period of recent practice in the UK to allow them to reduce the amount of time that they must spend in an approved practice setting after first obtaining full registration. The Approved practice setting does not apply to Swiss Applicants

12.2 In order for the requirement to work within an approved practice setting to be lifted the GMC will require confirmation that doctors have satisfactorily completed twelve months practice in such a setting.

12.3 Doctors based in the Foundation Programme will need to produce a certificate that confirms satisfactory completion of Foundation Year 2 (*Foundation Achievement of Competency*). The certificate is to be signed by the doctor's educational supervisor and counter-signed by the Foundation Training Director to confirm whether the doctor has achieved or failed to achieve the requirements of the Foundation Programme.

12.4 For doctors not based in the Foundation Programme, supervising consultants are to complete reports on the doctor they have supervised, assessing whether the doctor has demonstrated the knowledge, skills and attitudes equal to those which would be expected of a competent Foundation Year 2 doctor.

## **13 Doctors restoring their names to the Register**

13.1 Doctors restoring their names to the register who have not held registration with the GMC for more than five years will, unless the Register directs otherwise, be restricted to working initially in an approved practice setting.

13.2 Doctors who have never been registered with the GMC will have to apply for a licence to practise. They will not be able to apply for registration without a licence.

## 14 Doctor Revalidation

14.1 Doctor Revalidation is a process by which doctors will have to demonstrate to the GMC, every five years that they are up to date and fit to practise. Revalidation has two elements:

- **Relicensing** -This will show that the GMC has received positive assurance from the Trust appointed Responsible Officer (RO) that a doctor continues to practise in accordance with the generic standards set by the GMC.
- **Recertification** for all doctors on the GMC's Specialist and GP Registers; this will show that the GMC has received positive assurance from the RO that a doctor on the Specialist or GP Register also continues to practise in accordance with specialty standards drawn up by the relevant medical Royal college and agreed with the GMC.

14.2 All employees whose RO is the Medical Director of this Trust will receive support to achieve revalidation. Revalidation will be monitored and is a requirement of employment.

## 15 Training and Awareness

15.1 Advice and support will be provided by the Medical Workforce team to support staff and managers in adhering to this policy and their understanding of dealing with Professional Registration.

15.2 Awareness of this policy will be raised through the publication of information on ICON and to advise staff of changes to the policy through the ratification processes.

## 16 References

16.1 GMC Website and GDC website.

## 17 Contact Details

17.1 Any queries regarding this policy should be directed to the Medical Workforce team of the Directorate of Workforce and Organisational Development.

- [sdhct.medicalhr@nhs.net](mailto:sdhct.medicalhr@nhs.net)

## 18 Monitoring, Audit and Review Procedures

18.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.