To consider

A Separate Register for General Practitioners

Issue

1. The establishment of separate register for general practitioners to be kept by the GMC in parallel with the specialist register.

Recommendation

2. The Council is invited to agree:

   a. That it would be in the public interest to have a separate register for general practitioners (paragraph 17).

   b. That entries in a general practice register should not include references to doctors’ routes of entry (paragraph 20).

   c. That entries in a general practice register should not define the types of employment in which an individual doctor may or may not engage (paragraph 22).

   d. That the revalidation process will provide ongoing reassurance that doctors who are included in a general practice register continue to be fit to practise and that they are practising within the limits of their competence (paragraph 23).

Further information

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Background

4. By law, doctors must normally have completed vocational training for general practice in order to work as general practitioners within the NHS. This is certified by the award of a Certificate of Prescribed or Equivalent Experience by the JCPTGP.¹

5. The only exceptions are doctors who have a UK right to work in general practice for historical reasons and those who hold rights under the European law². The former include doctors who were principals in NHS general practice on 15 February 1981. The latter include EEA nationals – and others with EC rights – who hold a certificate of specific training for general practice, or of acquired rights, awarded by other EEA Member States. The categories of doctors who are eligible to work in general practice within the NHS are listed in Appendix 1 to Annex A.

6. In January 1996 the European Specialist Medical Qualifications Order 1995 (the 1995 Order) imposed a duty upon the GMC to maintain a specialist register of hospital specialists.³ Inclusion in that register is now a legal pre-requisite for appointment to most consultants posts within the NHS.⁴ The specialist register has also developed a role within the private sector as the major private health care providers and insurance companies recognise only those consultants who hold specialist registration with us.

7. The specialist register does not extend to general practice.⁵ The Council decided, however, in 1996 that the identification of general practitioners should be secured through the retention of the voluntary ‘T(GP)’ indicator.⁶ Some 10% of doctors eligible for a ‘T(GP)’ indicator have applied for that indicator to be included in their register entries.

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¹ The JCPTGP is the competent authority for supervising training for general practice and for the issue of certificates for general practice. The GMC is the competent authority for mutually recognising EEA nationals – and others with EC rights – who hold a certificate of specific training for general practice or of acquired rights awarded by other EEA Member States.
² Title IV of the European Medical Directive 93/16/EEC.
³ The specialist register was established to fulfil our obligations under the European Medical Directive 93/16/EEC relating to specialist training and mutual recognition of specialist qualifications awarded to EEA nationals – and others with EC rights – by other EEA Member States.
⁴ This legal requirement does not extend to locum consultant appointments within the NHS. In addition, doctors working as substantive, honorary or fixed-term consultants in oral and maxillo-facial surgery within the NHS are excluded from the requirement to be included in the specialist register if they held such a post before 1 January 1997.
⁵ The Calman report on Specialist Medical Training did not consider or make recommendations on changes to vocational training for general practice, or on our arrangements for the mutual recognition of certificates for general practice awarded by other EEA Member States. This was because we were already fulfilling our obligations under the European Medical Directive relating to general practice.
⁶ ‘T’ indicators were introduced into the register in 1991. This followed the Education Committee’s decision to recognise certification, by a UK training body, of the completion of higher specialist training or of vocational training for general practice. The ‘T’ indicators for hospital specialists were converted to entries in the specialist register. The inclusion of a ‘T(GP)’ indicator in the entries of such doctors is entirely voluntary and is effected only at the request of the doctor concerned. The fact that a doctor’s entry does not include such an indicator does not imply that he or she is not eligible to work as a general practitioner. The inclusion of a ‘T(GP)’ indicator does not, therefore, confer any rights or privileges.
8. In 1998 the President’s Advisory Committee (PAC) asked the Registration Committee to examine the fitness for purpose of the specialist register and consider whether there should be a similar mechanism for identifying trained general practitioners other than the ‘T(GP)’ indicator. The Committee’s consideration of these issues was, however, put on hold following the Council’s decision in February 1999 that revalidation should apply to all registered doctors, not just those who are consultants or general practice principals.7

9. In January 2001 the Committee considered a paper from the Royal College of General Practitioners (RCGP), the Joint Committee on Postgraduate Training for General Practice (JCPTGP) and the BMA’s General Practitioners Committee (GPC) setting out the case for a separate register for general practitioners to be kept by the GMC in parallel with the specialist register. A copy of the paper from the three GP bodies is reproduced at Annex A. The Committee resumed consideration of this issue in October 2001.

Discussion

The case for a separate register for general practice

10. General practitioners are not entitled to the inclusion of their names in the specialist register unless they have also completed training in a hospital specialty. In such cases, the doctor’s entry in that register is restricted to the hospital specialty. The RCGP, JCPTGP and GPC consider this arrangement to discriminate against general practitioners. They also consider that it implies that training for general practice is not of equal importance to training for hospital specialist practice.

11. A separate register for general practitioners would be consistent with our arrangements for specialist registration. It would also provide an additional quality assurance arrangement for protecting patient safety.

12. As matters currently stand, employers have to satisfy themselves of doctors’ eligibility to work in general practice. In the case of doctors who hold a Certificate of Prescribed or Equivalent Experience, employers can check their names against a public list held by the JCPTGP. That list does not, however, include the names of doctors who are exempt from the requirement to hold such a certificate. Employers therefore have to rely upon a range of evidence from a variety of sources in order to determine whether an individual doctor satisfies one of the criteria listed in paragraphs a-h of Appendix 1 to Annex A. This requires both a special knowledge of the types of acceptable evidence and a clear and thorough understanding of the law.

13. There is increasing evidence of doctors working in the field of general practice who are ineligible to do so.8 A register for general practitioners which could be interpreted without special knowledge would address this problem. It would also be

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7 In January 2001 the Committee considered the fitness for purpose of the specialist register. Its conclusions were reported to the Council in May 2001.
8 These cases have involved doctors working as GP locums, deputies and assistants. The JCPTGP has agreed a protocol for dealing with employer and employee in such cases. It has been working very closely with the NHS Executive in relation to serious cases of repeated contravention by employers and Health Authorities.
an important step in enhancing the service we provide to those who need ready access to information about doctors.

14. There are also concerns about certain private practice activities (for example, ‘walk-in’ centres) which employ doctors to work as general practitioners who would not be eligible to work in that capacity within the NHS. The public has a right to expect that doctors working in the private sector have undertaken appropriate training and that they are not carrying out procedures or providing services for which they are inadequately trained.

15. We could not insist upon training for general practice as a pre-requisite for working in that capacity in the private sector. A register for general practitioners would, however, have the potential to improve standards and protect patients in that sector as it would provide a reliable source of information on doctors’ eligibility to work in general practice within the NHS. It would also demonstrate to the public and employers that general practice requires specific knowledge and skills and that these are of equal importance to those required for hospital specialist practice.

16. The Committee has considered whether it would be possible to extend the purpose and scope of the specialist register to include general practice. Although this could be achieved by an Order under section 60 of the Health Act 1999, the drafting would be far from straightforward. For example, the legislation would have to differentiate clearly between hospital specialists and general practitioners and their respective routes of entry.

17. The Committee has therefore concluded that the simplest and best solution would be to use a section 60 Order to establish a separate register for general practitioners.

**Recommendation:** That it would be in the public interest to have a separate register for general practitioners.

**Information to be included in a register for general practitioners**

18. The RCGP, JCPTGP and the GPC have proposed that the information displayed in a doctor’s entry in a general practice register should include his or her route of entry to that register. This would include, where appropriate, the doctor’s country of training. It would thus differentiate between those who have trained in the UK and those who have trained elsewhere within the EEA. It would also distinguish those doctors who have not undertaken training for general practice but who, nevertheless, hold an acquired right to work in that capacity. The three GP bodies believe that this information is in the public interest.

19. We are obliged under European law to recognise certificates of acquired rights awarded to EEA nationals by other EEA Member States as equivalent to certificates of training for general practice. We are also obliged under European law not to discriminate against incoming EEA doctors on the ground of country of qualification. Any references to route of entry in a general practice register might,
therefore, place us at the risk of a legal challenge by EEA doctors on the ground that we had discriminated against them unfairly. It might also lead to infraction proceedings being taken by the European Commission against the UK.

20. The Committee has therefore agreed that entries in a general practice register should not include any references to doctors’ routes of entry. This approach is in line with our arrangements for specialist registration.\textsuperscript{10}

**Recommendation:** That entries in a general practice register should not include references to doctors’ routes of entry.

21. There are some doctors who are eligible to be employed as a general practice locum, deputy or assistant within the NHS but who are not eligible to work as a general practice principal.\textsuperscript{11} The three GP bodies have proposed that their entries in a general practice register should specify the range of employment in which they may engage.

22. The Council has agreed the recommendation by the Committee that registration should not seek to define a restrictive range of medical activities or interventions in which an individual doctor may or may not practise. The Committee has therefore agreed that the proposal from the three GP bodies would not be consistent with our approach to registration.

**Recommendation:** That entries in a general practice register should not define the types of employment in which an individual doctor may or may not engage.

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**Revalidation**

23. The revalidation process will provide ongoing reassurance that doctors who are included in a general practice register continue to be fit to practise and that they are practising within the limits of their competence. Revalidation will also make no distinction between doctors in the public and private sectors. It will therefore enable us to take early and quick action to identify and deal with poorly performing general practitioners, including those who are providing services for which they are inadequately trained.

**Recommendation:** That the revalidation process will provide ongoing reassurance that doctors who are included in a general practice register continue to be fit to practise and that they are practising within the limits of their competence.

24. The paper from the three GP bodies suggests a direct link between revalidation and a general practice register. Our proposals for revalidation do not envisage a direct link between revalidation and continued inclusion in the specialist

\textsuperscript{10} Entries in the specialist register include the following details: name, GMC registration number, specialty (or specialties) and date of admission.

\textsuperscript{11} Doctors may be employed as general practice locums, deputies or assistants within the NHS if they were employed in one of those capacities on either 10 days in the four year period ending 31 December 1994, or on 40 days in the ten year period ending 31 December 1994.
register since any restriction on a doctor’s registration following failure to revalidate would restrict specialist practice as well as practice in other fields. Similarly, if a doctor lost his or her licence to practise for refusal to participate in revalidation, he or she would no longer be entitled to exercise the privileges associated with registration, including specialist registration.

25. The Council has also decided that revalidation will be based upon a generic revalidation of registration. This will mean that doctors who have demonstrated their continuing fitness to practise will be eligible to remain on the specialist register whatever their circumstances.

26. The Committee does not consider that a different approach be taken in relation to a future general practice register.

27. The three GP bodies have also proposed that general practitioners re-applying for a licence to practise should only be allowed to work under supervision in general practice until they satisfy the requirements for revalidation.

28. Doctors re-applying for a licence to practise will need to satisfy us that they can practise safely. In satisfying ourselves that an individual doctor is fit to practise we may require him or her to provide information about his or her practice and/or to undertake an objective assessment. In deciding whether the doctor is fit to practise we might impose conditions on the return to practice. This might include requiring the doctor to work for a period under close supervision or undertake re-training. Alternatively, we might bring forward the doctor’s revalidation date.

Other issues

29. The introduction of a general practice register will require a change in the law. We already have a considerable agenda for change encompassing not only registration issues (for example, changes to Part III of the Medical Act) but also fitness to practise, governance and revalidation. It might therefore be difficult to establish a general practice register in the immediate future.

30. It will be important to ensure that the administrative arrangements for including existing general practitioners in a general practice register are simple, non-bureaucratic and easily understood by doctors. Consideration will need to be given to whether decisions about inclusion in the general practice register should be taken by the GMC, an existing body or bodies involved in general practitioner training or by a new body established for the purpose. A procedure for dealing with appeals against such decisions will also need to be devised.

Resource implications

31. The cost of establishing a general practice register is estimated at around £210,000 for the first year, comprising staff costs of £110,000 and non-staff costs of £100,000. In subsequent year the recurring cost of maintaining the general practice

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12 A doctor who does not hold a licence to practise may nevertheless have been practising abroad and registered in the country concerned.
register is estimated at £60,000 per annum, comprising £48,000 in staff costs and £12,000 in non-staff costs.

32. These are the direct administrative costs arising from the establishment of a general practice register. There may be additional costs arising from the issues discussed in paragraph 30.
Annex A

GENERAL PRACTITIONERS REGISTER

Introduction

• At a meeting convened by the GMC on 12 October, representatives of the GMC, GPC, JCPTGP and RCGP discussed the case for a General Practitioners Register.

• The discussion was informed by a paper written earlier in the year by Dr Brian Keighley on behalf of the RCGP, GPC and JCPTGP. At the end of the meeting it was agreed that Dr Keighley’s paper should be amended and sent to the participants for comment before submission to the GMC’s Registration Committee.

• The term “generalist register” was thought by some to be potentially confusing, hence the term “General Practitioners Register” is recommended and used throughout this paper.

Background

• Over the past two years there has been much discussion between the GMC, GPC, JCPTGP and RCGP about the introduction of a “General Practitioners Register”.

• Career doctors in other medical disciplines must be entered on the Specialist Register before being eligible for appointment as an NHS consultant. There is, therefore, a central register, albeit at present a less than perfect record, against which the public, management and colleagues can check the professional credentials of any career doctor they consult, employ or collaborate with. There are no such arrangements for general practitioners. The discipline of general practice has a legitimate concern that the current arrangements discriminate against general practice and do not meet the needs of a number of constituents such as the general public.

• The original GMC interest in a General Practitioners Register was founded upon its policy on revalidation. Its first proposals were based on the “fitness for purpose” of the Specialist Register and it was originally proposed that there would have to be a similar register for GPs. With subsequent policy decisions to link revalidation to the Basic Register, the original impetus for a register for GPs was lost. [To avoid confusion with a generalist register, this paper will refer henceforth to the general register as the Basic Register].

• The GMC no longer includes postgraduate qualifications including various indicators of quality within general practice (e.g. MRCGP, MRCP, FRCGP, FRCP) on the Basic Register. This decision was taken on the grounds of consistency of approach and because of the difficulties of deciding which of the
many possible qualifications should be listed. This new approach also raised the question of the “T(GP)" indicator which had been available for some years on a voluntary basis, but which had only been included at the request of approximately 10% of the general practitioners eligible to apply. The T(GP) indicator, therefore, has only served to confuse the issue for all concerned, the public in particular.

- It is JCPTGP policy, supported by all its constituent bodies, that the publication of a definitive register of doctors with rights to practise would be helpful to the better administration of the NHS and to increased public confidence and safety.

The current position

- A doctor on full registration enters the General Medical Council’s Basic Register.

- A UK-trained doctor who chooses to be a general practitioner must undertake a period of vocational training, pass summative assessment and be certificated by the JCPTGP.

- However there are a number of categories of doctor eligible to practise in general practice, of which the vocationally trained doctor is only one example. There are concerns that some of the other routes allow doctors trained abroad to acquire the right to practise in the UK without necessarily being adequately trained.

- The JCPTGP maintains a public list of those doctors who have been issued with a vocational training certificate. However the list does not contain the names of those who are eligible through historical eligibility (the “grandfather” clauses).

- The General Medical Council has decided that revalidation will be for the Basic Register.

The case for a General Practitioners Register

- The need, in the public interest, for a definitive list of doctors who are entitled, by whatever route, to practise as a GP within the NHS. The JCPTGP has increasing evidence that ineligible doctors are practising, or have recently practised, as GP locums or assistants. This is in direct contravention of the NHS Vocational Training Regulations which put into the UK law the EEC Directives under which the JCPTGP is the nominated Competent Authority. (The categories of doctor entitled to practise within the NHS are shown at Appendix 1.)

- When revalidation is introduced doctors’ performance will be judged against standards appropriate to their area of practice. A General Practitioners Register would indicate to which doctors Good Medical Practice for General Practitioners would apply.

- A General Practitioners Register would be of use to private sector management and to individual private patients

- Non inclusion in the General Practitioners Register would lead to pointed
questions about a doctor’s training status

The implications of a General Practitioners Register

• The General Practitioners Register would be an accurate current list of all doctors eligible to work as GPs in the UK. All such doctors would also be on the Basic Register.

• All those currently eligible through any of the eight routes to practise as GPs in the UK would be entered on the General Practitioners Register.

• Continuation on the basic and General Practitioners Register would be dependent on satisfying the requirements of revalidation for clinical general practice.

• If a doctor is not on the General Practitioners Register but was formerly eligible for that register, then they would be required to work under supervision in general practice until they can demonstrate that they meet the requirements of revalidation. Then they will be reinstated onto the basic and General Practitioners Register.

• General practitioners opting to not be revalidated for clinical general practice would be removed from the General Practitioners Register. They will remain in the Basic Register unless the GMC decides, after due process to remove them from that register. This will allow those doctors who no longer act as clinical general practitioners, for example medical managers or directors of education, to remain on the Basic Register.

• These proposals will require changes to legislation. Such changes could be included in the changes required to enact revalidation.

Revalidation

• GMC policy on professional revalidation is still being developed. It seems likely, however, that certain basic standards will be applied to doctors in the area in which they work. The generic standard will be the same, but their application will vary considerably according to circumstance and area of practice.

• However, there is strong support for the view that there should be a link between the General Practitioners Register and revalidation with entry to the register being reconfirmed by the revalidation. Thus the Register would indicate both entry qualification and continuing eligibility to practise in clinical general practice.

• It is expected that most doctors will be revalidated against standards developed for the specialty in which they work and, for the vast majority, this will be the area in which they hold registration either on the Specialist Register or General Practitioners Register.
• Private general practitioners will also have to be revalidated and it may well be seen as an advantage for many such doctors to demonstrate their training status by being included on a General Practitioners Register. For example the Prison Service has already indicated that it will only newly employ doctors who hold a JCPTGP certificate.

• A General Practitioners Register is thus seen as a potential advantage even for those working outside the NHS in areas where the knowledge and skills of a general practitioner might reasonably be expected.

The Specialist Register

• In order to be appointed as a consultant in the NHS, a doctor must have a CCST and be on the Specialist Register.

• Discussions on a General Practitioners Register have raised questions about the nature of the Specialist Register. There may a need to be a reconsideration of the current regulations surrounding the Specialist Register to make it more informative for the public and NHS.

The Human Rights Act

• Any removal from a register that, as a direct consequence, affected the right of that doctor to practise must occur through a rigorous, fair process that met the requirements of Article 6 of the European Convention on Human Rights (the “right to earn a living”).

Recommendations

• Entry to the General Practitioners Register and the Specialist Register would be certified by the competent authority

• An entry in the General Practitioners Register should indicate how the doctor qualifies for inclusion and in what capacity he or she can work within NHS general practice. A preamble to the Register should explain fully the categories of doctor listed in Appendix 1

• Continuance on either register would be informed by the revalidation process.

• The GMC should review whether removal from either the Specialist or General Practitioners Register would have, of necessity, any impact on the Basic
Register.

Katie Carter
Registrar
JCPTGP
November 2000
Categories of doctor currently eligible to work in general practice in the UK

a) Doctors who possess a Certificate of Prescribed Experience or a Certificate of Equivalent Experience issued by the Joint Committee on Postgraduate Training for General Practice.

b) Doctors who possess a Certificate of Specific Training in General Medical Practice awarded in one of the member states of the European Economic Area (EEA) other than the UK.

c) Doctors who possess a Certificate of Acquired Rights awarded in one of the member states of the European Economic Area (EEA) other than the UK.

d) Doctors who were principals in NHS general practice on 15 February 1981.

e) Doctors who were on 15 February 1981 serving in the Defence Medical Services in a capacity which could be regarded as equivalent to that of a principal in general practice in the NHS, and are in possession of a statement from the Director General of Medical Services confirming this.

f) Doctors who were principals in NHS general practice before 15 February 1981 and returned to the Medical List of a Health Authority or Health Board as a principal general practitioner in the NHS before 15 February 1990.

g) Doctors who hold a recognised primary medical qualification awarded in one of the member states of the European Economic Area (EEA) other than the UK entitling them to be fully registered under section 3 of the Medical Act 1983, and who were established in the United Kingdom on 31 December 1994.

h) Doctors who wish to practise as principals for the provision of limited medical services and were included in the Medical List of a Health Authority or Health Board as providing such limited services on 31 December 1994.

Doctors may be employed as locums, deputies or assistants in general practice if they fulfil one of the criteria (a) to (g) listed above.

The only other doctors who may be employed as locums/deputies/assistants are those who were employed in these capacities, in NHS general practice, on either 10 days in the four year period ending 31 December 1994, or, on 40 days in the ten year period ending 31 December 1994. Doctors in this group hold Acquired Rights and may practise as locums and assistants but not as principals.