To consider

The timing of full registration

Issue

1 Various organisations are proposing moving the point at which UK graduates are granted full registration with a licence to practise, to the end of medical school, against the background of over-subscription to the foundation programme in the next few years, and to make sure all suitable UK graduates secure full GMC registration.

Recommendations

2 The Education and Training Advisory Board is asked to consider and provide advice on the implications of moving the point of full registration for UK graduates to the end of medical school. In particular, the Board is asked to provide advice on:

a what the benefit and risks for patients would be in moving the point of registration

b how those risks could be mitigated

c other implications for the continuum of medical education

d the further development of such a proposal, including process, involvement of key interests, and potential timescale.
The timing of full registration

Issue

What is being proposed?

3 Medical Schools Council (MSC), Health Education England (HEE) and other organisations are suggesting that the point of full registration for UK graduates could be moved to the end of medical school. This has been proposed before but has added impetus now because of a heightened risk of over-subscription to the foundation programme in the next few years meaning that some UK graduates might not secure full GMC registration. It has also been argued that recent changes to medical education involving increased clinical experience during undergraduate training make the need for experience gained under provisional registration unnecessary for UK graduates.

4 The timing of full registration was considered earlier by Professor John Collins, in his independent report into the Foundation Programme Foundation for Excellence. Professor Collins recommended that the GMC should review the timing of full registration by 2015, making the following observations:

a Other countries such as the USA and Canada do not have, or have now discarded, a pre-registration year.

b The GMC now requires medical students to undertake a student assistantship during their final year in which they undertake defined duties under supervision.

c It is unclear whether the current timing of full registration yields the best outcome for trainees or the NHS. In particular, the governance of F1 doctors is shared between medical schools and postgraduate deans even though some 40% of trainees undertake their F1 year away from their university region and this does not fit well with the medical school retaining legal responsibility to ‘sign-off’ the new doctor.

5 Provisional registration has been in place since 1953 when it was introduced to make sure newly qualified doctors undertook a period of service providing general experience under supervision prior to the acquisition of full registration and independent practice. This period was an extension of the undergraduate course, still under the authority of the university, with a significant educational component and with gradually increasing responsibility for the care of patients.

6 Since then a number of changes have been made to education and training for doctors. They include:

a changes to undergraduate education, including greater clinical exposure during medical school
the introduction in 2005 of the two year Foundation Programme to ensure broad-based beginnings for doctors (with full registration being awarded after one year), and the publication by the GMC of *The New Doctor* in 2007 (now *The Trainee Doctor*) which sets out the outcomes that provisionally registered doctors must achieve

c the introduction of a period of shadowing prior to starting the Foundation Programme

d changes to postgraduate education, including more explicit curricula together with robust assessment frameworks

e clearer, more effective and more accountable arrangements for quality assurance and educational governance.

All these changes reflect an intention to integrate the different stages of training for doctors and to envisage learning as part of a continuum. Continuing Professional Development (CPD), and more recently, the introduction of the licence to practise and revalidation, provide clear acknowledgement that training and professional development are expected to continue throughout a doctor’s career in order to achieve the highest standards in medical practice and ensure patient safety.

**Why are we looking at the issue now?**

Following Professor Collins’ report, we took the view that detailed discussion of whether full registration should be brought forward to the end of medical school should await the outcome of the European Commission’s review of the Directive on Recognition of Professional Qualifications (which describes the minimum duration of training up to the point of full registration, often referred to as basic medical education). We also began gathering evidence about the impact of *Tomorrow’s Doctors 2009* on graduates’ preparedness for practice to support discussion of moving full registration.

Advice from the Education and Training Advisory Board in June, and discussion with key interests make it clear that there is strong demand for this debate to begin now.

The final report of the independent review *Shape of Medical Training: securing the future of excellent patient care*, led by Professor David Greenaway will recommend that full registration should move to the point of graduation from medical school, subject to the necessary legislation being approved by Parliament and provided the educational, legal and regulatory measures are in place to assure patients and employers that they are fit to practise.
**What does full registration means?**

11 Provisional registration provides a regulatory structure to reinforce oversight of new doctors who are for the first time working as doctors in the workplace. Provisional registration (PR) and a licence to practice is granted solely for the purpose of participating in the first year of the Foundation Programme (F1). This period of training completes basic medical education and enables newly qualified UK medical school graduates to develop their clinical and professional skills under supervision in the workplace. Provisionally registered doctors must demonstrate outcomes set by the GMC and upon satisfactory completion they receive a Certificate of Experience and may apply to the GMC for full registration (subject to their fitness to practise not being impaired).

12 Most doctors successfully complete F1 and proceed to full registration within 12 months of gaining PR. Some doctors may require an additional period of training before completing the requirements of F1, which is determined by Foundation Schools based on the doctor’s performance in F1.

13 Once doctors have full registration they are able to exercise all of the privileges restricted in law to a registered medical practitioner; there are few limits on the scope of their practice beyond those arising from not being included in the Specialist or General Practitioner registers. However, the location of their practice is currently restricted to an approved practice setting until their first revalidation.

14 Certain doctors who are EEA nationals (including those with certain overseas qualifications), and international medical graduates (IMGs) can also apply for PR under the relevant provisions of the Medical Act in order to participate in an acceptable programme for provisionally registered doctors (currently the UK Foundation Programme).

*Implications of moving full registration*

15 The timing of full registration is a question of the legal framework for registration as determined by the UK Parliament, and we have made clear that we have no objection in principle to the point of registration being moved if that is what Parliament, after due consideration and with support from the GMC and other key interests in the sector, decide to do. However, the starting point in discussing this issue needs to be what is best for patient safety and the quality of medical education, rather than to balance the supply and demand of medical graduates, although this is an important consideration in its own right.

16 Annex A identifies possible implications of moving full registration to the end of medical school and issues for consideration.
Supporting information

How this issue relates to the corporate strategy and business plan

18 The issue of timing of full registration relates to a number of our strategic aims:

a Strategic aim 1 of our corporate strategy is to continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.

b Strategic aim 2 of our corporate strategy is to give all our key interest groups confidence that doctors are fit to practise.

c Strategic aim 3 of our corporate strategy is to provide an integrated approach to the regulation of medical education and training through all stages of a doctor’s career.

If you have any questions about this paper please contact:
Susan Redward, Policy Manager, sredward@gmc-uk.org, 020 7189 5287
Timing of full registration

1. This annex identifies matters to be considered if full registration is to be moved to the end of medical school.

Assuring the standard for full registration

The undergraduate clinical programme and student registration

2. Consideration needs to be given to whether all medical schools provide students with sufficient experience to take up employment with full registration, including whether the final year needs to become an internship year.

3. *Tomorrow’s Doctors* sets outcomes that graduates must demonstrate to be able to apply for provisional registration. Medical students develop clinical and professional skills during clinical placements and student assistantships. Student assistantships were introduced to respond to evidence that graduates were not appropriately prepared for entry into the Foundation Programme. *Tomorrow’s Doctors* states that although some direct care of patients is implicit and necessary, student assistantships are primarily an education experience providing hands-on learning experiences that allow the medical student to work within clinical settings and to practise clinical skills.

4. If full registration is granted at the end of medical school, the current undergraduate professional and clinical outcomes that ensure all graduating UK medical students meet the standard for practice under provisional registration may need to be reviewed, or new outcomes may need to be developed. The undergraduate curricula may need to include more clinical placements to prepare graduates for full registration, and may need more regulatory oversight in terms of delivery and assessment.

5. We considered the case for student registration in 2011 and decided against it. However, if students need to be significantly more actively engaged in their clinical settings than is currently the case, some may argue that this needs to be revisited.
National exam

6 The GMC’s role is to protect patients and the public. In order to assure patient safety and a common adherence to the standard for practice under full registration across and within all applicant groups (UK, EEA and IMG), there are likely to be calls for a national exam at the point of registration (commonly referred to as a national licensing exam). Matters such as when such an exam would take place, what body would be responsible for it and who would run it, how it would be funded and whether it would determine eligibility for registration or entry to postgraduate training or both would need to be considered. The question arises whether the introduction of such an exam should be accompanied by a removal of the automatic entitlement to registration associated with the award of a UK PMQ, or whether it would instead be linked to the award of the licence to practise. Alternatively, there could be an exam to determine entry into postgraduate training. In that scenario, there would need to be clarity on what privileges – if any – newly registered doctors who did not enter training could enjoy (see below).

7 An exam could be broadly modelled on the current PLAB test, consisting of both knowledge and clinical skills components, or it may follow other formats used in other jurisdictions (such as the United States Medical Licensing Examination (USMLE)).

8 While some steps are being taken towards a more consistent approach across medical schools, such as shared items in finals, situational judgement tests and prescribing skills assessment, at present these are still in development.

Doctors in difficulty and fitness to practice

9 Each year around 200 F1 doctors are not signed off for full registration. In the year ending August 2012, 57 F1 doctors required remedial training and 53 doctors left the programme after extended training, were dismissed, resigned from the programme, or left the programme for another reason. Under the system of provisional registration, the onus is on the F1 doctor to show they are fit to be fully registered. F1 doctors who are not signed off with a Certificate of Experience and are no longer on a Foundation Programme cannot practice in any other posts, which effectively ends their career in medicine. The Trainee Doctor states “Foundation doctors who are a risk to patients must not be allowed to continue training and must not be signed off for full registration with the GMC” and that career counselling should be offered.

10 However, at present these doctors can maintain their provisional registration and licence to practise indefinitely as long as they continue to pay their annual retention fee to the GMC and their fitness to practise remains unimpaired to our knowledge, even if they are no longer in the Foundation Programme. Provisionally registered doctors are not currently included within the revalidation process. Separately from the issue of the timing of full registration, we are
proposing regulations introducing a time limit on provisional registration to reduce the potential for those who are no longer in training to work outside the scope of their provisional registration and to protect patients.

11 If provisional registration is abolished, and the sign off process to achieve full registration is removed, we would need to be clear about how the risks from new, fully registered doctors in difficulty would be managed by the foundation programme and by the GMC. It would not be acceptable for 200 new graduates every year to have to be managed within the GMC’s fitness to practise procedures.

**Supervision and independent practice**

12 Abolishing provisional registration would remove the current requirement for UK doctors to work in a programme that provides supervision in the 12 months immediately following graduation. We would need to consider what rights and privileges doctors who obtain full registration but were not selected or chose not to go into training (arguably the weakest and most junior doctors) would have, and whether a form of conditional or limited registration that allowed conditions to be imposed at the point of full registration was needed for this group.

**Registration of other applicant groups**

13 Currently EEA and IMG doctors are able in some circumstances to apply for provisional registration. For EEA applicants this is for doctors from those countries that, like the UK, have a two-part qualification listed in Directive 2005/36/EC who do not hold the second component of that qualification at the point of application (for example an Irish graduate with an Irish PMQ but without a Certificate of Full Registration from the Medical Council of Ireland). For IMG doctors this is those applicants who do not meet the experience requirements set out by the (former) Registration Committee in its guidance to the Registrar of November 2007.

14 If UK medical students become eligible for full registration at the point of graduation we would need to consider whether it would remain reasonable or desirable to retain provisional registration for applicants qualifying outside the UK. In particular we would need to consider whether it is legally possible to have a different registration framework for European applicants from that applying to UK applicants.

15 As mentioned at paragraphs 6 to 8 we may wish to give consideration to the introduction of a national exam as part of any application for full registration. If

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1 Meeting of 15 November 2007 item 9
this option was to be pursued consideration would also need to be given to how this would impact overseas (EEA and IMG) applicants for full registration. In particular we would need to consider whether such an exam would replace the current PLAB exam for IMG applicants. The PLAB test currently requires candidates to demonstrate the skills and professional qualities expected of a doctor who has completed foundation year one. That is to say a doctor who has reached the standard for practice expected under full registration.

16 Although not directly a matter for the GMC, we will also need to be mindful of potential unintended consequences flowing from any changes, in particular to the UK Foundation Programme. In 2010 (the last year for which comprehensive figures are available) the EEA countries produced at least 40,466 medical graduates. Of these 14,614 were eligible to apply for provisional registration and so for the UK Foundation Programme. If access to the programme was no longer restricted to those doctors eligible to apply for provisional registration the number of eligible EEA graduates increases to at least 25,852\(^2\). This assumes of course that those currently eligible for provisional registration would no longer be able to apply as they would potentially be unable to obtain registration in the UK, an assumption which is dependent on any decision reached on the issues highlighted at paragraph 12.

17 For the 2012-2014 intakes, the number of eligible European applicants was 153, 193 and 186 respectively\(^3\). If we assume an increase in eligible applicants proportionate to the increase in the number of eligible graduates then those figures would be 269, 340 and 327\(^4\). These figures include an assumption that once the restriction to provisionally registered doctors only is removed other European doctors (than those at the point of graduation) eligible for or holding full registration would not choose to apply for F1\(^5\).

**Recognition of UK qualification in the EU Directive**

18 The UK currently has a two-part qualification listed for mutual recognition under Directive 2005/36/EC. This consists of the primary medical qualification awarded by a UK medical school and the Certificate of Experience awarded at the successful completion of F1. We would need to consider whether the UK should maintain a two-part qualification once completion of F1 is no longer a requirement for full registration.

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\(^2\) This figure excludes France, where there are no available figures after 2007, when 3,843 students graduated.

\(^3\) Figures provided by UK Foundation Programme Office.

\(^4\) Assuming a common increase of 76%.

\(^5\) In effect by removing the restriction to PR any European doctor who is eligible for FR will become eligible to apply for F1, regardless of which stage in their career they are currently at.
Any amendment to the UK qualification could have implications for European recognition of UK graduate entry programmes (GEPs), and compliance with the minimum requirements for basic medical training. Members of the European Parliament, on 9 October 2013, have adopted the revised Directive comprising a minimum duration of basic medical training of 5 years and 5,500 hours. We would need to understand the European Commission’s perspective about the change, including whether graduates entering four year GEPs would be able to count aspects of their first degree towards the five year duration of basic medical training. This is a particularly important issue for those GEPs that admit arts graduates. There is good evidence that these students progress at least as well as science graduates, but the definition of basic medical education in the Directive refers to specific knowledge of ‘the sciences on which medicine is based and a good understanding of the scientific methods’ rather than more general skills that any graduate would acquire.

Amendment to the UK qualification would also have implications for the registration of EEA doctors qualifying in other countries with a two-part qualification (such as Ireland).

UK medical graduates who are overseas nationals

It can be difficult for UK graduates who are non-UK nationals to gain full registration (without which they can only practise in F1 in the UK no matter what subsequent training they undertake), if they have to return home at the end of their undergraduate degree. We have developed proposals to approve programmes delivered outside the UK leading to a Certificate of Experience and full registration with the GMC. Granting full registration at the end of medical school would remove this problem.

Timescales

Removal of provisional registration and the implementation of measures to assure the standard for full registration would represent the biggest change to the registration framework since at least 2007 and more likely since the introduction of provisional registration in 1950. Significant amendments would be required to the Medical Act and associated secondary legislation, along with the UK Directive entry. That said, in the wake of the Law Commission review of the legislative framework for healthcare regulation which will report in 2014, the Medical Act is likely to be replaced altogether.

If the UK were to have a single part qualification (PMQ only) listed in the Directive then applicants from other European countries currently eligible for provisional registration would be unable to apply for registration in the UK until they held a ‘complete’ qualification under the Directive – for example a PMQ and Certificate of Full Registration in Ireland for Irish graduates, unless the GMC chose to maintain provisional registration separately for EEA applicants.
A significant number of external stakeholders would also be required to undergo considerable adjustment to their current procedures and programmes.