

DRAFT

## **Licence to Practise: Guidance for Doctors**

### **Section 1: Introduction**

1. The way in which the GMC regulates doctors is about to change.
2. From 16 November 2009 any doctor who wants to practise medicine in the UK will not only have to be registered with the GMC, but will also have to hold a licence to practise. All the professional activities that are currently restricted by law to doctors who are registered with the GMC will in future be restricted to doctors who hold a licence. These activities include prescribing, signing death and cremation certificates, and holding certain posts.
3. The purpose of this guidance is to explain to doctors what these changes will mean for them.

### **Section 2: Background**

#### *The licence to practise and revalidation*

4. The introduction of the licence is the first step towards a new system of revalidation that will apply to all doctors who want to practise in the UK.
5. Revalidation is the process by which doctors will have to demonstrate to the GMC, normally every five years, that they are up to date and fit to practise. Revalidation will have two elements:
  - a. Re-licensing for all practising doctors: this will show that the GMC has received a positive assurance that a doctor continues to practise in accordance with the generic standards set by the GMC.

b. Re-certification for all practising doctors on the GMC's specialist register and GP register: this will show that the GMC has received positive assurance that a doctor on the specialist register or GP register continues to practise in accordance with the specialty standards drawn up by the relevant medical Royal College.

6. This guidance does not deal directly with the requirements for revalidation. We will cover these in separate and more detailed guidance later in 2009-10 before the launch of revalidation. Nor does it deal with the procedure for initial registration with the GMC, details of which are on our website at [www.gmc-uk.org](http://www.gmc-uk.org).

7. Before we can begin the re-licensing element of revalidation we must first introduce the licence to practise for all doctors who need one. We plan to do this well in advance of re-licensing. This will help us to identify those doctors who are in active medical practice and who will therefore need to take part in revalidation.

### **Section 3: Licensing**

#### *What is a licence to practise?*

8. A licence to practise will give you the same legal privileges that are currently restricted to registered doctors.

9. There are several hundred privileges that are restricted by law to registered, but in future to licensed, doctors. It is not practicable to list them all here, but they are shown on our website ([http://www.gmc-uk.org/doctors/information\\_for\\_doctors/privileges.asp](http://www.gmc-uk.org/doctors/information_for_doctors/privileges.asp)). They include activities such as prescribing, signing death or cremation certificates, and holding certain medical posts (such as working as a doctor in the NHS). If your medical practice involves any of these activities you will not be able to practise medicine legally in the UK unless you have a licence.

10. Once revalidation has been introduced and you have completed the process of re-licensing, the fact that you have a licence will show that we have received a positive assurance that you continue to practise in accordance with the appropriate professional standards.

#### *What form will the licence take?*

11. If you decide that you need to have a licence we will notify you in writing when your licence has been granted. We will not, however, be issuing certificates or cards. This is because certificates and cards are soon out of date and can be easily forged.

12. Instead, your status as a registered doctor holding a licence to practise will form part of your electronic record held on the GMC registration database. Anyone will be able to obtain information about your status by accessing our website at [www.gmc-uk.org](http://www.gmc-uk.org), or by telephoning us on 0161 923 6602. Your employer and members of the public can use these facilities to check your GMC status in the same way that they can currently check your registration status.

#### **Section 4: The new licensing and registration framework**

##### *Will you need a licence to practise?*

13. At the moment it is your GMC registration that provides assurance for patients and the public, for employers and others for whom you provide services that you are legally entitled to undertake certain activities, that you hold recognised qualifications, have met certain standards and are committed to abiding by the principles and values of the profession.

14. With the introduction of revalidation, it will be possession of a licence to practise that will provide public assurance that you have demonstrated to the GMC that you are continuing to comply with the relevant professional standards. If you do not hold a licence, there will be no such assurance. It is therefore in the interests of patients and the public, as well as the credibility of the profession, that practising doctors in all specialties (clinical and non-clinical) in the UK take a licence to practise and participate in revalidation.

15. It is for you to decide whether you need or want to hold a licence for the particular activities that you intend to undertake, in the same way that it is currently for you to decide whether you need to be registered.

16. You will need a licence in order to undertake any form of medical practice for which the UK law currently requires you to hold GMC registration. This will apply whether you are working full time, part time or as a locum, whether in private practice, the independent sector or in the NHS.

17. There are some activities for which there will be no legal requirement to be licensed but there may still be a contractual requirement. Your employer, the organisation you are working for or your insurance provider, may all require you to be licensed in order to show that you are practising in accordance with the appropriate professional standards. For example, there may be no legal requirement for you to be licensed in order to write medico-legal reports, but those you are working for may expect it and make it a contractual requirement. If in doubt, you should check the position with those who instruct you, or with your employer or other relevant body.

18. There are some activities for which there may be neither a legal nor a contractual requirement for you to hold a licence, but where you may be using professional knowledge and skills, or relying on your professional standing, to carry out the role. These activities include teaching, medical management, and some types of research. In these circumstances you may decide you want a licence to show that you are practising in accordance with the values and standards of the profession.

19. Some doctors continue to draw upon their professional knowledge and experience in carrying out a range of activities after they have retired from medical practice. These include examining for diplomas, medical journalism, acting as medical advisors to sporting organisations, assessing patients by questionnaires for medical charities. In these cases, it is not necessary to hold a licence.

20. If you decide to take a licence, it is important that you understand the implications of doing so. We explain the implications in the following paragraphs.

*What are the options?*

21. There are three options open to you:

Option A: You may hold registration with a licence to practise.

22. You will need to be licensed if you intend to undertake any of the professional activities that are at present legally restricted to registered doctors, but that will in future be restricted to licensed doctors.

Option B: You may hold registration without a licence to practise.

23. You may decide to take registration without a licence if you want to maintain a link with the GMC, but do not intend to exercise any of the legal privileges associated with medical practice.

24. For example, some retired doctors who do not intend to practise have told us that they want to maintain a connection with the GMC. Registration without a licence might also be suitable for doctors taking a career break or working overseas, if they want to remain in touch with the GMC. These doctors do not have to hold registration only. They may prefer not to hold registration at all and, if so, they can remove their names from the register. However, if they want to practise again in the UK at a later date, even for a short period, they must first get a licence or have their licence restored.

25. If you decide to take registration without a licence, this will not prevent you from applying for a licence to practise at a later date (see section 5).

26. If you take registration without a licence you must make sure that there is no ambiguity about your GMC status that might lead people to assume that you are a licensed doctor.

#### Option C: No longer registered

27. You may decide to remove your name from the register if you do not intend to practise or to present yourself as a licensed doctor, and if you see no benefit in maintaining a link with the GMC while you are not working. You will still be able to use the title 'Dr'.

28. You already have the option of removing your name from the register if you are not practising. This is merely a continuation of that option.

29. If you decide to remove your name from the register voluntarily, this will not prevent you from applying for registration or a licence at a later date (see section 5)

#### *The implications for doctors who take a licence (Option A)*

30. Having a licence will enable you to practise medicine, but it will also impose the following obligations.

a. You will be bound by the principles set out in our guidance *Good Medical Practice*.

b.

b. You will have to comply with the requirements of revalidation, once it is introduced. This means that you will have to collect a portfolio of information about your practice to support your future revalidation, take part in annual appraisal in the workplace, and take part in an independent process for collecting feedback from patients (if applicable) and colleagues. You will have to be able to show that you are complying with the generic standards set by the GMC in *Good Medical Practice*, and the specialty specific standards applicable in your area of practice. We will be publishing further guidance about the requirements for revalidation in 2009.

c. You will have to liaise with a Responsible Officer (once they have been appointed) who will be responsible for making a recommendation to the GMC about your revalidation. For more information about Responsible Officers, see section 12.

*The implications for doctors who take registration without a licence to practise (Option B)*

31. If you decide to hold registration only without a licence, but not a licence, you will not be able to undertake any of the activities legally restricted to doctors who are licensed. These include, but are not limited to, prescribing, signing death and cremation certificates, and holding certain appointments, such as medical posts in the NHS.

32. If you hold registration without a licence, it will show that you are in good standing with the GMC. You will, therefore, continue to be bound by the principles of *Good Medical Practice*. Although most of the principles contained in *Good Medical Practice* are aimed primarily at doctors who are in active medical practice, they will all continue to apply even if you are not practising. If you do not comply with the principles of *Good Medical Practice* your registration, and your opportunity to get a licence at a later date, may be at risk.

33. If you hold registration without a licence, it will not prevent you from undertaking 'Good Samaritan' acts or from providing treatment in emergencies. Any concerned citizen is able to perform such acts, with or without registration. However, if you are worried about any potential liabilities as a result of trying to assist someone in such a situation, you may want to check with your medical defence organisation, or other insurer, whether you have or need professional indemnity or insurance cover for such acts if you do not have a licence.

34. If you hold registration without a licence, you will still be able to use the title 'doctor' and perform acts that are not legally dependent upon your status with the GMC, such as signing passport photographs.

35. If you hold registration without a licence, you must not present yourself as a licensed doctor or engage in any conduct that might suggest that you hold a licence to practise (see section 9). To do so would be a criminal offence. It is therefore very important that you do not allow there to be any ambiguity or confusion about your GMC status.

*Why might you want to remain registered, without a licence?*

36. Some doctors have told us that they will not be undertaking any professional activities for which they will need a licence, but that they nevertheless want to maintain their GMC registration. The reasons this might be an attractive option for some doctors include:

- a. To demonstrate continuing commitment to the values of the profession. This may be relevant to doctors who are no longer in active medical practice, but are nevertheless undertaking roles where they are continuing to draw upon their professional knowledge and experience and rely on their standing as doctors.

- b. To confirm their continuing good standing with the GMC.
- c. To meet the requirements of any organisation they intend to work for.
- d. To meet the requirements of an overseas regulator, if they are practising outside the UK (though it will be important to check the requirements directly with the regulator concerned).
- e. To maintain good lines of communication with the GMC to make it easier to get a licence in the event of a national medical emergency, such as pandemic influenza.
- f. To reduce cost as holding registration without a licence will cost less than holding a licence (see section 8).

37. If you hold registration without a licence, you will not have to comply with the requirements of revalidation.

38. But there is no need for you to hold registration only, without a licence, if you see no value in it for you.

#### *Doctors undertaking non-clinical work*

39. A significant number of doctors work in roles that have no patient contact. For example, they may be in management roles, academia, government departments, laboratory research, tribunal work or public health. The number and diversity of these medical roles means that it is not possible in guidance such as this for us to specify for each role whether a licence is necessary. Even if there is not a legal obligation for you to hold a licence, there may be a contractual requirement from your employer or those for whom you are providing services. If your practice involves the application of your professional knowledge and skills you may prefer to be licensed even if you are not under a contractual or legal obligation to be licensed.

40. It is for you to decide whether you need to hold a licence to practise for the particular activities you undertake, in the same way that it is currently for you to decide whether you need to be registered. If you decided that you needed to be registered for the work you undertook before licensing was introduced, then it may be appropriate for you to be licensed to undertake the same work in the future.

### *Doctors in training*

41. Doctors in training will usually need a licence to practise. This applies to both Foundation Programme Training and specialty training. Doctors in training will need to participate in revalidation. We will provide more information about this later in the year, but we do not expect that trainees will need to fulfil additional requirements over and above those of the training programme.

42. Some trainees acquire out of programme experience overseas. It is open to them to retain a licence during this time, although there is no GMC requirement for them to do so. They should, however, check the requirements of the regulator in the country where they are working in case they require it.

43. If you decide not to hold a licence while overseas, it will be quite straightforward to regain a licence when you return to the UK. See sections 5-7 for more information about obtaining, relinquishing and restoring a licence to practise.

## **Section 5: Granting a licence to practise**

### *Doctors already registered with the GMC*

44. If you are already registered with the GMC when licensing is introduced you will have the options of taking a licence, remaining registered without a licence, or voluntarily removing your name from the register (see section 4 above). We will contact you in advance to find out what you have chosen to do.

### *Doctors who have never been registered with the GMC*

45. If you have never been registered with the GMC you will have to apply for a licence to practise. You will not be able to apply for registration without a licence.

46. To get a licence you will need to demonstrate to the GMC your capability for practice in the UK in the same way that doctors currently have to demonstrate their suitability for registration. For information on how to register and get a licence, see our website ([www.gmc-uk.org/doctors/index.asp](http://www.gmc-uk.org/doctors/index.asp))

47. If you have never been registered with the GMC you may be restricted to work in a GMC approved practice setting for a period of 12 months, or until your first revalidation, if that is within the 12 months. For information about approved practice settings, see section 13.

### *Doctors not currently registered with the GMC*

48. If you have previously been fully registered with the GMC, but are not currently registered when licensing is introduced, you will have three options:

- a. To apply for a licence to practise.
- b. To apply for registration only without a licence.
- c. To do nothing and remain unregistered.

49. If you have never held full registration with the GMC you will have to remain unregistered or apply for a licence. You cannot apply for registration only without a licence.

50. If you have previously held any form of temporary, limited, or provisional registration with the GMC and want to renew it, you will need to take a licence to practise.

51. For information about how to renew your registration, see [www.gmc-uk.org/doctors/index.asp](http://www.gmc-uk.org/doctors/index.asp) .

52. When you are granted a licence, if you have not held GMC registration within the previous two years, you may be restricted to work in a GMC approved practice setting for a minimum of 12 months, or until your first revalidation, whichever is the shorter. For information about approved practice settings, see section 13.

53. If your previous registration ended as a result of suspension or erasure under the GMC's fitness to practise procedures, see section 10.

54. For a summary of the options, see Appendix 1 to this guidance.

#### *Deferring your decision to take a licence*

55. Whether or not you take a licence to practise when they are first introduced, the decision is not irrevocable. You may decide that you do not need a licence immediately. If that is the case, you can apply for a licence at a later date. Alternatively, you may decide to take a licence initially but choose to relinquish it later on if your circumstances change. Just as you can currently change your registration status depending on your situation, in future you will be able to change your licence to practise status.

56. Our intention is to facilitate workforce mobility. This means we need to make it easy for doctors to obtain a licence at a later date if they do not need one when licences are first introduced. We will normally want some basic information to confirm your identity (if you are restoring to the register) and confirmation from your previous employer (and from any other regulatory authority in whose jurisdiction you have been working) that there are no known concerns about your fitness to practise.

## **Section 6: Withdrawing a licence to practise or registration**

### *Withdrawing or relinquishing both a licence to practise and registration*

57. There are currently a range of circumstances in which the GMC may withdraw your registration. In future we will withdraw both your licence to practise **and** your registration:

- a. If you do not pay the annual retention fee (see section 8 for information on fees).
- b. If you do not maintain an address through which we can contact you.
- c. If it is shown that your licence and your registration have been fraudulently obtained or otherwise incorrectly granted. If only your licence has been fraudulently obtained, your registration may also be at risk if action is taken under our fitness to practise procedures.
- d. If you tell us that you want to relinquish your licence and remove your name from the register, unless proceedings are underway that would mean it would not be in the public interest. For information about how to apply to remove your name from the register see [www.gmc-uk.org/doctors/index.asp](http://www.gmc-uk.org/doctors/index.asp) .
- e. If a GMC fitness to practise panel decides that your registration should be suspended or erased.
- f. If we are notified of your death.
- g. If your registration is relinquished or removed for any reason.

### *Withdrawing or relinquishing a licence to practise*

58. We will withdraw your licence to practise, but not your registration if you tell us that you want to relinquish your licence, but not your registration.

59. Your licence may also be removed if you do not comply with the requirements of the General Medical Council (Licence to Practise Regulations) 2009 (see [www.gmc-uk.org/about/legislation](http://www.gmc-uk.org/about/legislation)).

60. If your licence to practise is withdrawn for any reason, you will not be able to exercise any of the legal privileges associated with the licence and must immediately stop practising in the UK.

61. If you decide voluntarily to give up either your licence or your registration, you can do so without having to pay a fee. For further information on the fees framework for registration and licensing, see section 8.

62. For a summary of the options covering the withdrawal or relinquishing of a licence and registration, see Appendix 1 to this guidance.

## **Section 7: Restoring registration and/or a licence to practise**

63. If you have voluntarily given up your registration or your licence to practise, or both, or they have been withdrawn for reasons unconnected with your fitness to practise, you can apply for them to be restored. In 2008 we granted just over 1,000 restorations to the register. The process is quite straightforward. It will be the same for restoring your licence. We will normally want some basic information to confirm your identity (if you are restoring to the register) and confirmation from your previous employer (and from any other regulatory authority in whose jurisdiction you have been working) that there are no known concerns about your fitness to practise. For information about how to apply, see [www.gmc-uk.org/doctors/index.asp](http://www.gmc-uk.org/doctors/index.asp).

64. If you have been out of medical practice in the UK for two years or more when your licence is restored, you may be restricted to practising in a GMC approved practice setting for 12 months, or until your first revalidation, if that is within the 12 months. For information about approved practice settings, see section 13.

### *Restoration following action by the GMC in relation to your fitness to practise*

65. If you want to restore your licence to practise and registration following action by the GMC in relation to your fitness to practise, you will need to contact our Fitness to Practise Directorate for guidance.

66. For a summary of the options for restoring your licence to practise or your registration, see Appendix 1 to this guidance.

## **Section 8: Fees for a licence to practise and registration**

67. There will be an annual fee for holding registration with a licence to practise. The annual fee for 2009-10 will be £410 for fees due after 1 April 2009.

68. Doctors who decide to remain registered without a licence will also pay an annual fee to maintain their registration. The fee will be £145.

69. The difference between the fee for registration only and the fee for the licence to practise reflects, as far as possible, the costs of regulating doctors in these two groups.

70. Doctors who are already registered on the day licensing begins, and who are simply upgrading to a licensed status, will not need to pay anything extra to become licensed. The date on which your annual fee falls due will remain unchanged and will not be affected by the introduction of licensing.

71. If you decide to remain registered without a licence when licensing begins, but have already paid your annual retention fee, we will adjust your fee accordingly and give you a refund if necessary.

### **Section 9: Penalties for pretending to hold a licence to practise or registration**

72. You must have a licence in order to exercise any of the privileges associated with medical practice in the UK, such as prescribing, signing death and cremation certificates and holding certain medical posts. You will not be able to undertake these activities legally without a licence. If you practise without a licence, or engage in conduct calculated to suggest that you have a licence, you are committing a criminal offence.

73. It is also a criminal offence to pretend to hold registration when you do not, or to use any title or description intended to imply that you are registered. Therefore, if you decide to hold registration only, without a licence, or to voluntarily remove your name from the register, you must make sure there is no ambiguity about your GMC status. This will not, however, prevent you from continuing to use the title 'doctor'.

### **Section 10: Fitness to practise issues**

74. If you are being investigated under our fitness to practise procedures when the licence to practise is introduced, or have been in the past, you will still be entitled to hold a licence provided that your registration has not been suspended or erased in connection with that investigation

75. If your registration is subject to conditions, or if you have given undertakings to a Fitness to Practise Panel concerning your practice, you will still be entitled to hold a licence when they are introduced. You must, however, continue to adhere to any conditions imposed on your registration, or to any undertakings you have given. If you do not, your licence and registration will be at risk.

76. If your name is suspended or erased from the register by a Fitness to Practise Panel, we will automatically withdraw your licence.

77. If your name has been erased from the register by a Fitness to Practise Panel, and your licence withdrawn, you will be able to apply to have your registration and licence restored after five years. For more information, please contact the GMC's Fitness to Practise Directorate.

### **Section 11: Good Samaritan acts and treatment in emergency situations**

78. *Good Medical Practice* states:

'In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.'

79. *Good Medical Practice* applies to all doctors, whether they have a licence to practise or hold registration without a licence. .

80. Any concerned citizen is able to perform Good Samaritan acts, with or without registration or a licence. However, if you do not hold a licence and you are worried about any potential liabilities as a result of trying to assist someone in an emergency situation, you may wish to check with your medical defence organisation whether you have or need professional indemnity or insurance cover for such acts.

### **Section 12: Responsible officers**

81. The role of Responsible Officer is a new role created under the provisions of the Health and Social Care Act 2008. There will be some differences in the role in England, Scotland, Wales and Northern Ireland. However, the Responsible Officer will generally be a senior doctor in a healthcare organisation, such as the medical director. For GPs, the Responsible Officer is likely to be from the primary care organisation on whose performers list they are included.

82. The Responsible Officer will have specific responsibilities relating to the evaluation of the fitness to practise of doctors connected with that organisation. Every licensed doctor will be linked with a named Responsible Officer. One of the Responsible Officer's key roles will be to recommend to the GMC whether or not a doctor should be revalidated.

### **Section 13: Approved practice settings**

83. All new fully registered and licensed doctors, and those restoring their registration and licence after a prolonged break, will initially have to work in practice settings that have been approved by the GMC.

84. This is in order to provide public protection by ensuring that all newly registered and licensed doctors work initially in environments with appropriate supervision, and appraisal arrangements or assessments. This will help to ensure that, in the small number of cases where problems arise, there are systems in place that are capable of detecting them early.

85. An approved practice setting is one which:

- a. Is regulated or quality assured by an independent organisation.
- b. Has in place systems for managing doctors effectively.
- c. Has in place systems for identifying and acting on concerns about a doctor's fitness to practise.
- d. Has in place systems for acting on and learning from complaints.
- e. 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.
- f. Has in place systems for challenging discrimination, and for promoting equality and respect for human rights.
- g. Has in place systems for providing regulatory assurance. This includes ensuring that all employed or contracted doctors are registered and licensed with the GMC and are able to comply with *Good Medical Practice*).

86. There is more information about approved practice settings, including a list of approved settings, on our website at [www.gmc-uk.org/doctors/registration\\_news/new\\_framework/approved\\_practice\\_settings.asp](http://www.gmc-uk.org/doctors/registration_news/new_framework/approved_practice_settings.asp)

## **Section 14: Frequently asked questions**

*On what date will the GMC introduce licensing?*

The GMC will introduce the licence to practise on 16 November 2009.

*What is the licence to practise?*

When licensing is introduced any doctor wanting to practise medicine in the UK will, by law, need to be both registered and hold a licence to practise. This will apply whether they practise full-time, part-time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

It will be the licence to practise, rather than the registration, that will give a doctor the legal authority to undertake the activities currently restricted by law to doctors who are registered with the GMC.

*Will I need a licence?*

It is for doctors to decide whether they will need or want to hold a licence for the particular activities they undertake, in the same way that it is currently for them to decide whether they need to be registered.

Doctors will need a licence if they undertake any form of medical practice for which UK law currently requires them to hold GMC registration.

Doctors have one of three options:

**Option A:** Registered with a licence to practise

This will legally allow doctors to undertake any of the activities for which UK law currently requires them to be registered. There are many references within UK law where certain activities are restricted to doctors holding GMC registration. These include, but are not limited to, writing prescriptions, holding a post as a doctor in the NHS and signing cremation certificates. In the future, doctors will need to be registered with a licence to undertake such activities.

Holding a licence means doctors must comply with the requirements of revalidation when it is introduced.

Aside from any legal requirement, doctors may decide to hold a licence to meet a contractual obligation imposed by their employer, or those who contract their services.

In certain situations doctors may not be under any legal or contractual obligation to hold a licence but may still decide to do so, if they use their professional knowledge and skills or rely on their professional standing to carry out their role.

**Option B:** Registered without a licence to practise

This means doctors will remain registered, but will not be able to undertake any of the activities in the UK legally restricted to doctors holding a licence.

If doctors are not practising medicine, and there is no legal or other requirement for them to hold a licence, they may decide to take this option.

If doctors practise solely outside the UK they may decide to take this option because they will not need to hold a licence for the period that they are out of the UK.

### Option C: No longer registered

Doctors have the option to no longer be registered if they do not want a licence or to remain registered without one.

Doctors can apply to relinquish their registration by completing an application for the voluntary removal of their name from the Register.

*I work overseas: do I need a licence?*

Unless required by an overseas employer, there is no need for doctors to maintain a licence to practise if they are not practising in the UK. Doctors will need a licence before they can practise again in the UK, even for a short period.

Doctors who decide to hold a licence while working overseas will be expected to take part in revalidation when it is introduced. For further information about revalidation, please see the revalidation FAQs on our website.

*I am retired but want to continue prescribing: will I need a licence?*

Following the introduction of licensing, only registered doctors with a licence to practise will be able to exercise the legal privileges currently reserved for registered medical practitioners, such as those relating to prescribing prescription only medicines.

Remember: *Good Medical Practice* states that wherever possible, “you should avoid providing medical care to anyone with whom you have a close personal relationship”. And, “you should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.”

For information about the relevant legislation, including the Medicines Act 1968 and the Misuse of Drugs Act 1971, see the Home Office website ([www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)) and the British National Formulary ([www.bnf.org](http://www.bnf.org)). Medicines legislation applies throughout the UK.

*Will the licence restrict my practice in any way or limit me to particular types of activity?*

No. Licences to practise will be generic in exactly the same way that registration is currently generic. It will not restrict doctors to working in a particular specialty or field of practice. Doctors will, however, be bound by the professional obligation in *Good Medical Practice* to recognise and work within the limits of their competence.

*I have no direct clinical contact with patients but I occasionally write medical reports and do some medico-legal work. Do I need a licence?*

Doctors should check this out with those who instruct them. There may be a contractual requirement but, if not, they may still want doctors to have a licence to show that they are up to date and fit to practise.

If doctors do not have a licence or registration, they must not claim or imply that they do.

*I work in private practice and only prescribe privately. Will I need a licence to practise?*

Yes. By law, only doctors holding registration with a licence to practise will be able to prescribe.

Doctors will need a licence in order to undertake any form of medical practice for which they currently require registration.

*What will taking a licence mean?*

Doctors who take a licence will be subject to the requirements of revalidation, when it is introduced. This means they must undertake the periodic renewal of their licence by demonstrating that they are up to date and fit to practise. They will also be required to maintain a link with a Responsible Officer in their area for the purposes of revalidation.

Taking a licence also means that it remains a doctor's responsibility to be familiar with *Good Medical Practice* and to follow the guidance it contains, in the same way that currently registered doctors are expected to do this.

*What will registration without a licence allow me to do?*

Remaining registered without a licence may suit doctors if they are not practising medicine but nevertheless want to retain GMC registration. Holding registration without a licence will allow doctors to show to employers, overseas regulators and others that they remain in good standing with the GMC. It will remain a doctor's responsibility to be familiar with *Good Medical Practice* and to follow the guidance it contains.

Doctors will, of course, be able to undertake activities not legally dependent on holding a licence. They will be able to sign passport photographs and use the title 'Doctor'. Doctors must however make it clear they are not registered with a licence to practise; to present themselves as such when they are not would be a criminal offence.

The lack of a licence will not prevent doctors from providing assistance in emergencies – sometimes referred to as ‘Good Samaritan’ acts. Any concerned citizen is able to perform such acts, with or without registration. Doctors should check with their medical defence organisation or insurer if they are concerned about any potential liabilities arising from performing such acts or whether their present arrangements will cater for such acts if they are registered without a licence.

*Good Medical Practice* states: ‘In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options of care.’

If doctors hold registration without a licence, they will not be subject to the requirements of revalidation because they will have no licence to renew.

Remember: If doctors want to prescribe or undertake any form of medical practice for which UK law currently requires them to hold GMC registration, they will need a licence.

*How much will I have to pay for a licence or to remain registered without one?*

Whether doctors take a licence or remain registered without one they must continue to pay an annual fee.

The date on which their annual fee falls due will remain unchanged and will not be affected by the introduction of licensing. The annual fee for maintaining registration with a licence will be the same as the current annual retention fee (£390 for fees due prior to 1 April 2009, and £410 for fees due after this date).

The annual fee for holding registration without a licence will be £145.

If doctors choose registration without a licence, but have already paid their annual retention fee, we will adjust the fee accordingly, and give a refund if necessary.

*What is the link between the licence to practise and revalidation?*

The licence to practise will be the first step towards the introduction of revalidation. This new approach to medical regulation will give patients and employers regular assurance that their doctors are up to date and fit to practise. Licences will require periodic renewal by revalidation. When revalidation begins licensed doctors will be required to demonstrate to the GMC that they are practising in accordance with the generic standards of practice set by the GMC (as described in *Good Medical Practice*).

Licensed doctors on the Specialist or GP register will in addition be required to recertify against the standards that apply to their specialty or area of practice, set by the relevant medical Royal College or Faculty and approved by the GMC.

*If I take a licence, when will I have to revalidate?*

We will not be introducing revalidation at the same time as licensing. Only when we are sure that the necessary systems and arrangements to support doctors are in place, will we begin to implement revalidation.

The first revalidations will not happen before 2011. At this stage, it is not possible to say when each doctor will be expected to have been revalidated.

Once revalidation is introduced, licences will be subject to periodic renewal, probably every five years. Until that time, there is nothing doctors need to do to renew their licence over and above what they must do to maintain their registration.

For more information about the timetable for revalidation, please see the revalidation FAQs on our website.

*If I take a licence what happens to my registration?*

Doctors must hold registration in order to hold a licence to practise.

The type of registration held – whether full or provisional – will not be affected by taking a licence.

If doctors are on the Specialist or GP Register this will also be unaffected.

Any conditions imposed on a doctor's registration or undertakings given by a doctor to a Fitness to Practise panel concerning their practice, will continue to apply. Doctors must continue to adhere to them, if they do not, their licence and registration will be at risk.

*How will I know if I have been given a licence?*

After licensing is introduced, we will write to all registered doctors to confirm the grant of a licence. If doctors tell us they do not want a licence we will also write to confirm that they remain registered without one.

At that time, doctors, their employers or a member of the public, can check whether a doctor is registered with or without a licence by accessing our online List of Registered Medical Practitioners.

*How will the GMC's Fitness to Practise actions be affected by the introduction of the licence to practise?*

Following the introduction of licensing, the GMC's Fitness to Practise sanctions will, continue to attach to a doctor's registration. Where a doctor's name is suspended or erased from the Register by a Fitness to Practise Panel, we will automatically withdraw a doctor's licence.

Where a doctor's registration is subject to conditions or undertakings which restrict their practice they will still be entitled to hold a licence when licensing is introduced but must continue to adhere to any conditions or undertakings imposed on their registration. If they do not, their licence and registration will be at risk.

*Where a doctor's registration is subject to conditions or undertakings, will they be able to get a licence to practise?*

Where a doctor's registration is subject to conditions or undertakings which restrict their practice they will still be entitled to hold a licence when licensing is introduced but must continue to adhere to any conditions or undertakings imposed on their registration. If they do not, their licence and registration will be at risk.

*If a doctor has received a warning, will this stop them from getting a licence to practise?*

Warnings do not restrict a doctor's right to practise and therefore will not prevent a doctor from getting a licence.

*Will fitness to practise sanctions apply to doctors holding registration without a licence?*

The GMC's Fitness to Practise sanctions will continue to attach to a doctor's registration and will therefore affect registered doctors regardless of whether or not they hold a licence. We will continue to investigate or take action under our procedures against doctors who hold registration without a licence. This includes requiring such doctors to undergo a performance or health assessment. It also means conditions can be imposed on a doctor's registration, whether or not the doctor holds a licence.

*Will doctors who are currently being investigated by the GMC be able to get a licence to practise?*

Doctors being investigated under the fitness to practise procedures when the licence to practise is introduced, or have been in the past, will still be entitled to hold a licence provided that their registration has not been suspended or erased. If a doctor's name is suspended from the Register by the Interim Orders Panel, they will not be entitled to a licence during the period of suspension.

If a doctor's suspension is lifted and their registration is restored after the introduction of licensing, they will automatically be granted a licence to practise at that point.

If a doctor subsequently has conditions placed on their registration by the Interim Orders Panel, they would still be entitled to a licence, although they would need to adhere to any conditions placed on their registration.

*Will doctors who are currently suspended be able to get a licence to practise?*

If a doctor's name is suspended or erased from the Register by a Fitness to Practise Panel, we will automatically withdraw their licence. A doctor will not be eligible for a licence while their suspension continues.

If a doctor's suspension is lifted and their registration restored before the introduction of licensing, they will be entitled to a licence to practise.

If a doctor's suspension is lifted and their registration is restored after the introduction of licensing, they will automatically be granted a licence to practise at that point.

*I undertake work for the GMC as a fitness to practise panellist and assessor, but am not engaged in any other sort of medical work. Will I need a licence?*

Yes. As a matter of policy, we will require any doctor undertaking work on behalf of the GMC within our fitness to practise procedures to hold registration with a licence to practise. (This rule will also apply to doctors carrying out work for the GMC as Professional Linguistic Assessment Board Examiners and education assessors.)

There will also be a legal requirement for doctors on the governing Council of the GMC to have a licence to practise. Doctors who have previously held registration and/or a licence to practise will not be eligible to work as GMC lay panellists.

*If I don't take a licence can I apply for one at a later stage?*

Yes. Doctors who decide to take registration without a licence when licensing is introduced on 16 November 2009 can apply for a licence at a later stage.

Doctors who were previously registered, but who are not on the Register when we introduce licensing on 16 November 2009, will be able to apply to restore their registration, either with or without a licence – unless their registration was erased or suspended under the GMC's fitness to practise procedures.

*How easy will it be to restore my licence if I have relinquished it?*

Restoring a licence to practise will be much the same as the current arrangements for restoring registration following voluntary removal from the register.

Doctors applying to restore registration with a licence will be required to provide:

**a.** a certificate of good standing from any medical regulatory authority in the countries in which they have practised or held registration in the last five years (where such authorities do not exist, employer reference/s will be required);

- b.** a declaration from their most recent employer;
- c.** proof of their identity (which will include completing an **identity check** at either our London or Manchester office).

When a doctor is granted a licence, if they have not held GMC registration within the previous two years, they may be restricted to work in a practice setting approved by the GMC, for a minimum of 12 months. See the glossary for more information about approved practice settings.

Even though restoring a licence will normally be straightforward, some specialties may recommend doctors to take part in a supervised return to practise programme. Doctors should contact the appropriate Royal College for advice about this.

*I am a provisionally registered doctor on the first year of Foundation Programme training. Will I need a licence to practise?*

Yes. Doctors will need a licence to practise in order to take part in the Foundation Programme.

*I am registered with the GMC but I am on long term sick leave and not currently practising. What should I do?*

It is up to doctors to decide whether or not to take a licence to practise.

All registered doctors will have the option of taking a licence, but they do not need to do so if they are not currently working. Doctors could, instead, hold registration without a licence or relinquish their registration entirely. Once ready to resume medical practice doctors can then apply for a licence to practise. However, before they relinquish either their registration or licence to practise they should speak to their employer about whether there is any contractual need for them to maintain them.

Doctors should remember that if they decide to maintain their licence while not practising they will still have to meet the requirements for revalidation once that is introduced.

*I am an international medical graduate and have not previously held registration with the GMC. When licensing is introduced, will I be able to apply for registration without a licence but not take a licence to practise?*

No. If doctors have not been registered before, they will have to apply for a licence. It will not be possible to apply for registration without a licence. This will apply to all doctors who are registering with the GMC for the first time.