Registration of Overseas Qualified Doctors

Issue

1. Changes to legislation governing the registration of overseas qualified doctors.

Recommendations

2. a. To agree that the changes in the law required to achieve Council’s proposals for a single form of registration for overseas qualified doctors should be pursued as a priority with the Department of Health (paragraph 10).

b. To agree that changes should be sought to the legal definition of employment which may currently be undertaken under limited registration (paragraph 13).

c. To agree that a direct route to full registration should be created for doctors who do not benefit from EEA provisions, but who have been found eligible for inclusion in the specialist register by the Specialist Training Authority of the medical Royal Colleges, or who have been awarded a Certificate of Equivalent Experience by the Joint Committee on Postgraduate Training for General Practice (paragraph 16).

d. To agree that changes should be sought to section 27 of the Medical Act governing temporary full registration to provide clear legal powers to establish the good standing of applicants, and to limit the grant of such registration to particular employment (paragraph 17).

Further information

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Background

4. The Committee has agreed a number of proposals for changes to Part III of the Medical Act 1983. Part III of the Act sets out the requirements for the registration of overseas qualified doctors. ‘Overseas qualified’ in this context refers to doctors who do not benefit under the freedom of movement provisions introduced by the European Union Medical Directive 93/16/EEC.

5. It has been our policy since 1990 to introduce a single form of registration for overseas qualified doctors (SFR). The majority of overseas qualified doctors must first demonstrate their suitability for supervised practice under limited registration. After a period on limited registration those doctors may then apply for full registration on the basis that they have demonstrated their capability for unrestricted practice. There remain, however, 22 overseas primary qualifications which, for largely historical reasons, are legally recognised for full or provisional registration.

6. This two tier system is widely perceived as unfair and at odds with our policy of assessing doctors’ capability for practice at the point of registration, rather than relying on where they have qualified. Our longstanding policy has been to secure the amendment of sections 19 to 21 of the Medical Act and to create SFR for overseas doctors based on the current arrangements for limited registration.

7. The Committee have reviewed our proposals for SFR in the light of the opportunity for legislative change presented by the introduction of the Order making power by section 60 of the Health Act 1999. In addition to the amendment of sections 19 to 21 of the Medical Act the Committee also proposes changes to section 22 of the Act, which defines the type of employment which may be undertaken under limited registration. Other changes are also proposed to Part III of the Act.

Discussion

Single form of registration

Recognised medical schools

8. The provisions contained in sections 19 to 21 of the Medical Act recognise certain overseas qualifications for full and provisional registration, while others are accepted for limited registration under section 22.

9. Council’s policy is that sections 19 to 21 of the Medical Act be amended to remove the privileges attaching to recognised overseas qualifications. There will need to be transitional arrangements under which holders of recognised overseas qualifications at a certain date will continue to be recognised for full and provisional registration should they apply within a specified period. The precise nature of these transitional arrangements will be the subject of further discussion with the Department of Heath.
10. We are making our plans on the basis that a number of the legislative changes Council will require will be achieved through a section 60 Order. SFR is a high priority, and it is a matter of concern that Parliamentary time has not previously been made available for this important change. We will take concerted action to draw attention to the inequalities represented by the current system in order to ensure that the necessary legislative changes are now achieved.

**Recommendation:** To agree that the changes in the law required to achieve Council’s proposals for a single form of registration for overseas qualified doctors should be pursued as a priority with the Department of Health.

Definition of employment

11. Sub-section 22(1)(a) of the Medical Act requires an applicant for limited registration to satisfy the Registrar:

‘that he has been selected for employment in the United Kingdom or the Isle of Man as a medical practitioner in one or more hospitals or other institutions approved by the General Council for the purposes of this section’.

12. The use of the terminology ‘hospitals or other institutions’ has on occasions led to uncertainty about the precise nature of employment that may be approved for limited registration, and sometimes proves restrictive. The principal examples are work in general practice and other community-based experience that may be arranged as part of approved training schemes.

13. The Committee therefore recommends changes to this sub-section to allow doctors holding limited registration to undertake supervised employment in community-based posts or as GP registrars in approved training practices. (The latter may be subject to government policy, and agreement to funding of doctors holding limited registration in vocational training posts). A formula such as ‘employment approved by the General Council for the purposes of this section’ may allow a helpful element of discretion. It would also have the benefit of removing the suggestion that the GMC is in a position to approve individual posts within specific hospitals, institutions, or medical practices as appropriate for training.

**Recommendation:** To agree that changes should be sought to the legal definition of employment which may be undertaken under limited registration.

The term ‘limited registration’

14. The Committee has considered whether the term *limited registration* should be retained following the introduction of SFR, or whether an alternative name should be introduced. Continuing to use the current term *limited*
registration would minimise confusion as to the nature of this type of registration. The replacement of the term limited registration with training registration would signify a change, but the Committee concluded that such a title might incorrectly be associated with the training arrangements for UK and EEA doctors.

**Direct routes to full registration**

15. At present the Medical Act provides no direct route to full registration for doctors who do not benefit from EEA provisions, even if they have been found eligible for inclusion in the specialist register by the Specialist Training Authority of the medical Royal Colleges, or have been awarded a Certificate of Equivalent Experience by the Joint Committee on Postgraduate Training for General Practice.

16. Were they fully registered, doctors in this position would be eligible to be appointed to consultant posts, or to posts as principals in general practice. At the moment they can only apply for limited registration in the first instance and must then make a second application, often within days, to proceed from limited to full registration. The creation of a direct route to full registration for these doctors would remove this anomaly.

**Recommendation:** To agree that a direct route to full registration should be created for doctors who do not benefit from EEA provisions, but who have been found eligible for inclusion in the specialist register by the Specialist Training Authority of the medical Royal Colleges, or who have been awarded a Certificate of Equivalent Experience by the Joint Committee on Postgraduate Training for General Practice.

**Temporary full registration**

17. Section 27 of the Medical Act provides for the grant of temporary full registration (TFR) for a period of up to 12 months to enable an appropriately qualified overseas doctor to provide specialist medical services in the UK. The provisions relating to TFR are inconsistent with those for other forms of registration under Part III of the Act in that applicants are not required to satisfy us as to their good standing. In addition, there is no specific power to restrict the doctor’s registration to a specific post. We consider that the legal position should be strengthened.

**Recommendation:** To agree that changes should be sought to section 27 of the Medical Act governing temporary full registration to provide clear legal powers to establish the good standing of applicants, and to limit the grant of such registration to particular employment.

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1 The Committee has considered whether it would be possible to extend the principle of supervised registration to all doctors, regardless of whether qualification has been in the UK, EEA or overseas. Legal advice indicates, however, that the application of a form of supervised registration to EEA doctors would frustrate the freedom of movement that was the intent of European Directive 93/16/EEC.
Resource implications

18. The introduction of SFR will have an impact on the GMC’s fee income. The extent is difficult to assess as we cannot predict how many doctors who previously would have been eligible for full registration under section 19 of the Medical Act will instead apply for limited registration. Under the transitional arrangements holders of recognised qualifications granted before the effective date of the change will continue to be eligible for full registration for a certain period. In 2000 1,153 doctors were newly registered under section 19, representing an income of £196,010.