

Agenda item:	10
Report title:	Revising our policy on breaks in practice
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Action:	To consider

Executive summary

Doctors applying for registration under sections 19, 21, 21B and 21C of the Medical Act 1983, as amended, must satisfy the Registrar that they meet the relevant criteria **and** that it is fit so to direct that the person is registered. The fit so to direct provision exists to allow the Registrar to take into account residual issues such as a break in an applicant's practice and/or a pattern of irregular practice.

In 2005, the former Registration Committee agreed guidance on breaks in practice which now forms the basis of our guidance for decision makers. However, in light of operational experience since 2005, we have reviewed the Committee's guidance and developed revised criteria (at Annex A) and accompanying guidance for applicants (Annex B). The revised policy on breaks in practice is likely to reduce processing times for some applications (as we will be removing the requirement to refer to a registration panel in certain circumstances). We don't believe there will be a situation in which the revised criteria and guidance will disadvantage any applicant compared with the existing guidance. The policy will also enable us to provide clearer information for applicants with a break in practice and manage their expectations about the application process.

Recommendations

The Executive Board is asked to:

- a** Agree the revised criteria and guidance following endorsement by the Registration and Revalidation (R&R) Directorate Senior Management Team (DSMT) in November 2017 (subject to the outcome of operational testing).
- b** Agree to delegate to the Director of R&R, future minor updates to the criteria and guidance on breaks in practice.

Issue

- 1 Our current policy on breaks in practice means that a decision maker can only grant registration (without seeking the advice of a registration panel (RP)) where the applicant has undertaken a minimum aggregate period of five years medical practice **and** been in practice for at least three of the five years immediately preceding their application, including the 12 months immediately preceding the application.
- 2 Similarly, a decision maker can only refuse registration (without seeking the advice of an RP) where the applicant has no practice within the 12 months immediately preceding the application for registration **and** has been out of medical practice for more than three years out of the five years immediately preceding the application for registration.
- 3 This approach is problematic because the requirement to have:
 - Been in practice in the 12 months immediately preceding an application means that applicants who leave their job overseas early in order to make the necessary arrangements to move to the UK can't meet the criteria.
 - Practised for three out of the last five years means that doctors who have recently graduated and have less than three years practice cannot meet the criteria.
- 4 The specific wording of the current criteria means that cases which don't meet either the grant or refuse criteria should be referred to an RP for advice. This results in unnecessary referrals to RPs. Although RPs are a helpful source of advice, they're expensive and time consuming.
- 5 We've therefore undertaken a project to review and update our criteria and guidance on breaks in practice.

Revised criteria on breaks in practice

- 6 With the revised criteria (Annex A), we aim to strike a balance between ensuring that applicants with a break in practice have maintained their medical knowledge and skills before we grant registration and ensuring that we don't create barriers which prevent skilled and experienced clinicians from coming to work in the UK.
- 7 We've reviewed recent cases with a break in practice, to inform the revised criteria, and devised an incremental approach based on time since graduation and the amount of time in practice since graduation. We will also take into account the amount of recent practice.
- 8 However, the revised criteria will be for guidance purposes and the Assistant Registrar (AR) will retain their decision making discretion. Any cases referred to an AR will be considered on a case by case basis, in light of the guidance.

Revised guidance on mitigating breaks in practice

- 9** Doctors can mitigate a break in practice by providing evidence that they have kept their knowledge and skills up to date. The revised guidance at Annex B sets out the type of evidence that is most likely to satisfy the decision maker.

Equality analysis

- 10** We've undertaken an [equality analysis](#) (EA), which describes the data we've gathered and sets out the potential impact on doctors who share a protected characteristic. Our EA action plan sets out the steps we're planning to take to mitigate and monitor the potential impacts.

Stakeholder engagement

- 11** We've asked stakeholders for [feedback on our proposals](#) (feedback from the devolved offices is pending). We've made the following broad changes to the criteria and guidance to address their suggestions:
- We've reviewed and amended the parameters of the criteria.
 - We've included more detail and greater clarification relating to the guidance on mitigating breaks in practice (particularly around continuing professional development (CPD) and clinical attachments).
 - We will develop case studies to illustrate how the revised criteria will be applied and will produce FAQs to support applicants and staff.

The intended benefits of the revised criteria and guidance

- 12** The revised criteria will address the problems with the current criteria and introduce a straightforward, robust and evidence-based set of criteria. Applicants will be able to see clearly and easily when they start the application process, how their circumstances align with our criteria. The accompanying guidance will help applicants better understand how to demonstrate that they have kept their medical knowledge and skills up to date (notwithstanding a break in practice) and enable them to plan and gather documentation and evidence.
- 13** Decision makers will be able to make decisions on cases without making unnecessary referrals to an RP for advice. This will significantly reduce the length of the application process for some applicants. There will also be a cost and efficiency saving for the GMC.

Testing

- 14** We tested the revised criteria during October and November 2017. Operational staff considered applications with a break in practice according to the current as well as

the revised criteria. The testing has so far been limited by the small number of applications with a break in practice received during this period. We will therefore continue the operational testing until the end of January 2018. At the end of that period we'll assess the outcomes to check they align with the aims and intended outcomes of the project. We're asking the Executive Board to agree the criteria and guidance subject to the outcome of the testing, and to agree that if we need to make any further minor changes at the end of the testing period, or in the future, these will be delegated to the Director of R&R.

Communications

- 15** Our revised criteria and guidance will not disadvantage applicants with a break in practice. Our previous approach to breaks in practice was not visible to applicants on our website. It may therefore be confusing for applicants if we provide a notice period prior to the implementation date. However, we've undertaken engagement with stakeholder organisations to ensure that they are aware of our revised criteria and guidance. On the implementation date we'll publish the revised criteria and guidance on our website.

Transitional arrangements

- 16** Our transitional arrangements will be minimal. Any applications with a break in practice which are submitted (or in progress), on or after the implementation date will be considered in accordance with the revised criteria and guidance. This is because we don't believe there will be a situation in which the revised criteria and guidance will disadvantage any applicant compared with the existing guidance.

Next steps

- 17** We plan to introduce the new criteria and guidance on Monday 2 April 2018, following training for operational staff in Q1 in 2018.

10 – Revising our policy on breaks in practice

10 – Annex A

Revised criteria

Criteria for applicants with a break in practice in the last 5 years				
Time since graduation	Total amount of practice since graduation (does not need to be continuous)	Practice in the last 12 months	Internal process	Likely outcome for applicant
0 – 6 months	No practice required	No requirement	Adviser grant	Registration granted
7 months up to 2 years	Must have practised for 60% of the time ¹ since they graduated	No requirement	Adviser grant	Registration granted
Between 2 years and 5 years	Must have practised for 60% of the time ¹ above since they graduated	6 months minimum	Adviser grant	Registration granted
Over 5 years ago	Must have practised for 60% of the last 5 years ¹	12 months minimum	Adviser grant	Registration granted

- 1** This table above provides a guide for decision makers, and should be considered in order to reach a fair and consistent decision. However the decision maker should not

¹ Must be full time, continuous practice

be fettered by the guidance and has discretion to depart from the guidance where they have a good reason for doing so.

- 2** Decision makers may request further information, refer an application for further investigation or obtain advice from a Registration Panel in order to make their decision.
- 3** Applicants with a break in practice in the last 5 years which does not align with the criteria set out above can submit evidence detailed in Annex B to demonstrate that they have mitigated the break in practice. Their application is likely to be referred to a Registration decision maker, who may take that evidence into account when making their decision.
- 4** Our revised criteria and guidance takes account of breaks in practice due to maternity or paternity leave or ill health, to ensure that affected applicants will not be disadvantaged.

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10 – Annex B

Revised guidance

Applicants with a break in practice within the last five years which does not align with the criteria at Annex A may be able to demonstrate that they have mitigated the break by providing objective verifiable evidence that they have:

- Undertaken a substantive period of medical practice in another country.
- A pass in an objective medical test obtained within the three years prior to the application for registration (such as a pass in the PLAB test or passing the membership examinations for a UK Medical Royal College).
- Been awarded one or more relevant medical post graduate qualifications obtained within the three years prior to the application for registration.

If the applicant is not able to provide the evidence listed above, the decision maker may also take into account the following evidence:

- 1** Evidence of a substantive clinical attachment undertaken at a UK hospital or a public hospital overseas (that meets the standards for regulation within its jurisdiction and has established supervision, safety and governance systems in place). Or, evidence of a clinical attachment undertaken as part of a formal programme for doctors who are refugees or asylum seekers.

The evidence should include:

- a** Clear and verifiable information about the length of the clinical attachment in the form of a detailed log including hours per week worked, type of work, duties performed and training attended.
- b** An offer of the clinical attachment from the hospital and a satisfactory reference relating to the clinical attachment submitted on a GMC proforma. This should be completed by the clinician who supervised the clinical attachment and include commentary on all assessable areas, especially core skills.

Please note:

- More weight will be given to clinical attachments which are of sufficient duration to allow a meaningful assessment of an applicant's ability over a period of time.
- Ideally, the applicant should provide evidence that they have reflected on the clinical attachment that they have undertaken, in particular how it has kept their knowledge and skills up to date, and how it will influence their day to day medical practice or their future practice or future career plans.

2 Evidence of medically related CPD, medical refresher training or a medically related return to work course or further successfully completed medical postgraduate study. The CPD, study or training undertaken should:

- a** Predominantly consist of medically related learning with others, such as attendance at courses, seminars, symposiums, and conferences or medically related distance learning with academic accreditation. Applicants may submit evidence of online learning but this should make up no more than 15% of the total CPD undertaken.
- b** Be indicative of a broad range of training in core skills enabling the applicant to demonstrate that they are at the level of entry to Foundation year 2.
- c** Be supported by an overarching personal development plan.
- d** Cover the period of the break in practice in a robust and structured way.
- e** Be clear and verifiable.

Please note:

- In all instances the applicant should provide evidence that they have reflected on the CPD they have undertaken, in particular how it has kept their knowledge and skills up to date, and how it will influence their day to day medical practice or their future practice or future career plans.

3 The applicant has been through a comprehensive (NHS or equivalent) recruitment process and has been offered a UK medical post. The evidence submitted by the applicant should be clear and verifiable and should include:

- a** The responsibilities and key skills required for the role.
- b** Details of the assessment process for the role, including dates of interviews or tests.
- c** Written confirmation that the applicant was successful and has been offered the role.