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Licence to practise – factsheet (July 2017)

If doctors want to practise medicine in the UK they need to be registered with a licence to practise*.

What is the legal framework?

The Medical Act 1983 ('MA')

[Sections 47 and 48 of the MA](#) prescribe a number of activities and job roles which only those with a licence to practise can perform.

The MA does not contain a definition of 'medical practice' which requires a doctor to hold a licence to practise.

Section 49A makes it a criminal offence for an individual to hold themselves out as having a licence to practise or to engage in conduct that suggests they have a licence to practise when they do not.

Other legislation

The provisions governing when a doctor should hold a licence to practise are contained in several hundred pieces of UK legislation.

What information do we give to doctors?

We can be clear with doctors about what the MA prevents them from doing without a licence to practise. For example, under s47 MA doctors require a licence to practise in order to work in the NHS, military or a prison as a physician, surgeon or other medical officer.

* Doctors do not need to hold a licence to practise if they work wholly outside of the UK (except in crown dependencies and Gibraltar), although their employers may wish them to have one. Related FAQs are available on our [website](#).

We can't advise doctors on the content of other legislation because it is subject to change but we can signal to them that they need to be aware of any legislation relating to the particular activity they wish to undertake.

[Licence to practise webpage](#)

Key messages:

- doctors must be open and transparent about their registration status and whether or not they hold a licence to practise – para 66 of GMP requires doctors to always be honest about their experience, qualifications and current role;
- holding a licence allows a doctor to hold a post as a GP, physician or surgeon and requires them to participate in [revalidation](#);
- if unclear about whether or not they need to hold a licence, doctors are encouraged to talk to their contracting body, defence organisation, insurance / indemnity provider or to seek independent legal advice;
- without a licence to practise it is still possible to help in emergencies or carry out 'Good Samaritan' acts.

[The privileges and duties of a doctor in the UK webpage](#)

Key messages:

- all doctors registered with us, with or without a licence to practise, have a duty to comply with Good Medical Practice;
- 'privileges' of a licenced doctor include, but are not restricted to:
 - performing any duties as a physician, surgeon or other medical officer* (such as a GP)
 - prescribing prescription-only medicine[†];
 - signing death certificates[‡] or other types of medical certificates;
 - assessing the mental health state of an individual and recommending compulsory treatment[§].

Doctors who do not have a licence to practise cannot exercise these privileges.

FAQs

FAQs are available on our website [here](#).

What do we say to a doctor who calls our Contact Centre?

The Contact Centre will:

- refer the doctor to their employer for guidance about whether a licence is required for the role they undertake;

* The Medical Act 1983

† The Medicines Act 1968 (other relevant legislation includes the Misuse of Drugs Act 1971)

‡ The Births and Deaths Registration Act 1953

§ The Mental Health Act 1983

- refer the doctor to their insurance / indemnity provider and defence organisation for advice;
- signpost the doctor to our website for further guidance.

They may also recommend the doctor seeks independent legal advice.

The Contact Centre won't confirm whether or not a licence to practise is required for a specific role or type of work unless it is referred to on our website.

Our position on common queries received from doctors

Medico-legal work

Doctors preparing expert reports should check a) with those instructing them whether they require them to hold a licence as part of their appointment and b) with their insurance / indemnity provider in case it affects their cover.

Voluntary or charitable services

This is a complex area because doctors may not have a contract to supply services which otherwise might indicate whether they require a licence.

Whether a doctor is being paid for an activity is not determinative of whether a licence to practise is required; voluntarily performing the duties of a doctor does not mean a licence is not required.

In such cases a key issue is whether the doctor is being open and honest about their registration status.

Teaching and research

Doctors undertaking teaching or research should check with those who are contracting their services. In some cases those undertaking research may have an honorary contract with the NHS for example, and this may affect whether they are required to hold a licence.

Cremation forms/certificates

Legislation governing cremation* in England, Wales and Northern Ireland require cremation forms to be completed by a registered medical practitioner with a licence to practise. Further information can be found in [guidance](#) produced by the MOJ.

* [Cremation \(England and Wales\) Regulations 2008](#).

[Statutory rules and orders \(NI\) 1961 No61 cremation Northern Ireland](#)

Changes to our messaging

Taking Revalidation Forward ('TRF')

[TRF](#) was an independent review of the operation and impact of revalidation which was undertaken in 2016. The report suggests that we should improve its messaging around the licence to practise and help external organisations reflect on whether the individuals they employ or contract with should hold a licence.

What changes will we be making?

Reflecting on recommendations from TRF and the work being done through the Digital Media Strategy project, we will be updating its website and what it says about the licence to practise. We want to:

- be clearer where we can on when a doctor needs to hold a licence;
- be more proactive with doctors and employers in discussing the factors they need to consider when deciding whether a doctor needs to hold a licence to practise;
- provide more examples and case studies in those areas which cause difficulty for doctors and others.

What is the timetable for change?

Changes to our external messaging are planned and likely to be launched towards the end of 2017 / early 2018.

What won't be changing?

We can't provide legal advice to doctors on all of the applicable legislation - independent advice should still be sought where relevant.

There are presently no plans to insert a definition of 'medical practice' into the MA.

A summary of what doctors can be expected to know

- ✓ doctors must be open and transparent about whether or not they hold a licence to practise
- ✓ without a licence to practise it's possible to help in emergencies or carry out 'Good Samaritan' acts
- ✓ doctors who are registered but do not hold a licence to practise still have a duty to comply with Good Medical Practice
- ✓ 'privileges' of a licenced doctor include, but are not restricted to:

- performing any duties as a physician, surgeon or other medical officer (such as a GP)
 - prescribing prescription-only medicine
 - signing death certificates or other types of medical certificates, including cremation forms
 - assessing the mental health state of an individual and recommending compulsory treatment
- ✓ doctors should check with those instructing them or contracting with them whether they need to hold a licence to practise as part of their appointment
 - ✓ voluntarily performing the duties of a doctor does not mean a licence to practise is not required
 - ✓ doctors holding a licence are required to participate in [revalidation](#)