

GMC response to consultation on provisional registration for overseas-qualified dentists

We welcome the opportunity to comment on the proposal to create a new type of provisional registration for overseas qualified dentists as outlined in The Dentists Act 1984 (Provisional Registration of Dentists) (Amendment) Order 2024.

We recognise that the proposals do not directly impact the GMC and that it is for the General Dental Council (GDC) to determine suitable routes to the dental register. That said, we believe the proposals raise wider issues that may impact other health professional regulators to which we would like to draw attention.

Introduction

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training. There are over 370,000 doctors on the UK medical register.
- We check every doctor's identity, qualifications, knowledge, skills, experience and English language competence before they can join the register. We also check with others, such as the doctor's medical school or previous employers, to find out if they have any concerns about the doctor's ability to practise safely, for example inappropriate behaviour, serious health problems, or performance.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers, and patients, to make sure that the trust patients have in their doctors is fully justified.

GMC response

Terminology

The GMC currently offers a form of provisional registration for both UK and overseas qualified doctors.

In the case of overseas qualified doctors, to be eligible for GMC provisional registration, they must first have passed both parts of our clinical assessment test*. It is important to highlight that the GDC proposals are not aligned with this route, nor with any of our other pathways to registration for overseas qualified doctors.

Naming this proposed new route to registration for overseas qualified dentists 'provisional registration' risks causing confusion as two regulators would have two routes to registration with the same name but with very different requirements. As such, we suggest that a different term is used for the GDC proposals.

Standards

It is important that proposals to introduce new routes to registration for overseas qualified professionals do not undermine the important patient safety checks that regulators make on professionals wishing to practise in the UK. To this end, it is essential that healthcare regulators have control over access to their registers and can determine the standards of entry, regardless of the country in which an applicant has qualified.

The GMC requires every international medical graduate to have an acceptable overseas qualification (AOQ) before they can even begin the registration process with us. In addition to this qualification, they must demonstrate that they have the knowledge, skills and experience to practise in the UK. They can demonstrate their knowledge and skills in several ways, one of which is by passing our clinical assessment test. They are unable to practise in the UK, even under supervision, until they have demonstrated that they meet the standards required to practise safely.

We have concerns around the implications of the proposed GDC model of provisional registration for overseas qualified professionals should a similar approach be taken to the professions we regulate, and our response is framed in that context.

* Professional and Linguistic Assessments Board: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab>

Patient safety

The proposal to grant a provisional entitlement to practise based on only a qualification obtained overseas is incompatible with the statutory patient safety role that regulators have to assure themselves that every professional we register has the knowledge, skills and experience to practise safely in the UK. It is important that regulators can continue to assess the qualification, but also the skills and experience of an overseas qualified applicant, before taking an independent decision to grant access to the professional register, even provisionally.

We have worked closely with both the Department of Health and Social Care (DHSC) and the Department for Business and Trade (DBT) on the Professional Qualifications Act and subsequent trade agreement negotiations with third countries.

Government's existing policy is that regulators must be able to assure themselves that professionals are fit and safe to practise. That policy recognises the importance of assessing a professional's knowledge, skills and experience before granting access to professional registers.

The GMC assesses suitability for practice by considering all three of these aspects, rather than taking a qualification as sole assurance. The 2023 failure rate* of 37% for the second part of our clinical assessment exam for overseas qualified doctors demonstrates why it is not safe for a doctor to practise on UK patients based on qualification alone.

We have concerns that if the proposal set out in this consultation was applied to the professions we regulate, we would have to accept professionals into UK practice in a way that could compromise patient safety. It is unclear how patient safety would be ensured if there is no independent assessment of knowledge, skills and experience by the regulator before the professional is able to practice. Patients should be able to expect that any regulated healthcare professional treating them has demonstrated achievement of the standards set by the relevant regulator. The safeguards in this proposal depend heavily on the supervision arrangements, and at this stage it's not clear how they would work or whether existing practitioners on the register will have the capacity or the skills to effectively supervise professionals on the provisional register.

Regulatory reform

In 2017, the UK government proposed changes to the way that the GMC and other healthcare professional regulators operate. Work to reform this legislation has now started and we welcome

* <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/recent-pass-rates-for-plab-1-and-plab-2>

these changes. Reform will give all regulators a more modern and responsive legislative framework allowing us to respond in a more agile way to the changing needs of the healthcare system.

The GMC will be the first regulator to reform, followed by the other health professional regulators. One of the aims of regulatory reform is to give regulators a high level, flexible framework for registration. The mechanism has been provided for in the Anaesthesia Associates and Physician Associates Order (AAPAO)* which was adopted by Parliament on 26 February and will act as a template for the future regulation of all health and care professionals.

It is unclear why The Dentists Act 1984 (Provisional Registration of Dentists) (Amendment) Order 2024 could not have worked within this framework of future legislation, by giving the GDC powers to impose conditions on registration. This would have provided the necessary powers to define conditions around supervision and other requirements, whilst maintaining a coherent approach to the future legislative framework, rather than creating a new, separate type of registration for one professional regulator.

We would be happy to provide further detail on any of the issues in this response, either in writing or in response.

March 2024

* Conditions on practice as an associate

8. The Regulator may impose conditions on the practice of such descriptions of associate as may be prescribed in rules under paragraph 2(2)(e) of Schedule 4.