Executive summary

Among other criteria, doctors applying for full registration under Section 19 and Section 21B of the Medical Act 1983 (as amended) (‘the Act’) have to demonstrate that they have the experience necessary for practice in the UK before the GMC will grant registration and issue a licence to practise. We require this experience to be comparable to that of a provisionally registered doctor who has completed Foundation Year One (FY1) and has demonstrated the requirements for full registration.

The current criteria and guidance on assessing experience are out of date and do not reflect changes in either UK or overseas medical training. We have therefore developed two new broad patterns of experience which incorporate common standards from the UK Foundation Programme and our own guidance on approving foundation programmes overseas. The new patterns better reflect the purpose of assessing if the breadth, type and duration of experience undertaken by an overseas doctor is comparable to that expected from a UK graduate at the point of full registration.

Recommendations

The Strategy and Policy Board is asked to:

a Approve the patterns of experience set out at Annex A.

b Agree that the patterns of experience at Annex A replace the patterns agreed by the former Registration Committee in 2005 and 2007.

c Agree that the patterns of experience at Annex A can be used as guidance for the recognition of professional traineeships undertaken in a relevant European state, as required by the revised recognition of professional qualifications Directive 2013/55/EU.
Issue

1. We have undertaken a review to update our criteria and guidance in relation to the experience and training that Section 19* and Section 21B† applicants must demonstrate in order to gain full registration.

2. Section 19 and Section 21B applicants must satisfy the Registrar that they have the practical medical experience equivalent to that expected from a provisionally registered doctor who has successfully completed Foundation Year One (FY1) and has demonstrated that they meet the requirements to practise as a fully registered doctor in the UK.

3. Our current criteria, referred to as patterns of experience, were agreed by the former Registration Committee in 2005‡ and 2007, using the requirements of the then UK Foundation Programme and common training models from the Middle East and Eastern Europe. Applicants are considered to have the relevant experience or ‘foundation’ for full registration if they fulfil one of these patterns.

4. However the patterns do not reflect the significant transformation of the UK Foundation Programme to a time and outcome focussed model, and are too prescriptive to apply to the expanding number of overseas training models. One key problem is the lack of an explicit requirement for the programme or training to be continuous. As such, applicants try to ‘mould’ their experience to fit our requirements, which has led to an increase in Assistant Registrar (AR) referrals, increased decision making times, complaints from applicants and challenges to decisions.

Linking our experience requirements to the Foundation Programme

5. The purpose of the review was to address these issues and ensure that the new patterns of experience reflect as far as possible the outcomes expected at the end of FY1. It is also important that the patterns are sufficiently flexible to apply to the variety of different training systems around the world, and the volume of applications we receive.

6. Using expertise from within the GMC§ and with reference to the requirements of the Foundation Programme** we developed two new broad patterns of experience. The

* European nationals and ‘exempt’ persons with an acceptable overseas PMQ applying for full registration
† International medical graduates (IMGs) applying for full registration
‡ The policy position on breaks in practice (paragraph 2(b)(i-ii)) which was also established in the Registration Committee’s 2005 decision will not be affected by the proposal .
§ Workshop with Assistant Registrars in Registration & Revalidation directorate; Approving foundation programme training and new programmes for provisionally registered doctors outside of the UK
** http://www.foundationprogramme.nhs.uk/pages/home/reference-guide


www.gmc-uk.org
new patterns, set out at Annex A, apply common standards to assess whether the type, breadth and duration of medical experience undertaken by an applicant is sufficient to demonstrate that s/he is comparable to a UK graduate who has satisfactorily completed FY1.

7 Annex B explains how the new patterns address the most common reasons for cases to be referred to Assistant Registrars. In particular, it is now clearly stated that an applicant’s training programme or postgraduate experience must be continuous. By cross referencing standard elements of the Foundation Programme and our guidance on foundation training overseas with the new patterns, we are ensuring consistency in approach (in as far as we can), providing applicants with an increased understanding about the standard of experience they must meet, and providing ARs with clearer guidance to refer to when making decisions.

The revised Directive 2013/55/EU

8 The Department of Health has advised that it intends to give force to the requirement in the revised Directive for competent authorities to have regard to ‘professional traineeships’ completed by their own citizens in another member state (or third country) when granting access to a regulated profession such as medicine. This will be achieved by adding new sections 14(4) and 14(5) to Section 14 of the 1983 Medical Act. New section 14(4) requires the recognition of ‘professional traineeships’ subject to new section 14(5) which requires the GMC to publish guidelines on the organisation and recognition of such professional traineeships.

9 It is our intention that the revised guidance at Annex A should fulfil the role of the published guidelines described at new section 14(5). This will have the effect of ensuring that IMGs, Exempt persons with overseas qualifications and UK graduates seeking to rely on alternative evidence of experience are all assessed against a single set of criteria.

Transitional arrangements and other considerations

10 If approved, we expect to introduce the new patterns in November 2015. We are seeking legal advice to ensure we have appropriate transitional arrangements in place before implementation*.

11 Our approach to engagement and equality and diversity issues are at Annex C.

* The experience section of our website was updated on 10 August 2015 to advise applicants that our criteria are subject to change. This update explains that any decision on whether a doctor’s experience meets our criteria will be decided at the point of dealing with an application for registration, in line with the legislation, procedures and criteria in place at that time.
Experience/foundation for future practice criteria for Section 21B and Section 19 applicants

Non-UK graduates applying for registration and a licence to practise must demonstrate that their experience meets all of the elements of either Pattern A or Pattern B.

**Pattern A**

A minimum of 12 months continuous medical practice in a training programme\(^1\) undertaken immediately\(^2\) prior or immediately following graduation, which includes:

- at least three months of practice in medicine and three months in surgery \((\text{for programmes between 12 and 18 month in duration})\)
- at least six months of practice in medicine and six months in surgery \((\text{for programmes of 18 months or longer})\)

And for all programmes:

- all of the programme’s component parts must be provided by the appropriate medical regulatory or educational authority\(^3\).

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\(^1\) The programme must be satisfactorily completed and must be an approved training post. Honorary posts are not acceptable.

\(^2\) Pre-graduate programmes that start outside the final year of study will be considered, providing the programme does not all take place before the final year. We will require verification from authorities overseeing training programmes where the programme otherwise meets our minimum standards but has been completed before the final year because of a requirement to undertake national service. Postgraduate programmes completed more than two years after graduation will require referral to an Assistant Registrar.
all periods of practice must be continuous, uninterrupted internship rotations (or equivalent) completed as part of the training programme and posts which involve observation, such as clinical attachments, shadowing, observerships and clerkships, rather than active medical practice with direct patient contact, are not acceptable.

the applicant cannot be absent for more than 20 days in any 12 month period (in addition to annual leave, which can be up to 5 weeks).

the first 12 months of practice should otherwise be uninterrupted with a maximum break of no more than 12 months before returning to complete the programme.

the entire programme must involve regular educational and clinical supervision, and confirmation of satisfactory completion of the programme - this can be in the form of a certificate or document which details all of the applicant’s rotations and confirms the programme was completed satisfactorily.

the date of issue of the certificate or document confirming successful completion of the programme must match the date the programme ended.

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3 Any parts of the programme undertaken in another country or jurisdiction must be approved by the authority responsible for overseeing the programme and must form part of final sign off by the home authority. The rotations should be shown together with the rest of the applicant’s rotations on the certificate or document that confirms the applicant has successfully completed the programme.

4 All breaks after the first 12 months must be authorised by the authority overseeing the training programme. Breaks taken for reasons other than the pursuit of medical-related education, training or experience, or contractual maternity/paternity leave will require referral to an Assistant Registrar.
Pattern B

A minimum of two years continuous postgraduate medical practice in at least two branches of medicine and surgery. The postgraduate medical experience has to have been undertaken in a public hospital that meets the standards for regulation within its jurisdiction and has established supervision, safety and governance systems in place.

- a minimum of three months continuous, uninterrupted practice in each of the two branches of medicine and surgery.

- that applicant cannot be absent for more than 20 days in any 12 month period (in addition to annual leave, which can be up to 5 weeks).

- the first 12 months of practice should otherwise be uninterrupted with a maximum break\(^5\) thereafter of no more than 12 months before returning to medical practice.

- the postgraduate medical practice must be completed under supervision and confirmation of satisfactory completion provided by the supervising consultant(s).

\(^5\) All breaks after the first 12 months must be authorised by employing organisation. Breaks taken for reasons other than the pursuit of medical-related education, training or experience, or contractual maternity/paternity leave will require referral to an Assistant Registrar.
8 - Revising the experience/foundation for future practice criteria for Section 19 and Section 21B applicants

8 - Annex B

Addressing issues presented by the current patterns of experience

1. This document explains how the new patterns address the most common issues and problems presented by the current guidance and criteria:

- We are clear that the training programme or post graduate medical practice must be continuous for the first 12 months, with a maximum break thereafter of no more than 12 months before returning to complete the programme. This reflects the standard arrangements for Foundation doctors who intend to take time out of the programme (TOFP).

- We specify that all breaks must be authorised by the training authority or employing organisation and that we will request evidence of the authorisation. We are also clear that breaks taken for reasons other than carrying out medical related education, training or experience or contractual maternity/paternity leave will be referred to an AR. This addresses the current situation where applicants who have taken substantial breaks in their training seek to rely on a combination of short periods of practice in order to fulfil our requirements.

- We have retained the specified minimum periods of practice in medicine and surgery as these are common to overseas training. This also reflects GMC guidance on completion of FY1 overseas which states ‘Individual placement lengths may vary, with placements typically lasting four or six months. They should be long enough to allow foundation doctors to become members of the team and allow team members to make reliable judgements about foundation doctors’ abilities, performance and progress’.  

1 http://www.gmc-uk.org/Approval_of_foundation_training_overseas_FINAL.pdf 56435746.pdf (paragraph 29)
■ We specify that all training programmes must involve direct patient contact. This addresses a gap in the existing guidance as it is not clearly stated that posts such as clinical attachments, observerships etc are not acceptable as evidence of experience.

■ We have incorporated the Foundation Programme requirement for evidence of satisfactory completion of the training programme/ post graduate medical practice. This addresses a gap in the existing guidance where applicants have not completed the full programme in their home country but meet our current minimum duration requirements because they have completed 10 or 12 months of training.

■ We specify that the training programme/ postgraduate experience must involve regular clinical and educational supervision.

■ We understand the intention behind the former Registration Committee decision that post graduate experience should be undertaken in a ‘publicly funded hospital’ but recognise that the terminology has caused confusion for candidates and is difficult to apply to healthcare systems outside of the UK. The new post graduate experience pattern clarifies that experience should be undertaken in a public hospital and we have outlined the system and standards we consider provide an acceptable environment for post graduate training.
Engagement and equality and diversity considerations

1 This annex explains the approach we have taken to engagement, and equality and diversity considerations in developing the new patterns of experience.

Engagement

2 We presented the proposed patterns to the Foundation School Directors Group on 15 July 2015. They agreed to endorse our proposals subject to a number of small amendments which have been incorporated into the proposed patterns at Annex A.

Equality and diversity

3 We have undertaken an equality analysis to consider if the new patterns are likely to have a disproportionate impact on applicants who share protected characteristics. Of the nine characteristics that are protected under the Equality Act 2010 we have considered the impact on applicants on the grounds of pregnancy and maternity and disability.

4 This is because we have applied the Foundation Programme’s standard arrangement for time out of training, which is 12 months. These applicants would be more likely to require additional time to complete their training programme due to maternity leave and absences due to health matters.

5 We are clear that a break in training or practice of longer than the specified limit because of pregnancy and maternity or disability is not a barrier to gaining full registration in itself.

6 The equality analysis explains our approach to assessing and making decisions on applications where an applicant has taken more than the standard 12 months away from their training as a result of pregnancy and maternity. We also explain that our approach to dealing with doctors who have had to interrupt their training due to a
disability will be the same as that applied to all doctors who have been affected by health matters.

7 We will undertake a post implementation review (PIR) 12-18 months after introduction to assess the impact of the new patterns of experience. In doing so we will consider if the policy change has had any unintended consequences for applicants with protected characteristics.