To note

Regulations to introduce a time limit on provisional registration

Issue

1 Following approval by the Strategy and Policy Board in September 2013, we consulted from April to June 2014 on regulations to implement a time limit on the period for which a doctor may hold provisional registration (the draft Provisional Registration (Time Limits) Regulations 2013).

2 Feedback received during the consultation period has suggested one area in which it would be desirable to change our approach, namely, to ensure that doctors training less than full time will not be disadvantaged. We have amended the Regulations so that these doctors will be able to request a ‘period of disregard’ (where strict criteria are met) and this period will not count towards their remaining provisional registration. We have therefore amended the draft Regulations, and propose to present these as the final version to be approved by Council on 10 December 2014.

Recommendation

3 The Strategy and Policy Board is asked to note the proposed amendment to the draft Provisional Registration (Time Limits) Regulations 2013, following the public consultation.
Regulations to introduce a time limit on provisional registration

Issue

4 Provisional Registration (PR) is granted solely for the purpose of participating in the first year of the Foundation Programme (F1). This period of training enables newly qualified UK medical school graduates (and some EEA nationals and international medical graduates) to develop their clinical and professional skills under supervision in the workplace and then move on to full registration which allows them to practise in the UK.

5 Most doctors successfully complete F1 and proceed to full registration (FR) within 12 months of gaining PR. Some doctors require an additional period of training before completing the requirements of F1. However a small number are unable, for whatever reason, to complete the programme.

6 At present these doctors can maintain their PR indefinitely as long as they continue to pay their annual retention fee and their fitness to practise remains unimpaired, even if they are no longer in the Foundation Programme.

7 In 2006, the Medical Act 1983 was amended to give us the power to make regulations to set a maximum period for PR*.

8 From 23 April 2014 to 18 June 2014 we publicly consulted on draft regulations which:

a Prescribe a limit of three years and 30 days, following which a doctor’s provisional registration will lapse. This allows the doctor the opportunity to undertake three attempts at the F1 cycle which currently starts on a set date each year, and provides for an additional ‘induction’ period of 30 days (endorsed by the UK Foundation Programme Office) prior to commencement of F1.

b Enable a doctor to ask for a single 12 month extension to the maximum period of three years and 30 days. This is intended to accommodate those doctors who would not otherwise be able to complete F1 within the period allowed. This may be because they are undertaking F1 on a less than full time basis due to their personal circumstances (e.g. health, maternity or childcare responsibilities). A request for an extension must be supported by a declaration (confirming that the doctor has permission to participate in an F1 training programme and would not be able to complete this without an extension) from the organisation responsible for delivering its F1 programme which will usually be its postgraduate deanery or local education and training Board (LETB).

* Section 31(4A) Medical Act 1983
Consultation responses

9 The consultation sought views on the main effects of the draft regulations and how they will be applied.

10 We sent an email with a direct link to the consultation to approximately 628 provisionally registered doctors who had held PR for more than 12 months. We also sent a similar email (with a link to the consultation) to 134 relevant organisations, including medical education and training providers, medical employers, organisations representing doctors and medical defence organisations.

11 We received 91 responses. 72 were from individual respondents and 19 were from organisations. The consultation report at Annex B sets out the breakdown of responses and our analysis.

12 We commissioned an external audit of our consultation, the Report of which is at Annex C.

13 In general, key interest organisations were in favour of our proposed regulations. However, individual respondents were less supportive. In particular, feedback from the consultation indicated that allowing a single 12 month extension may disadvantage certain doctors (such as those working less than full time, or those with a health condition) as they may not be able to complete the Foundation programme within the time period allowed even with an extension of 12 months. Also, this cohort of doctors would be at a disadvantage compared to a doctor undertaking F1 on a full time basis. This is because, even with a 12 month extension, a doctor working less than full time may not have the opportunity to undertake three attempts at the F1 cycle.

Amendment to the draft Regulations

14 We are therefore proposing to amend the Regulations to allow a doctor the time they need to complete the F1 programme. Following discussions with the Department of Health, we have amended the Regulations to allow doctors to request a ‘period of disregard’. This means that where applicants need extra time to complete the programme, (and providing they meet strict criteria) this time will not count towards the maximum period of provisional registration. Applicants requesting a ‘period of disregard’ will need to meet strict criteria. A request must be supported by a declaration (confirming that the doctor has permission to participate in an F1 training programme and would not be able to complete this without a ‘period of disregard’) from the organisation responsible for delivering its F1 programme which will usually be a postgraduate deanery or local education and training Board (LETB). Each period is limited to a maximum of one year, however an applicant can make more than one request for a ‘period of disregard’ if they continue to meet the criteria.
This provides a more flexible approach for doctors who are participating in an F1 programme but may require additional time to meet the required competencies.

**Next steps**

Pending any comments from the Board on the proposals set out in this paper, we propose the following next steps:

a Council will be asked to approve the consultation report and approve the Regulations at its meeting on 10 December 2014.

b The proposed implementation date (on which the Regulations will take effect) will be 1 April 2015.

c In the period between December 2014 and April 2015, we will write to affected doctors, and organisations who work with provisionally registered doctors, to let them know when the changes will be made, and about how these will affect doctors holding provisional registration on the date these come into force (namely, that they will be permitted a further period of provisional registration of three years and 30 days from that date).
Supporting information

How this issue relates to the corporate strategy and business plan

17 The recommendations in this paper support Strategic Aim 1 of the 2014 Business Plan which states that we will continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.

How the issues support the principles of better regulation

18 The proposed amendment to the Regulations, to enable doctors to request a ‘period of disregard’ demonstrates a fair and proportionate approach to regulation (removing the possibility for doctors to hold provisional registration indefinitely, whilst allowing those who are participating in an F1 programme the time they need, in light of their individual circumstances, to complete this).

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

19 In 2012 we carried out an engagement exercise to gather views on the principle of introducing a time limit. We sent a survey to potentially affected doctors and met with organisations from among key interests such as the UK Foundation Programme Office, the Medical Schools Council, and the British Medical Association - Junior Doctors Committee. In spring 2014, we undertook an eight week public consultation on Regulations to introduce a time limit. The report at Annex A summarises consultation responses.

20 We plan to communicate our transitional arrangements to affected doctors in advance of the implementation date. Prior to implementation, we will also update our online information as well as provide guidance for affected and potentially affected doctors and for organisations working with provisionally registered doctors.

What equality and diversity considerations relate to this issue

21 Our Equality Analysis indicated that our proposals have the potential to impact disproportionately on certain groups, such as doctors who have had periods of illness, or those who have taken time out of their medical career to care for dependents. The proposals may therefore affect doctors who have protected characteristics (pregnancy and maternity and disability). Taking into account consultation feedback, we have proposed amendments to our regulations to ensure that those doctors who may have protected characteristics (particularly disability and pregnancy and maternity) are able to take the time they need to complete the F1 programme.

If you have any questions about this paper please contact: Juliet Oliver, Assistant Director - Policy and Regulatory Development, joliver@gmc-uk.org, 020 7189 5499.
Regulations to introduce a time limit on provisional regulation
2014 No.1234

HEALTH CARE AND ASSOCIATED PROFESSIONS

DOCTORS

The General Medical Council (Maximum Period of Provisional Registration) Regulations Order of Council 2014

Made - - - - 2014

Laid before Parliament 2014

Coming into force - - 2014

At the Council Chamber, Whitehall the *****day of **** 2014

By the Lords of Her Majesty’s Most Honourable Privy Council

The General Medical Council has made the General Medical Council (Maximum Period of Provisional Registration) Regulations 2014 which are set out in the Schedule to this Order, in exercise of the powers conferred by section 31(1) and 31(4A) of the Medical Act 1983(a).

By virtue of section 31(10) of that Act, these Regulations are not to have effect until approved by order of the Privy Council.

Citation and commencement

1. This Order may be cited as the General Medical Council (Maximum Period of Provisional Registration) Regulations Order of Council 2014 and comes into force on 1 April 2015.

Privy Council approval

2. Their Lordships, having taken these Regulations into consideration, are pleased to and do approve them.

Richard Tilbrook
Clerk of the Privy Council

(a) 1983 c. 54. Section 31(4A) was inserted by regulation 30 of S.I. 2006/1914.
The General Medical Council, in exercise of their powers under sections 31(1) and 31(4A) of the Medical Act 1983 make the following Regulations:

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the General Medical Council (Maximum Period of Provisional Registration) Regulations 2014 and come into force on 1 April 2015.

(2) In these Regulations—

“the Act” means the Medical Act 1983;

“the Fitness to Practise Rules” means the General Medical Council (Fitness to Practise) Rules 2004(a);

“provisional registration” means registration under section 15, 15A, 21 or 21C(b).

(3) In these Regulations, references to numbered Parts, sections and subsections are references to so numbered Parts, sections and subsections of the Act.

Maximum period of provisional registration

2.—(1) The maximum period for which a person can be provisionally registered is 1,125 days.

(2) That period begins on—

(a) the date registration is granted, in the case of a person granted provisional registration on or after the date these Regulations come into force;

(b) the date on which these Regulations come into force, in the case of a person who is already provisionally registered at that date.

Periods of disregard

3.—(1) In calculating the maximum period in respect of a person, no account is to be taken of the following periods (“periods of disregard”)—

(a) any period during which, having been removed from the register under any provision of the Act, that person’s name does not appear in the register;

(b) any period during which that person’s registration in the register is suspended under Part V(c)

(c) any period following receipt by the registrar of a notification referred to in paragraph (3) during which that person, being a person whose period of provisional registration has commenced, is unable to complete an acceptable programme they are participating in pursuant to section 10A(d).

(2) A person may have more than one period of disregard pursuant to sub-paragraph (c) of paragraph (1), but each such individual period—

(a) lasts only for so long as that person continues to participate in the acceptable programme in question, and

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(a) Scheduled to S.I. 2004/2608.

(b) Section 15 was substituted by articles 2 and 26 of S.I. 2006/1914; section 15A was inserted by regulation 2 of S.I. 2000/3014 and last amended by regulation 9 of S.I. 2007/3101; section 21 was last amended by regulation 15 of S.I. 2007/3101 and section 21C was inserted by articles 2 and 35 of S.I. 2006/1914 and last amended by regulation 17 of S.I. 2007/3101.

(c) Part V was substitute by articles 2 and 13 of S.I. 2002/3135.

(d) Section 10A was inserted by articles 2 and 24 of S.I. 2008/3131.
(b) cannot exceed 365 days from the date of receipt of the notification.

(3) A notification referred to in sub-paragraph (c) of paragraph (1) must—

(a) be in writing and given by the person referred to in that sub-paragraph stating that they are unable to complete the programme referred to in that sub-paragraph during the maximum period or, as the case may be, during any period of disregard pursuant to that sub-paragraph, and

(b) be accompanied by a declaration, signed by a person responsible for the programme in question, confirming that the person is participating in an acceptable programme and will be unable to complete it within the maximum period or, as the case may be, within any period of disregard pursuant to that sub-paragraph.

(4) A notification cannot be given earlier than—

(a) 180 days before the end of the maximum period, or

(b) in the case of a second or subsequent period of disregard pursuant to sub-paragraph (c) of paragraph (1), 180 days before the end of the preceding period of disregard pursuant to that sub-paragraph.

Lapse of registration

4.—(1) A person’s provisional registration lapses upon expiry of the maximum period.

(2) Where a person is subject to fitness to practise proceedings under Part V, that person’s provisional registration will not lapse until the proceedings have been disposed of on the occurrence of—

(a) a decision not to refer the allegation to a medical and a lay Case Examiner or, for any other reason, not to proceed beyond rule 4 of the Fitness to Practise Rules(a);

(b) a decision not to refer the allegation to the Investigation Committee or a Fitness to Practise Panel under rule 8 of the Fitness to Practise Rules(b), or to cancel any such referral under rule 28(3)(b) of those Rules(c);

(c) a decision to issue a warning in accordance with rule 11(2), (4) or (6) of the Fitness to Practise Rules;

(d) a decision to cease consideration of the allegation upon receipt of undertakings;

(e) a final determination by a Fitness to Practise Panel under rule 17 of the Fitness to Practise Rules(d) or, where the next hearing in the proceedings following the end of the prescribed period is held under rule 22(e), under that rule.

(3) A person whose provisional registration has lapsed cannot apply for a further period of provisional registration.

Given under the official seal of the General Medical Council this 10th day of December 2014.

Peter Rubin
Chair

(a) Rule 4 was amended by rule 3 of the Rules in the Schedule to S.I. 2009/1913.

(b) Rule 8 was last amended rule 4 of the Rules in the Schedule to S.I. 2009/3168.

(c) Rule 28 was substituted by rule 12 of the Rules in the Schedule to S.I. 2009/1913 and last amended by rule 2 of the Rules in the Schedule to S.I. 2013/815.

(d) Rule 17 was last amended by rule 6 of the Rules in the Schedule to S.I. 2013/815.

(e) Rule 22 was last amended by rules 1 and 15 of the Rules in the Schedule to S.I. 2009/1913.
EXPLANATORY NOTE
(This note is not part of the Order)

The Schedule to this Order contains the General Medical Council (Maximum Period of Provisional Registration) Regulations 2014.

Regulation 2 sets out the maximum period for which a person may be provisionally registered in the register of medical practitioners. That maximum is set at 1,125 days.

Regulation 3 provides that in determining the maximum period, certain periods are to be ignored (periods of disregard), namely, periods during which the person’s name has been removed from the register; during which the person’s registration is suspended and periods during which the person is unable to complete an approved course the person is participating in. That regulation also provides for certain notifications to be given to the registrar in respect of periods of disregard.

Regulation 4 deals with lapse of provisional registration. It provides (a) that provisional registration lapses at the end of the 1,125 day period (b) that provisional registration does not lapse until the disposal of any fitness to practise proceedings the person is subject to and (c) that a person whose provisional registration has lapsed, cannot apply for a further period of such registration.
Regulations to introduce a time limit on provisional registration - consultation report

1. This report describes the outcome of our consultation on draft regulations to introduce a time limit of three years and 30 days on the period of time that a doctor can hold provisional registration.
Consultation report: regulations to introduce a time limit on provisional registration

Introduction

1 From 23 April 2014 to 18 June 2014 we consulted on draft regulations which set out how we will introduce a time limit of three years and 30 days (1,125 days) on the period of time that a doctor can hold provisional registration.

2 We ran an earlier consultation and engagement exercise on the principle of whether there should be a time limit, in summer 2012.

3 The focus of this consultation was on the draft Provisional Registration (Time Limits) Regulations 2013, the main effects of the regulations and how they will be applied. We are required by the Medical Act 1983 to consult prior to making rules and regulations.

4 This document sets out a summary of the responses to our consultation.

Background

5 The only purpose of provisional registration is to allow UK graduates to take part in the first year of the Foundation Programme (foundation year one, or F1).

6 Some doctors, who are nationals of the European Economic Area or international medical graduates, can also apply for provisional registration so they can take part in F1 training in the UK.

7 Provisionally registered doctors must demonstrate the outcomes that we set out in our publication The Trainee Doctor, in order to complete F1 and therefore be entitled to apply for full registration.
Most doctors complete F1 and move to full registration within 12 months of getting their provisional registration. In some cases, doctors need more training before they can satisfy the requirements of F1.

A small number of doctors are unable to demonstrate the competencies needed to complete F1 and are released from the training programme. At the moment, these doctors can keep their provisional registration indefinitely, as long as they carry on paying their annual retention fee and are removed from the register as a result of a finding that their fitness to practise is impaired – even if they are not training in the Foundation Programme anymore.

Making regulations that introduce a time limit on provisional registration would let us manage the following issues.

- Provisional registration limits the scope of a doctor’s practice to F1 training programmes. If a doctor is no longer in an F1 training programme, there is no need for them to be provisionally registered. Provisionally registered trainees cannot legally undertake any other employment.

- We want to reduce confusion about what provisionally registered doctors can do and so reduce the risk of those who are not in training working outside the limits of their registration. This could also benefit patients by making sure that provisionally registered doctors are appropriately supported and supervised in roles that are within the limits of their registration.

Our consultation

The Medical Act gives us the power to set a maximum period for provisional registration. Since 2012, we have been working with organisations and doctors who will be affected, to develop how the process will work. We have now drafted supporting regulations.

The consultation sought views on the main effects of the regulations and how they will be applied.

The consultation documentation included the draft Provisional Registration (time limits) regulations.

Our approach

We asked five questions about the new regulations. Respondents were asked to answer yes or no to each question to indicate whether they agreed or disagreed with each question. Respondents were asked to provide further comments and reasons if
they answered no. An analysis of the responses to the questions is set out later in this document.

15 We used a range of methods to gather views on the proposals:

- We sent an email with a direct link to the consultation to approximately 628 provisionally registered doctors who had held PR for more than 12 months. We also sent the same email to 323 doctors who are currently voluntarily erased but held PR for more than 12 months prior to this.

- We sent an email with a direct link to the consultation to 134 relevant organisations, including medical education and training providers, medical employers, organisations representing doctors and medical defence organisations.

- We ran a web story and a registration news article with a link to the consultation.

- We displayed a banner on web pages relating to provisional registration.

Breakdown of responses

16 We received a total of 91 responses to our consultation. Table 1 shows the breakdown of responses according to source. Most responses were received via our e-consult survey. However some respondents preferred to complete offline responses and send them separately.

Table 1

<table>
<thead>
<tr>
<th>Source</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-consult site responses</td>
<td>73</td>
</tr>
<tr>
<td>Offline responses</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>91</strong></td>
</tr>
</tbody>
</table>

17 Table 2 below provides a breakdown of the types of respondents. We received 72 responses from individuals and 19 responses on behalf of organisations.

Table 2

<table>
<thead>
<tr>
<th>Organisations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academy, medical royal college or faculty</td>
<td>6</td>
</tr>
<tr>
<td>Body representing doctors</td>
<td>3</td>
</tr>
<tr>
<td>Stakeholder category</td>
<td>Count</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>NHS/HSC organisation</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Medical school (undergraduate)</td>
<td>1</td>
</tr>
<tr>
<td>Foundation school</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total organisations</strong></td>
<td><strong>19</strong></td>
</tr>
<tr>
<td><strong>Individuals</strong></td>
<td></td>
</tr>
<tr>
<td>Medical student</td>
<td>2</td>
</tr>
<tr>
<td>Doctor (F1)</td>
<td>20</td>
</tr>
<tr>
<td>Doctor (holding PR but not in F1)</td>
<td>9</td>
</tr>
<tr>
<td>Doctor (other grade/status provided)</td>
<td>15</td>
</tr>
<tr>
<td>Doctor (other grade/status not provided)</td>
<td>14</td>
</tr>
<tr>
<td>Other healthcare professional</td>
<td>1</td>
</tr>
<tr>
<td>Member of the public</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total individuals</strong></td>
<td><strong>72</strong></td>
</tr>
<tr>
<td><strong>Overall total</strong></td>
<td><strong>91</strong></td>
</tr>
</tbody>
</table>

**Summary of findings**

**General**

18 Stakeholder organisations were generally in favour of our proposed regulations, highlighting that this was a long overdue and welcome change and is an additional safeguard which would help to protect safety.

19 Individual responders were less supportive, particularly around the regulation which sets the time limit on provisional registration to 3 years 30 days. However there appear to be several reasons for this;
a We had specifically emailed doctors currently holding PR (who had held PR for more than 12 months). We did this because we are aware that they are more likely to be affected by the changes. 29 out of the 72 individual responses we received were from doctors holding provisional registration. We are aware that a number of respondents in this group have already held PR for a long period of time and are less likely to be supportive of the changes we are proposing.

b Many of the responses from individuals indicated that they were opposed to the principle of a time limit on provisional registration at all. This influenced their responses to the questions about the duration of the time limit and how the time limit would be implemented.

c Some respondents provided a negative response to the question about the regulation which sets the time limit on provisional registration to 3 years and 30 days on the basis that there were no contingencies in place for exceptional circumstances. Later questions in the consultation covered our proposals to address contingencies. Although respondents answered these questions affirmatively they did not amend their earlier responses to take this into account.

d A small number of respondents felt that it was inappropriate to introduce a time limit while there are ongoing discussions about the point of full registration.

Conclusions and next steps

20 There was support for our proposals from stakeholders and those involved with medical education and foundation training.

21 There is an indication that a change to our draft regulations to allow applicants to apply for more than one 12 month extension would be supported. We will carefully review this feedback and other issues that have been raised this and consider any changes to our draft regulations.

Question by question analysis

22 The questions were mandatory (a respondent needed to answer yes or no to each question in order to move onto the next) however it was not mandatory to provide comments.

23 We asked a number of preliminary questions including;

a Name

b Are you either a medical student or a doctor (if a respondent answered yes to this question we asked them to indicate their level or grade from a list we provided)
If you are responding on behalf of an organisation, please state the name of the organisation.

We may want to contact you to discuss your comments. If you are happy to be contacted please provide your email address and/or contact telephone number below.

24 We then set out key questions about the how the regulations would be implemented.

25 We have set out each question followed by the breakdown of responses, a summary of the themes and selected comments both supportive and unsupportive.

**Regulation 2 – maximum period of provisional registration**

26 In the first question, we set out that a doctor will be able to hold provisional registration for a maximum of three years and 30 days (1,125 days). This will allow a doctor:

- To undertake F1 training (which must be at least 12 months)
- An extension to F1 training of up to 12 months (which postgraduate deaneries and local education and training boards may allow)
- An additional 12 months to cover all reasonable contingencies.

27 The extra 30 days allows for the national shadowing scheme (endorsed by the UK departments of health) for F1 appointees, which they complete before they begin their F1 training, and during which they are provisionally registered. The shadowing scheme currently takes a minimum of four days - the additional 25 gives contingency, should it be increased in the future.

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think that the proposed maximum period for provisional registration is appropriate?</td>
<td>Organisations</td>
<td>Individuals</td>
</tr>
<tr>
<td></td>
<td>16 (84%)</td>
<td>26 (36%)</td>
</tr>
<tr>
<td>Total</td>
<td>42 (46%)</td>
<td>49 (54%)</td>
</tr>
</tbody>
</table>

Question 1 – part 2

If not why?
Overall, less than half (46%) of respondents agreed with the proposal set out in this section.

Respondents who did not support this proposal gave reasons in the comments section. These can be broadly summarised as follows;

a Some individuals did not agree with this proposal as they fundamentally disagree with the principle of a time limit on PR.

b A number of individual respondents felt that the time limit should be longer to take into account delays arising from failure to obtain the required IELTS scores, failure to gain a place on the Foundation programme and visa problems.

c A small number of respondents felt that individuals who have graduated from medical school have a right to hold PR for as long as necessary providing they pay their ARF.

d Some individuals felt that this proposal would disadvantage less than full time (LTFT) trainees, as they would not (proportionately) have the same amount of time or the same opportunity to repeat all or part of the programme, as a full time trainee.

e Some respondents commented this proposal would disadvantage those who need an extended time out the Foundation Programme due to sickness, maternity, bereavement or personal difficulties.

f Additionally, some individuals commented that this proposal does not account for those individuals undertaking non clinical placements, further postgraduate study or working in academic or research posts.

It is worth noting that the circumstances described in d, e and f above have been considered and contingencies made in the regulations (regulations 3 & 5) to address them.

Comments

Organisation – BMA, Medical Students Committee

‘We are not convinced that there is a strong requirement for a system to be implemented that limits the time that can be spent in provisional registration, especially not one that will come at the expense of F1s who remain employed. The BMA believes that the provisional registration period is an important time in a doctor’s life and strongly supports its retentions as a component of UK medical training. This proposal comes at a time when the future of provisional registration is unfortunately in question, and because of this uncertainty we suggest that it should not be pursued at this time. It should be reviewed once the current discussions about moving the
point of full GMC registration to coincide with graduation have concluded. Finally we take issue with the statement at the start of the consultation that the only purpose of provisional registration is to allow UK graduates to take part in the first year of the Foundation Programme. That may be a strict interpretation of the Medical Act, but we feel the period of provisional registration is an essential component of medical training in the UK that allows a doctor the protection of a period of time in employed practice, and under assessment, before being able to become a fully registered practitioner’.

Individual – status not given

32 ‘Overseas medical doctors who currently hold a provisional GMC registration after passing PLAB exam may not be able to meet this time limit due to various reasons like training job restrictions on visa, toddlers at home etc’.

Individual - status listed as; trained as a doctor, completed medical school and now in an alternative profession

33 ‘If medical training has been completed you should be able to be provisionally registered with the GMC indefinitely. You can’t be fully registered as a doctor without completing the foundation years so what is the point of taking the provisional registration from individuals who have completed medical school training? I spent 5 years at medical school and worked extremely hard and therefore I have earned the right to be provisionally registered with the GMC if willing to pay the yearly premium’.

Organisation - Academy of Medical Royal Colleges (Academy Trainee Doctors Group)

34 ‘Three years and 30 days seems like a reasonable amount of time and I agree with the breakdown into 12 months F1, 12 months extension and 12 months for contingencies set out in regulation 2. However we need to consider less than full time trainees, people who have had children and need time off, those who suffer illness etc. There may also be people who decide not to pursue their F1 year immediately - for example they may decide to reapply if they did not get the rotation they wanted etc. In the majority of cases 3 years and 30 days is almost certainly going to be reasonable. However, there will be a minority of cases where there are exceptional circumstances - for example if several of the above factors converge through no fault of the trainee. I have also come across cases of FY1 doctors who have been through GMC disciplinary proceedings and were eventually found to not be at fault. As these processes are very time consuming the doctors seek alternative employment and may then need time to make a decision regarding returning and make arrangements to do so’.

Organisation - The Royal College of Physicians of Edinburgh

35 ‘The College generally agrees with the proposals, although in some circumstances the proposed maximum period may not be appropriate and this is addressed in
Regulation 3. Examples where the maximum period may not be suitable include when the health of a trainee may be such that they may be unable to complete F1 even within 3 years. Such examples are rare, but may require an additional process of extending F1 training by perhaps an extra year as provided for in Regulation 3. It is also the case that some students may elect to undertake further study after qualification such as PhD studentship which would under this requirement mean they could not register. Other circumstances include maternity or paternity leave which would extend the time period within which trainees could register. This is often followed by less than full time training and therefore there needs to be a process for particular unusual circumstances by which exceptions to this rule apply. However there are clear examples of trainees being unable to deal with the stresses of medical practice and a time limit is needed’.

Individual – Associate Dean for Foundation

36 ‘I agree but would want the “all reasonable contingencies” to be clearly specified the extra 12 months should not be after a referral to the GMC and after an Ftp hearing’!

Regulation 3 – extension of provisional registration

37 Some provisionally registered doctors may not be able to complete F1 within the maximum period allowed. This may be because they are undertaking F1 on a less than full-time basis, or due to other circumstances.

38 These doctors will be able to ask for a 12-month extension to the maximum period of three years and 30 days of provisional registration. However, they will need to provide a declaration confirming that they would not be able to complete F1 without the extension - this declaration should come from the organisation responsible for delivering their F1 programme (usually their postgraduate deanery or local education and training board).

39 A provisionally registered doctor will not be able to ask for an extension earlier than six months before their provisional registration expires. Before this time, it may not be clear that an extension will be required.

<table>
<thead>
<tr>
<th>Question 2</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the arrangements set out in regulation 3 reasonable?</td>
<td>Organisations</td>
<td>Individuals</td>
</tr>
<tr>
<td></td>
<td>14 (74%)</td>
<td>37 (52%)</td>
</tr>
<tr>
<td>Total (1 individual respondent replying offline left this question blank).</td>
<td>51 (57%)</td>
<td>39 (43%)</td>
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A small majority of respondents (57%) agreed with the proposal set out in this section.

Respondents who were not supportive of the proposal provided reasons. These can be categorised into the following themes;

a) That the length of the extension should be longer (suggestions of 18 months or two years were given).

b) That individuals working less than full time may be disadvantaged by allowing only one 12 month extension.

c) That individuals should be able to apply for an extension at any point during their F1 training.

d) That there should be ‘exemptions’ based on particular circumstances rather than an extension to the period of time allowed.

There is an indication that a change to our draft regulations to allow applicants to apply for more than one 12 month extension would be supported.

Comments

Individual - status given as; ‘going to apply for F1’

‘The declaration should come from the candidate themselves. Not all candidates can secure a place on the foundation programme due to personal reasons. Why will a deanery issue any letter when the doctor is not registered with them? If a doctor cannot start F1 due to visa issues, financial issues, paperwork issues, how will they get this letter’?

Individual - F1 doctor

‘The 12 month extension is not fair for those with Provisional Registration already. The 12 month extension is not fair because there is no guarantee I will be able to enter the foundation programme in 2015 even with the 12 month extension. Surely this rule should start in 2014 for doctors obtaining Provisional registration this year’.

Individual - Non practicing doctor research, Assistant Professor
Some provisionally registered doctors do not intend to become fully registered doctors (i.e., they have no desire to become a full practicing clinical doctor) but see value in retaining membership with the GMC for other careers. If there was a category available for non-practicing doctors so that they could retain membership with the GMC that would be a relevant alternative. To the best of my knowledge there is not.

Individual - F1 doctor

For some less than full time trainees it may be clear early in the year that their absence would make an extension necessary and it would be helpful to know as soon as possible whether this is likely to be granted. Firstly for peace of mind but more importantly if it is not possible to identify early that the doctor will not be able to complete their training.

Individual - Overseas qualified doctor

Six months is not enough time to plan the future event as doctor's career and life depend on these decisions. These decisions need time to think and plan.

Individual - no status given

I am against the regulation itself there should be an exemption for some cases rather than extension.

Organisation - Academy of Medical Royal Colleges

The arrangements set out in regulation 3 are reasonable providing there is clear notice and warning given to trainees that they are close to reaching the period when their provisional registration would expire.

Organisation - NHS Employers Organisation

Clarification may need to be given in advance as to the other circumstances that will qualify for an extension if an extension cannot be granted more than six months in advance. For example we would expect circumstances such as maternity leave, bullying and harassment, and sickness absence would usually be reasons that would merit an extension. Other circumstances however may be more ambiguous such as taking a career break, going on secondment, drug or alcohol misuse, or any other issues and circumstances under the control of the provisionally registered doctor. It should be made clear who will ultimately approve an extension. Will this be the organisation responsible for delivering the F1 programme, or the GMC, or a two-step process where the F1 delivering body has to approve the request before the GMC make the final decision?
‘I’m pleased to see that regulation 3 sets out the possibility of an additional 12 month extension to the three years and 30 days and that their deanery or LETB would need to approve this. I think it is essential that this possibility of extending the deadline further remains to cover what regulation 3 describes as ‘other circumstances’. The above will always particularly affect less than full time trainees so we need to make sure they are not discriminated against when they run into problems. Ideally I would like to see the wording for the maximum time reflect this. For example, could it be amended to say three years and 30 days or the less than full time equivalent? I like the wording used in the GMCs rules on time out of training - that longer than 14 days will ‘trigger a review’. I’d like to see words to that effect in here as I think reviewing the trainee’s issues is an important part of coming to shared decisions on extensions’.

Question 2 - part 3

Are there any other circumstances (that a doctor in F1 might encounter) that we have not adequately provided for?

Respondents commented on circumstances that they felt we had not adequately provided for. These can be categorised as follows;

- Less than full time (LTFT) trainees.
- Overseas doctors, encountering problems obtaining the required IELTS scores, obtaining an F1 place or visa issues.
- Doctors requiring extended time out the Foundation Programme due to sickness, maternity, caring for dependents, bereavement or other personal difficulties.
- Doctors undertaking non clinical placements, further postgraduate study or working in academic or research posts.
- Doctors who wish to pursue an alternative career but may wish to return to medicine in the future.

Comments

Individual - F1 doctor

‘An overseas doctor who hasn't been able to get in to the programme due to many possible reasons as this opportunity is available once a year only. The clinical skills exam already exists for checking their fitness to practice’.
Individual - status not given

54 ‘I worked in the capacity of an F1 doctor as a Locum for a few years, and have since acquired the competences required for this role, I still hold a provisional registration because I was not in a training program, how does this new rule affect me? And can I apply for full registration?’

Individual - F1 doctor

55 ‘Doctors who leave the training programme, for whatever reason, with the intention of returning later when circumstances allow will have to choose between ending their medical career or possibly rushing back to work too soon’.

Individual - F1 doctor

56 ‘It’s more to do with the long process of applying for F1, the clinical assessment and changes in rules each year designed to make it more difficult for overseas doctors outside the EU to get a job in the UK’.

Individual - F1 doctor

57 ‘Yes. Caring roles, ill health, especially if coupled with part time working, requirements to live abroad for periods of time if families live abroad - also this places UK graduates at an unfair disadvantage compared to their European counterparts. I strongly oppose this change’.

Individual - consultant

58 ‘The only circumstances I can think of is if there was a doctor had a serious illness (Motor vehicle accident or cancer requiring chemo) just prior to registration and took more than 2 years to be fit to return to work for another 2 years, they would then need a return to work and might need a longer time frame. Only an acute and completely recoverable health issue like this would be a problem. Most issues that come up of a chronic nature in F1 I think 3 years is a suitable time frame to see if the doctor is capable of working as a doctor’.

Individual - status given as; ‘I took my MBBChir degree in 1993 but have yet to do my pre-registration training’

59 ‘Yes, lots of them. Medical graduates might want to have a family, do research, try a different career, etc. They are not incompetent, so they should not be penalised by the 1125-day rule’.

Individual - Specialist Registrar

60 ‘Serious illness. Unexpected single parenthood. Need to care for a partner. Someone might be ready to come back into full time training, but miss the deadline’.

www.gmc-uk.org
61  ‘It is theoretically possible, although perhaps unlikely, that an F1 trainee could work LTFT and require 2 years to complete F1. If they then do not pass ARCP they may be required to complete the full year again which may take them another 2 years working LTFT. It is also possible that the second period of training could take longer than 2 years if there are issues that mean the trainee needs to take additional time off. I do not know if in these circumstances a trainee would be able to apply for a second extension?’

62  ‘If after two years of being at work on a full time basis and the GMC required outcomes have not been achieved this additional year should not be ‘on offer’.”

**Regulation 4 – effect of lapse**

63  If a doctor reaches the maximum period of provisional registration and their registration lapses, they will not be able to apply for a further period of provisional registration.

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<tr>
<th>Question 3</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Does this proposal seem reasonable?</td>
<td>Organisations</td>
<td>Individuals</td>
</tr>
<tr>
<td></td>
<td>14 (74%)</td>
<td>21 (29%)</td>
</tr>
<tr>
<td>Total</td>
<td>35 (39%)</td>
<td>56 (62%)</td>
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**Question 3 – part 2**

If not why?

64  Overall, the majority of respondents (62%) disagreed with the proposal set out in this section.

65  Respondents who did not support this proposal gave reasons in the comments section. These can be broadly summarised as follows;

a  That this regulation should not apply where a doctor can demonstrate exceptional circumstances.
b That this regulation is fundamentally unfair as it has the potential to end a doctor’s career.

c That doctors should be enabled to take extended periods of time out of F1, while maintaining their provisional registration in order to keep their options open.

d That there should be an appeal mechanism.

Comments

Individual - Consultant
66 ‘What if the doctor has already got the experience elsewhere’?

Individual - Graduate with PR – not in an F1 post
67 ‘They should be able to after proving they are capable and still competent, i.e. retaking exams’.

Individual - F1 doctor
68 ‘It would be better to introduce an exam like clinical assessment which already exists for overseas graduates. If a doctor passes this exam he or she should be able to apply for F1 and also enable them to renew provisional registration’.

Individual - F1 doctor
69 ‘I think there should always be a clause for “exceptional circumstances” as it can be very hard to predict one’s life, illnesses etc. Of course these exceptional circumstances would have to have some supporting evidence from either the trainee’s doctor if it’s an illness issue or Deanery/other source if other issues. A committee could be formed to see if these exceptional circumstances would allow an extension. I would think the Equality Act may come into play here if the reasons are health/disability’.

Individual - F1 doctor
70 ‘Why not if they have taken steps to show that they are getting back on track with career like clinical attachments, observer ship, etc. its equivalent to taking away the MBBS degree as that is useless without the FY1. People have different time frames in life and those should be respected as choices they should be able to have knowing that they can come back to their career when they are ready’.
Individual - F1 doctor

71 ‘I do not understand the point of this either. This is unfair and discriminatory especially for those who have difficult circumstances. I have not heard of any other regulating organization doing this to employees in any other profession, why is the GMC considering this? There are no risks in a doctor staying in provisional registration, since they cannot be employed unless they are in a training program or supervised’.

Individual – status given as; ‘I took my MBBChir degree in 1993 but have yet to do my pre-registration training’

72 ‘I apologise for repeating myself, but why is it that these rules assume everybody who read medicine wants to become a practising doctor immediately? There are medical graduates who might want to postpone their pre-registration for all kinds of reasons. They should be allowed that choice. If they can subsequently prove to be safe and competent doctors, it should not matter whether 1 day or 10 years have elapsed between their medical degrees and their pre-registration training. Moreover the rules have not specified what will happen to these doctors. Will they have to re-do all 5 or 6 years of medical school, or will have to re-sit their Final M.B., before they can do their pre-registration training?’

Organisation - Medical and Dental Defence Union of Scotland (MDDUS)

73 ‘It seems to MDDUS that there should always be flexibility in an individual registrant being able to apply for a further period of registration if the circumstances are justified and the Council is satisfied that their regulations are not being abused. Some degree of flexibility in regulation or some special procedure would be appropriate’.

Individual - Consultant

74 ‘If they are engaged in their training then this should be reasonable’

Regulation 5 – time not counted

75 The time limit will not be flexible. However where a doctor’s name is erased from the register (either because they have voluntarily requested that their name is erased or because their name has been erased due to fitness to practise proceedings), the period of time that their name is not on the register will not count towards their period of provisional registration. Additionally, any time that a doctor is suspended will not count towards their period of provisional registration.

76 This will only apply where a doctor has relinquished their registration rather than just their licence to practise (in order to practise medicine in the UK including treating patients, a doctor must be registered and hold a licence to practise).
We will provide guidance to remind doctors that if they need to temporarily withdraw from their F1 training programme, (and do not need to maintain their registration during that period for any other reason) they will be able to voluntarily erase their registration and restore it when they are able to restart or resume their training. This will make sure that the unregistered period will not count towards their period of provisional registration.

<table>
<thead>
<tr>
<th>Question 4</th>
<th>Yes</th>
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<tbody>
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<td>Are the arrangements set out in regulation 5 fair and reasonable?</td>
<td>Organisations</td>
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</tr>
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<td>18 (95%)</td>
<td>48 (68%)</td>
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<td>66 (73%)</td>
<td>24 (27%)</td>
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The majority of respondents (73%) agreed with the proposals set out in this section.

Comments in response to this proposal can be broadly summarised as follows;

a Some respondents were concerned that the voluntary erasure and restoration process would be complicated and time consuming.

b Some respondents were concerned about whether a doctor’s F1 place would be kept open for them in these circumstances.

c A small number of respondents felt that if an individual was ill it was inappropriate to expect them to go through the VE process.

d One respondent suggested that the GMC should ‘alert doctors about the provisional registration time limit approaching its end’

Comments

Individual - F1 doctor
‘A trainee should not have to withdraw from training if they have to take sick leave. Would their place still be held? What about the effects on sick pay/insurance/benefits. Likewise for anyone who takes maternity leave’.

Individual - status given as; ‘qualified in 1992 but never attained full registration due to ill health’

‘When somebody is unwell the last thing on their mind is to have to sort through GMC procedures to voluntarily erase and then restore when going back to work and if that doctor is hospitalised then how are they supposed to do that’?

Individual - Specialist Registrar

‘Many people report that having relinquished registration, it is very difficult to get it back. Whether or not this is true, people are very fearful of it. Furthermore, why is it necessary to put people through this? Why not allow them to keep their name on the register, perhaps without licence to practise, until they are in a position to start working as a doctor again’?

Individual - status given as; ‘not currently in medicine’

‘The idea of being “erased from the register” is not a comfortable one’.

Individual - Consultant

‘This would deal with my previous concerns as the doctor could de-register whilst having medical treatment and then pick up again when well’.

Individual Consultant

‘This seems fair. Some considerations might be however - how would you know to remind doctors to temporarily erase their registration? I know that we as organisations responsible for their training would remind them but if they are in a very vulnerable position, they may not action changing their registration status and I think consideration should be given to how this might be overcome/exceptional allowances made. How simple will it be? A proforma online? Will there be additional charges for individuals doing this and if so how much? Can organisations responsible for their training also alert you’?

Organisation - Medical Schools Council

‘MSC would also like to comment on regulation 5 where two main issues were identified. Firstly MSC understands that those doctors who do not secure a place in an F1 training programme will be advised to relinquish their registration until they do secure a place. MSC would like to note that where a doctor fails to secure a place due to a low ranking in a national assessment this is not a fitness to practise issue.'
Secondly MSC would like to ask for clarity as to what measures will be put in place to ensure these doctors are clinically competent when they re-join the register. Currently doctors who take two years or more out of practice after graduating have to take and pass a clinical skills assessment set by the UKFPO before re-entry.

Organisation - The Royal College of Physicians of Edinburgh

87 ‘This is reasonable provided that the process to deregister is straightforward and there is no stigma attached to it. It should also be simple to re-register. Circumstances should be clearly set out where it may be appropriate for a trainee to deregister, for example a trainee with domestic responsibilities and seeking LTFT training - they may be out of training for more than 3 years. Under these circumstances would the regulator advise to de-register’?

Organisation - Medical Protection Society

88 ‘It is reasonable that for doctors who have been erased from the register or suspended that this does not count towards the time allowed for provisional registration’.

Regulation 6 – fitness to practise proceedings

89 Where a doctor is involved in fitness to practise proceedings, their provisional registration will not lapse until proceedings are concluded in one of these ways.

a A decision is made not to refer the allegation to a medical and a lay case examiner, or another reason is given not to proceed.

b A decision is made not to refer the allegation to the Investigation Committee or a fitness to practise panel or any such referral is cancelled.

c The doctor is given a warning.

d The doctor accepts undertakings.

e A final determination is made by a fitness to practise panel.

90 This will make sure that provisionally registered doctors won’t be able to avoid fitness to practise proceedings, even if their registration is due to lapse because they are close to the maximum period of provisional registration.
Question 5

<table>
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<th>Are the arrangements relating to fitness to practise proceedings appropriate?</th>
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<tbody>
<tr>
<td>Organisations</td>
<td>Individuals</td>
<td>Organisations</td>
</tr>
<tr>
<td>16 (84%)</td>
<td>62 (87%)</td>
<td>3 (16%)</td>
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Total (1 individual respondent replying offline left this question blank).

| 78 (87%) | 12 (13%) |

**Question 5 – part 2**

If not why?

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91 The vast majority of respondents (87%) agreed with the proposals set out in this section.

92 Comments relating to this proposal can be broken down into the following main areas;

a Concerns about the length of GMC investigations and the impact if the individual is not able to work during the investigation.

b The impact if the individual is found to be fit to practice at the conclusion of the proceedings.

Comments

Individual - F1 doctor

93 ‘The whole proposal is abhorrent and unfair. I have selected no here simply because I disagree with the whole proposal. A better response might have been irrelevant’.

Individual - Associate Dean for Foundation

94 ‘If a doctor is referred for Ftp after two years of extended fully supported training and then it takes two years to make a decision how can undertakings be an outcome? How does a doctor then gain entry to a recognised training programme again? This raises doctor expectations where sufficient clinical concerns have already been raised. Will the Ftp panel have a medical school or Foundation school panellist where the doctor is provisionally registered’?
Individual - status given as 'part retired consultant’

95 ‘Often trainees are barred from working pending GMC fitness to practise deliberations. This time cannot be counted as training time. The lapse in registration needs to be coincidental with lapse in training not the outcome of GMC deliberations’.

Individual - Specialist Registrar

96 ‘Mostly reasonable, except it seems punitive - if you are subject to investigation we will maintain your registration so that we can punish you, whereas if there are no concerns about your practice your registration will be taken away’.

Organisation - Academy of Medical Royal Colleges

97 ‘The lapse of provisional registration should occur coincident with breaks in training not just when GMC deliberations regarding fitness to practise have been decided - sometimes the GMC deliberation takes some weeks during which the trainee has been suspended from clinical work. Further clarity is required on when provisional registration should lapse in these circumstances. These circumstances relate to a small number of trainees only but the proposals do act to draw the line in some cases. These trainees will need careful support with career advice etc’.

Organisation - Foundation School Director, Wessex Foundation School

98 ‘I'm afraid that as things stand, our experience is that it takes a long time for GMC Fitness to practise proceedings to get going - even for the most 'trivial' of offences. We worry that not being able to 'stop the clock' would lead to trainees running out of time’.

Individual - Consultant

99 ‘Although how would this affect their overall time allowance for provisional registration, if for instance an investigation was instigated after approximately one year’.
Comments not in support of our proposals

Individual - non practising doctor research, Assistant Professor
100 ‘Some doctors who do not practice clinical medicine still see a value in retaining membership with the GMC. Categories for non-practicing doctors should be available. Thank you’.

Individual - status given as; ‘I am a graduate and hold a provisional licence’
101 ‘I propose that instead of a time lapse, a suitable re-entry programme is devised to allow doctors who have wanted or required time out to refresh before re-entering the programme. I believe that a time lapse is unreasonable given the dedication, time and effort that goes into completing a medical degree’.

Individual – Specialist Registrar
102 ‘Having a fixed time limit is a very bad idea. Having a time limit that would trigger investigation and individual time limits after that, would be reasonable’.

Individual – no status given
103 ‘I would like to give an opinion that time limit for provisionally registered doctor should be at least 5 years’.

Individual – status given as; ‘trained as a doctor, completed medical school and now in an alternative profession’.
104 ‘I believe that everyone who has completed medical school should be able to remain on the GMC list indefinitely, whether practicing medicine or not’.

Organisation - BMA Medical Students Committee
105 ‘We are not convinced that there is a strong requirement for a system to be implemented that limits the time that can be spent in provisional registration, especially not one that will come at the expense of F1s who remain employed. The BMA believes that the provisional registration period is an important time in a doctor’s life and strongly supports its retentions as a component of UK medical training. This proposal comes at a time when the future of provisional registration is unfortunately
in question, and because of this uncertainty we suggest that it should not be pursued at this time. It should be reviewed once the current discussions about moving the point of full GMC registration to coincide with graduation have concluded. Finally we take issue with the statement at the start of the consultation that the only purpose of provisional registration is to allow UK graduates to take part in the first year of the Foundation Programme. That may be a strict interpretation of the Medical Act, but we feel the period of provisional registration is an essential component of medical training in the UK that allows a doctor the protection of a period of time in employed practice, and under assessment, before being able to become a fully registered practitioner.

Comments in support of our proposals

Individual – no status given

106 ‘They are eminently sensible & overdue’.

Individual – F1 doctor

107 ‘I think in theory it is a good idea as long as those in less than full time training or who have other good reasons for prolonged training could be accommodated even if on a case by case basis’.

Individual - F1 doctor

108 ‘I find the above appropriate only if one has the right to apply for an extension. From the schedule provided it appears that this will be the case. In my own case I graduated in 2011 and gained my provisional registration in this year. I did not successfully complete my first year in training and had to take a year off practice following this (the first 2 years of my provisional registration). I am now in a less than full time foundation training post and I am progressing well. It is estimated that I will progress to FY2 in April of next year (as long as my competencies are met). This will mean I will enter my 4th year of provisional registration in August of this year. I imagine there are not many cases like mine but as long as they are heard and given a chance of extension I find the above changes appropriate. I was initially concerned reading the council’s decision to limit provisional registration but having read the above consultation I am reassured that I can gain an extension. Many thanks’.

Individual - Consultant

109 ‘This is an important change which I fully endorse’.

Individual - F1 doctor
110 ‘I do think there should be a clause that these time limits can be extended in very exceptional circumstance as mentioned earlier, as well as these regulations have been done there may always be an unseen issue in the future. People’s lives can be very complicated - for instance there could be a case where a trainee becomes unwell and was/is just too unwell to withdraw from the register. A simple solution to this is to have a clause that in exceptional circumstances, with supporting evidence, a committee can decided to grant an extension of the time’.

Organisation - Foundation School Director, Wessex Foundation School

111 ‘Generally, we support the principles of time-limited provisional registration, especially with our experiences of struggling FY1 doctors which has dragged on for many years. However, it is important that there are safeguards for trainees who are not struggling as doctors, but need time out for other reason’.

Organisation - Royal College of Physicians of Edinburgh

112 ‘These circumstances relate to a small number of trainees only but the proposals do act to ‘draw the line’ in some cases. These trainees will need careful support with career advice etc’.

Organisation - NHS Employers organisation

113 ‘Overall we think these proposals are sensible and reasonable. The premise of provisional registration is to act as a stepping stone to full registration. Where it becomes clear that an individual is not capable of obtaining full registration it seems entirely reasonable that the individual should lose their provisional registration, given that this status only allows them to work in approved Foundation Year one posts. We agree that these proposals will reduce confusion around the role of provisionally registered doctors (including for patients) and reduce any risk that provisionally registered doctors are employed in posts outside the limits of their registration. Repeated attempts at Foundation Year one means that an individual is continually increasing the gap between medical school and the foundation programme. Recollection of knowledge learned in medical school may become weaker over time and this may be a consideration. There is a slight concern that doctors will be able to voluntarily erase themselves from the register in order to prolong their F1 training, and we would want to see appropriate safeguards in place for doctors returning to the register and to F1 training after a period of absence from the register. Where fitness to practise proceedings arise it will be in everyone’s best interest to ensure that they are concluded as quickly as possible’.

Organisation - Medical Schools Council

114 ‘The consultation on time limiting PR was considered by the MSC’s Education sub-committee. It was very supportive of the proposals which they feel will have a positive impact on patient safety by ensuring that only those engaged in foundation
training are provisionally registered. Additionally these proposals will reduce the number of requests for Deans to complete certificates of good standing for students that had graduated some time ago. Deans find these requests difficult as they do not know what the individual had done in the time since graduation so it is hard to guarantee that they remain fit to practise'.
Annex A – List of organisations who responded

University Hospital of North Staffordshire
Mid Essex Hospital NHS Trust
Scotland West region (Foundation Lead)
Northern Foundation School
Royal College of Physicians and Surgeons of Glasgow
Academy of Medical Royal Colleges
ASME – Association for the study of Medical Education
Wessex Foundation School
The Royal College of Radiologists
The Royal College of Physicians of Edinburgh
Scottish Government
Medical and Dental Defence Union of Scotland
BMA (Medical Students Committee)
Medical Schools Council
NHS Employers Organisation
Medical Protection Society
Academy of Medical Royal Colleges (Academy Trainee Doctors Group)
Royal College of Physicians
North East Thames Foundation School
31 - Regulations to introduce a time limit on provisional registration

Regulations to introduce a time limit on Provisional registration - independent audit

1 This report sets out the results of an independent audit of our consultation on draft regulations to introduce a time limit of three years and 30 days on the period of time that a doctor can hold provisional registration.
Audit of Consultation

Regulations to introduce a time limit on provisional registration

Final Report

5th November 2014

www.srcentre.co.uk
The Social Research Centre wishes to thank the General Medical Council’s personnel from the Registration and Revalidation Directorate respectively for all their helpfulness during our conduct of this audit.
This report has been prepared for and only for the General Medical Council (GMC) in accordance with the terms of reference specified to Social Research Centre’s (SRC) in October 2014 and for no other purpose.

The opinions expressed by the participants in this consultation are strictly those of the person who gave them and not SRC.

The Social Research Centre does not accept or assume any liability or duty of care for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

For convenience, this document may have been made available in electronic as well as hard copy format. Multiple copies and versions of this report may therefore exist in different media. Only the final hard copy should be regarded as definitive.
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<th>Section No</th>
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<tr>
<td></td>
<td>EXECUTIVE SUMMARY</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>INTRODUCTION AND BACKGROUND</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>WHAT WE DID</td>
<td>11</td>
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<td></td>
<td>WHAT WE FOUND</td>
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1. EXECUTIVE SUMMARY

1.1 BACKGROUND TO THE AUDIT

This report is an independent audit, prepared by the Social Research Centre (SRC) (www.srcentre.co.uk) of the consultation data submitted and gathered in relation to the General Medical Council’s (GMC) consultation on, “Making regulations that introduce a time limit on provisional registration” (April to June 2014).

1.2 TERMS OF REFERENCE

This audit was commissioned to provide:

- Reassurance, to both internal and external audiences, about the reliability of the consultation report as an accurate summary of the consultation responses; and,
- An objective confirmation that GMC has identified all of the key themes raised by respondents.

1.3 WHAT WE DID

Given the relatively small number of responses (n=91), combined with the manageable number (n=6) questions posed in the consultation, SRC agreed to review all of the data submitted since this was feasible within the budgetary and time constraints set for this exercise. This enabled us to test the extent to which the data, findings, conclusions, recommendations generated by SRC concurred with those generated by the GMC Analysis Team in terms of completeness, accuracy and substance. In addition, as the audit proceeded, we fed back to GMC where we found differences between GMC’s analysis and our own.

1.4 WHAT WE FOUND

SRC’s audit of the data found that:

- There were very high levels of completeness and accuracy throughout the data sets examined with all of the substantive points included; and,

* Source: GMC's Audit Brief to SRC – October 2014.
In so far as SRC can judge* virtually all of the substantive points from the quantitative and qualitative analysis have been identified and considered appropriately in the GMC Analysis Team’s report.

Please Note: As the audit proceeded, we brought GMC’s attention to one small (not-material†) arithmetic difference in our analysis vs GMC’s. GMC responded to this immediately and SRC is satisfied that this point has now been reflected in GMC’s consultation report.

Whilst not part of our formal terms of reference, we have, for the purposes of continuous improvement, provided GMC with a short list of general points upon which GMC may wish to reflect regarding the analysis of data in future consultations. At the time of writing, we were given to understand that GMC has committed to sharing these points with other colleagues involved in consultation exercises.

* i.e. Based on an examination of the available data alone (and no other considerations)
† i.e. The difference did not affect the overall identification of trends or key issues.
2. INTRODUCTION AND BACKGROUND

2.1 BACKGROUND TO THE CONSULTATION

2.1.1 Role of the General Medical Council

The General Medical Council (GMC) registers and licenses doctors to practise medicine in the UK.

2.1.2 Background to the Consultation

The only purpose of provisional registration is to allow UK graduates to take part in the first year of the Foundation Programme (foundation year one, or F1). Some doctors, who are nationals of the European Economic Area or international medical graduates, can also apply for provisional registration so they can take part in F1 training in the UK.

Provisionally registered doctors must demonstrate the outcomes that GMC set out in its publication ‘The Trainee Doctor’, to apply for full registration when they complete F1.

Most doctors complete F1 and move to full registration within 12 months of getting their provisional registration. In some cases, doctors need more training before they can complete the requirements of F1. A small number of doctors are unable to demonstrate the competencies needed to complete F1 and are released from the training programme. At the moment, these doctors can keep their provisional registration indefinitely, as long as they carry on paying their annual retention fee and they are fit to practise – even if they are not training in the Foundation Programme anymore.

Making regulations that introduce a time limit on provisional registration would enable GMC to manage the following issues.

- Provisional registration allows doctors to take part in F1 training. If a doctor is no longer in F1, there is no need for them to be provisionally registered; and,

- GMC wants to reduce confusion about what provisionally registered doctors can do and so reduce the risk of those who are not in training working outside the limits of their registration. This could also benefit patients by making sure

* The description of the background to, the operation of, the responses from and the analysis of the consultation process was provided by GMC.
that provisionally registered doctors are appropriately supported and supervised in roles that are within the limits of their registration.

2.2 THE CONSULTATION PROCESS

2.2.1 Launch

The consultation was launched on 23 April 2014 and ran for 8 weeks. It closed on 18 June 2014.

2.2.2 Publicising the Consultation

A range of methods were used to publicise the consultation and ensure a range of audiences were aware of it:

- An email with a direct link to the consultation was sent to approximately 628 provisionally registered doctors who had held PR for more than 12 months. The same email was sent to 323 doctors who were (at that point) voluntarily erased but had held PR for more than 12 months prior to this.
- An email with a direct link to the consultation was sent to 134 relevant organisations, including medical education and training providers, medical employers, organisations representing doctors and medical defence organisations.
- A web story and a registration news article with a link to the consultation was published on the GMC’s website.
- A banner was displayed on web pages relating to provisional registration.

2.2.3 Consultation Questions

The GMC asked six questions about the how the regulations would be implemented.

- Question 1: Do you think that the proposed maximum period for provisional registration is appropriate? If not, why?
- Question 2: Are the arrangements set out in regulation 3 reasonable? If not, why? Are there any other circumstances (that a doctor in F1 might encounter) that we have not adequately provided for?
- Question 3: Does this proposal (regulation 4) seem reasonable? If not, why?
- Question 4: Are the arrangements set out in regulation 5 fair and reasonable? If not, why?
Question 5: Are the arrangements relating to fitness to practise proceedings appropriate? If not, why?

Question 6: Do you have any other comments on the proposals?

Respondents were asked to answer ‘Yes’ or ‘No’ to each question to indicate whether they agreed or disagreed with each question. Respondents were asked to provide further comments and reasons if they answered ‘No’.

The questions were mandatory (a respondent needed to answer ‘yes’ or ‘no’ to each question in order to move on to the next). However, it was not mandatory to provide comments.

2.2.4 Submitting Responses

Respondents could submit their views on the consultation proposals in any of the following ways:

- Clicking on the link in the email (about the consultation) that was sent to approximately 628 provisionally registered doctors who had held PR for more than 12 months and 323 doctors who are currently voluntarily erased but held PR for more than 12 months prior to this.
- Clicking on the link in the email (about the consultation) that was sent to 134 relevant organisations, including medical education and training providers, medical employers, organisations representing doctors and medical defence organisations.
- Writing to a named member of staff at the GMC.

2.2.5 Analysis of the Consultation Responses and Next Steps

All data collected throughout the consultation process was collated and analysed by GMC between July and September 2014.

The report produced by GMC contains an analysis and summary of the consultation responses – i.e. what respondents said, the level of support for the various proposals etc. The report does not discuss whether the GMC will make any changes based on the consultation responses. The GMC will consider the responses, as summarised by the consultation report, and use that information to decide whether any changes are necessary. Any changes identified will be agreed by the GMC’s Senior Management Team, and approval will be sought from the GMC’s Council in the form of a paper to Council with recommendations.
The GMC is in the process of drafting communications to affected doctors and guidance to accompany these changes. Feedback from the consultation will be taken into account in drafting this guidance.

2.3 TERMS OF REFERENCE FOR THE AUDIT

The terms of reference of the audit specified that:

- The purpose of the audit was twofold to provide*:
  - Reassurance, to both internal and external audiences, about the reliability of the consultation report as an accurate summary of the consultation responses; and,
  - An objective confirmation that GMC has identified all of the key themes raised by respondents by considering whether the analysis reports the team produced reflected a fair and reasonable interpretation of the consultation data.

- The scope of the audit was to evaluate the following:
  - Preparation of data for analysis (including the transfer of unstructured responses into the structured questionnaire and the accuracy of replicating responses onto the database); and
  - Interpretation of results (qualitative and quantitative data);

Consequently, the crucial test within this audit was the extent to which the data, findings, conclusions, which SRC generated, concurred with those of the GMC Analysis Team in terms of completeness, accuracy and substance.

2.4 SCALE OF THE AUDIT

GMC commissioned SRC to invest a small number days on the design and conduct of this audit of the consultation responses including this report on its findings. In this case, given the manageable size of the data set, SRC did not need to conduct a detailed risk assessment since it was clear, from a very early stage that it would be

feasible, within the time and budget, for SRC to quality assure all of the responses to all questions.

3. WHAT WE DID

3.1 OVERVIEW

This section details how each phase of the audit was conducted.

3.2 A PRINCIPLES-BASED APPROACH

As with all of SRC’s consultation quality assurance exercises, our conduct of this audit was founded on the following six principles:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK</td>
<td>Assessing where the greatest risks lay in terms of any potential for the data to be altered or misinterpreted in any way, and then focusing attention specifically on the higher risk areas.</td>
</tr>
<tr>
<td>SALIENCE</td>
<td>Allowing the shape and emphasis within our audit to be informed by an understanding of the aspects of the consultation which were perceived to have special strategic significance for GMC.</td>
</tr>
<tr>
<td>ACCURACY</td>
<td>Designing and deploying specific measures to check the extent to which the response has been correctly assigned to the appropriate section of the consultation in accordance with the analysis instructions.</td>
</tr>
<tr>
<td>COMPLETENESS</td>
<td>Designing and deploying specific approaches to test the extent to which all information submitted had been included in the analysis.</td>
</tr>
<tr>
<td>SUBSTANCE</td>
<td>Confirming, to the fullest possible extent, within the time and budgetary constraints of this exercise, that all material issues had been identified and considered.</td>
</tr>
<tr>
<td>SAMPLING</td>
<td>Judicious sampling of key data sets to perform the above tests and checks. However, in this case, given the manageable size of the data set, it was clear from a very early stage that it would be feasible, within the time and budget, for SRC to quality assure all of the responses to all questions.</td>
</tr>
</tbody>
</table>
3.3 INITIAL RISK ASSESSMENT & SPECIFIC AUDIT MEASURES DEPLOYED

3.3.1 Initial Risk Assessment

At SRC’s initial discussion with the GMC Analysis Team* on 17th October 2014, SRC agreed to assure all of the data.

The vast majority of the data had been entered on line and so the risk to completeness and accuracy of the data was deemed to be nil.

A small number of free format responses (letters) were written to GMC as submissions to the consultation. These were checked for completeness and accuracy separately since there was low risk that some data could have been ‘lost’ in the transfer from a written letter to GMC’s consultation database.

3.3.2 Approach and Analysis Framework Agreed

In summary, the way in which SRC analysed and interpreted the data within the audit was as follows:

- Step 1: Analyse and Interpret - In this Step, we created an Analysis Framework (see our description of the treatment of each data set below). This enabled SRC to take each question of the data collection processes and then independently analyse it to assess the extent to which our findings, conclusions and recommendations (both quantitatively and qualitatively) concurred with the analysis performed by GMC. Crucially, we produced our analysis by:
  - working directly with the primary data as far as possible; and,
  - without reference to the GMC Analysis Team’s own workings.

- Step 2: Compare - When we had completed our own independent analysis and interpretation, we then compared this with the GMC’s

* Note: The ‘GMC Analysis Team’ for this consultation exercise was comprised of staff from the Registration and Revalidation Directorate.
Team's own analysis. The findings from our comparison are summarised in Section 4*).

The reader should note that whilst it was feasible and appropriate to compare the quantitative data from a strictly arithmetic perspective†, qualitative data, by its very nature requires a different approach. Within the time and budgetary constraints available for this audit, SRC’s approach to analysing the qualitative data was to compare the comments made on ‘substance’ and ‘reasonableness’. This involved:

- Identifying the distinctive points‡ emerging from each question of the consultation (i.e. analysis of comments of those who said ‘No’);

- Checking that the key issues identified therein had been reflected appropriately in GMC’s overall analysis i.e. comparing all of this with the GMC Analysis Team’s own work to ascertain if there were any material differences between our findings and theirs.

The reader should note that SRC is entirely open about the fact that its capacity to interpret the data and make recommendations based on it is heavily constrained. We did not, nor were we expected to, possess the level of specialist and contextual knowledge of the GMC Analysis Team. Consequently, our interpretation of the material is based only on a broad comparison of the distinctive points emerging from the data available for analysis and not on wider contextual knowledge or understanding of the full authority of and constraints upon GMC, legislatively, financially or otherwise.

* Note: All relevant working papers have been provided to GMC.
† Note: In relation to the questionnaire data, SRC audited the overall count of the responses by option i.e. ‘Yes’, ‘No’. We also audited GMC’s breakdown of the responses by source i.e. organisation / individual.
‡ Given the budgetary and time constraints on this exercise, SRC determined that this was the only feasible approach to take. More detailed analysis by ‘themes’ and ‘mentions’ and / or detailed coding and quantification of the qualitative responses was not achievable within the limited specified for this exercise and indeed any such comparison would have involved pre-agreement with GMC on what the specific themes were (i.e. so as coding frames could be set up).
Given both of these factors, SRC’s approach to auditing the GMC Team’s Analysis was to create a summary of our own of all of the distinctive points that had emerged.

We then compared this with the points made by the GMC Analysis Team in the various sections of its report.

Given the scale and complexity of the data that had been collected, and the time and budgetary constraints available for the audit exercise, GMC and SRC mutually agreed that it was feasible to quality assure all of the data.
Audit of Individual Questions

The complete and correct interpretation of the data pertaining to specific questions was at the heart of the consultation and, consequently, was the major focus of this audit process.

- All questions and all responses were assured within the audit.

Audit of Offline Written Responses - Emails / Letters

Following discussions with GMC, it was agreed that the SRC would review a sample (we selected 5 (over 25%) at random out of the 16 free format responses submitted. We checked to ensure that the content had been completely and accurately transferred to the GMC data base (which we subsequently examined in detail - See Section 4).

In the context of the audit, SRC sought to assess:

- Completeness - the extent to which all of the response considered;
- Accuracy of analysis - in terms of assignment of the various aspects of the submission to the most appropriate consultation question; and,
- Completeness and accuracy of the identification of any additional relevant themes / issues raised by the respondent.
4. WHAT WE FOUND

4.1 OVERVIEW

This section itemises the key findings, conclusions that ensued from SRC’s examination of the data.

- Overall, the audit had found that the GMC Analysis Team’s approach to analysis and interpretation was highly thorough;

- There were very high levels of completeness and accuracy throughout the data sets examined with all substantive points included; and,

- In so far as SRC can judge, the correct interpretation has been applied to all of the points raised.

The Sections below summarise the key findings and conclusions that ensued from SRC’s examination of the data.

4.2 ANALYSIS OF OFF LINE RESPONSES

The following tables show the levels of completeness and accuracy regarding data entry. We initially checked the quality of the data entry by checking the completeness and accuracy of comments to questions that had been answered as ‘No’ within a sample of that had been submitted to GMC as off-line responses. We found a very small number of instances where comments were not where SRC would have anticipated. However, when we asked GMC about this, we were subsequently assured that these comments had been included in a different way. This was satisfactory from SRC’s point of view. Moreover, SRC was satisfied that, irrespective of how comments had been coded, the substance of the points had been included appropriately in the overall GMC’s report. We therefore rated the analysis of the off-line data as 100% complete and accurate.

<table>
<thead>
<tr>
<th>Data Set</th>
<th>Audit Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ 100% completeness</td>
</tr>
</tbody>
</table>

* Note: All relevant working papers have been passed onto GMC.
4.3 **ARITHMETIC CHECKS**

SRC analysed the data pertaining to questions 1 through to 5* to check that the numbers of responses and the classification of them (by organisation/ individual and by ‘yes/ no’) matched GMC’s analysis. The results show a 100% match.

**Profile information** (GMC Table 2)

<table>
<thead>
<tr>
<th>Organisations</th>
<th>GMC results (to nearest %)</th>
<th>SRC results</th>
<th>Degree of match</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Academy, medical royal college or faculty</td>
<td>6</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Body representing doctors</td>
<td>3</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>NHS/HSC organisation</td>
<td>3</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Medical school (undergraduate)</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Foundation school</td>
<td>4</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total organisations</strong></td>
<td>19</td>
<td>100</td>
<td>19</td>
</tr>
</tbody>
</table>

* Note: Question 6 – Further comments, was not analysed arithmetically by GMC and hence SRC omitted this specific arithmetic check from the audit.
<table>
<thead>
<tr>
<th>Category</th>
<th>2</th>
<th>3</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical student</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Doctor (F1)</td>
<td>20</td>
<td>28</td>
<td>20</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Doctor (holding PR but not in F1)</td>
<td>9</td>
<td>13</td>
<td>9</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Doctor (other-grade/status provided)</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>21</td>
<td>100%</td>
</tr>
<tr>
<td>Doctor (other-grade/status not provided)</td>
<td>14</td>
<td>19</td>
<td>14</td>
<td>19</td>
<td>100%</td>
</tr>
<tr>
<td>Other healthcare professional</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Member of the public</td>
<td>11</td>
<td>15</td>
<td>11</td>
<td>15</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total individuals</strong></td>
<td>72</td>
<td>100</td>
<td>72</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Overall total</strong></td>
<td>91</td>
<td>100</td>
<td>91</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Arithmetic Check of Individual Questions

### Question 1: Regulation 2: Do you think that the proposed maximum period for provisional registration is appropriate?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
<th>TOTAL YES</th>
<th>No</th>
<th>No</th>
<th>TOTAL NO</th>
<th>Blank</th>
<th>Blank</th>
<th>TOTAL BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GMC results (to nearest %)</td>
<td>16</td>
<td>26</td>
<td>42</td>
<td>3</td>
<td>46</td>
<td>49</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>84%</td>
<td>36%</td>
<td>46%</td>
<td>16%</td>
<td>64%</td>
<td>54%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SRC results</td>
<td>16</td>
<td>26</td>
<td>42</td>
<td>3</td>
<td>46</td>
<td>49</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>84%</td>
<td>36%</td>
<td>46%</td>
<td>16%</td>
<td>64%</td>
<td>54%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Degree of match</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
<td>✔️ 100%</td>
</tr>
</tbody>
</table>

### Question 2: Regulation 3: Are the arrangements set out in regulation 3 reasonable?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
<th>TOTAL YES</th>
<th>No</th>
<th>No</th>
<th>TOTAL NO</th>
<th>Blank</th>
<th>Blank</th>
<th>TOTAL BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GMC results</td>
<td>14</td>
<td>37</td>
<td>51</td>
<td>5</td>
<td>34</td>
<td>39</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

* One individual respondent replying offline did not respond to this question with this case excluded from the analysis (i.e. the percentages for individuals, organisations and overall are based on a base of 90 respondents).
<table>
<thead>
<tr>
<th>(to nearest %)</th>
<th>74%</th>
<th>52%</th>
<th>57%</th>
<th>26%</th>
<th>48%</th>
<th>43%</th>
<th>-</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRC results</td>
<td>14</td>
<td>37</td>
<td>51</td>
<td>5</td>
<td>34</td>
<td>39</td>
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<td>1</td>
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<tr>
<td></td>
<td>74%</td>
<td>52%</td>
<td>57%</td>
<td>26%</td>
<td>48%</td>
<td>43%</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Degree of match</td>
<td>✓ 100% ✓ 100% ✓ 100% ✓ 100% ✓ 100% ✓ 100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 3: Regulation 4: Does this proposal seem reasonable?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
<th>TOTAL YES</th>
<th>No</th>
<th>No</th>
<th>TOTAL NO</th>
<th>Blank</th>
<th>Blank</th>
<th>TOTAL BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GMC results (to nearest %)</td>
<td>14</td>
<td>21</td>
<td>35</td>
<td>5</td>
<td>51</td>
<td>56</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>SRC results</td>
<td>14</td>
<td>21</td>
<td>35</td>
<td>5</td>
<td>51</td>
<td>56</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Degree of match | ✓ 100% ✓ 100% ✓ 100% ✓ 100% ✓ 100% ✓ 100% |

---

* GMC note that one organisation respondent replying offline did not respond to this question. However, all cases in the database have either a value of 1 [yes] or 2 [no] which accounts for the difference between SRC and GMC (i.e. in the database one additional organisation answered ‘yes’ to this question).
<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
<th>TOTAL YES</th>
<th>No</th>
<th>No</th>
<th>TOTAL NO</th>
<th>Blank</th>
<th>Blank</th>
<th>TOTAL BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td>Org’n</td>
<td>Individ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GMC results (to nearest %)</td>
<td>18</td>
<td>48</td>
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<td>1</td>
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<td>SRC results</td>
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<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Degree of match</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
<td>✓ 100%</td>
</tr>
</tbody>
</table>

* One individual respondent replying offline did not respond to this question with this case excluded from the analysis (i.e. the percentages for individuals, organisations and overall are based on a base of 90 respondents).
4.4 **Key Themes Identified**

We took each of the qualitative responses to Question 1 and 5 in turn and we compared SRC’s analysis of the themes with those identified in the analysis performed by GMC.

✔ Rankings based on SRC’s number of citings are broadly similar throughout to the prominence of each issue in GMC’s analysis†.

For the record, a summary of SRC’s analysis is shown below.‡ We have not included themes where there is only one citing. Also, please note that the number of citings is typically greater than the number of qualitative

---

* One individual respondent replying offline did not respond to this question with this case excluded from the analysis (i.e. the percentages for individuals, organisations and overall are based on a base of 90 respondents).
† Note: Where there are differences, these are largely explained by GMC and SRC themes sometimes being composed of slightly different elements. This is a consequence of SRC’s robust approach in which we were blind to the content of GMC themes until after SRC analysis. See further comment at section 4.7.
‡ Note: All relevant working papers re SRC’s analysis have been passed on to GMC.
responses overall because each qualitative comment typically cited more than one theme.

**Question 1** Do you think that the proposed maximum period for provisional registration is appropriate: ‘If not, why?’

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of citings</th>
<th>Ranking based on number of citings</th>
<th>Noted by GMC Analysis team?</th>
<th>Order of listing in GMC list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not long enough for those who need time to obtain required IELTS scores or for those unable to start or complete Foundation 1 in time</td>
<td>18</td>
<td>1</td>
<td>✓</td>
<td>2</td>
</tr>
<tr>
<td>Disadvantages those with health issues, bereavement, personal difficulties or who take maternity/paternity leave</td>
<td>15</td>
<td>2</td>
<td>✓</td>
<td>5</td>
</tr>
<tr>
<td>Fundamentally disagree, should be no time limit/should be longer/unlimited</td>
<td>10</td>
<td>3</td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>Disadvantages those in less than Full Time training or work.</td>
<td>5</td>
<td>4</td>
<td>✓</td>
<td>4</td>
</tr>
<tr>
<td>Disadvantages those who want to take time out for research or other work</td>
<td>4</td>
<td>5</td>
<td>✓</td>
<td>6</td>
</tr>
</tbody>
</table>

The GMC analysis also noted “A small number of respondents felt that individuals who have graduated from medical school have a right to hold
PR for as long as necessary providing they pay their ARF”. SRC found two respondents who cited this directly.

**Question 2: ‘If not, why?’**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Personal exemptions should be given for individual/personal circumstances</td>
<td>16</td>
<td>1</td>
<td>✓</td>
<td>4</td>
</tr>
<tr>
<td>Need more flexibility for those who are less than full-time or who take time out / have childcare responsibilities</td>
<td>13</td>
<td>2</td>
<td>✓</td>
<td>2 and 3</td>
</tr>
<tr>
<td>Length of extension should be longer, 18 months to 2 years</td>
<td>5</td>
<td>3</td>
<td>✓</td>
<td>1</td>
</tr>
</tbody>
</table>
### Question 2: ‘Any other circumstances?’

<table>
<thead>
<tr>
<th>Theme</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Flexibility for health problems, caring roles, maternity</td>
<td>21</td>
<td>1</td>
<td>✔</td>
<td>3</td>
</tr>
<tr>
<td>Doctors undertaking postgraduate studies or working in academic or research posts or doing training work abroad</td>
<td>9</td>
<td>2</td>
<td>✔</td>
<td>4</td>
</tr>
<tr>
<td>Overseas doctors especially those who have IELTS problems, or problems obtaining an F1 place or visa issues</td>
<td>9</td>
<td>2</td>
<td>✔</td>
<td>2</td>
</tr>
<tr>
<td>Less than full time trainees</td>
<td>8</td>
<td>4</td>
<td>✔</td>
<td>1</td>
</tr>
<tr>
<td>Those who want to try out alternatives (career, research etc)</td>
<td>8</td>
<td>4</td>
<td>✔</td>
<td>5</td>
</tr>
</tbody>
</table>
Question 3: ‘If not, why?’

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Flexibility needed in exceptional circumstance such as illness, time restrictions on getting into F1 or the merits of individual case</td>
<td>28</td>
<td>1</td>
<td>✓</td>
<td>1</td>
</tr>
<tr>
<td>Detrimental to a doctor's career or employability or to the possibility of resuming career</td>
<td>13</td>
<td>2</td>
<td>✓</td>
<td>2</td>
</tr>
<tr>
<td>Unfair for those who take time out or who go to train/work overseas</td>
<td>8</td>
<td>3</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>Should be a right of appeal</td>
<td>5</td>
<td>4</td>
<td>✓</td>
<td>4</td>
</tr>
</tbody>
</table>
Question 4: ‘If not, why?’

<table>
<thead>
<tr>
<th>Theme</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Lack of clarity in the VE process, seems complicated and time consuming</td>
<td>7</td>
<td>1</td>
<td>√</td>
<td>1</td>
</tr>
<tr>
<td>Should not have to withdraw or go through the VE because of illness</td>
<td>5</td>
<td>2</td>
<td>√</td>
<td>3</td>
</tr>
<tr>
<td>Would places be held open</td>
<td>3</td>
<td>3</td>
<td>√</td>
<td>2</td>
</tr>
</tbody>
</table>

GMC analysis also includes the point ‘A number of respondents asked if we would be issuing reminders to doctors holding PR’. SRC did not find reference to reminders in the comments on question 4. However, on a further review of the data, GMC commented, “One respondent suggested that the GMC should ‘alert doctors about the provisional registration time limit approaching its end’. GMC has advised SRC that it has now amended its report to reflect the amended wording and the fact that it was just one respondent.

Question 5: ‘If not, why?’

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Concerns about time that it will take to undertake investigation</td>
<td>4</td>
<td>1</td>
<td>√</td>
<td>1</td>
</tr>
</tbody>
</table>
While the GMC analysis produced two themes:

- a. Concerns about the length of GMC investigations and the impact if the individual is not able to work during the investigation.
- b. The impact if the individual is found to be fit to practice at the conclusion of the proceedings.

In terms of their composition, SRC considers that, in substantive terms, these two points concur with the three themes that we have identified in our analysis.

**Question 6: ‘Do you have any other comments on the proposals?’**

The GMC report does not analyse the themes from the general comments (question 6), but lists a selection. Having reviewed the comments in question 6, SRC is satisfied that those selected for inclusion are a fair and balanced representation of the total.

### 4.5 General Comments on the Audit of Qualitative Data

In brief, the points identified by the GMC Analysis Team were substantively the same points as those identified independently by SRC.

The tables in Section 4.4 show the results of SRC’s analysis of a sample of qualitative data.

We would stress that there are at least three possible explanations for the specific themes that SRC has identified in its audit not appearing exactly like GMC’s Analysis:

- The classification of qualitative information is inherently subjective. Consequently, it is conceivable that GMC has have classified or
‘contained within’ the same issues under different headings / descriptions which is not evident to SRC because we, understandably, do not and could not, have the same intimate level of knowledge of and familiarity with the overall consultation data set; we are merely auditing specific section. Consequently, it is wholly reasonable that a level of apparent difference would arise as a direct consequence of this.

- The issues are reflected in other parts of GMC’s analysis overall (i.e. beyond the specific GMC Consultation Report analysed by SRC for the purposes of this Audit); or,

- The issues were considered by GMC to be outside the scope of this consultation.