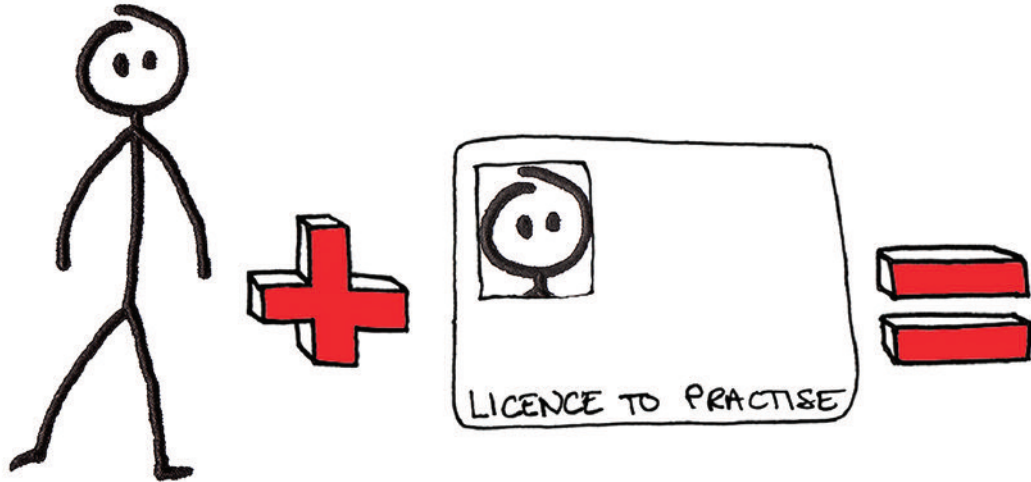


Your Licence to Practise

The White Paper: Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century outlines the plans for revalidation.



Under the plans for revalidation, all doctors wishing to practise in the UK will need to hold a licence to practise which will be subject to renewal every five years.

As the first step towards the introduction of revalidation, the GMC will issue a licence to all doctors who require one. The White Paper says that this will happen as soon as it is practicable to do so.

What will introducing the licence to practise mean for you?

In future, there will be three options. You may hold registration plus a licence to practise. You may decide to hold registration only, or you may take voluntary erasure from the register.

If you wish to practise medicine in the UK you will need to hold a licence to practise, plus registration. The licence will entitle you to continue to exercise the sort of legal privileges currently associated with GMC registration, such as prescribing, signing death certificates and holding certain posts.

There will be obligations associated with holding a licence. You must continue to adhere to our guidance, *Good Medical Practice*. You will also be under a legal obligation to maintain adequate and appropriate professional indemnity or insurance.

If you hold a licence to practise you will also be subject to the requirements of revalidation once that is introduced. For this, you will need to collect a folder of evidence about your practice to support your revalidation, and to participate in annual appraisal in the workplace and in an independent process for obtaining feedback from patients (where applicable) and colleagues. This is sometimes referred to as multi-source or 360 degree feedback. You will also need to link into a 'responsible officer' in your local healthcare organisation.

The *Health and Social Care Bill*, published last autumn, describes the responsible officer's role as 'the evaluation of the fitness to practise of medical practitioners' associated with the local healthcare organisation. We will provide further details about the requirements for revalidation in forthcoming editions of *GMCtoday*.

How will the licence to practise differ from the registration that you now hold?

Issuing the licence to registered doctors will be the first step towards implementing revalidation. At first, there

will be no practical difference between having a licence plus registration, and the effect of the registration that you currently hold. The full significance of the licence will only be seen once the process of revalidation begins. The reason for

introducing the licence ahead of revalidation is that although there are currently some 240,000 doctors on the register, only around 150,000 are thought to be in active practice. By issuing licences we hope to begin to identify the subset of doctors on the register who will need to participate in revalidation because they are in active medical practice. More importantly, doctors in active practice will know that they need to begin preparing for revalidation.



Why would a doctor want to hold registration only?

If you are not practising you will not need to take out a licence, but you will no longer be able to prescribe, sign certificates or carry out other activities that can only be undertaken by licensed doctors. Nor will you be required to participate in revalidation.

When the concept of revalidation was first introduced back in 1998, a significant number of doctors who were not in active practice expressed concern that they would lose their connection with the





GMC. They saw their GMC registration as part of their professional identity. We will therefore make it possible for them to maintain their connection with the GMC by continuing to hold GMC registration, but without a licence. There will be a cost for this, although it will be less than the cost of holding a licence plus registration. However, doctors with registration only will not be able to practise.

Of course, doctors who see no advantage in holding registration only will be able to take voluntary erasure from the register. This will cost them nothing.

Who will get a licence to practise?

All doctors who are registered at the time the licence is introduced will be entitled to receive one. Doctors who do not want a licence will be able to opt out, but will not be able to practise.

What do you need to do next?

Licences will automatically be issued to all doctors on the register except those who have told us they do not require one. We will contact those registered doctors whom we believe are no longer practising in the UK to find out whether they would like a licence. So, for the moment, there is nothing that you need to do in order to obtain your licence.

When will this happen?

The White Paper has said that we will issue licences *'as soon as it is practicable to do so.'* Before that can happen, the Government will need to put the legislation in place (see box to right), our IT systems will be modified and our administrative processes tested. We expect to begin issuing licences in 2009, but will not begin revalidating doctors until some time after this.



All this seems a long way off. But it will be the first tangible milestone towards the delivery of revalidation. It matters for doctors because it signals the need to begin preparing themselves for the introduction of revalidation.

Legislation update

Early March saw the publication of the latest set of proposals for legislative change arising from the Government White Paper on the future of professional regulation. Previous draft legislation has covered the future governance of the GMC, the establishment of the Office of the Health Professions Adjudicator (OHPA) and the creation of the 'responsible officer' role in local healthcare organisations to support the delivery of revalidation.

The latest proposals have been brought forward for consultation by the Government at the request of the GMC. They cover three distinct areas:

- The introduction of the licence to practise as part of our preparations for revalidation.
- The reinstatement of arrangements that existed until 2005 to enable established consultants to apply direct to the GMC for inclusion in the specialist register.
- The transfer of statutory powers from the Education Committee of the GMC to the Council of the GMC.

Inclusion in the GMC specialist register is one of the requirements for appointment to an NHS consultant post. When the specialist register was introduced in January 1996, the legislation contained a 'grandfather clause' enabling those already in consultant posts to apply to the GMC for their names to be included in the register. Although most consultants took advantage of this opportunity, some did not.

When PMETB was established in 2005, the grandfather clause was removed from the legislation, leaving a small but significant number of consultants stranded and without a straightforward means of obtaining specialist registration. This mattered because it sent confusing messages for patients: *'Why isn't my consultant on the specialist register?'* It also meant that those consultants were unable to comply with NHS contractual requirements for them to hold specialist registration and would be unable to recertify in their specialty as part of revalidation.

The proposed legislation will reinstate the previous arrangements, allowing the GMC discretion to consider applications for specialist registration from consultants who were in post when the specialist register was established.

If you wish to comment on the Government's proposals, you can find further details at www.dh.gov.uk/en/Consultations