
EXPLANATORY NOTE

(This note is not part of the Order)

This Order makes miscellaneous amendments to the Medical Act 1983 (“the Act”) and consequential changes to other legislation. It also includes unconnected amendments to the Opticians Act 1989 and the Nursing and Midwifery Order 2001.

Registration Decisions Panels of the General Medical Council (“GMC”) are renamed “Registration Panels” (Part 1).

The register of medical practitioners with limited registration, kept by the GMC, is abolished, and as a consequence the GMC will now only keep one register (“the GMC register”). Medical practitioners will no longer be able to apply for limited registration, but those on the register of medical practitioners with limited registration prior to the abolition of that register will transfer to the GMC register, with certain exceptions, but will initially have to work in an approved practice setting. Outstanding applications for limited registration will be dealt with as applications for provisional or full registration (Part 2 and articles 75 to 78, 79(b) and 83 to 85).

The training requirements for newly qualified medical practitioners with provisional registration have been revised. Under the new arrangements, medical practitioners with provisional registration who are in training in the United Kingdom are required to complete a programme for provisionally registered doctors (“PPRD”), recognised by the Education Committee of the GMC, before they can become fully registered medical practitioners. The requirements of PPRDs will be determined by the Education Committee (although the Privy Council may set limits on the duration of PPRDs), and the Education Committee will also be responsible for determining which bodies may be involved in PPRDs – and for the arrangements for monitoring those bodies. PPRDs will be open to all provisionally registered doctors, including those who have qualified overseas. In addition, the GMC is given powers to limit, by regulations, the length of time for which medical practitioners may be provisionally registered. Also, it will become possible for bodies other than universities to hold qualifying examinations, where the Education Committee recommends this and the Privy Council makes the necessary Order (Part 3).

The arrangements for the registration of medical practitioners who have qualified outside the European Economic Area or Switzerland have been revised. Previously, except in the case of certain specialists and qualified general practitioners, and in the case of practitioners who were registering under the arrangements for temporary registration, such practitioners were given limited registration, but now they are to be given full registration, provided that they have an acceptable overseas qualification and have demonstrated that they have the requisite knowledge, skills and experience. If the Registrar determines that the medical practitioner does not yet have the requisite knowledge, skills and experience, but has sufficient knowledge and skills to embark upon a PPRD (or, transitionally, to be employed as a house doctor), the Registrar may provisionally register the medical practitioner to enable him to participate in a PPRD (or, transitionally, to be employed as a house doctor). There are separate arrangements for those only needing temporary registration, which again have been fully revised. A new category of temporary registration is also created for overseas practitioners who will be employed or engaged within the United Kingdom to provide particular medical services for persons who are not nationals of the United Kingdom. The registration of these practitioners is conditional upon them only providing particular medical services at particular establishments, and only providing those services to patients who are not nationals of the United Kingdom, except in an emergency. Visiting eminent specialists will also have their own separate registration arrangements (Part 4 and articles 79(a), 86 and 87).

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Entitlement to registration under any provision of the Act is now conditional upon the applicant's fitness to practise not being impaired. The Registrar is given new, extended powers to obtain information about whether a medical practitioner's fitness to practise is, or was, impaired at the time of registration – and he may remove medical practitioners from the GMC register (subject to rights of appeal) either if new information comes to light showing that their fitness to practise was impaired at the time of registration but this was not disclosed at the time or if a practitioner refuses to co-operate with the new information gathering arrangements. Decisions to refuse to restore a person to the register for a fitness to practise reason, if they left it voluntarily or for non-payment of fees, are now appealable through the courts (Part 5).

There are also changes to the fitness to practise procedures for medical practitioners post registration. The GMC are given powers to apply to a court to require production of documents from third parties relating to fitness to practise investigations, where these have not been supplied within fourteen days. It is also made clear that the GMC have the power to disclose information relating to a medical practitioner's fitness to practise, whenever or wherever the matter to which it relates arose, where they see it as being in the public interest to do so, and to take decisions to disclose particular classes of information. A list is also provided of the decisions of panels and committees that have to be published, although the GMC is given powers to withhold, in the course of publication of these decisions, information concerning a person's physical or mental health, where they consider the information to be confidential. Allowance is made for the possibility that a medical practitioner will concede, during an investigation into his fitness to practise, that his fitness to practise is impaired – and in these circumstances, the GMC may make rules in respect of the agreement of undertakings to be observed by the practitioner, and in respect of the procedure to be followed where such undertakings are breached. Fitness to practise hearings are to be in public, except to the extent that rules made by the GMC provide otherwise. There is also a change to the arrangements for the making of legal assessors rules (Part 6 and article 91).

If a person's registration has been suspended, the provisions of the Act relating to voluntary erasure from the GMC Register, and those relating to fraudulent or incorrect entry, will now apply to him (Part 7). Furthermore, the provisions of the Act relating to fraudulent or incorrect entry are amended so that cases covered by these provisions are dealt with by the Registrar rather than the GMC, with rights of appeal to Registration Appeals Panels (Part 8).

There are also changes to ensure that revalidation of a medical practitioner's licence to practise can take place at any time, and to allow the GMC to make regulations about requiring medical practitioners to supply information to assist licensing authorities in determining when and how to revalidate them. There are also transitory arrangements enabling the GMC, a licensing authority or a future licensing authority to obtain information to assist them in preparing for the introduction of revalidation. Additionally, licence to practise appeals will have to be held in public, except to the extent that rules provide otherwise (Part 9 and article 90).

There is a new requirement on all medical practitioners who hold a licence to practise that they are covered by an adequate and appropriate indemnity arrangement, such as a policy of insurance. There are new information gathering powers relating to this requirement, and applicants for licences to practise who cannot demonstrate that they will have adequate cover may be refused a licence to practise. Medical practitioners may face disciplinary proceedings or withdrawal of their licence to practise if they breach either the notification requirements relating to the new requirement or the requirement itself. Provision is made for appeals and in respect of restoration of those who are subject to erasure. There are transitional arrangements if the new requirement is brought into force before the introduction of licences to practise, so that the requirement will instead temporarily apply to all registered doctors (Part 10 and article 88).

All medical practitioners who are newly fully registered, newly restored to the register or transferred from the register of medical practitioners with limited registration (except those with rights of establishment under European Community Law or where the GMC directs otherwise) will have to work in an approved practice setting until the first revalidation of their fitness to practise by the

GMC. There are transitional arrangements to cover what will happen if the revalidation arrangements are brought into force after the provisions relating to approved practice settings come into force. Medical practitioners who are newly fully registered or newly restored and who are exempt from this requirement may be given guidance by the GMC on suitable practice settings for them (Part 11 and article 89).

There are miscellaneous amendments in connection with fees. If medical practitioners wish to remain registered, they are required to pay a retention fee, and the regulation-making power in respect of setting the fee is amended so that it need not necessarily fall due on the anniversary of first registration. In addition, the Privy Council is no longer required to approve fees regulations. Also, the limitations under the Act on persons other than registered medical practitioners being entitled to recover charges through the courts for certain medical services are amended so as not to prohibit recovery of charges by other specified providers of such services (Part 12).

There is also a change to the Opticians Act 1989, which provides that the main objective of the General Optical Council, in exercising their functions that affect the health and safety of members of the public, is to protect, promote and maintain the public's health and safety (Part 15). The Nursing and Midwifery Order 2001, and the related election scheme rules, are amended: firstly, so that the Nursing and Midwifery Council no longer needs to prescribe criteria for assigning overseas electors to a particular national constituency (electors must instead make the selection themselves); and secondly, so that the terms of office of alternate members of the Council expire at the same time as those of their registrant counterparts (Part 16).

A number of spent provisions have been revoked (article 80), and the Privy Council is empowered to make such further transitional, transitory or saving provisions as it considers appropriate (article 92).

A regulatory impact assessment of the effect that this instrument will have on the costs of business is available from the Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE. Copies of the assessment have been placed in the libraries of both Houses of Parliament.