FPH Comments on consultation on the Draft GMC (licence to practice) Regulations 2009

1. **Do you agree with the three options below?**
    a. *To hold registration with a licence to practice*
    b. *To hold registration only*
    c. *To relinquish their registration voluntarily*

Yes
FPH is particularly aware of the need for a mechanism for doctors to maintain professional links with the GMC when out of clinical practise. This can be when they are not actively practising or overseas, on career break, sabbatical, etc. This is especially important as roughly 10% of the current FPH membership is overseas and 27% is retired from active practice.

2. **Do you agree that all doctors who are already registered with the GMC on the day licences are introduced should be granted a licence automatically, unless they have specifically opted out?**

Yes
It will make the process as smooth as possible and reduce the risk of accidental non-compliance by doctors or administrative error by the GMC.

3. **Do you agree that once licensing is introduced all new registrants should automatically be granted a licence to practise and should not have the option of taking registration only?**

Yes
It seems logical that new registrants would be taking up medical registration for the explicit reason of practising medicine. Therefore, automatically issuing them with a licence to practice at the time of their registration would reduce administrative time and effort as well as duplication of effort and fees payable by the doctor.

The only group this may not apply to are clinical academics or similar, who have no intention of practising as licensed doctors in their chosen careers and have no obligation to be licensed under the terms of their professional liability.

4. **Do you agree that the annual fee for holding registration only and the annual fee for holding a licence to practise should, as far as possible, reflect the costs of regulating doctors in these two groups?**

Yes
This is the only way to equably divide the cost of registration and licensing, while still encouraging those who do not need or wish to take up or maintain a licence to maintain a professional link with the GMC register.

5. **Is the guidance at Annex B sufficiently comprehensive and clear about how the new arrangements will work?**

Yes

There could be more information on the impact on the revalidation of an individual of granting, withdrawing and restoring licences to practise within a single revalidation cycle.

6. **Will our approach to the introduction of licensing have an adverse impact on any particular groups?**

Not Sure
The GMC has consulted with many groups outside mainstream practice so most groups should be taken into account already.

The FPH is concerned about the frequency and quality of data that will be shared by the GMC with employers, Responsible Officers and Medical Royal Colleges/Faculties. In order to fully support revalidation, these groups will need to have timely and reliable updates of additions, withdrawals and restorations to the register, as well as the outcome of Fitness to Practice Panel decisions.

7. **Are you content with the proposed miscellaneous amendments to the rules and regulations shown at Annex C?**

Yes
These changes do appear to be ‘house-keeping changes’ in order to support the introduction of relicensing, recertification and revalidation.