Whole Scope of Practice: Guidance for Trainees

Introduction

Revalidation for trainees entered the statute books in April 2013. For trainees, the ARCP process performs the same role as annual appraisal, and the ARCP panel the same role as the appraiser. For all doctors, annual appraisal should consider a doctor’s whole scope of practice (that is, any role that the doctor undertakes that involves the use of their medical qualifications and registration, such as all locum shifts, volunteering work (such as club doctor, including if unpaid), educational work in schools, all private or other fee paying work, and so on). It is a legal requirement that the ARCP panel review the doctor’s whole scope of practice and form a view that they are fit to practice in each of these roles. It is up to the individual doctor to declare (on Form R) their whole scope of practice and to provide evidence that they are fit to practice in each of these roles.

Revalidation and Appraisal

Doctors are first registered with the GMC at completion of the F2 year, or, if a foreign national, at point of first registration with the GMC. Revalidation will generally occur every fifth anniversary unless brought forward or delayed to coincide with CCT (CCT is a restart point for the revalidation cycle). Deferrals may also be made where the RO has insufficient evidence to make an informed decision, as, for example, may occur as a result of periods of extended leave, or where there is missing information (such as lack of evidence of fitness to practice for other roles that the doctor may undertake). Deferral is a neutral act. Failure to engage in the revalidation process may lead the RO to make a non-engagement recommendation, which may eventually lead to erasure. HEE NE has made just one non-engagement recommendation to date.

Acceptable Evidence

Principle
The principle here is for just enough evidence to be provided to enable an informed and defendable decision to be made.

Locum Shifts
Where this occurs in NHS practice, and where these are within areas that may be considered core competencies for the doctor (such as a GP VTS undertaking A/E shifts whilst also on GP placement), no additional evidence is required. It is sufficient to state the nature of the locum work and where it has been done.

Where the NHS locum work falls out with what may be regarded as core competency, such as a psychiatry trainee undertaking neonatal intensive care shifts, other evidence of competency should be provided. The Whole Scope of Practice Form or other evidence should be obtained from an individual (such as a consultant trainer or head of department) who is qualified to vouch for you and has the authority to do so.
Where the locum work falls out with the NHS, such as at a private hospital, some other form of evidence would be required. This may take the form of a letter of good standing from the Hospital Manager, or the completed Whole Scope of Practice Form, which fulfils the same role.

Volunteer work
Here, a letter from a responsible person would suffice. This may, for instance, be the head coach of a football team (for children) or a club director (for adults). Or the Whole Scope of Practice Form may be used.

Private and Fee-paying work
Where you are working from established private businesses, such as a Private Hospital or Clinic where there are other senior medical staff, either the Whole Scope of Practice Form may be used, or its equivalent that the Private Provider uses. Where you are working as a sole practitioner, for example offering fee paying services from your own premises, you should obtain an independent appraisal of your work from a qualified appraiser. You should record this appraisal using a GMC approved format, such as the MAG-4 form, which may be downloaded here for free. You would normally be expected to pay a fee to the appraiser.

Indemnity
You are required to hold appropriate indemnity insurance germane to your scope of practice, and this should be declared on the Form R.

Non-Compliance
The RO has a statutory duty to satisfy him or herself that the individual doctor is fit to practice medicine in the roles they undertake. To do so the RO reviews all the available evidence provided. For trainees this consists of ARCP outputs plus supporting information such as that requested above for other non-training related roles. If the RO is unable to satisfy him or herself that the doctor is fit to practice, they will usually recommend a deferral (a neutral act) whilst that evidence is sought. It is up to the individual doctor to provide the evidence, not the RO to seek it. Continued non-compliance will eventually lead to a recommendation of non-engagement, at which point the GMC’s regulatory processes would commence.