

Application for Inclusion in the Northern Ireland

Primary Medical Performers Lists

Before completing this application, please read Appendix 1, which lists the items required to process your application. Please ensure that you also complete, sign and return Appendices 2 (Declarations) and 3 (Undertakings and Consents). Please note that you should not work in general medical services or out of hours in Northern Ireland until you get formal written notification of your inclusion in the performers list.

The form should be typed and is available in electronic format at www.hscbusiness.hscni.net (follow link-Our Services-Family Practitioner Services-General Medical Services).

If you are submitting this application electronically with an imported signature, you will be required to sign a copy when you attend for identity check for an Enhanced Criminal Records check.

Contact name Business Services Organisation;
Professional Support Team
Business Services Organisation
2 Franklin Street
Belfast
BT2 8DQ
Direct Line; 028 9536 3769
Email: ProfessionalSupportTeam@hscni.net

A. PERSONAL DETAILS

1. Surname:	
2. Previous surname(s): <i>(if applicable)</i>	
3. Forenames:	
4. Date of birth* (dd/mm/yy):	5. Gender:
Do you consent to your date of birth being included in the published list?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. National Insurance Number:	
7. Private address (include postcode):	
8. Correspondence address (include	

postcode): <i>(if different from the address given above/mobile service)</i>	
9. Private phone numbers:	Home Mobile
10. Private email address*:	
11. Do you, or have you, had any health concerns that would impact or have impacted, on your delivery of GMS?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details:

***Please note that email will be used for all correspondence relating to this application unless you request otherwise**

B. PERFORMERS LIST – INTENDED ROLE

12. Please indicate what your role will be: (tick as appropriate)

GP Principal (Contractor)	<input type="checkbox"/>
Salaried GP	<input type="checkbox"/>
GP Trainee	<input type="checkbox"/>
ST2 <input type="checkbox"/> ST3 <input type="checkbox"/>	
If ST2 – please give address of GP trainer:	
Sessional GP	<input type="checkbox"/>
Armed Forces GP	<input type="checkbox"/>

13. Will you be working solely or mainly in Out of Hours? Yes No

Are you a director or one of the persons with corporate control of a corporate body?
Yes No

If yes, please give the name and address of that body;

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C. DETAILS OF WORK TO BE UNDERTAKEN

14. Do you have a contract from, or an offer of a post from:

A practice in NI	<input type="checkbox"/>
An Out of Hours provider	<input type="checkbox"/>
Another organisation	<input type="checkbox"/>

15. When do you hope to start working?

Note: we cannot guarantee that your application will be approved before this date

16. Please confirm the average number of sessions you expect to work in GMS in NI.

17. How many sessions will be in Northern Ireland?

D. PROFESSIONAL REGISTRATION AND QUALIFICATIONS

18. Please provide the following information about your professional registration:

GMC Number:	Date first registered:
Date of inclusion on the GP register:	
Revalidation Date assigned by GMC:	

19. Please provide the following information about your professional qualifications (including post-graduate and completion of vocational training if applicable). Continue on a separate sheet if necessary.

Title of Qualification	Institution (name and location)	Date Awarded (mm/yy)

E. PROFESSIONAL HISTORY AND EXPERIENCE

20. Please list, with the most recent first, your professional experience since obtaining your qualification. You must include any gaps between posts and give an explanation. Include experience as trainees or in hospital appointments. Continue on a separate sheet if necessary.

Please note that a CV will not be accepted in lieu of completion of this section.

Employer/Practice (name and address)	Appointment (position/job title and whether salaried or a business partnership)	From / To (mm/yy)	Average of weekly sessions	Reason for leaving

Employer/Practice (name and address)	Appointment (position/job title and whether salaried or a business partnership)	From / To (mm/yy)	Average of weekly sessions	Reason for leaving

F. APPRAISAL AND PROFESSIONAL DEVELOPMENT

21. Please provide the following information for use by the HSCB Responsible Officer:

Information requested	Answer
Please give the date of your most recent Appraisal (dd/mm/yy):	
If you have not undertaken appraisal in the last 12 months please provide reasons for this.	

G. INCLUSION ON OTHER PERFORMERS LISTS

22. Please provide the following information regarding other performers' lists for use by the HSCB Responsible Officer:

<p>Are you currently on the Performers List of any Primary Care Organisation in England, Scotland or Wales?</p> <p>If Yes, please provide the name(s) of the Responsible Officer and Primary Care Organisation, including contact name, email address, telephone number and full address.</p> <p>Dates of Inclusion on the Performers List</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Start Date _____</p>
<p>Have you been refused admission, conditionally included in, suspended from, removed or conditionally removed from any Primary Care List or equivalent list?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If you answered "yes" to the above question please provide details and a supporting explanation</p>	

<p>Have you at any time during your career been subject to sanctions, conditions or suspensions imposed by your registration body, employer or other NHS body?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If you answered “yes” to the above question please provide details and a supporting explanation</p>	

23. Please provide details of any outstanding applications (including deferred applications) for inclusion in the performers list or equivalent list of any Primary Care Organisation:

H. ENGLISH LANGUAGE COMPETENCY

Note: GP Specialist Trainees do not need to complete this section – go to Q 30.

24. Did you obtain your primary professional qualification at an institution in the United Kingdom or Ireland OR have you completed professional vocational training in the United Kingdom?

Yes No

If Yes, you do not need to complete the rest of this section – go to Q 30.

25. If you answered No to Q 24 did you obtain your primary professional qualification at an overseas institution where the language of instruction and examination was English?

Yes No

If No, go to Q 28.

26. If you answered Yes to Q 25:

- you should provide a certificate or letter from the institution to confirm that the course was taught and examined in English*

- **did you obtain the qualification within the last two years?**

Yes No

If Yes, you do not need to complete the rest of this section – go to Q 30

27. If you answered No to Q24, have you:

- **been practising in a country where the first or native language is English and**
- **practised without any breaks exceeding six months and**
- **practised without any complaints about your English since you obtained that qualification?**

Yes No

If Yes, you do not need to complete the rest of this section – go to Q 30.

28. Do you have a qualification from the International English Language Testing System (IELTS) – Academic with scores above 7.0 in all modules and an overall score of greater than 7.5

Note: This is in line with the current English language testing requirements set by the General Medical Council.

.Yes No

29. If you do not fit into any of the categories above, is there any other evidence which you wish to put forward to demonstrate your competency in the English Language?

Yes No

If yes, please summarise that evidence;

I CLINICAL REFEREES

30. Please provide details of two referees. Referees should normally be clinical representatives of your current and most recent clinical posts where you were in post for a continuous period of at least three months. If you are a locum,

referees should be from the two practices where you have worked the most time in the last twelve months. If this is not possible, a full explanation and alternative referees must be given. See more detailed notes on requirements for referee reports appended to this application form.

Note; Referee reports are not required for ST2 doctors who undertook training with NIMDTA.

Referee reports are required for ST3 Trainees who are undergoing training outside of NI.

Title: (Mr/Mrs/Miss/Ms/Dr/Prof)		Title: (Mr/Mrs/Miss/Ms/Dr/Prof)	
Name:		Name:	
Job Title:		Job Title:	
Full address:		Full address:	
Telephone Number:		Telephone Number:	
Email (if available):		Email (if available):	
How does this person know you? <i>e.g. current/last employer, current/last business partner, clinical supervisor etc</i>		How does this person know you? <i>e.g. current/last employer, current/last business partner, clinical supervisor etc</i>	
When did you work with this person? From to		When did you work with this person? From to	

J. DECLARATION

I declare that the information included above, on any separate sheets, and in Appendix 2 (Declarations), is true and accurate and that I have not withheld any information that the Health and Social Care Board could reasonably wish to know which would affect my application. I have read and agree to all undertakings and consents set out in Appendix 3. I apply for inclusion in Northern Ireland Primary Medical Performers List.

Signed:
(*see note below)

Full Name:

Date:	
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**** Note: If you are submitting this application electronically, you will be required to sign a copy when you attend for identity check for an Enhanced Criminal Records***

This application should be read in conjunction with the Performers Lists regulations at the following links:

http://www.dhsspsni.gov.uk/no149_performers_list_regs.pdf

<http://www.legislation.gov.uk/nisr/2008/434/contents/made>

Documents Required to Support Your Application to the NI Primary Medical Performers List

The following documents should be submitted at the time of your application. (See also the requirements of the Disclosure and Barring Service – appendix 4).

All Documents must be **ORIGINALS** (photocopies cannot be accepted). The documents will be photocopied and returned to you.

Your graduation certificate

Note: Graduation certificates are not required for ST2 doctors who undertook training with NIMDTA

Graduation certificates are required for ST3 Trainees who are undergoing training outside of Northern Ireland

Your certificate of completion of training (GPCCT) issued by Post graduate Medical Education and Training Board (PMETB)

Or

Certificate of Prescribed/Equivalent Experience e.g. JCPTGP, PMETB or Evidence of Equivalency. Note JCPTGP only applies to doctors who qualified after 15th February 1981. If you qualified before this date you should have been sent a certificate confirming your inclusion on the medical list.

Relevant details on health (eg GP letter) where appropriate.

Language Knowledge Certificate, or alternative – if applicable

Evidence of identity. Please note only certain documents in certain combinations are acceptable as evidence of identity for an Enhanced Criminal Records check as listed on the Access NI website 'Guides for form completion' <http://www.nidirect.gov.uk/accessni-enhanced-guidance.pdf>.

Documents in languages other than English

Where a document is not in English, you may need to provide a translation of that document into English along with the original.

- Translations of overseas police records checks should be **sworn** translations.
- Translations of overseas professional qualifications can be **certified or sworn** translations.

A **sworn** translation is one carried out by a translator who has been accredited by the government of the country in question to translate and authenticate a document. A document provided by a sworn translator is an official document in its own right. The translation will be provided with a stamped declaration which is written in the relevant language, as well as English.

A **certified** translation is one carried out by a translator and which is accompanied by a signed statement from the translator that it is an accurate translation. However the translation is not an official document in its own right.

Declarations

Applicant's name:

Your application must include the declarations and undertakings required by paragraph 2 of schedule 1 (Regulation 6(1) of the Primary Medical Services Performers Lists) Regulations (NI) 2004.

These declarations are listed below and you should indicate your position with regard to each one by ticking "YES" to confirm agreement, or "NO" to denote otherwise for each individual declaration. ALL applicants must complete this section.

If you answer "YES" to any of the following questions, please give full explanations in the box provided at the end of the declarations section, including names of the various organisations involved, approximate dates of any investigations or proceedings, the nature of those investigations or proceedings and any known outcome.

I declare that I :-

- (a) am a medical practitioner included in both registers; ie Yes No
 (i) GMC Register
 (ii) GMC GP Register
 Note: GMC GP Register does not apply to ST2 trainee GP's

- (b) am a GP Registrar working towards the acquisition of a CCT Yes No

Criminal Convictions

- (c) Have you been convicted of a criminal offence in the United Kingdom? Yes No

- (d) Have you been convicted elsewhere of an offence which would constitute a criminal offence if committed in Northern Ireland? Yes No

- (e) Are you currently the subject of any proceedings which might lead to a conviction specified in (c) or (d)? Yes No

- (f) Have you, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction)? Yes No

(g) Have you accepted and agreed to pay a penalty under Section 109A of the Social Security Administration (Northern Ireland) Act 1992(a), a penalty under Section 115A of the Social Security Administration Act 1992(b) or a procurator fiscal fine under Section 302 of the Criminal Procedure (Scotland) Act 1995(c)? Yes No

(h) Have you accepted a police caution in the United Kingdom? Yes No

(i) Have you been bound over following a criminal conviction in the United Kingdom? Yes No

Investigations into professional Conduct and / or Fraud

(j) Have you been subject to an investigation into your professional conduct by any licensing, regulatory or other body where the outcome was adverse? Yes No

(k) Are you currently subject to any investigation into your professional conduct by a licensing, regulatory or other body? Yes No

(l) Are you the subject of any investigation or proceedings by another Board or equivalent body which might result in you being disqualified, conditionally disqualified, removed or suspended from a list, or equivalent list? Yes No

(m) Are you, or have you been, where the outcome was adverse, the subject of an investigation into your professional conduct in respect of any previous or current employment? Yes No

Corporate Body Declaration

This section should be completed only if you are, or have been in the preceding six months, or were to your knowledge at the time of the event needing declaration, a director of a body corporate. -

(n) Are you, or have you in the preceding 6 months been, or were you at the time of the events that gave rise to conviction, proceedings or investigation, a director or one of the body of persons with control of a body corporate which— Yes No

(i) has been convicted of a criminal offence in the United Kingdom;

(ii) has been convicted elsewhere of an offence which would constitute a criminal offence if committed in Northern Ireland;

(iii) is currently the subject of any proceedings which might lead to such a conviction; or

(iv) has been subject to any investigation into its provision of professional services by any licensing, regulatory or other body;

If you have answered 'yes' to any question in this section, please give full details below;

I declare that the information given above, and on any additional sheets provided with this application is true and complete. I agree to inform the Health and Social Care Board within 7 days of any of the events listed above occurring and to providing full details.

Signed:

Date:

Undertakings and Consents

Applicants name:

Schedule 1(3) to the Health and Personal Social Services (Primary Medical Performers Lists) Regulations (Northern Ireland) 2004 requires an applicant to the Primary Medical Performers List to make the undertakings listed below. ALL applicants must complete this section.

I consent to a request being made by the Board to any employer or former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation, or an investigation where the outcome was adverse, into me or a body corporate referred to in this paragraph and, for the purposes of this sub-paragraph, "employer" includes any partnership of which I am or was a member.

I agree that should the Health and Social Care Board consider it necessary to request further information, documentation or references from me in order to make a decision on my application, I will provide such further information, documentation or references within 28 days (or such longer period that the Health and Social Care Board may agree).

Please note that failure to provide any information requested within the specified time frame will lead to your application being discontinued.

I undertake that:-

- (o) I will participate in appropriate and relevant appraisal procedures.
- (p) I will co-operate with the NPSA, when requested to do so by the Board.
- (q) I will provide the Board with an enhanced criminal record certificate issued under section 113B of the Police Act 1997.
- (r) I will notify the Board if I am included or apply to be included, in any other primary medical services performers list held by a Board or equivalent body.
- (s) I will notify the Board in writing within 7 days of its occurrence if I –
 - (i) am charged in the United Kingdom with a criminal offence, or am charged elsewhere with an offence which, if committed in Northern Ireland, would constitute a criminal offence
 - (ii) am convicted of a criminal offence in the United Kingdom;
 - (iii) am convicted elsewhere of an offence which would constitute a criminal offence if committed in Northern Ireland;
 - (iv) have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging me absolutely (without proceeding to conviction);
 - (v) have accepted and agreed to pay a penalty under Section 109A of the Social Security Administration (Northern Ireland) Act 1992, a penalty under Section 115A of

the Social Security Administration Act (Northern Ireland) 1992 or a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995;

- (vi) have accepted a police caution in the United Kingdom;
- (vii) am bound over following a criminal conviction in the United Kingdom;
- (viii) become the subject of any investigation into my professional conduct by any licensing, regulatory or other body;
- (ix) am informed by any licensing, regulatory or other body of the outcome of any investigation into my professional conduct, and there is a finding against me;
- (x) become the subject of any investigation or proceedings by another Board or equivalent body, which might result in me being disqualified, conditionally disqualified, removed or suspended from a list, or equivalent list;
- (xi) am disqualified, conditionally disqualified, removed or suspended from or refused admission to any list or equivalent list;
- (xii) am, was in the preceding 6 months, or was at the time of the events that gave rise to the charge, conviction or investigation, a director or one of the persons with control of a body corporate and that body corporate—
 - (aa) is charged in the United Kingdom with a criminal offence, or is charged elsewhere with an offence which, if committed in Northern Ireland, would constitute a criminal offence;
 - (bb) is convicted of a criminal offence in the United Kingdom;
 - (cc) is convicted elsewhere of an offence which, if committed in Northern Ireland, would constitute a criminal offence;
 - (dd) becomes the subject of any investigation into its provision of professional services by any licensing, regulatory or other body; or
 - (ee) is informed by any licensing, regulatory or other body of the outcome of any investigation into its provision of professional services, and there is a finding against it,

together with details of the occurrence, including approximate dates, and where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome;

- (t) If I am a provider of primary medical services under a general medical services contract, I will comply with the requirements of paragraph 116 (gifts) of Schedule 5 (other contractual terms) to the General Medical Services Contracts Regulations;
- (u) If I am not a provider of primary medical services but perform primary medical services in accordance with a general medical services contract, I will comply with the requirements of paragraph 116 (gifts) of Schedule 5 to the General Medical Services Contracts regulations as though I were a provider of primary medical services.

Declaration to be made by ST2 Trainee GP's only where the performer is an ST2 Trainee, unless the performer has an acquired right under regulation 5(1)(d) of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994

I will:-

- (i) not perform primary medical services except when acting for, and under the supervision of, my GP Trainer;
- (ii) withdraw from the primary medical services performers list if any of the events in paragraph 4 takes place;
- (iii) until the coming into force of Article 10 of the 2003 Order apply for a certificate of prescribed experience under regulation 10 of the Vocational Training Regulations or

a certificate of equivalent experience under regulation 12 of those Regulations as soon as the I am eligible to do so, and provide the Board with a copy of any such certificate; and

- (iv) after the coming into force of Article 10 of the 2003 Order, provide the Health Board with evidence of my inclusion in the GP Register;

4 The events to which the above applies are–

- (a) the conclusion of any period of training prescribed by regulation 6(3) of the Vocational Training Regulations or after the coming into operation of Articles 4 and 5 of the 2003 Order, any period of general practice training required pursuant to those Articles, unless–
 - (i) it forms part of a vocational training scheme which has not yet been concluded, or
 - (ii) the ST3 Trainee provides the Board with–
 - (aa) a certificate of prescribed experience under regulation 10 of the Vocational Training Regulations,
 - (bb) a certificate of equivalent experience under regulation 12 of those Regulations, or
 - (cc) after the coming into operation of Article 10 of the 2003 Order, evidence of the applicant's inclusion in the GP Register;
- (b) the failure satisfactorily to complete any period of training within the meaning of regulation 9 of the Vocational Training Regulations or after the coming into operation of Articles 4 and 5 of the 2003 Order, of general practice training within the meaning of those Articles; and
- (c) the completion of a vocational training scheme, unless the ST3 Trainee provides the Board with–
 - (i) a certificate of prescribed experience under regulation 10 of the Vocational Training Regulations,
 - (ii) a certificate of equivalent experience under regulation 12 of those Regulations, or
 - (iii) after the coming into operation of Article 10 of the 2003 Order, evidence of the GP Registrar's inclusion in the GP Register.

I have read the undertakings and consents set out above. I understand that I am required to give these undertakings as a condition of being included in the NI Primary Medical Performers List and I agree to be bound by them.

Signed:

Date:

Safeguarding of Vulnerable Groups

It is a requirement that a doctor applying for inclusion on the NI Primary Medical Performers' Lists (NIPMPL) has an Enhanced Disclosure Certificate. This certificate provides details of spent and unspent convictions in addition to other relevant information held in police records.

Applications for Enhanced Disclosures must be made by individuals and countersigned by the Registered Body, the Business Services Organisation (BSO). On receipt of the NIPMPL application form you will be contacted with the AccessNI PIN number which you will require to create an account and complete the AccessNI application on line. The BSO will then submit the completed Disclosure Application form to Access NI.

There is a charge of £33 to the doctor which may be paid by cheque and made out to BSO or, alternatively, a payment can be made over the phone by contacting Finance on 028 95362182 and asking for the Receipting Team.

Please note that an identity check, as described in the Disclosure Application Form, must be completed at BSO before the application can be processed. This identity check must be done in person at BSO offices in Belfast and must be confirmed by production of the relevant documents (which must include photographic ID) as listed on the ACCESSNI website under "Guides for form completion". You may wish to telephone 028 90535516 to arrange an appointment or to discuss any queries.

If the applicant is joining the list as an ST2 trainee and is in possession of an Enhanced Criminal Record Check (ECRC) completed via NIMDTA, a copy of this will suffice and a further check will not be required.

HSC BSO adheres to the ACCESSNI Code of Practice, this can be viewed at <https://www.nidirect.gov.uk/publications/accessnicode-practice>

Notes to Applicants on Requirements in relation to References.

In accordance with schedule 1, 1 (g) of the regulations the names and addresses of two referees who are willing to provide clinical references relating to two recent posts as a medical practitioner which lasted at least 3 months without a significant break and which may include a current post, or, where this is not possible, a full explanation and name and address of an alternative referee or referees. Applicants should note the following;

- In order to fulfil the requirement for references for two 'recent' posts one referee report must relate to the current post held. Where this is absent, it will be requested, or an explanation sought for its absence. Only in exceptional circumstances will an alternative be accepted and where this is the case, a further referee report relating to a post held within the previous two years will be requested. Where this is also not available due to employment history (e.g. long term occupation of one post) two references from the same post will be accepted, and the most recent reference from an alternative post as a medical practitioner will also be requested.
- Referee reports should be provided by medical doctors (i.e. not other clinicians such as nurses). The GMC registration of referees will be checked.
- Referee reports should be from referees who have direct recent experience of working with an applicant in a clinical setting.
- At least one referee report should refer to general practice experience, particularly where this can be within the last 2 years, and if not, an explanation should be provided.
- Where an applicant has not worked in NHS clinical general practice for 24 months or more preceding application, they will be considered to be a "returner". In these circumstances applicants will be advised of the process for application for inclusion in the NI GP development scheme for an induction or returner educational programme. In such circumstances a referee report in respect of general practice experience within 2 years will not be available and referee reports outside this timeframe will be considered as part of the application programme for that scheme. In the event that an applicant meets the criteria and is approved for inclusion in

this scheme, conditional inclusion in the NI PMPL will be agreed for the purposes of undertaking the scheme. The condition will be removed on successful completion of the scheme. Inclusion in the scheme is not guaranteed at the time of application due to limited capacity.

- Where an applicant is an ST3 doctor and has carried out their training in England, Scotland or Wales, one referee report must be from the GP Trainer. Where this is absent an explanation will be sought for its absence. Only in exceptional circumstances will an alternative be accepted. In some instances this will result in a referee report that relates to a shorter period than three months. This will be accepted in light of the fact that the vocational training certificate will be followed up by the BSO at the end of the training year, and, where this is not provided, the trainee GP will be removed from the performers list.
- Where an applicant has been subject to retraining or supervised practice, a reference will be required from the relevant supervisor. Where this is absent, it should be requested or an explanation sought for its absence. Only in exceptional circumstances will an alternative be accepted.
- Where an applicant currently has a workplace or educational supervisor, a reference will be required from the supervisor.
- Referee reports must be provided on the template provided to ensure that full information required to inform a decision on inclusion in the NI PMPL is secured.
- Absence of clinical referees reduces the amount of information on which HSCB can assess an applicant's clinical competence. Failure to provide on request reduces the amount of information on which the board can assess the applicant's clinical competence and may indicate that a referee feels unable to provide a 'good' reference which would be a cause for concern. Failure by a referee to provide evidence of their own professional registration may cause the HSCB to question whether the reference can be relied upon to provide evidence of the applicant's clinical competence. Referees from doctors practising overseas may prove difficult for the HSCB to verify as genuine.

- Any issues or concerns arising with referee reports submitted by an applicant will be referred to the NI PMPL Committee for review.

Please note that the referee report template makes reference to the GMC's "Good Medical Practice".