

PRACTICE GUIDE – PRE EMPLOYMENT CHECKLIST FOR GPs

Note: This document was updated in November 2015 to include the fact practices are required to have received copies of two clinical references prior to employment.

This guidance applies whether you are appointing GPs as partners, or in a salaried, sessional or locum capacity. Even if you have employed a GP through a locum agency, it is your responsibility to ensure that the agency has carried out all the necessary checks and has provided you with the relevant evidence **prior to** the GP starting work at your practice.

Why practices have to carry out these checks

1. It is a contractual obligation for practices to comply with all relevant legislation (this includes employment law) and have regard to relevant guidance (in this case recommended HR, employment and recruitment practice and guidance).
2. It is also a CQC requirement (i.e. a legal requirement) that registered providers have:
 - sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed, and that –
 - persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed.

The above is necessary in order for practices to be able to demonstrate that they have a workforce which is suitable to provide safe and effective care to patients.

3. Finally, as medical performers GPs have to comply with a number of requirements under the Performers List Regulations and under the Good Medical Practice guidance of the GMC.

GP Pre-employment checklist

In addition to all the routine pre-employment checks that you should carry out on all new staff you recruit (e.g. proof of ID, their right to work in the UK, qualifications, pre-employment history, references etc), there are specific checks you need to undertake when employing GPs in order to comply with all the relevant contractual, legal and regulatory requirements as outlined above.

A comprehensive checklist is provided in the table below:



What to check	LLMCs's advice
GMC Registration	<p>Any doctor you appoint must be registered with the GMC. You can check doctors' GMC registration status at: http://www.gmc-uk.org/doctors/register/LRMP.asp</p> <p>You should also check to see if they have any conditions or restrictions on their practice, or have given particular undertakings to the GMC that require special arrangements to be made regarding their employment (e.g. they need to work under supervision etc). Similarly you need to check that they are not suspended, subject to investigation, performance assessment, or Fitness to Practise (FTP) procedures, or have been erased from the register. Ideally the candidate should disclose the above when applying for the post, however they may fail to do so, which makes it even more important for you to undertake all the necessary checks on them.</p>
GMC Licence to Practise	<p>Being on the Register is not the only legal requirement for doctors when it comes to the GMC. To practise medicine in the UK all doctors are required by law to be registered and hold a licence to practise with the GMC. For further details please check: http://www.gmc-uk.org/doctors/licensing.asp</p>
GMC GP Register	<p>To work as a GP in the NHS, doctors must also be included in the GP Register of the GMC. From 1 April 2006, all doctors working in general practice in the health service in the UK, other than doctors in training such as GP Registrars, have been required to be included on the GP Register: http://www.gmc-uk.org/doctors/register/gp_register.asp</p>
England Medical Performers List	<p>The doctor must be included in the England Medical Performers List (PL). If they are on the Scotland, Wales, or Northern Ireland Performers List they cannot provide primary medical services in England until they apply and are accepted on the England PL. Similarly with the GMC, you should check whether they are fully included in the PL, have conditions on their practice, are undergoing an investigation or performance assessment, are suspended, or have been removed.</p> <p>Even though in terms of the Regulations there is one national PL, doctors are attached to a particular Area Team (AT) and a particular Responsible Officer (RO). This enables them to participate in appraisal and revalidation locally to where they undertake most of their work. There are currently three Area Teams in the London Region of NHS England (which is the public body responsible for the management of the Performers List) and it is recommended that GPs who start employment in a different area go through an administrative transfer process, so that they are attached to their local AT and its respective RO as appropriate.</p> <p>For further information, please contact your respective performers list team in NHS England:</p> <p>NW London: performers-list-applications.west@nhs.net NE/NC London: performers-list-applications.north-east@nhs.net South London: performers-list-applications.south@nhs.net</p>





Professional Indemnity	<p>All GPs in general practice must have professional indemnity, or medical defence cover. This is a requirement of the Performers List Regulations, the GMC Good Medical Practice guidance and in terms of contractors, the Contract Regulations as well.</p> <p>Please ensure that the new doctor’s medical defence cover is valid and up to date and has not lapsed.</p>
Enhanced DBS check	<p>All GPs included in the Performers List will have had to provide an enhanced DBS (previously known as CRB) check at the point they applied to join the Performers List. It is a CQC requirement that all partners and the Registered Manager have a CQC countersigned DBS check. This would have been done at the time when the practice applied to register with CQC, therefore any GP joining a practice as a partner after the practice has registered with CQC will need to have an enhanced DBS check countersigned by CQC.</p> <p>As CQC registered providers, practices have a legal duty to assess the roles and responsibilities of all their clinical and non-clinical staff in relation to the provision of regulated activities, and determine whether a DBS check is required. We would strongly recommend that you undertake a DBS check on all clinicians you appoint (GPs, Nurse Practitioners, Practice Nurses, HCAs etc) at the point of recruitment. If you decide not to, you may find it difficult to defend your decision if challenged by CQC at a later stage.</p> <p>It is not a legal requirement to repeat DBS checks periodically (a frequent question is whether practices need to have DBS checks done on clinicians every 3 years – the answer is No). Similarly, it is not a legal requirement to have retrospective DBS checks done on staff, however practices need to demonstrate they have risk assessed all clinical and non-clinical posts to determine accordingly if a retrospective DBS check should be undertaken.</p> <p>Further guidance is available from CQC at: http://www.cqc.org.uk/sites/default/files/documents/20140723_100646_v6_0_0_disclosure_and_barring_service_checks_guidance_for_publication.pdf (Issued July 2013) - And - http://www.cqc.org.uk/service-providers/gps-and-primary-medical-services/information-gps-and-other-primary-medical-servi-2 (Issued July 2014)</p>
Hepatitis B Immunity status	<p>Prior to the commencement of employment, GPs should be asked to provide evidence of their Hep B immunity status. Even though this is not a legal or contractual requirement, it is recommended practice as it is aimed at the protection of the clinician given that their post may involve exposure to blood or bodily fluids. Hep B immunisation should be offered as required, and if the doctor in question refuses to accept it they should be asked to sign a declaration form to this effect, which should be kept on their personnel file.</p>
Two clinical references	<p>These must relate to a recent post held for at least 3 months with no significant break. If a doctor is unable to provide this (as they may be a peripatetic locum), a full explanation should be given and alternative references sought.</p>

	<p>If the practice needs urgent locum cover and does not have sufficient time to chase up references, the locum may be engaged for a single period of up to 14 days while references are followed up, and an additional 7 days maximum if the locum doctor's referee is away or unavailable.</p> <p>If the doctor is employed on more than one occasion in a three-month period, the practice may rely on the references provided on the first occasion, as long as they are not more than 12 months old.</p> <p>References from both referees must be received by the practice and a record kept of them.</p>
<p>Qualifications, knowledge, experience</p>	<p>It might seem self-evident, but it is really important that the practice assures itself that the doctor is suitably qualified and competent to do his/her job. This is a contractual requirement on practices and it is also a CQC requirement.</p> <p>It is therefore advisable to establish a list of essential and desirable criteria which applicants would be assessed against, so you can assure yourself that they are capable of performing the duties required by the role. These criteria should include as a minimum:</p> <ul style="list-style-type: none"> • Good knowledge of current medical practice in the UK • Adequate knowledge of how the NHS works in practice • Working knowledge of the practice's clinical system • Adequate command of medical and colloquial English <p>These criteria should be applied to all applicants to ensure there is no discrimination.</p>

You should not:

- Rely on a doctor's assurances that his/her GMC registration, MDO cover etc is in place. Ensure you undertake the checks yourself and check the relevant documentation.
- Rely on locum agencies telling you they have undertaken all the necessary pre-employment checks. Ask to see the evidence, or alternatively ask the agency to provide you with a declaration of assurance that all the necessary pre-employment checks have been undertaken and were satisfactory.
- Appoint without fully satisfactory, written clinical references. It is not uncommon for practices to recruit GPs based on informal or verbal recommendation from friends or colleagues – this is not good employment practice and could cause you problems in the future.