

Dear Colleague

## Performers List National Application Arrangements

### Summary

1. This Circular directs<sup>1</sup> NHS Boards in relation to new arrangements for a standardised application form for Health Board Performers Lists under the National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004.
2. This has been agreed with the Scottish General Practitioners' Committee of the BMA.
3. These arrangements have previously been announced by the Cabinet Secretary for Health, Wellbeing and Sport and continue the Scottish Government's commitment to reducing bureaucracy within general practice.
4. A medical practitioner who wishes to work as a general practitioner (GP) in Scotland will be required to complete a standardised application form (specimen Annex 2). If the application is approved, and if requested on the form by the practitioner, the approval will include the practitioner on every Health Board's performers list, allowing the practitioner to work as a GP across Scotland.
5. Existing GPs on performers lists will need to be contacted, in due course, regarding the new arrangements. They will need to be asked if they wish to apply to be included in all Performers Lists in Scotland. They would be included if they elected to apply. The Scottish Government will liaise with Health Boards on this process.
6. Health Boards must implement new procedures, including on how and when information is shared about listed performers under the PVG scheme, which are

31 May 2016

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#### Addresses

##### For Action

Chief Executives NHS Boards

GP Practices

NHS National Services Scotland

##### For information

Scottish General Practitioners  
Committee

Primary Care Leads NHS Boards

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#### Policy Enquiries to:

Frank McGregor  
Primary Medical Services  
Scottish Government  
1 East Rear  
St Andrew's House  
Edinburgh  
EH1 3DG

Tel: 0131-244 2684  
Fax: 0131-244 2621

[Frank.McGregor@gov.scot](mailto:Frank.McGregor@gov.scot)

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<sup>1</sup> Under section 2(5) of the National Health Service (Scotland) Act 1978.

necessary to give effect to these arrangements from 1 June.

7. Background information on these new arrangements is contained in Annex 1 to this Circular.
8. Enquiries regarding the application process should be directed to your local Health Board.

### **Action**

NHS Boards are requested to bring this circular to the attention of all GP contractors and appropriate staff.

### **Enquiries**

In the instance of any enquiries on this circular please contact Frank McGregor, Primary Care Division, Scottish Government.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Richard Foggo', with a stylized flourish at the end.

Richard Foggo

**A member of the staff of the Scottish Ministers**

## **BACKGROUND: PERFORMERS LIST – STANDARDISATION OF PROCEDURES**

### **Introduction**

Entry to a Health Board performers list in Scotland is regulated by the National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004. The regulations permit some sharing of information and allow for management of, for example, GP Appraisal and revalidation, without duplication by several Boards. This is usually the Board where the GP undertakes the majority of their work (the Host Board) and for many who are party to a contract with the Board it will be their sole listing.

Whilst there has been some standardisation of application process there has remained some differences across Boards. The different processes may potentially introduce barriers and concerns have been raised about the administrative burden of these differences. A short life working group, including representation from Health Board Primary Care Leads, has been working towards simplifying and standardising the application process.

### **Application**

Prospective GPs who wish to work in Scotland will be required to complete a standardised application form which, if approved, will include them (if they request) on every Health Board's performers list, allowing them to work across Scotland.

Existing GPs are to be contacted, in due course, inviting them to apply to be included on all Performers Lists in Scotland.

There are no changes to the regulations.

### **Action**

The new standardised application form, guidance notes, procedure notes for Health Board administrators and checklist have been developed to allow implementation of the new processes from **1 June 2016**.

***NB. Curriculum Vitae may not be used as a substitute for completing the Application Form, but may be used to expand the information requested. Failure to complete this form may result in the application not being considered. (Any additional information should be provided on a separate sheet of paper.)***

| Personal Details of the Doctor |  |
|--------------------------------|--|
|--------------------------------|--|

FORENAME(S):

Male ☐ Female ☐

Do you wish your Date of Birth to be included in the Primary Medical Services Performers' List? Yes ☐ No ☐

**Subject to the consent of the doctor, the NHS Board will indicate in its performers' list, the doctor's date of birth. However, where a doctor requests that the NHS Board does not include his/her date of birth in the Performers' list, the NHS Board shall instead provide details of the doctor's date of first full registration as a medical practitioner.**

Present private address including postcode:

Home telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

**E-mail address:**

[illegible]

I understand that my details will be held on a national database available to NHS Boards and accessible by GP Practices in Scotland.

Do you want your contact details to be made available to GP Practices in Scotland? Yes ☐ No ☐

**Please indicate your preferred method of contact:** Phone ☐ Mobile ☐ EMail ☐ Post ☐

**GMC NO:**

Date of Full & Provisional Registration: Full ☐ Provisional ☐

Are you included in the NHS Superannuation scheme? Yes ☐ No ☐

**Superannuation Number (if known)**

National Insurance Number:

## Status

1. I wish to be on all Performers Lists in Scotland

☐

2. I wish to be included only on NHS \_\_\_\_\_ Performers List

☐

3. Other (specify) \_\_\_\_\_

**I apply for entry to the Primary Medical Services Performers' List in the following category(ies):**

|   |  |  |  |
|---|--|--|--|
| GP Performer Provider(Go to Part 2)*              |  | Salaried GP Health Board Employed (Go to Part 2) |  |
| General Partner                                   |  | Specialist Trainee Doctor (Go to Part 2)         |  |
| Limited Partner                                   |  | Foundation Year Doctor (Go to Part 2)            |  |
| GP Performer - Locum/Sessional GP* (Go to Part 3) |  | A GP Returner (Go to Part 2)                     |  |
| GP Retainer* ( Go to Part 2)                      |  | Armed Forces GP                                  |  |
| Salaried GP Practice Employed (Go to Part 2)      |  | Other – please specify                           |  |

**Name of NHS Health Board you intend to perform the majority of your work:** \_\_\_\_\_

**Are you currently included in any other NHS Body Performers' List?** Yes ☐ No ☐

**If Yes provide name of NHS Body and contact details:** \_\_\_\_\_

**PART 2 To be completed by all applicants with the exception of Performer – Locum/Sessional GP**

**Practice Details**

*Name and address of the Practice/premises from which you intend to work*

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**Proposed date you intend to join the practice/commence employment**

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**PART 3 To be completed by all applicants**

**Medical Qualifications** (Please list all medical qualifications)

| Qualification | Institution ( <i>give name, town and country</i> ) | Full Date of Qualification |
|---------------|--|----------------------------|
|               |  |                            |
|               |  |                            |
|               |  |                            |
|               |  |                            |
|               |  |                            |
|               |  |                            |
|               |  |                            |

**PROFESSIONAL AND FURTHER EDUCATION**

| Institution or body responsible for training | Course attended | Date/Year |
|--|-----------------|-----------|
|  |                 |           |

## CHRONOLOGICAL DETAILS OF PROFESSIONAL EXPERIENCE (INCLUDING STARTING AND FINISHING DATES OF EACH APPOINTMENT)

Provide chronological details of professional experience (including the starting and finishing dates of each appointment together with an explanation of any gaps between appointments) with any additional supporting particulars and explanation of dismissal from posts.

| 1. Dates From – To | <b>GENERAL PRACTICE EXPERIENCE</b><br>Details of Employment – Nature of Post i.e post and location      | Please supply supporting particulars of experience incl details of any dismissal from post or gaps between employment. |
|--------------------|---|--|
|                    |   |  |
|                    |   |  |
|                    |   |  |
|                    |   |  |
| 2. Date From – To  | <b>HOSPITAL EXPERIENCE</b><br>Details of Employment – Nature of Post i.e post and location              | Please supply supporting particulars of experience incl details of any dismissal from post or gaps between employment. |
|                    |   |  |
|                    |   |  |
|                    |   |  |
|                    |   |  |
| 3. Date From – To  | <b>OTHER EXPERIENCE incl OBSTETRICS</b><br>Details of Employment – Nature of Post i.e post and location | Please supply supporting particulars of experience incl details of any dismissal from post or gaps between employment. |
|                    |   |  |
|                    |   |  |
|                    |   |  |

Have you ever been disqualified, conditionally disqualified, removed or suspended or to which admission was refused from any list or equivalent list? Yes ☐ No ☐

If yes provide details below:

Date Included in GP Register \_\_\_\_\_ Registered with a licence to practise: Yes ☐ No ☐

Date of Vocational Training/PMETB Certificate/  
CCT Certificate/Evidence \_\_\_\_\_ of \_\_\_\_\_ Suitable \_\_\_\_\_ Experience \_\_\_\_\_ or  
Equivalent: \_\_\_\_\_

Evidence of Exemption to Provide Vocational Training Certificate: \_\_\_\_\_

Indicate if you are an Armed Forces GP: Yes ☐ No ☐

Are you the Director or one of the persons with control of a Corporate Body? If so please provide the name and registered office  
of that body: \_\_\_\_\_  
\_\_\_\_\_

#### GP APPRAISAL

Have you previously undertaken a GP Appraisal in the UK? YES ☐ NO ☐

If YES, provide : - Date of Appraisal : \_\_\_\_\_

If NO – specify why: - \_\_\_\_\_

NHS Body where Appraisal undertaken: - \_\_\_\_\_

Revalidation Date:- \_\_\_\_\_

Name of Responsible Officer: - \_\_\_\_\_

#### Additional Information

Provide details of any particular Clinical Interests:

|  |
|--|
|  |
|  |
|  |

List any languages other than English spoken:

| LANGUAGE | CAN YOU CONSULT IN THIS LANGUAGE Yes/No |
|----------|---|
|          |   |
|          |   |

#### MEMBERS OF AN EEA STATE

If you are a member of an EEA state provide evidence that you have a knowledge of English which, in the interests of the applicant and of patients who may receive primary medical services from the applicant, is necessary for performing primary medical services.

Indicate:-

(i) Was your undergraduate/postgraduate training taught in English language? Yes ☐ No ☐

(ii) Have your English language skills been tested? Yes ☐ No ☐

If yes provide documentary evidence.

(iii) Have you alternative evidence to demonstrate your knowledge of English? Yes ☐ No ☐

If yes provide evidence which shall allow an assessment to be made.



## Members of Non EEA States

Are you entitled to enter and work in the UK? Yes ☐ No ☐  
If yes, provide documentary evidence of entitlement

### Referees

Provide details of two clinical referees below in respect of your two most recent posts.

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| <b>Name:</b>                        | <b>Name:</b>                        |
| <b>Position:</b>                    | <b>Position:</b>                    |
| <b>Place of Work:</b>               | <b>Place of Work:</b>               |
| <b>Home Address:</b>                | <b>Home Address:</b>                |
| <b>Phone Number:</b>                | <b>Phone Number:</b>                |
| <b>NHS provided e-mail address:</b> | <b>NHS provided e-mail address:</b> |

If unable to supply clinical referees from two recent posts please provide explanation below:

### Supporting Documentary Evidence

|   | Please ✓ |
|---|----------|
| Passport or National ID Card <sup>*1</sup>                              |          |
| Prescribed/Equivalent Experience or PMETB/CCT Certificate(s), or;       |          |
| Evidence of Exemption to provide a Certificate of Equivalent Experience |          |
| Professional Indemnity Membership Certificate (not membership card)     |          |
| Language Certificate (if applicable)                                    |          |
| PVG Application   |          |
| Utility Bill/Council Tax displaying current private address             |          |
| One other form of identification <sup>*2</sup>                          |          |
| For members of non EEA States - evidence of entitlement to work         |          |
| For non UK applicants – certificate of goodstanding <sup>3</sup>        |          |

■ <sup>\*1</sup> Amend to indicate alternative document supplied as agreed with Health Board.

<sup>2</sup> PVG Scheme Membership applications require three original forms of Identification – one photographic, one with current private address which corresponds with application and any one other to confirm your identity e.g. birth certificate, marriage certificate etc.

<sup>3</sup> Non UK applicants require to provide a letter or certificate of goodstanding.

## Declarations

In accordance with Schedule 1 of The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004 as amended, I declare that:

- a) *I am a medical practitioner included in both registers (GMC Register and GP Register)* Yes ☐ No ☐
- b) *I am a GP registrar, and not a fully registered medical practitioner included in the register of practitioners, and that I am not registered in that register with limited registration, with limited details of that registration, as defined in the direction by virtue of which I am registered* Yes ☐ No ☐
- c) *I have been convicted of a criminal offence in the United Kingdom;* Yes ☐ No ☐
- d) *I have been convicted elsewhere of an offence which would constitute a criminal offence if committed in Scotland;* Yes ☐ No ☐
- e) *I am currently the subject of any proceedings anywhere in the world which might lead to a conviction specified in sub paragraph (c ) or (d);* Yes ☐ No ☐
- f) *I am in summary proceedings in respect of an offence, been the subject of an order discharging me absolutely (without proceeding to conviction);* Yes ☐ No ☐
- g) *I have accepted and agreed to pay a fixed penalty under section 302 of the Criminal Procedure (Scotland) Act 1995[or a penalty under section 115A of the Social Security Administration Act 1992;* Yes ☐ No ☐
- h) *I have accepted a police caution in the United Kingdom;* Yes ☐ No ☐
- i) *I have been bound over following a criminal conviction in the United Kingdom;* Yes ☐ No ☐
- j) *I have been subject to any investigation into my professional conduct by any licensing, regulatory or other body where the outcome was adverse;* Yes ☐ No ☐
- k) *I am currently subject to any investigation into my professional conduct by any licensing, regulatory or other body;* Yes ☐ No ☐
- l) *I have to my knowledge, where the outcome was adverse, been the subject of any investigation by the Agency in relation to fraud;* Yes ☐ No ☐
- m) *I am the subject of any investigation or proceedings by another Health Board or equivalent body which might result in me being disqualified, conditionally disqualified, removed or suspended from a list, or equivalent list;* Yes ☐ No ☐
- n) *I have, where the outcome was adverse, been the subject of any investigation into my professional conduct in respect of any previous or current employment;* Yes ☐ No ☐
- o) *I have in the preceeding 6 months been, or was at the time of the events that gave rise to conviction, proceedings or investigation, a director or one of the 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 Scotland;
- (iii) is currently the subject of any proceedings which might lead to such a conviction
- (iv) has been subject to any investigation into its provision of professional services by any licensing, regulatory or other body; or
- (v) is, to my knowledge, or has been, where the outcome was adverse, the subject of any investigation by the Agency in relation to fraud;

**If you have answered “yes” to any of the questions (c) to (o) give details below, including approximate dates of where the investigation or proceedings were or are to be brought, the nature of that investigation or proceedings and any outcome (please use a separate sheet if required).**

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## UNDERTAKINGS AND CONSENTS

In accordance with Schedule 1 of The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004, as amended:

- (a) I will participate in appropriate and relevant NHS appraisal procedures;
- (b) I will notify the Health Board in writing within 7 days of its occurrence if I:
  - (i) am charged in the United Kingdom with a criminal offence, or charged elsewhere with an offence which, if committed in Scotland, 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 Scotland;
  - (iv) have, in summary proceedings, 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 either the fixed penalty under section 302 of the Criminal Procedure (Scotland) Act 1995 or a penalty under section 115A of the Social Security Administration Act 1992;
  - (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 body 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 to my knowledge, the subject of any investigation by the Agency in relation to fraud, or if I am informed of the outcome of any such investigation, where it is adverse;
  - (xi) become the subject of any investigation or proceedings by another Health Board or equivalent body, which might result in me being disqualified, conditionally disqualified, removed or suspended from a list, or equivalent list;
  - (xii) am disqualified, conditionally disqualified, removed or suspended from or refused admission to any list or equivalent list;
  - (xiii) 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 on Scotland, 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 Scotland, 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;

(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; or

(ff) becomes, to my knowledge the subject of any investigation by the Agency in relation to fraud, or is informed of the outcome of any such investigation, if adverse, together with details of the occurrence, including approximate dates, and where any investigation or proceedings were or are to be brought, the nature of the that investigation or proceedings, and any outcome;

(c) As a performer of primary medical services :-

- (i) under a general medical services contract, to comply with the requirements of paragraph 114 (gifts) of Schedule 5 to the General Medical Services Contracts Regulations; or
- (ii) section 17C arrangement, to comply with the requirements of 78 of Schedule 1 to the Section 17C Agreements Regulations,

(d) I shall not prescribe drugs, medicines or appliances whose cost or quantity, in relation to any patient, is, by reason of the character of the drug, medicine or appliance in question in excess of that which is reasonably necessary for the proper treatment of that patient;

(e) If I am authorised to supply drugs, medicines or appliances, I shall not supply any drugs, medicines or appliances to any person who makes a declaration claiming either charge exemption under regulation 7 of the 2007 Regulations or charge remission under the National Health Service (Travelling Expenses and Remission of Charges) (Scotland) (No. 2) Regulations 2003(a) without evidence of the patient's entitlement to such exemption or remission having been requested, unless the claim is for an exemption under regulation 7(1)(a) to (f) of the 2007 Regulations and the performer has information at the time of supplying the item which confirms that the person is entitled to the exemption claimed;

(f) if the performer is a provider of primary medical services, that the performer shall claim for a payment under the arrangement, agreement or contract by which the performer provides primary medical services only in accordance with the terms of that arrangement, agreement or contract;

(g) if the performer is not a provider of primary medical services, that the performer shall—

- (i) assist a provider of primary medical services in a claim for a payment under the arrangement, agreement or contract by which that provider provides primary medical services only where that claim is in accordance with the terms of that arrangement, agreement or contract; and
- (ii) claim a payment from a provider of primary medical services only in accordance with the terms of the performers employment or engagement by that provider;

(h) if the performer is a GP Registrar, unless the performer has an acquired right under regulation 5(1)(d) of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994<sup>(b)</sup> that the performer will—

- (i) not perform primary medical services except when acting for, and under the supervision of, the performer's 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 11 of those regulations as soon as the performer is eligible to do so, and provide the Health 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 the performer's inclusion in the GP Register;

- (i) As a performer I consent to a request being made by the Health 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 the applicant or a body corporate referred to in this paragraph and, for the purposes of this sub-paragraph, “employer” includes any partnership of which the applicant is or was a member.

The events to which this paragraph applies are—

- (i) the conclusion of any period of training prescribed by regulation 6(3) of the Vocational Training Regulations or after the coming into force 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;
- (ii) the GP Registrar provides the Health Board with—
- (aa) a certificate of prescribed experience under regulation 10 of the Vocational Training Regulations;
- (bb) a certificate of equivalent experience under regulation 11 of those Regulations; or
- (cc) after the coming into force of article 10 of the 2003 Order, evidence of the applicant’s inclusion in the GP Register;
- (iii) 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 force of articles 4 and 5 of the 2003 Order, of general practice training within the meaning of those articles; and
- (iv) the completion of a vocational training scheme, unless the GP Registrar provides the Health Board with—
- (aa) a certificate of prescribed experience under regulation 10 of the Vocational Training Regulations;
- (bb) a certificate of equivalent experience under regulation 11 of those regulations; or
- (dd) after the coming into force of article 10 of the 2003 Order of evidence of the GP Registrar’s inclusion in the GP Register
- (j) that the performer shall consent to disclosure of information in terms of Regulation 14;
- (k) that the performer will remain a scheme member; and
- (l) An application shall include—
- (a) a disclosure request for any disclosure record required under regulation 6(3)(d); and
- (b) where required by the Health Board under that regulation, any existing disclosure record the applicant holds.

**I declare that, to the best of my knowledge, the information contained on this form is true and accurate. I agree to the sharing of information between other NHS Bodies/Responsible Officers.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**N.B. You should apply to join the Performers List of the Health Board area you intend to undertake the majority of your work. This will designate the HB responsible for appraisal and revalidation.**