The British Student Doctor, 2017;1(2):36-40
doi: 10.18573/j.2017.10176
Education

General Medical Council refusal to grant provisional registration - reasons, prevention and what to do if it happens

EDUCATION

AUTHOR

Professor Timothy J David
Academic Lead for Student Fitness to Practise
Faculty of Medical and Human Sciences, University of Manchester

Sarah Ellson
Partner
Fieldfisher LLP

Address for Correspondence:

Professor T J David
Faculty of Biology, Medicine & Health University of Manchester
Simon Building (Room 3.21)
Brunswick Street
Manchester, M13 9PT

Email: tim.david@manchester.ac.uk

No conflicts of interest to declare

Accepted for Publication:
12.06.17

ABSTRACT

Summary

The General Medical Council has refused provisional registration to UK medical graduates 30 times between 2010 and 2016. The reasons given for refusal were lack of insight (29/30, 97%), lack of remediation (29/30, 97%), probity concerns (18/30, 60%), and health (11/30, 37%). In the only case that did not involve both lack of insight and lack of remediation, there were serious concerns about the applicant's health. This article explains the processes that lead to registration refusal, and offers advice about how to prevent refusal and how to respond to refusal. Thus far, 16 of the 30 have re-applied, and 13 were successful in gaining provisional registration.

Relevance

Medical students need to be aware that even if their medical school has permitted graduation, and even if a student has been found to be fit to practise by a university committee, the GMC may decide that the student has failed to demonstrate fitness to practise. This will lead to a refusal to grant provisional registration, which at the very least will set back an individual's career by 12 months.

Take home messages

Lack of insight and the resulting failure to change behaviour and demonstrate remediation risk loss of a career. It is imperative that students respond to advice and warnings. Students may not realise that it is not just the seriousness of problem behaviours but their response to advice that determines how a medical school will decide what action to take.

Students at UK medical schools rightly assume that passing finals and getting an offer of a place on the Foundation Programme are the main obstacles to be overcome before starting work as a doctor. Many are unaware of two additional hurdles. The first is that the General Medical Council (GMC) will not permit universities to graduate a medical student where there are unresolved concerns about fitness to practise (FTP). The other is that even when a university has permitted graduation, thereby confirming it considers the graduate fit to practise, the GMC nevertheless makes its own independent decisions about FTP, and has the power to refuse to grant provisional registration. From 2010 to 2016, the GMC has refused provisional registration to UK graduates on 30 occasions. Such decisions will prevent the doctor joining the Foundation Programme.

Whilst those who are refused provisional registration can appeal against the decision, and can reapply, because entry to the Foundation Programme can only occur in August, a registration refusal will set back a newly qualified doctor's career by at least 12 months. The GMC publishes information each year on FTP matters arising during the process of application for provisional registration, and data from the most recent report has been used in this article. (1)

IMPORTANT ASPECTS OF THE APPLICATION PROCESS AND ITS TIMING

When medical students apply to the GMC for provisional registration, they complete two declarations. One relates to their character and conduct (for example disclosing convictions or having had to attend a disciplinary or FTP Committee) and the other concerns their health. The GMC visits every UK medical school every autumn to run an event for final year medical students. As well as performing an identity check, the GMC team provide an overview of the registration application process, emphasising the importance of early disclosure of any FTP issues. By the end of April, or earlier where the medical school has already shared information with the GMC about students with more serious or complex FTP issues, students receive an invitation and instructions from the GMC on how to apply. Applications that are received late risk the possibility that the GMC is unable to make a decision before the commencement of the Foundation Programme on the 1st August, which will delay the doctor's career by 12 months. To avoid this happening, the GMC make great efforts (including close liaison with medical schools) to encourage early application, particularly where a student has one or more disclosures to make.

Of those applications that include one or more positive FTP and/or health declarations, about 80% can be processed and approved on the basis of the information that has been provided. About 20% of applications trigger an investigation by the GMC Registration Investigation Team. When this occurs, the applicant is informed, and:

(i) In the case of an FTP declaration

The applicant is asked to write a detailed statement explaining the circumstances that led to the conviction/caution/warning/disciplinary proceedings/FTP proceedings, and explaining how the student's actions might be regarded in the light of the GMC's guidance "*Good Medical Practice*". (2) The applicant is also asked to provide documentation confirming the details of the incident/incidents, any action taken by the medical school, and details of any sanctions imposed and evidence of compliance. Also required is evidence that the matter(s) have been declared to the foundation school, a notice of any cautions/convictions or a recent criminal record (Disclosure 3 and Barring Service) check, and a minimum of two character references (that meet the GMC requirements as set out in their guidance).

(ii) In the case of a health declaration

The applicant is asked to complete a CX1 form, a questionnaire about the applicant's FTP and health matters, and provide the evidence requested on the form (very similar to the items listed above).

An applicant should obtain advice about the provision of this additional information, preferably from the applicant's medical defence society (not least because if this advice is not sought then the defence society may be unwilling to assist if the application is unsuccessful). It is also important that the possible reasons for refusal, and the importance of insight and remediation, all explained below, are borne in mind when preparing statements and completing the above documents.

Following the consideration of this additional information, the GMC may decide to grant provisional registration, it may ask for further information, or it may seek advice from a Registration Panel. If the latter occurs, the applicant is informed, and provided with a copy of all the information to be supplied to the Registration Panel. The applicant can submit any written representations or other documents for the GMC to consider. The aim is to give applicants 28 days' notice of referral to the Registration Panel. This period can be shortened with the applicant's consent. The Panel meets in private, and the GMC aims to provide a copy of the Panel's advice and the decision that has been made within 2 weeks of the Panel's meeting.

A key message is that the later the application is made, the greater the risk that the processes involved may prevent a decision being made until after the start of the foundation programme, thereby delaying the doctor's career by 12 months.

REASONS FOR PROVISIONAL REGISTRATION REFUSAL

Of 7295 applications for provisional registration received in 2016, 945 (12.9%) included declarations about one or more FTP issues, a proportion that has been gradually increasing since 2012. Of the 945 applicants that declared an issue, 764 (80.8%) applications were dealt with without further investigation, but the other 181 triggered an investigation. (1)

Of the 30 applicants who have been refused provisional registration, the reasons given for refusal were lack of insight (29/30, 97%), lack of remediation (29/30, 97%), probity concerns (18/30, 60%), and health (11/30, 37%). In the only case that did not involve lack of insight and lack of remediation, there were serious concerns about the applicant's health. (1)

The following are the types of situations in which provisional registration has been refused:

- new matters (e.g. criminal offence) occurring after graduation;
- matters (mostly criminal offences) of which the medical school was unaware
- student attended a university disciplinary committee but was not referred to the FTP Committee, but the GMC concluded that the applicant's FTP was impaired; and
- the university FTP Committee concluded that the student was fit to practise, but the GMC concluded that the applicant's FTP was impaired.

In relation to the latter category it is important to appreciate that the GMC are likely to have sight of additional information that is unavailable to the university, including any submissions made by the applicant (possibly accompanied by character references).

Lack of insight

Lack of insight is the unifying feature seen in a high proportion of student (and registrant) FTP cases. Insight means an individual's ability to recognise and understand what has been wrong with the person's behaviour. Lack of insight is severely disabling because if one cannot recognise what is wrong with one's actions then it is likely to be difficult or impossible to correct one's behaviour.

Insight on the part of the student is therefore crucially important. Insight can include:

- the ability to step back from the situation and consider it objectively;
- recognition of what went wrong;
- acceptance of the student's responsibilities at the time in question;
- an appreciation of what could and should have been done differently; and
- an understanding of how to act differently in the future to avoid a recurrence of similar problems.

Some examples of lack of insight shown by students are:

- a student who instead of creating patient logs, as required by the medical school, uploaded logs created by other students, pretending he was the author. When challenged the student admitted his actions, but claimed, based on an obscure research study, that all medical students plagiarise, the implication being that this is normal and acceptable behaviour;
- a student who falsified the signatures of three supervisors on placement assessment forms, and who when asked who was responsible for his actions blamed the medical school, which he said had provided insufficient warning that signature forgery was impermissible;
- a student who was caught shoplifting admitted the offence but made statements apparently trying to minimise the seriousness by emphasising the low value of the goods that were taken (chocolate worth under £5), the frequency with which shoplifting occurs, and the fact that the police were content just to issue a caution;
- a student who was told to examine a patient 4 hours after bronchoscopy under anaesthetic and check the blood pressure, but failed to do so, falsified the blood pressure results in the patient's medical records, and when asked by his supervisor he lied about his findings. In a written submission, the student admitted he had lied, but quoted NICE guidance which he claimed stated that a routine check of blood pressure more than 1 hours after bronchoscopy was not required, which even if true, could not possibly have justified his dishonesty;
- a student who refuses to apologise or accept mistakes; and
- a student who promises to correct behaviour but fails to take the necessary appropriate steps, or only does so when directly prompted.

A lack of insight, distancing of responsibility, or minimising the seriousness of problem behaviours are all likely to lead to a concern about a high risk of recurrence of the problem behaviour in the future.

Lack of remediation

Remediation is the action taken to remedy a situation. In a helpful metaphor from Kalet and Chou, who edited a recent textbook on remediation in medical education, (3) sailors make many course corrections and are constantly recalibrating their navigational

systems so as to ensure they arrive at the intended destination at the expected time. "*The metaphor suggests an aspirational reference point even though you are almost always off course. It also implies the need for exquisite awareness of your current location, your strengths, vulnerabilities and foibles, and an ability to collect and digest a wide array of information. Guidance – the sun, the stars, GPS, or a good mentor – is a must, particularly when navigating in unfamiliar waters*". (3) Remediation for students is the act of facilitating a correction for trainees who started out on the journey towards becoming a doctor but have moved off course, risking ending up on the rocks.

Remediation is a particularly difficult topic for students whose behaviour has raised FTP concerns. Unlike the metaphor set out above, there is a lack of evidence as to methods that will or will not work, and for some behaviours, particularly dishonesty, there is a real doubt as to whether remediation is possible. It can be difficult to present convincing evidence that the behaviour was an exception or a one-time occurrence.

In addition, there may be concern as to whether a change is genuine or feigned, which is one reason why mere aspirations or promises to change will be less convincing than actual evidence that change has occurred. However the wide range of sanctions that exist in student FTP cases are in effect incentives (4) for students to demonstrate the values of cooperation, remorse, contrition, remediation and rehabilitation.

In the case of a student whose behaviour has caused FTP concerns, there are some key principles when considering remediation:

- a remediation is not possible without insight. The first step has to be to reflect on the actions and behaviours that caused concern and try and understand why these were deemed unacceptable in the first place.
- being referred to a student FTP Committee often means the student has not followed the regulations for their programme and the principles of GMC guidance "*Achieving good medical practice: guidance for medical students*" (5) and "*Good Medical Practice*". (2) Students should look at those principles to see where their behaviour has departed from the guidance, and think what they could do to demonstrate remediation for those specific principles.
- there is a pressing need to co-operate with advice and guidance, an essential characteristic for all health professionals.
- if graduates have been refused provisional registration on the grounds of FTP, they should consider the reasons given for refusal and the actions that generated those concerns. Efforts towards remediation should be centred on these.

Each case is different, and the way in which a student can show they have remediated will depend on the specific circumstances. But regardless of the nature of the case, key elements are:

- providing evidence of reflection and self-assessment;
- sincere expressions of remorse, accompanied by evidence of actions to demonstrate that a real change for the better has occurred;
- providing evidence that one can improve by learning from mistakes; and
- providing evidence that measures have been put in place to prevent problem behaviours from recurring.

Options following registration refusal

The choice lies between appealing against the refusal (there is no published data, but appeals seem to be uncommon), re-applying (which can be done at any time) – of 16 re-applications thus far 13 have been successful, or abandoning medicine as a career. GMC refusal decision letters (which are only sent to the applicant and not to the medical school) make it plain that a new application will need to provide robust, objective evidence to show that the issue(s) that led to the current application being refused have been addressed.

Support and guidance for those who have been refused provisional registration

Graduates who have been refused provisional registration need guidance and support, but often they may find themselves in limbo. Medical schools may be disinclined to offer much support to someone who is no longer a student (and who may have caused the medical school many difficulties over a prolonged period). Furthermore, the infrequency of such events means that most medical schools are unlikely to have much experience dealing with such cases. However, there is much that a medical school can do, for example by helping to arrange shadowing in clinical settings. This can be important if the student is to be able to demonstrate change, and it is also important when re-applying for provisional registration to be able to provide evidence of continuing clinical exposure and prevent de-skilling. The medical defence organisations, if they agree to support the graduate (see footnote 1) may also have had little experience of dealing with provisional registration refusal, though they will have a great deal of experience of giving advice about remediation to registered doctors who are going though GMC FTP procedures.

The need to respond to advice and warnings

Failure to respond to advice and warnings is a major reason for referral of a student to an FTP Committee. Where failure to respond has persisted there is a real risk that the GMC will decline to grant provisional registration. Persistent unprofessional behaviour

if continued after graduation is unlikely to be compatible with a medical career. Students need to be advised at an early stage that failure to adhere to guidance may put their whole future career at risk.

Behaviour changes need to be documented and evidenced

A simple promise that there will be no further problems is unlikely to suffice. The student with a record of frequent non-attendance coupled with a failure to follow absence reporting requirements will need evidence that both problems have actually been overcome over a significant period of time. Students who repeatedly ignore emails and reminders, who persistently fail to deal with necessary paperwork in a timely fashion, or who keep failing to attend appointments with teaching and support (e.g. occupational health) staff will need to provide evidence, supplied by those who have had to deal with these problems in the past, that these difficulties have been overcome. Although the university and GMC processes for assessing FTP differ considerably, when making their decisions both will be looking for similar types of evidence that a student has overcome past problems.

CONCLUSIONS

The GMC has refused provisional registration to UK medical graduates 30 times between 2010 and 2016. 13 of the 16 re-applications have been successful in gaining provisional registration. Whilst the possibility of a successful re-application may be felt to be encouraging, this is offset by the delayed career progression in those who are successful. In addition, for the 50% whose careers are permanently terminated this represents a huge loss, to the individuals, the profession, the NHS and the public. The detection of very serious problems with professional behaviour in students not uncommonly occurs at a late stage. Earlier detection would be helpful. Most students arrive at university with glowing references and school reports of exemplary conduct and outstanding leadership qualities, and it would also be helpful to gain some understanding of why some medical students go on to behave in potentially career-ending unacceptable ways.

[1] Unfortunately, defence organisations sometimes decline to support certain medical students or recently graduated doctors. It is often not appreciated that support from defence organisation is discretionary; this means they can refuse to provide support and are under no obligation to provide reasons.

REFERENCES

1. Durkin J. Fitness to practise matters that UK medical graduates declared to the GMC 2016 report. Agenda item 7. GMC Policy and Strategy Board, 22 March 2017. London: GMC; 2017 [accessed 28 Apr 2017]. Available from: http://www.gmc- uk.org/07___Fitness_to_practise_matters_that_UK_medical_graduates_declared_to_the_GM C_2016_report.pdf_69925362.pdf.

2. GMC. Good Medical Practice. London: General Medical Council; 2013 [accessed 28 Apr 2017]. Available from: http://www.gmc-uk.org/static/documents/content/GMP_.pdf.

3. Kalet A, Chou CL. Remediation in Medical Education. A Mid-Course Correction. New York: Springer; 2014.

4. Case P. The good, the bad and the dishonest doctor: the General Medical Council and the 'redemption model' of fitness to practise. Legal Studies. 2011;31:591-614.

https://doi.org/10.1111/j.1748-121X.2011.00203.x

5. GMC. Achieving good medical practice: guidance for medical students. London: General Medical Council; 2016 [accessed 28 Apr 2017]. Available from: http://www.gmc-uk.org/Achieving_good_medical_practice_0816.pdf_66086678.pdf.

bsdj.org.uk


/thebsdj


@thebsdj


@thebsdj

Journal DOI
10.18573/issn.2514-3174

Issue DOI
10.18573/n.2017.10170

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Cardiff University Press
Gwasg Prifysgol Caerdydd

The British Student Doctor is an imprint of Cardiff University Press, an innovative open-access publisher of academic research, where 'open-access' means free for both readers and writers.

cardiffuniversitypress.org