

NPL 1: National Performers Lists Application Form

From 1 April 2013, the NHS Commissioning Board adopted the name NHS England, a name that gives people a greater sense of our role, scope and ambitions – as the organisation responsible for allocating the NHS budget, working to improve outcomes for people in England and ensuring high quality care for all, now and for future generations.

NHS England's legal name remains the NHS Commissioning Board as set out in our establishment orders. While the NHS Commissioning Board will be known as NHS England in everything that we do, there are times when the statutory name is required for legal and contractual transactions. The following list provides some key examples of legal documentation which requires us to use our full legal name:

- Human resources contracts of employment;
- Any documentation involving a court of law, e.g. litigation claims
- Contracts for directly commissioned services.

For ease of reference NHS England is the generic term used throughout this form.

Application Form

The application process and associated documentation has been produced in accordance with the National Health Service (Performers Lists) (England) Regulations 2013.

Applications submitted will be considered under the provision of these Regulations.

Performers who appear on a performers list should be aware of the requirements placed upon them by these Regulations.

Please note: Applications received from performers who have been nationally disqualified from the performers list on the grounds of suitability or fraud cannot be considered until a minimum period of two years has past following the applicant's removal from the list and the applicant can evidence that the national disqualification has been lifted by the First Tier Tribunal.

Applications should be made to the NHS England team in the local footprint in which performers will be undertaking the majority of their work within the NHS.

Please use the 'look up' function on NHS England national performers lists website for clarity of which team to apply to. This is available at:

<https://www.performer.england.nhs.uk/AT/SearchByPostcode>.

If you are unsure as to whether you are already on the performers list, please check the Primary Care Performers Directory at <https://www.performer.england.nhs.uk/> or alternatively contact the team as identified via the 'look up' function above.

Disclosure and Barring Service (DBS)

Applicants seeking to join the Performer List will be required to complete and submit these forms themselves and can use any one of the umbrella bodies recommended by the Home Office for supporting applicants with their DBS application. These umbrella bodies can be found at <https://dbs-ub-directory.homeoffice.gov.uk/>

Details relating to the DBS can be found at:

<https://www.gov.uk/disclosure-barring-service-check>

Applicants are required to subscribe to the online update service. This may be done at the time of the application using the application form reference number or within 19 days of receipt of the Enhanced Disclosure Certificate using the certificate number.

Details can be found at:

<https://www.gov.uk/dbs-update-service>

As outlined in the Disclosure and Barring Update Service Applicant Guide dated January 2014, subscription to the online update service is not a requirement of the DBS but some organisations may make subscription a condition of employment. NHS England has placed this requirement on all applications to the performers list.

Applicants who cannot provide UK residency details for the last five years must undergo a Police Home Check. Applicants can arrange this by contacting their Home Office or Embassy.

If the document provided is not in English, a translation that has been issued by a bonafide organisation and signed by an official translator is required.

Foreign convictions

NHS England cannot request that the applicant discloses all foreign convictions or cautions. NHS England can only request that the applicant discloses foreign convictions or cautions that are equivalent to convictions and cautions in England and Wales and which are not protected convictions and cautions. Further information can be found at <https://www.gov.uk/disclosure-barring-service-check/overview>) to enable the applicant to determine whether the offence for which they received a foreign conviction or caution is equivalent to a listed offence in England and Wales, and therefore must be disclosed.

English Language Testing

NHS England requires the following to be evidenced:

All applicants who have studied or trained in the UK or Irish Republic must provide:

1. A certificate of graduation or postgraduate training from a UK or Irish Republic medical or dental school or a university optometry department.

If applicants have not studied or trained in the UK or Irish Republic, they must provide:

Doctors

- A certificate indicating a pass obtained within the last two years of one of the current accepted language tests (or equivalent), at the required level of IELTS or equivalent as defined by the regulator. (Details of the standard are found in the application form for inclusion in the national performers lists NPL1); **or**
- A certificate of graduation or postgraduate training within the past two years from a recognised medical school taught and examined in English; (Please refer to the general information section of this document for a list of countries where the first and native language is English); **or**
- Evidence of successful completion of an Induction and Refresher assessment (I&R) including a simulated surgery assessment; **or**
- Evidence of successful completion of Annual Review of Competence Progression (ARCP)

AND

- Evidence of three months professional employment from the past two years in a country where English is the first language, and current English language capabilities necessary for the work which those included in the list could reasonably be expected to perform are documented in the references submitted as part of the application form;

Dentists

- A certificate indicating a pass obtained within the last two years of one of the current accepted language tests (or equivalent), at the required level of IELTS 7.0 and no less than 6.5 in each module, or equivalent as defined by the regulator.

Ophthalmic practitioners

- A certificate indicating a pass obtained within the last two years of one of the current accepted language tests (or equivalent), at the required level of IELTS 7.5 (or equivalent) as defined by the regulator.

AND

- Evidence of three months professional employment from the past two years in a country where English is the first language, and current English language capabilities necessary for the work which those included in the list could reasonably be expected to perform are documented in the references submitted as part of the application form.

Where the applicant cannot demonstrate evidence of their English language proficiency through the IELTS test or references, the team will need to consider on a case by case basis whether the applicant has a sufficient command of the English language to allow inclusion on the list. In the event that the team requires the applicant to undertake an oral language test, the cost of this will need to be met by the applicant.

Documents required to support the application

Applicants need to submit to the local NHS England team:

- An electronically completed application form. Handwritten forms will not be accepted.
- An enhanced disclosure and barring (DBS) certificate. Please note that Criminal Records Bureau (CRB) disclosures are no longer acceptable.
- Applicants must register for the online update service within 19 days of the certificate being issued or in the interim, using the reference number issued by the DBS at point of application. Annual subscription to the Disclosure and Barring Service (DBS) online update service is at the cost of the applicant. Applicants who have lived abroad during the last 5 years should provide a police check regarding criminal activity in the country or countries in which they have lived. It is the responsibility of the applicant to seek this information – guidance is provided on the DBS website;
- If the applicant is from abroad they must provide a certificate of good standing from their professional body. Applicants from Australia and New Zealand are exempt from this requirement.
- An occupational health clearance certificate from an occupational health provider, with accreditation for Safe Effective Quality Occupational Health Service (SEQOHS) or one which is working towards this accreditation. This applies to medical, ophthalmic medical and dental performers but not optometric performers. Trainees who received OH screening at the start of their training and

have been working under the supervision of a postgraduate dean without any break in service may seek their OH clearance certificate from the OH service who conducted their previous screening. There is a Memorandum of Understanding for Occupational Health Clearance for UK Dental School graduates applying for entry onto NHS England's National Performers List available on the NHS England website

- Current passport (original) or (where the applicant does not have a passport) an acceptable photo ID (original) as defined on the DBS website. This must include a work Permit – (non EEA applicants admitted to UK after April 1985 only)
- A detailed curriculum vitae, including complete work history, with any gaps in service explained
- An acceptable certificate of communication skills or evidence to support applicant's declaration of communication skills as set out in Section 4
- A copy of your most recent appraisal/outcome statement
- Confirmation of your revalidation status (applicants on the GMC register only)
- Evidence of current indemnity at an appropriate level, through membership of a defence organisation or through insurance.
- Evidence of child protection competence at the level agreed

Please note all official documents must be **originals**. Photocopies cannot be accepted.

It is the responsibility of the applicant to obtain all information required for the application.

SECTION 1: Personal Details

1. Surname (This should be the name in which you are known by your regulatory body)							
2. Forename(s)							
3. Any other surname previously and/or currently used (including maiden name)							
4. Gender	Male			Female			
5. Title							
6. Date of Birth (DD/MM/YYYY)							
7. National Insurance Number							
8. Residential address							
	Postcode:						
9. Residential telephone number							
10. Mobile telephone number							
11. Preferred contact number							
12. Email address							
13. GMC/GDC/GOC registered address (If different to UK residential address)							
	Postcode						
14. NHS England will routinely share email addresses and contact details with the relevant local representative committee. In the event that you wish for your information NOT to be shared in this way. Please tick the box.							

15. Please indicate in what capacity you wish to join the performers list

Medical list	Dental list	Ophthalmic list
GP performer	Dental performer	Ophthalmic performer
Salaried GP by practice	Foundation dentist	Ophthalmic medical practitioner
Salaried GP by CCG	Dentist undertaking foundation training by assessment	
GP registrar		
GP locum		
GP returner scheme		
GP retainer scheme		
Armed services Type 1		
Armed services Type 2		

16. Nationality

16.1. Please state your country of birth		
16.2. Are you a full British Citizen or an EEA National? If Yes go to section 2, question 17	Yes	No
16.3. Do you have evidence of entitlement to enter and work in the United Kingdom (e.g., settled status, spouse of a British Citizen?) If No go to next question.	Yes	No
16.4. Were you admitted to the UK as a doctor or dentist before 1 April 1985? If No go to next question.	Yes	No
What is your immigration status? – please tick 16.4(a) or 16.4(b) as appropriate:		

16.4(a). Subject to work permit provisions	Yes	No
16.4(b). Self employed	Yes	No
16.5. Is there a time limit placed on your stay in the United Kingdom and if so what is this? Please give full details and state visa period or period of leave to remain.	Yes	No

SECTION 2: Practice Details

<p>17. If you are linked to a practice/s, please provide the full name(s) and address(es) of these</p> <p>N.B. Trainees and students should provide their training practice details</p> <p>17.1 If you are a contractor please confirm that this is the case</p> <p>18. Contact at practice(s) and telephone number</p>										
<p>19. Practice(s) fax number (if available)</p>										
<p>20. Practice(s) email address</p>										
<p>21. Level of commitment Please indicate the basis on which you will be working in the practice both NHS and private. If you are not working full time, please state the number of sessions you will be working</p>										
<p>This section is for trainees and students only</p>										
<p>22. Date of commencement (DD/MM/YYYY)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
<p>23. Expected end date of your placement as a trainee (DD/MM/YYYY)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
<p>24. Name of approved trainer</p>										

SECTION 3: Professional Details

25. Professional council registration number (eg GMC/GDC/GOC)								
26. Date of first registration (DD/MM/YYYY)								
27. Date of full registration (DD/MM/YYYY)								
27(a). Doctors and OMPs only Date of inclusion in GP register (non-registrars) (DD/MM/YYYY)								
28(a). Do you have a licence to practise? (GPs and ophthalmic medical practitioners only)	Yes				No			
If you answered "no" to the above question please provide details and a supporting explanation								
29. Please give details of your professional indemnity/Insurance at a level commensurate with the performers list application								
30. OMPs only: OQC number								

30(a). Date of qualification (OMP) (DD/MM/YYYY)								
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31. Please list all your primary, vocational and postgraduate qualifications

Qualification	Institution (give name and place)	Date of qualification

SECTION 3: Professional Details (continued)

32. Please list in chronological order all your professional experience:

- A period of locum work should be indicated with a statement indicating the period of locum work and the type of work undertaken – every appointment should be listed.
- Where a period of locum work has been interrupted by a permanent or semi-permanent post this should be reflected accordingly.
- Leave of absence for matters such as maternity leave or study leave whilst in a permanent post do not need to be shown

List all appointments held and if as a performer, indicate your status i.e. principal, non-principal, locum or trainee)

Post (Please indicate whether the post was in primary or secondary care in the NHS, private or both)	Name of Organisation	Specialty	Role undertaken	Start and finish date	Capacity e.g. full time, part time
Example: Primary Care - Private	West Field Surgery	GP	Locum	1/4/2012 – 1/12/13	Full time

Post (Please indicate whether the post was in primary or secondary care in the NHS, private or both)	Name of Organisation	Specialty	Role undertaken	Start and finish date	Capacity e.g. full time, part time

Please use section 6: Additional information or continue on a separate sheet(s) as appropriate and ensure that any gaps between appointments, any dismissal from posts and any other additional supporting particulars are supplied.

SECTION 3: Professional Details (continued)

Performers list history

33. Have you at any time been on the performers list(s) of any primary care organisation in England, Scotland, Wales or Northern Ireland?	Yes		No	
If yes, please provide the name of the most recent primary care organisation, including contact name, telephone number and full address. Please also provide the name of the responsible officer if known.				
34. Dates of inclusion on the performers list(s)	Start	DD/MM/YYYY	End	DD/MM/YYYY
35. Have you ever been refused admission, conditionally included in, suspended from, removed or contingently removed from any primary care list or equivalent list?	Yes		No	
If you answered "yes" to the above question please provide details and a supporting explanation				
36. Have you at any time during your career been subject to sanctions, conditions or suspensions imposed by your regulatory body, employer or other NHS body?	Yes		No	
If you answered "yes" to the above question please provide				

details and a supporting explanation	
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Please provide the following information relating to assessments or appraisals as appropriate.

37. Please provide details of any appraisals undertaken starting with the most recent				
Appraisal number	Appraisal year	Date of appraisal or grounds of exemption	Organisation that undertook the appraisal	Name of your appraiser
1				
2				
3				
4				
5				
37(a). If you have not undertaken appraisal, please provide the reasons for this:				
38. Please provide details of your compliance with the core CPD/CET requirements of your regulatory body:				
38(a) Please provide (for those on the GMC register only): your date of revalidation; = the name of your Responsible Officer and Designated body = if you revalidation is on hold or has been deferred, the reason for this				

39. Please confirm details of your most recent training in:

39(a) Child protection – level attained and date (see below)	Level	Date
39(b) Adult safeguarding	Date	
39(c) Cardio pulmonary resuscitation (not required for Ophthalmic performers)	Date	

Child protection training:

Doctors

Unless the applicant is in an agreed training programme agreed by the GMC or is in a placement under the I&R scheme, applicants to the medical performers list are required to provide evidence of child protection training at level 3, as a minimum, otherwise attainment at level 2 will be accepted at the point of entry with the requirement to have achieved level 3 as a minimum at CCT or completion of the I&R scheme.

Dentists

Unless the applicant is in an agreed Health Education England training programme applicants to the dental performers list are required to provide evidence of child protection training at level 2, as a minimum. Attainment at level 1 will be accepted at the point of entry onto a HEE training programme with the requirement to have achieved level 2 as a minimum at completion of the training scheme.

Ophthalmic practitioners

Applicants to the ophthalmic performers list are required to provide evidence of child protection training at level 2 as a minimum

Information about the level of child protection training that is needed for different roles, and how often doctors should receive that training, is provided in *Safeguarding children and young people: roles and competences for health care staff*, published by the Royal College of Paediatrics and Child Health.

Applicants are required to provide details relating to their competence in adult safeguarding and cardio pulmonary resuscitation as this will inform any training and development requirements in respect of the applicant.

SECTION 4: Communication skills

Please answer the following statements:

40. Do you have a certificate of graduation or postgraduate training from a UK or Irish Republic medical or dental school or university optometry department? If yes, go to section 5	Yes	No
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If you have answered no the question above, you must give a positive response to at least one question in section 41 and one question in section 42. If you cannot provide appropriate evidence, your application will be refused:

41a) Do you have a certificate of graduation or postgraduate training within the past two years from a recognised medical or dental school or university optometry department taught and examined in English, or:	Yes	No
41(b) Do you the required language certificate for your profession?	Yes	No
42(a) Do you have evidence of three months professional employment from the past two years in a country where English is the first language and can you supply a reference from that employment to support that you have the English language capabilities necessary for the work which those included in the performers list could reasonably be expected to perform? or:	Yes	No
42(b) If you have not demonstrated evidence through the IELTS test or references, do you agree to undertake an oral language test, as required by NHS England, the cost of which must be borne by the applicant?	Yes	No

Countries where the first and native language is English. Please note that first and native language is not the same as official language.

- Australia
- Bermuda
- British Virgin Islands
- Canada

- Guyana (formerly the colony of British Guiana)
- Ireland
- New Zealand
- South Africa
- Singapore
- United Kingdom
- US Virgin Islands
- United States of America
- The following Caribbean Islands:
 - Antigua and Barbuda
 - Bahamas
 - Barbados
 - Grenada
 - Jamaica
 - St Vincent
 - Grenadines
 - St Lucia
 - St Kitts and Nevis
 - Dominica
 - Anguilla
 - Trinidad and Tobago

SECTION 5: Clinical references

You must provide the names and addresses of two referees, who are willing (have already consented) to provide clinical references relating to two recent posts (one of which will usually be a current post) each of which lasted at least three months (continuous period) without a significant break, or where this is not possible, a full explanation as to why that is the case and the names and addresses of two alternative referees. For example; Where posts have been of shorter duration or you have worked as a locum in a number of casual posts, you may include a referee from a frequently-held, recurrent post.

Referees must be registered clinical practitioners.

Referee 1	
Name	
Address	
Telephone number	
Email address	
Relationship/capacity known	
Length of time known	

Referee 2	
Name	
Address	
Telephone number	
Email address	
Relationship/capacity known	
Length of time known	

SECTION 6: Additional information

Please provide any other information that NHS England may reasonably require to determine your application

A large, empty rectangular box with a thin blue border, intended for the applicant to provide additional information. The box is currently blank.

Please continue any of the above information on a separate sheet if necessary.

SECTION 7: Declarations – The NHS (Performers Lists) (England) Regulations 2013

In accordance with regulation 4, sub-paragraph 5 of the NHS (Performers Lists) (England) Regulations 2013 performers are required to make a declaration with their application.

If you answer yes against any of the statements below performers must provide an explanation of the facts giving rise to that matter, including those concerned, relevant dates and any outcome. Please note that answering 'yes' to one or more of these questions does not automatically preclude an applicant from being included in the national performers list(s) or being included in the national performers lists with conditions.

The Rehabilitation of Offenders Act 1974 and The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 do not apply for the purpose of this declaration. Offences considered "spent" under that Act must be declared.

Please complete the declaration below:

	Yes	No
a) Do you have a criminal conviction in the United Kingdom, including one in respect of which you have been bound over		
(b) Have you ever accepted a police caution in the United Kingdom		
(c) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995(c) (fixed penalty: conditional offer by procurator fiscal) or a compensation offer under section 302A of that Act(d) (compensation offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992(a) (penalty as alternative to prosecution)		
(d) Are you, in proceedings in Scotland for an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 (admonition and absolute discharge)(b) discharging you absolutely		
(e) Have you been convicted elsewhere of an offence which would constitute a criminal offence if committed in England and Wales		
(f) Are you currently the subject of any proceedings (which includes arrest, charge or bail) which might lead to a conviction		

	Yes	No					
(g) Have you ever been the subject of any investigation by any regulatory or other body which included an adverse finding							
(h) Are you currently the subject of any investigation by any regulatory or other body							
(i) Are you involved in an inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984(c)							
(j) Have you ever been the subject of any investigation by the NHS Business Services Authority in relation to fraud which included an adverse finding							
(k) Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud							
(l) Are you the subject of any investigation by the holder of any list which might lead to your removal from the list							
(m) Are you the subject of any investigation in respect of any current or previous employment							
(n) Have you ever been the subject of any investigation in respect of any current or previous employment which included an adverse finding							
(o) Have you ever been removed or you are currently suspended from, or have you been refused inclusion in or included subject to conditions in, any list							
(p) Are you, or have you ever been, subject to a national disqualification							
Name: (please print)							
Signature:							
Professional registration number:							
Date: (DD/MM/YYYY)							

SECTION 7: Declarations – The NHS (Performers Lists) (England) Regulations 2013 (continued) Only to be completed if applicant has in the preceding six months been, or was at the time of the originating event, a director of a body corporate

In accordance with regulation 4, sub-paragraph 7 of the NHS (Performers Lists) (England) Regulations 2013 if a performer is, has in the preceding six months been, or was at the time of the originating event, a director of a body corporate, the performer must make a declaration as set out below in respect of the body corporate:-

If you answer yes against any of the statements below performers must provide the name of the registered office of the body corporate in question and an explanation of the facts giving rise to that matter, including those concerned, relevant dates and any outcome.

Originating events are the events that gave rise to the conviction, investigation, proceedings, suspension, refusal to admit, conditional inclusion, removal or contingent removal took place

Please complete the declaration below.

	Yes	No
(a) Do you have a criminal conviction in the United Kingdom		
(b) Have you ever been convicted elsewhere of an offence, which would constitute a criminal offence if committed in England and Wales		
(c) Are you currently the subject of any proceedings (which include a charge) which might lead to a conviction		
(d) Have you ever been the subject of any investigation by any regulatory or other body which included a finding adverse to the body corporate		
(e) Are you currently the subject of any investigation by any regulatory or other body		
(f) Have you ever been the subject of any investigation by the NHS Business Services Authority in relation to fraud which included a finding adverse to the body corporate		

	Yes	No
(g) Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud		
(h) Are you currently the subject of any investigation by the holder of any list which might lead to the body corporates removal from that list		
(i) Have you ever been removed or are you currently suspended from, or have you been refused inclusion in or included subject to conditions in, any list		
(j) Are you currently, or have you ever been, subject to a national disqualification		
Name: (please print)		
Signature:		
Professional registration number:		
Date: (DD/MM/YYYY)		

SECTION 8: Undertakings

I am a GP registrar or dental foundation trainee undertaking vocational/foundation training.

I undertake:

- Not to perform any primary care services, except when acting for and under the direction of my approved trainer
- To withdraw from the performers list if I fail to complete my vocational/foundation training
- To provide on completion of my training, satisfactory evidence to NHS England that I have completed my training

Name: (please print)							
Signature:							
Professional registration number:							
Date: (DD/MM/YYYY)							

I am a qualified practitioner and agree to provide the following undertakings, required by Regulation 4, sub-paragraph 3 of the NHS (Performers Lists) (England) Regulations 2013.

I agree to:

- Provide any declaration or document required by Regulation 9; (See Annex A)
- Notify NHS England within seven days of any material change to the information provided in the application, whether such change occurs before NHS England's determination of the performer's application or subsequently;
- Maintain an appropriate indemnity arrangement which provides cover in respect of liabilities that may be incurred in carrying out work as a performer at all times and to provide evidence of such an indemnity arrangement to NHS England on request;
- Notify the NHS England if I am included, or if I apply to be included, in any other list;

- Co-operate with an assessment by the NHS Litigation Authority where appropriate and when requested to do so by NHS England; and
- Participate in any appraisal system established by NHS England.

Note: Type 1 and Type 2 armed forces GPs are not required to participate in any appraisal system established by NHS England. Type 1 armed forces GPs are required to provide a copy of their annual appraisal by the Ministry of Defence or armed forces relating to their provision of medical services as a Type 1 GP. Type 2 armed forces GPs are required to provide NHS England with a copy of their annual appraisal in line with Regulation 4, sub-paragraph 4 of the NHS (Performers Lists) (England) Regulations 2013

And I declare that:

- I am in good health and know of no health issues which could impact on my performance
- I am fully registered with my professional registration body with a licence to practise in the name shown at the beginning of this form (Doctors and OMPs only)
- The information given in this application form, including any continuation sheets, is true and complete
- I will provide the declarations and documents, if applicable, as required by Regulations.
- I will inform NHS England within 28 days if I change my contact address and private telephone number and any change in my employment arrangements or name (e.g. as a result of change in marital status)
- I declare that I have completed an occupational health questionnaire from an NHS or SEQOHS accredited provider and I will comply with advice from a SEQOHS

And I consent to NHS England:

- requesting from any employer, former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, information relating to a current investigation, or an investigation, where the outcome was adverse, by that employer or body regarding myself or any body corporate of which I am or was a director and to the disclosure of such information by that person or body;
- using my DBS on line details to verify there has been no change to my CRB status;
- disclosing information in accordance with Regulation 9.

- disclosing information to NHS England in relation to my appraisal and revalidation history which includes release of appraisal and revalidation documentation.

I understand that my failure to comply with the requirements outlined in this declaration that I have agreed to abide by may result in conditions being placed upon my name on NHS England’s performers list(s) or may result in removal of my name from the list(s).

Name: (please print)									
Signature:									
Professional registration number:									
Date: (DD/MM/YYYY)									

SECTION 9: Occupational health clearance certificate

Medical and dental performers applying for inclusion in the relevant national performers lists are required to provide an occupational health clearance certificate from an NHS occupational health provider or from a Safe Effective Quality Occupational Health Service (SEQOHS) accredited occupational health provider. The exception being a Memorandum of Understanding for Occupational Health Clearance for UK Dental School graduates applying for entry onto NHS England's National Performers List

The clearance will cover the services the performer shall provide or could be reasonably expected to provide as a performer and will demonstrate their suitability for inclusion in NHS England's performers list.

Occupational Health assessment and clearance is not ordinarily required for applicants to the ophthalmic performers list, however assessment may be appropriate if an extended level of care is commissioned. This section will need review when this is decided.

Employers are also expected to carry out their own checks to assure themselves that their performers are fit to perform their duties.

Please use the look up function on page one to find your local NHS England team who will be able to give you more details about local SEQOHS, if required.

Annex A

Regulation 9, requirements with which a practitioner included in a performers list must comply (extract from the NHS (Performers Lists) (England) 2013):

1. Where a practitioner is included in a performers list, the Practitioner must comply with the requirements applicable to the Practitioner under this regulation.
2. The practitioner must make a declaration to the Board if the Practitioner
 - a. is convicted of a criminal offence in the United Kingdom;
 - b. is bound over following a criminal conviction in the United Kingdom;
 - c. accepts a police caution in the United Kingdom;
 - d. has accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or a compensation offer under section 302A of that Act (compensation offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution);
 - e. has, in proceedings in Scotland for an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 (admonition and absolute discharge) discharging the Practitioner absolutely;
 - f. is convicted elsewhere of an offence which would constitute a criminal offence if committed in England and Wales;
 - g. is charged in the United Kingdom with a criminal offence, or is charged elsewhere with an offence which, if committed in England and Wales, would constitute a criminal offence;
 - h. is involved in any inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984;
 - i. is informed by any regulatory or other body of the outcome of any investigation which includes a finding adverse to the Practitioner;
 - j. becomes the subject of any investigation by any regulatory or other body;
 - k. becomes the subject of any investigation in respect of any current or previous employment, or is informed of the outcome of any such investigation which includes a finding adverse to the Practitioner;
 - l. becomes the subject of any investigation by the NHS Business Services Authority in relation to fraud, or is informed of the outcome of such an investigation which includes a finding adverse to the Practitioner;

- m. becomes the subject of any investigation by the holder of any list which could lead to the Practitioner's removal from the list;
 - n. is removed or suspended from, refused inclusion in, or included subject to conditions in, any list; or
 - o. becomes subject to a national disqualification.
3. A declaration regarding any matter under paragraph (2) is to be in writing, given within 7 days of its occurrence and is to include
- a. an explanation of the facts giving rise to that matter, including those concerned, relevant dates and any outcome; and
 - b. copies of any relevant documents.
4. A Practitioner must make a declaration to the Board if the Practitioner is, has in the preceding six months been, or was at the time of the originating event, a director of a body corporate that
- a. is convicted of a criminal offence in the United Kingdom;
 - b. is convicted elsewhere of an offence, which would constitute a criminal offence if committed in England and Wales;
 - c. is charged in the United Kingdom with a criminal offence, or is charged elsewhere with an offence which, if committed in England and Wales, would constitute a criminal offence;
 - d. is informed by any regulatory or other body of the outcome of any investigation which includes a finding adverse to the body corporate;
 - e. becomes the subject of any investigation by any regulatory or other body;
 - f. becomes the subject of any investigation in relation to fraud, or is informed of the outcome of any such investigation, which includes a finding adverse to the body corporate;
 - g. becomes the subject of any investigation by the holder of any list which might lead to its removal from that list;
 - h. is removed or suspended from, refused inclusion in, or included subject to conditions in, any list;
 - i. is involved in an inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984; or
 - j. becomes subject to a national disqualification.

5. A declaration regarding any matter under paragraph (4) is to be in writing, given within 7 days of its occurrence and is to include
 - a. the name and registered address of the body corporate;
 - b. an explanation of the facts giving rise to that matter, including those concerned, relevant dates and any outcome; and
 - c. copies of any relevant documents.
6. Where it appears to the Board that it may assist its consideration of any declaration made under paragraph (2) or (4) to do so, the Board may request further information from—
 - a. any current or former employer of the Practitioner;
 - b. any body corporate;
 - c. the holder of any list;
 - d. any regulatory or other body, involved in the matter which is the subject of the declaration.
7. Where the Board has made a request under paragraph (6), the Practitioner must consent to the provision of information in response to that request.
8. Where the Board reasonably requests it, a Practitioner must supply the Board with an enhanced criminal record certificate under section 113B of the Police Act 1997 (enhanced criminal record certificates)(a) which includes suitability information relating to children and suitability information relating to vulnerable adults under sections 113BA (suitability information relating to children) and 113BB (suitability information relating to vulnerable adults) of that Act respectively(b).
9. A Practitioner must comply with any undertaking given pursuant to the Practitioner's application for inclusion in any performers list, any performers list held by a Primary Care Trust prior to the transfer date or any list from which the Practitioner has been transferred pursuant to the Schedules to the National Health Service (Performers Lists) Amendment Regulations 2005(c) or the National Health Service (Performers Lists) Amendment and Transitional Provisions Regulations 2008(d).
10. A Practitioner must:
 - a. participate in any appraisal system established by the Board; and
 - b. if any appraisal under that system is not conducted by the Board, send the Board a copy of a statement summarising that appraisal.

This is subject to paragraph (11).

11. Paragraph (10) does not apply in the case of a Type 1 armed forces GP, but a Type 1 armed forces GP is to give an undertaking to provide the Board with a copy of any annual appraisal of the Practitioner relating to the Practitioner's provision of medical services as a Type 1 GP.
12. A Practitioner must comply with any conditions imposed by the Board or the First-tier Tribunal on the Practitioner's inclusion in the performers list under regulation 10, 11, 12, 16 or 17.