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Policy for managing applications to join the England performers lists

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Brief summary of the changes since the previous published version:

Updated to reflect the changes to the way dentists who are not exempt from undertaking foundation training are assessed to join the Performers List. Removal of the references to Performers List by Equivalence Scheme (PLVE)

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Policy Statement

This document sets out the processes which must be followed by NHS England Regional teams when considering applications from primary care medical, dental, ophthalmic and ophthalmic medical practitioners to join the NHS England Performers List (PL).

Scope

This document relates to the consideration of applications from medical, dental, ophthalmic and ophthalmic medical practitioners applying to join NHS England's PL, and reflects NHS England's powers as set out in the National Health Service (Performers Lists) (England) Regulations 2013, as amended.

This document sets out the processes which must be followed for considering applications and decision making for:

- Inclusion to the PL. NB: excluding General Practitioner Registrars (GPRs)
- Agreement terms and probationary status flag¹
- Inclusion with conditions (Regulation 10 (1) (a))
- Refusals (Regulation 7)
- Defer (Regulation 8)
- Readmission (Regulation 6)

to be undertaken by NHS England's regional teams.

The term 'performer' is used throughout this document to mean the medical, dental, ophthalmic or ophthalmic medical practitioners included on the PL for the provision of NHS primary care services. Where the Performers List Regulations (PLR) are quoted, the term 'Practitioner' is used.

When the term 'Medical Director' is used, this means either the Medical Director System Improvement and Professional Standards (MD SIPS) or a member of staff with delegated authority from the MD SIPS.

This document does not cover the following, which are set out in separate documents:

¹ Applicants requiring educational or clinical support to refresh their skills and/or induct them into NHS primary care services may be included on the Performers List. Their status will reflect that they are included on the List and a 'Probationary Flag' will be visible. This denotes that the Performer has agreed to work towards completion of a personal plan known as an Agreement Term which will remain in place until the Agreement Term has been satisfactorily completed. The Agreement Terms provide an alternative to the imposition of conditions where appropriate.

- the process by which teams identify, manage and support primary care performers where concerns arise;
- the application of NHS England's powers to manage suspension, imposition of conditions and removal from the PL;
- NHS England's responsibilities in relation to assessing and paying suspension payments;
- managing inclusion on the list for GPRs. The Performers List Advice Notice (PLAN) 13 sets out the interim arrangements for managing the inclusion onto the list of GPRs [Appendix B].

In addition, readers of this policy should be aware that independent contractors may also be employed. In this event, independent contractors will be required to comply with the human resources policies, include recruitment and disciplinary arrangements, applicable to that organisation. This does not fall within the scope of this document; however, employers and NHS England should be aware of the need to ensure the sharing of information between both parties where appropriate.

Overview of the Performers List/statutory responsibility

NHS England is responsible for assuring itself that primary care providers deliver safe and effective care to patients. Providers are required to enter into a contract for services with the NHS and within the terms of their contract, they are required to ensure that any general medical practitioner (GP), general dental practitioner (GDP), ophthalmic practitioner (Optometrist) or ophthalmic medical practitioner (OMP) working under the terms of the contract is included on the relevant England PL and is not suspended from that list.

The NHS (Performers Lists) (England) Regulations 2013, as amended (the Regulations) set out the statutory framework for managing inclusion onto each of the three Performers Lists in respect of GPs, GDPs, optometrists and OMPs. The Regulations also provide the statutory framework associated with the imposition of conditions, suspension or removal from the list. The purpose of the assessment for inclusion is to assure NHS England that the performer is not only fit to practice (included on the professional register) but fit for purpose (suitable to perform primary care services).

NHS England is the custodian of the England Lists and the MD SIPS in each region have responsibility for managing performers included on the list within their own geographical area. MD SIPS are accountable to the Regional Medical Director (RMD) who in turn are professionally accountable to the National Medical Director.

The Professional Standards Oversight Group (PSOG) has responsibility for the oversight and assurance to NHS England's Board and its membership is drawn from the national and regional medical directors. The Professional Standards Delivery Group (PSDG) membership is drawn from the national professional standards team and the regional professional standards teams and has responsibility for developing and delivering the professional standards and performers lists workstreams. It reports to the PSOG.

Roles and Responsibilities

The role of the Medical Director

The MD SIPS role encompasses responsibility for the management of the PL in accordance with the PLR and this NHS England policy. This responsibility covers GPs, GDPs, Optometrists and OMPs included on the PL.

Roles and responsibilities of the decision making and support structures

NHS England has agreed that Performers Lists Decision Panels (PLDPs) will be convened at a local level to support independent and robust decision making within each of the NHS England regions. The primary role of the PLDP is to make decisions under the PLR, including inclusion with conditions or refusal.

If action is considered to be necessary under the PLR, only the PLDP has delegated authority to take this action. Members of the PLDP must take account of any potential conflict of interest or perception of bias and NHS England officers must take this into account when convening panels to consider each case.

The PLDP terms of reference are set out in the Framework for Managing Performer Concerns.

The MD SIPS, or nominated deputy, is responsible for ensuring that each application is properly assessed against the requirements of the PLR and against this policy.

The MD SIPS is responsible for ensuring that clinical governance arrangements are established to identify issues relating to fitness for purpose and/or practise. Where assessment of the application reveals information of note or identifies concerns, the application must be considered by the PLDP for a decision as to whether to include, include with probationary status and agreement terms, or impose conditions, refuse or defer the application.

Any issues related to the delivery of the contract are considered under the terms of the contract under separate governance processes.

Roles and responsibilities of management staff

The roles, responsibilities and scheme of delegation of members of staff responsible for the management of the Performers List are set out in the Framework for Managing Performer Concerns.

Within the context of the present policy, the role of the Performers List Decision Panel is to:

- consider applications of note; and hear any representation from the applicant if requested to do so;
- make decisions about inclusion of the applicant based on the information and evidence before them; and
- give reasons for decisions and facts relied upon.

The Panel is confined to making decisions based on the information before it. Its remit does not extend to the oversight or continuous management of the case beyond the Panel making its decision. This responsibility is conferred on the MD SIPS or delegated officer.

Managing applications to join the Performers List

NHS England is responsible for ensuring that all applications for inclusion onto the PL are managed in a fair, open and consistent manner. The NHS (Performers Lists) (England) Regulations 2013, as amended set out the regulatory requirements that applicants and NHS England must comply with. In addition, NHS England requires some additional checks to assure commissioners and patients that performers are safe to practice. A summary of the statutory and NHS England policy requirements is set out in Table 1 below. Applications for inclusion on the list are only accepted via Primary Care Support England (PCSE) Online.

Table 1

Application Requirements	Performers List Regulations	NHS England Requirements	Med.	Den.	Ophthal.	Decisions and Grounds for Refusal
Name	Y – Reg 4(2)(a)		Y	Y	Y	
Gender	Y – Reg 4(2)(b)		Y	Y	Y	
D.O.B	Y – Reg 4(2)(c)		Y	Y	Y	
Residential Address	Y – Reg 4(2)(d)		Y	Y	Y	
Telephone Number	Y – Reg 4(2)(d)		Y	Y	Y	
CV	Y – Reg 4(2)(e)		Y	Y	Y	
Evidence of registration with the relevant regulatory body	Y – Reg 4(1)(a-c)		Y	Y	Y	
References	Y – Reg 4(2)(f)		Y	Y	Y	Y – May refuse under Reg 7(2)(f)
Appraisal, if available	Y – Reg 4(2)(g)		Y	Y	Y	
Appropriate Indemnity ²	Y – Reg 4(2)(h)		CNSGP	Y	Y	
DBS	Y – Reg 4(2)(m)		Y	Y	Y	
English Language	Y – Reg 7(4)(b)	Y	Y	Y	Y	Y – Must refuse Reg 7(4)(b)
Photographic Evidence of Identity		Y	Y	Y	Y	
Evidence of qualification translated to English where required		Y	Y	Y	Y	
Occupational Health ³⁴		Y	N	Y	N	
Basic Life Support		Y	N	Y	N	
PL Regs Undertakings	Y – Reg 4(3) (a-f)		Y	Y	Y	
Counter Fraud	Y – Reg 5(1)(b)		Y	Y	Y	Y – May refuse under Reg 7(2)(d)
NHSLA Check -past or current investigations	Y – Reg 5(1)(c)		Y	Y	Y	Y – May refuse under Reg (7)(2)(f)
Intention to work in primary care/perform the services	Y – Reg 7(4)(a)		Y	Y	Y	Y – Must refuse under Reg 7(4)(a)
Employment offer, if available		Y	Y	Y	Y	
Police Check Applicants who cannot provide UK residency details for last five years must also include with their application: A police check to identify any possible criminal activity the applicant may have been involved in while outside of the UK – this is required for all countries the applicant has been resident in their absence from the UK during the five years before application to the list.		Y	Y	Y	Y	

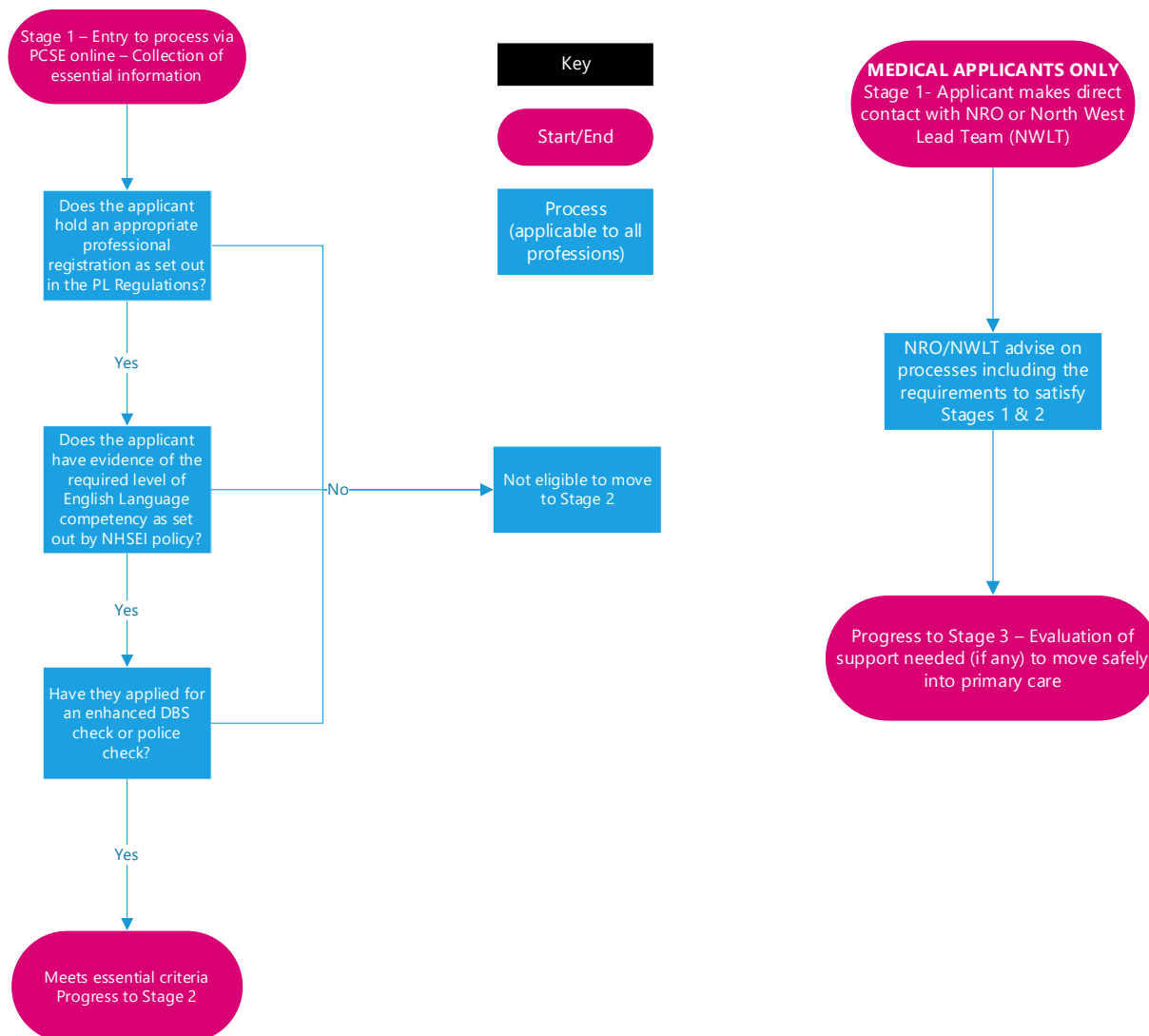
² Some tasks undertaken by GPs are not covered by the CNSGP scheme and it is therefore advisable for GP performers undertaking those tasks to have appropriate personal indemnity cover; however, this is not a requirement of the PL.

³ This may be included as part of an Agreement Term if required

⁴ This may be included as part of an Agreement Term

This policy sets out in a series of stages the processes which must be followed by regional teams in considering any application to join the PL.

Stage 1: Collection of Essential Information (PCSE)



Evidence of appropriate professional registration, as set out in the Performers List Regulations 4 and 5

As follows:

Medical practitioners – General Medical Council (GMC) registration with a licence to practise and inclusion on the GMC GP register (unless a GPR). Regulation 4(1)(a)

Dental practitioners – General Dental Council (GDC) registration. Regulation 4(1)(b)

Ophthalmic practitioners – General Optical Council (GOC) full registration unless a student in their pre-registration year, in which case they may apply for inclusion up to a maximum

of three months prior to the expected date of successful completion of their pre-registration year. Regulation 4(1)(c)

Ophthalmic Medical practitioners – GMC registration with a licence to practise, and approval from the Ophthalmic Qualifications Committee.

Evidence of the required level of English language competence

In order to be competent and fit to practice independently in England within a primary care setting, performers need to be able to demonstrate adequate command of the English language in order for NHS England to be assured that they can practise safely.

It is NHS England policy that the required level of English language competence for admission to the Performers List is the same as that required by the relevant regulator, i.e. the GMC, GDC or GOC. An applicant's inclusion on the relevant register is not evidence of English language competency in itself. The applicant will be required to provide direct evidence of meeting the regulator's English language competence standard which is in force at the point at which an application is made to join the Performers List.

The requirements of each of the regulators can be found here:

GMC: [Evidence of your knowledge of English - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/education/initial_qualification/evidence_of_your_knowledge_of_english.aspx)

GDC: [English language controls \(gdc-uk.org\)](https://www.gdc-uk.org/education/initial_qualification/english_language_controls.aspx)

GOC: [International optometrists \(optical.org\)](https://www.optical.org/education/initial_qualification/international_optometrists.aspx)

In circumstances where there is a concern or query regarding an applicant's English language proficiency and the applicant cannot demonstrate evidence of their English language proficiency through the IELTS/OET⁵ test, or references, the MD SIPS or delegate should meet with the applicant to seek assurance that the applicant can communicate effectively with those officers. If the MD SIPS or delegate is not assured of the applicant's ability to communicate with them, the applicant will be required to undertake IELTS/OET testing, the cost of which must be borne by the applicant.

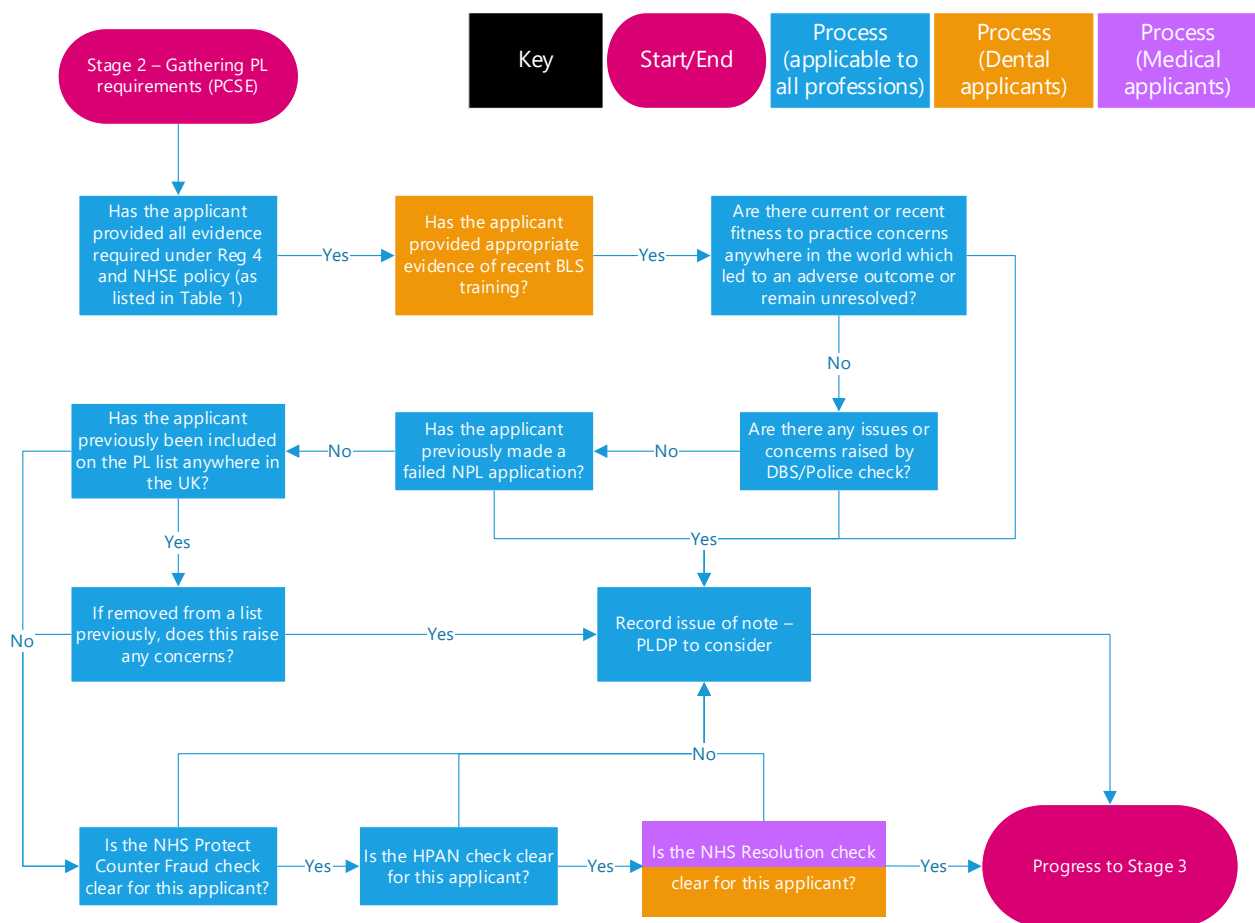
Regional Teams are reminded that under 7(4)(b) of the Regulations, NHS England **must refuse** to include a performer on a PL where 'it is not satisfied that the Practitioner has sufficient knowledge of the English language necessary for the work which those included on that performers list perform'.

⁵ OET for Medical applicants only

Enhanced Disclosure and Barring Service (DBS) check (or Police Check where DBS is not available)

The applicant must have applied either for an enhanced DBS check if they are in or have previously been living in the UK or a police check covering the five years prior to application if they are coming to the UK from abroad. Applicants who are unable to apply for a DBS check until they have entered the UK must undertake (either as part of their Probationary Agreement Terms or as a condition on inclusion) to apply for an enhanced DBS check as soon after their arrival in the UK as practicable.

Stage 2: Gathering Performer List requirements (PCSE)



Photographic Proof of Identity

The applicant must provide a copy of their current passport or an alternative acceptable form of photographic identity as defined on the DBS website [ID checking guidelines for standard/enhanced DBS check applications from 1 July 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/id-checking-guidelines-for-standard-enhanced-dbs-check-applications)

Structured References

The applicant must provide details of two referees who have agreed to provide clinical references for current or recent posts. If a referee is based outside the UK, applicants must also provide evidence of the referee's professional registration. Where this is not possible, the applicant must provide a full explanation as to why this is the case, for example, a newly-qualified Ophthalmic Practitioner who has had only one clinical supervisor in practice. References will be requested by PCSE on a structured reference form, a copy of which can be found in the PL Resources Repository.

Statement of Intention to work in Primary Care in England

The applicant must state where they intend to work, in accordance with Regulation 7(4)(a) If they have an employment offer, a copy of that offer must be uploaded when making the application to join the list.

Scope of Work

The Performers List does not record scope of work. However, all performers have a professional responsibility to work within their competence and if at any point they intend to increase their scope, they should take steps to seek appropriate support if required.

Dental only: Evidence of recent Basic Life Support (BLS) training

Dental applicants must provide evidence of recent (within the last 12 months) hands-on Basic or Advanced Life Support training in accordance with UK Resuscitation Council guidelines: [2021 Resuscitation Guidelines | Resuscitation Council UK](#)

Stage 3: Evaluation of application to establish if any support is needed to move safely into Primary Care (NHS England)

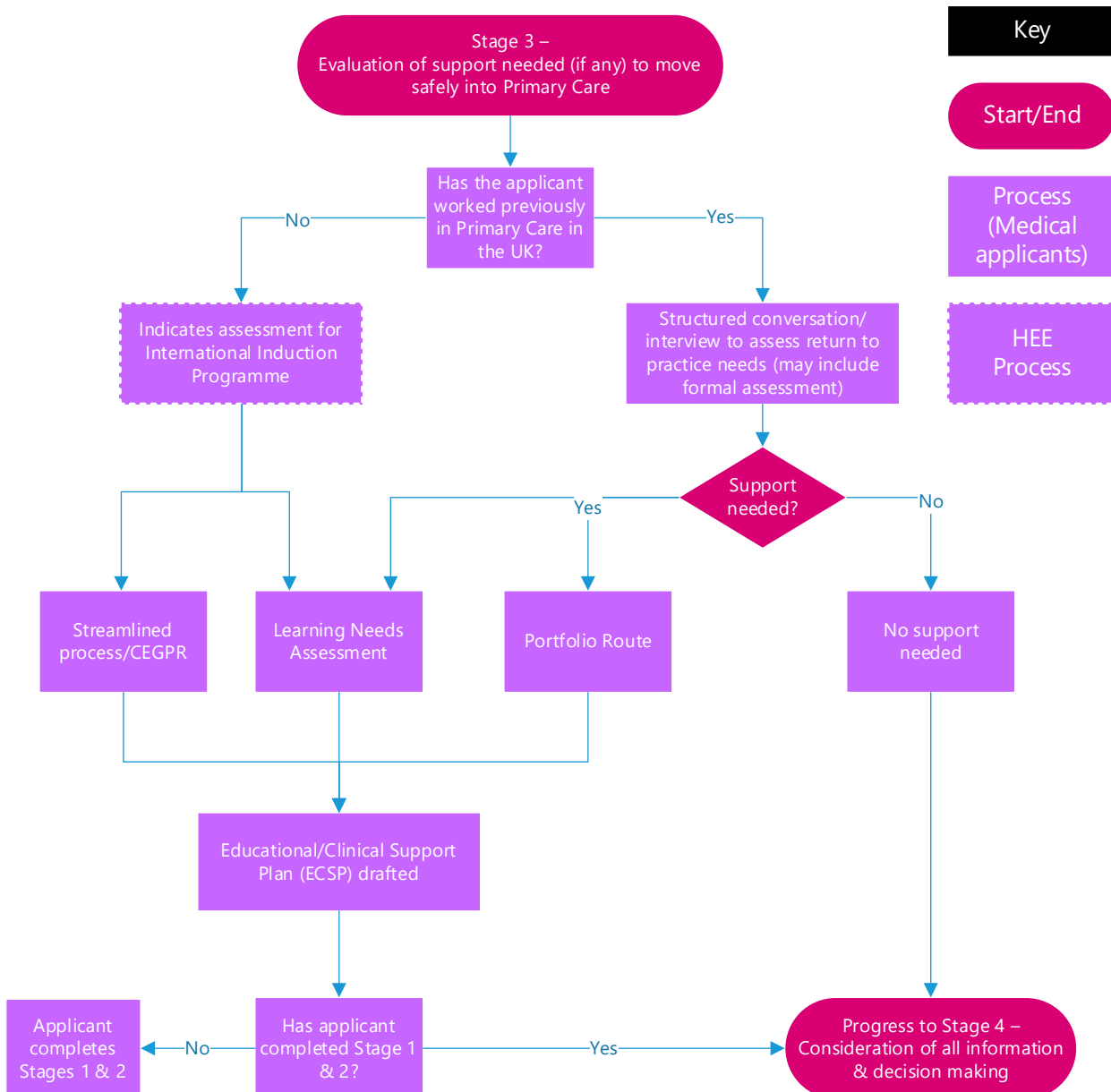
Once all the required information has been submitted via PCSE online, the application passes to NHS England's regional Professional Standards team for the region in which the applicant intends to work. The Professional Standards team and a discipline-specific Clinical Adviser must review the application and all supporting documentation.

The purpose of this stage of the application process is to undertake an evaluation to establish if the applicant requires any support to enable them to move safely into primary care. This enables appropriate support to be identified and provided that is tailored to the specific circumstances of the individual applicant. This process aims to reduce perceived barriers to joining or returning to practice in primary care by providing appropriate support

when it is needed, but not putting in requirements where a risk-based assessment indicates they are not needed.

Where an applicant presents with educational/clinical support needs only, NHS England may offer the applicant the opportunity to be included on the List with a probationary flag whilst they satisfactorily undertake the actions to support the identified needs. This arrangement is referred to as an Agreement Term.

A. Medical Applicants



The first stage of the evaluation is to establish whether the applicant has worked previously in primary care in the UK. If they have not, they should be directed to the HEE International Induction Programme (IIP) as set out below.

GP applicants who have previously worked in primary care in the UK are required to meet with a clinical adviser, who will engage in a structured conversation with the applicant (face-to-face or virtually) to assess whether the applicant may need an Educational/Clinical Support Plan (ECSP). If this is the case, the applicant will be referred to HEE for a decision to be made about engaging in the Return to Practice Programme (RtP) as set out below. If the clinical adviser confirms that in their opinion the applicant does not need any form of support, the application moves to stage 4 at this point.

Guidance on the format of the structured conversation can be found at Appendix C. In summary, the conversation should take into account the length of absence from NHS primary care, experience obtained prior to their absence from primary care, the reason for their absence, whether any relevant practice or CPD was undertaken during that period, evidence of keeping up to date; any other relevant factors, e.g. health needs, and any self-assessed learning needs or specific request for support. A sample risk assessment matrix which may be helpful for the structured conversation can be found in the PL Resources Repository.

GP International Induction Programme (IIP)

The NHS GP IIP provides a supported pathway for overseas-qualified GPs to be inducted safely into NHS general practice. The programme is designed for GPs who have never previously worked in NHS general practice in the UK.

The IIP must be completed before GPs can be recommended for full inclusion on the Medical Performers List (MPL).

GP Return to Practice Programme (RtP)

The NHS GP RtP provides a safe supported pathway for qualified GPs to return to NHS general practice after a period of absence.

It is designed for GPs who have previously been on the GMC GP register and NHS England's MPL and would like to return to general practice after a career break, raising a family, working abroad or absence for another reason.

NHS England's Medical Directors need to be assured that all doctors included on NHS England's MPL are suitable to be included on the list. Referral to the RtP scheme will be considered for any doctor wishing to join the list where a personalised risk-based assessment (taking into account their previous experience, length of absence from general practice, whether they have been undertaking clinical work elsewhere during their absence, and other relevant factors) suggests that a period of adaptation/refresher support may be necessary.

Applications to the list from potential candidates for the IIP or RtP

It is recognised that some flexibility is required to attract GPs to work in England without unnecessary barriers. There are therefore two points of entry for application to the list by international applicants and returners, as follows:

1. International applicants and returners can contact the GP National Recruitment Office (NRO) to explore what they need to do in order to be included on the MPL. They will then be linked to the HEE Programme Lead for the area in which they intend to work and if appropriate, will be signposted to a range of learning materials and permitted to access a Learning Needs Assessment (LNA) (Multiple Choice Question (MCQ) tests and/or Simulated Surgery) alongside making an application to join the list. They will be supported to make their application to the list via PCSE Online by a case manager from NHS England's lead team for IIP and RtP, which is based in the North West region. It is recognised and accepted that some applicants may be assessed by this route but may not make an application to join the list.
2. International applicants and returners may also begin the process by making an application to the list via PCSE Online, and at stage 3 of the application process will be identified as likely to need IIP or RtP support, in which case they will be transferred to the North West lead team to be referred to the NRO and for a structured conversation with HEE to determine what assessment is required and for access to learning materials and the LNA (MCQ test and/or Simulated Surgery) as needed.

Process once applicants are referred to the IIP and RtP Lead Team in the North West Region

Following the LNA (MCQ Test and/or Simulated Surgery) as required, it may be deemed that the applicant does not require Induction or Returner support, in which case their application will be returned to the NHS England regional team for the region in which they wish to work ('home region') for routine processing. During consideration of the application, should the home region need to, they may refer to HEE to understand the reasons that Induction or Returner support is not recommended.

If any form of Induction or Returner support is deemed necessary, an ECSP will be developed for the doctor by NHS England with input from HEE, and a set of Agreement Terms for inclusion with a probationary flag on the MPL will be drafted. The Agreement Terms process is described on page 24.

NHS England has a bank of standard requirements which can be used to populate the terms of the Agreement. Teams are not constrained to using solely the bank and they may specify any enhanced support arrangements, provided these are tailored to the needs of the applicant.

Once these stages have been concluded, the application and all the supporting documentation, including the outcome of the LNA and proposed ECSP will be passed by the North West lead team to the home region for a decision on inclusion on the list. This documentation will include the application within PCSE Online and all other documentation in the PL case management system.

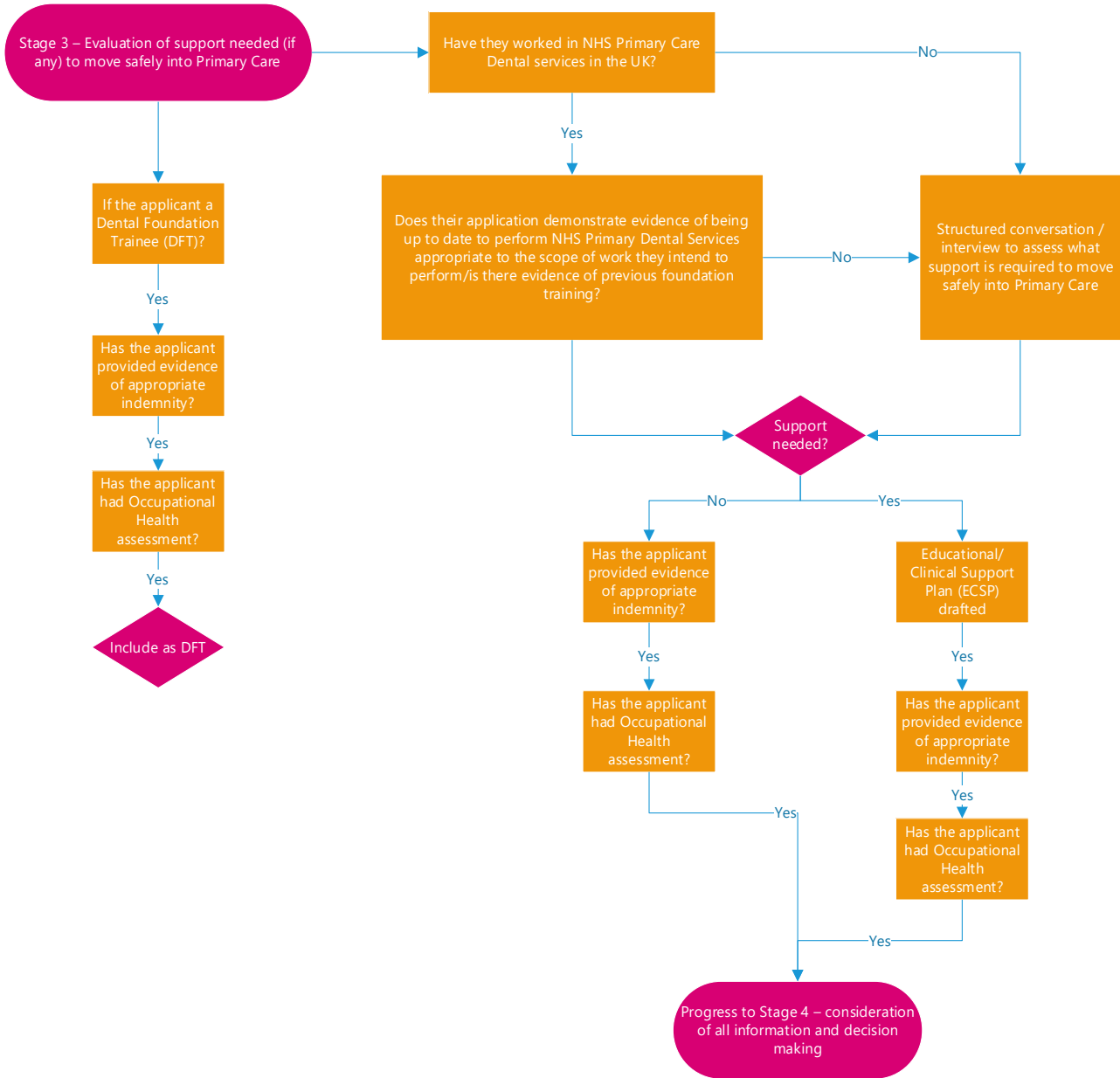
If the doctor is offered inclusion with a probationary flag and accepts the Agreement Terms, they will be admitted to the list with a probationary flag whilst they complete the IIP or RtP and fulfil the requirements of the Agreement Terms. In addition, all GPs that have undergone IIP or RtP will be advised to have their first GP appraisal within six months of entry to the PL.

During the programme the home region working with their local HEE will ensure that there is an appropriate approved learning environment for any placement.

Should any concerns be raised during the period of the programme, the MD SIPS of the home region where the doctor is working will be responsible for ensuring the satisfactory resolution of the concerns raised.

For further details relating to these programmes, see [GP International Induction Programme \(2021\) \(hee.nhs.uk\)](#) and [GP Return to Practice Scheme \(2021\) \(hee.nhs.uk\)](#)

B. Dental Applicants



The first stage of the evaluation is to establish whether the applicant has worked previously in NHS primary dental services in the UK.

All applicants must have a structured conversation with a dental clinical adviser the applicant (face-to-face or virtually) to assess whether the applicant is up to date to perform NHS primary dental services appropriate to the scope of work they intend to perform, or whether they need induction and an ECSP in order to work safely in primary care. If support is needed, an ECSP is drawn up. A sample plan can be found in the Resources Repository.

For applicants who are not exempted from undertaking foundation training, the structured conversation will be conducted jointly by an NHS England Dental Advisor and a representative of the Post-graduate Dental Deans. If learning or support needs are identified, an educational/clinical support plan (ECSP) will be drawn up jointly by the Dental Advisor and representative of the Dental Deans and offered to the applicant using Agreement Terms to enable the applicant to practice under the terms set out in the Agreement. The Agreement will set out how success against the terms will be monitored and the process to be followed if for whatever reason the agreement terms are not satisfactorily completed. Until any amendment to the Regulations is enacted, the assessment of equivalence will be linked to the requirement of the ECSP and will be used to bring forward evidence of equivalence at the end of the Agreement Term period.

Automatic recognition of EEA/Swiss dental qualifications

Regulation 14 of the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019 provides for the 24-month standstill period from the end of the transition period (31 December 2020). During this period, dental qualifications obtained in the European Economic Area (EEA) and Switzerland continue to be automatically recognised (N.B. Swiss qualifications will be recognised for 48 months). The regulation places a duty on the Secretary of State for Health and Social Care to carry out a statutory review of these arrangements after the 24-month period. The review will be conducted at the start of 2023. Automatic recognition of qualifications will continue unless and until further legislation is introduced to amend or end these arrangements. If these arrangements do end, further guidance will be issued as to any implications for inclusion on the Performers List of EEA and Swiss-qualified applicants.

Applicants who are in an approved Dental Foundation Training Scheme must provide evidence of appropriate indemnity and occupational health clearance (including clearance to perform exposure-prone procedures), and their application will normally progress to stage 4 at this point, for inclusion on the list as a Dental Foundation Trainee (DFT). There is a three-month grace period from the start of Foundation Training during which the DFT

can work whilst their application to join the list is under consideration, in accordance with Regulations 4, 31 and 33. At the end of Foundation Training candidates must produce a certificate to demonstrate satisfactory completion of the Foundation Training programme, which releases them from the undertakings under the PLR to work with an approved trainer.

For all other applicants who have previously worked in primary care in the UK, a dental clinical adviser must hold a structured conversation with the applicant (face-to-face or virtually) to assess whether the applicant is up to date to perform NHS primary dental services appropriate to the scope of work they intend to perform. This assessment will identify whether the applicant requires an ECSP to be drawn up to enable them to work safely in primary care.

If the clinical adviser confirms that in their opinion the applicant does not need any form of support, the application moves to stage 4. If the clinical adviser advises that support is needed, an ECSP is drawn up at this point. A sample plan can be found in the Resources Repository.

Guidance on the format of the structured conversation can be found at Appendix C. In summary, the conversation should take into account the length of absence from NHS primary care, experience obtained prior to their absence from primary care, the reason for their absence, whether any relevant practice or CPD was undertaken during that period, evidence of keeping up to date; any other relevant factors, e.g. health needs, and any self-assessed learning needs or specific request for support. A sample risk assessment matrix which may be helpful for the structured conversation can be found in the PL Resources Repository.

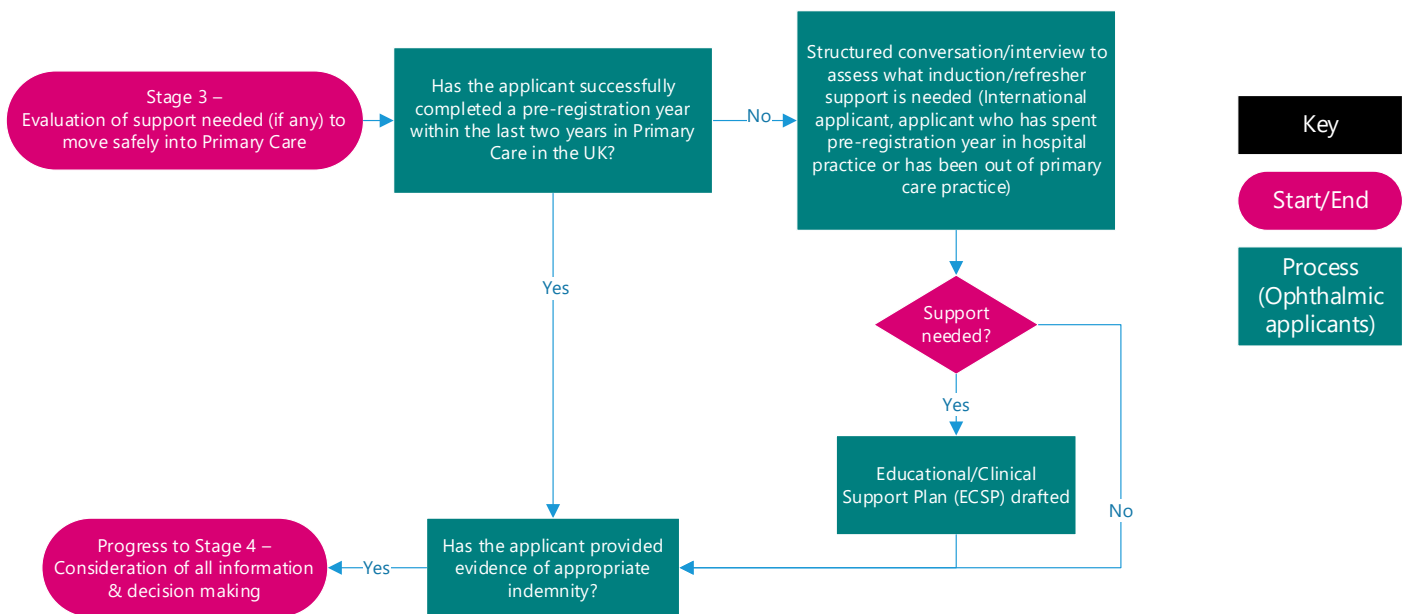
Occupational Health

All applicants to the English Dental Performers List (DPL) are required to undertake an occupational health assessment to provide them with clearance to work within the NHS. The assessment should be made by an NHS Occupational Health provider or SEQOHS accredited provider. As Exposure Prone Procedures form part of everyday work, GDP applicants will need to evidence 'additional health clearance' to this standard.

Indemnity

All applicants to the DPL are required to show evidence of indemnity or insurance cover appropriate to the scope of work they intend to perform.

C. Ophthalmic Applicants



Optometrists are permitted to apply for inclusion to the English Ophthalmic Performers List (OPL) up to a maximum of three months prior to the expected date of successful completion of their pre-registration year and some may await completion of their exams before applying. This means that though qualified and legally permitted to carry out private eye examinations, they may not perform NHS sight tests until they are included on the OPL.

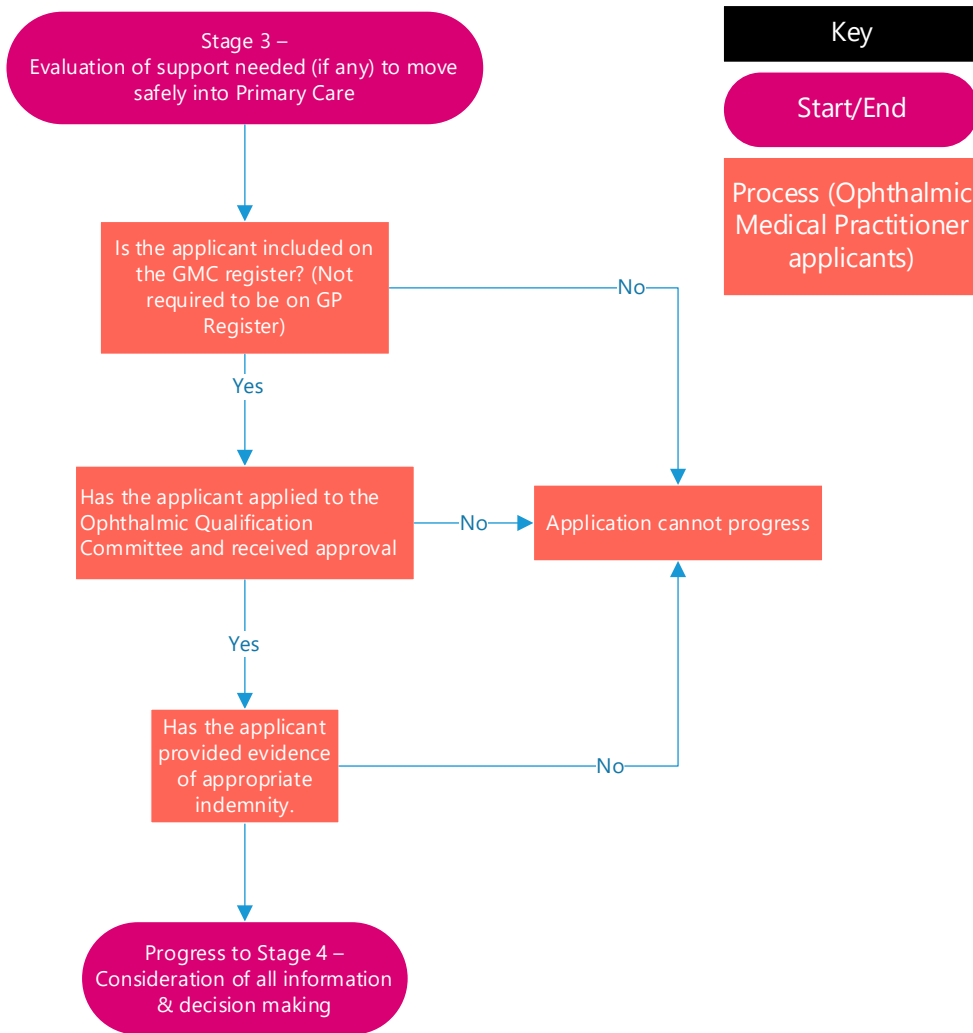
Applicants applying during the final three months of or on completion of their pre-registration year must show evidence of indemnity or insurance cover appropriate for the scope of work they intend to perform in primary care. Their application would normally progress to stage 4 at this point. An application may be considered ahead of full GOC registration to enable NHS England to comply with the decision making it is required to make within seven days of the full application being made available (Regulation 39(7)).

For applicants who are not applying on completion of their pre-registration year (including international applicants, applicants who have been out of primary care practice or pre-registration applicants whose pre-registration year has been entirely in non-primary care practice) an ophthalmic clinical adviser must hold a structured conversation with the applicant (face-to-face or virtually) to assess whether the applicant is up to date to perform the NHS sight test or whether they may need an ECSP in order to work safely in primary care.

If the clinical adviser confirms that in their opinion the applicant does not need any form of support, the application then moves to stage 4. If the clinical adviser advises that support is needed, an ECSP will be drawn up. A sample plan can be found in the Resource Repository.

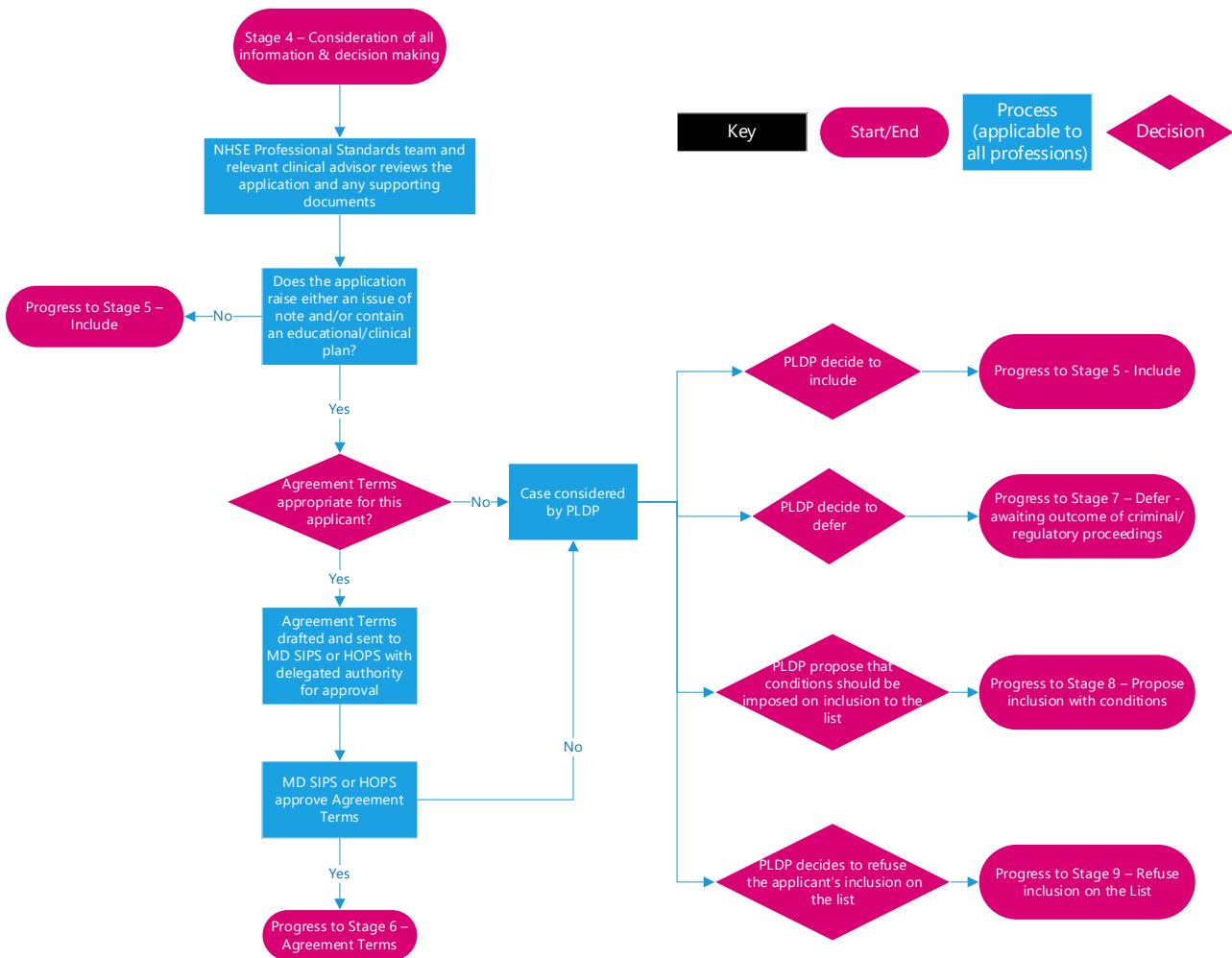
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D. Ophthalmic Medical Practitioners



Applications from OMPs wishing to perform NHS services in primary care are considered under a similar route to Optometrists with the exception that the professional registration is with the GMC rather than the GOC. In addition, a prerequisite to the application for the PL is evidence that the OMP has been approved by the Ophthalmic Qualification Committee. All applicants to the OPL must show evidence of indemnity or insurance cover appropriate to the scope of work they intend to perform in primary care.

Stage 4: Consideration of all information (NHS England)

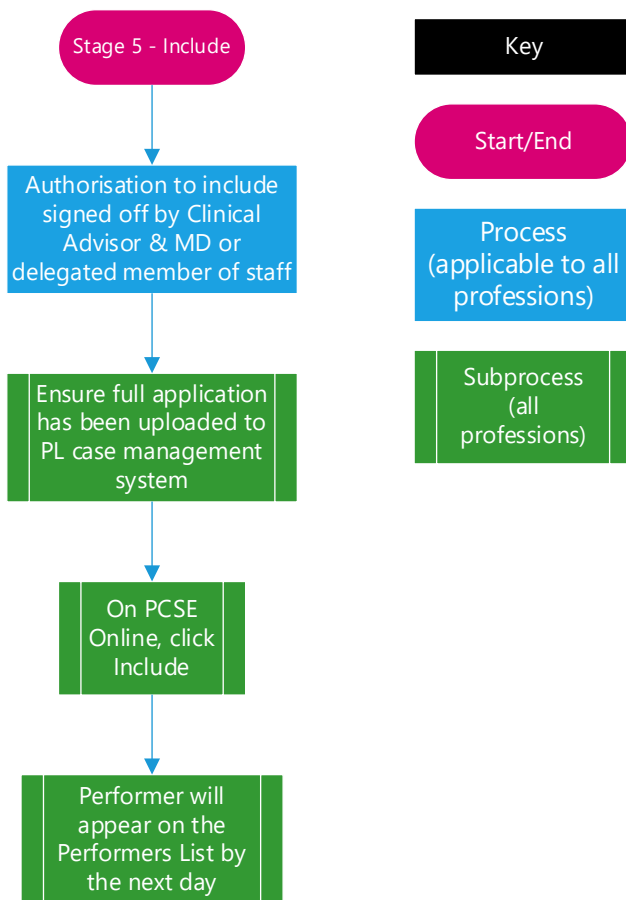


If there are no issues of note and an ECSP is not required, the application moves to Stage 5: Inclusion.

If an ECSP is required but there are no other issues of note, then the application is suitable for Agreement Terms. The Medical Director System Improvement and Professional Standards (MD SIPS) or staff member with delegated responsibility approves the application to proceed to Stage 6: Agreement Terms and Probationary Flag.

If there are issues of note, the application is referred to a PLDP for a decision. The decision may be either Inclusion (Stage 5), Agreement Terms (Stage 6), Defer (Stage 7), Include with Conditions (Stage 8) or Refuse (Stage 9).

Stage 5: Inclusion (NHS England)



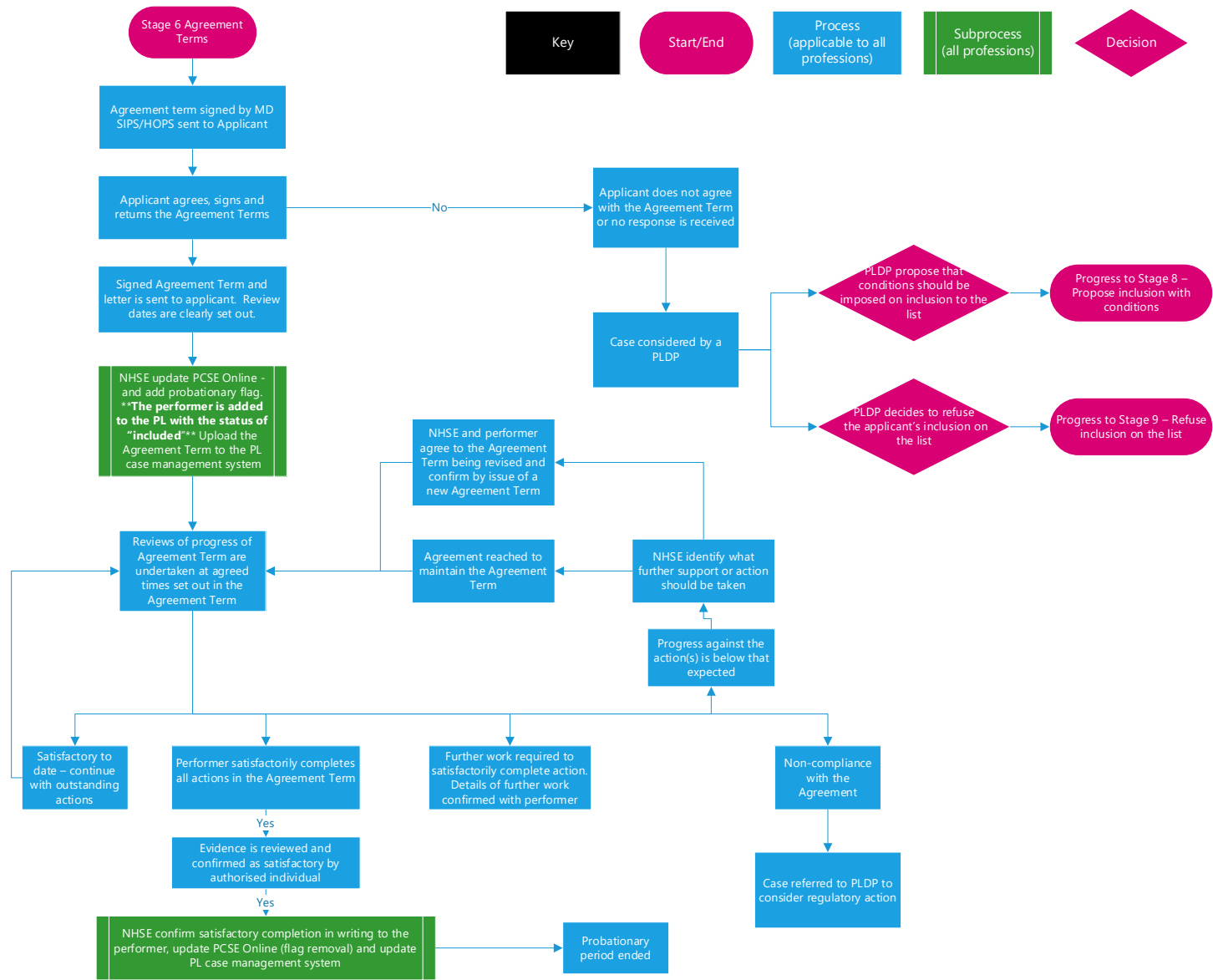
Where a decision has been taken to include an applicant on the PL, this must be approved by a Clinical Adviser and by the MD SIPS or member of staff with delegated authority to do so.

The full application and all supporting documents must be uploaded to the PL case management system.

The applicant's entry on PCSE Online should be updated to 'include'. Their name should appear as a performer on the list on the list the following day.

For inclusion with conditions see Stage 8 below.

Stage 6: Agreement Terms (NHS England)



Summary of when Agreement Terms and Probationary Flag are to be used

1. Applicants who meet the following requirements may be included on the PL without the necessity to invoke Regulation 10(1)(a) when:
 1. All criteria set out in Stages 1 and 2 are met and there are **no** issues of note arising from any of the information submitted in accordance with Regulation 4, and considered by NHS England in accordance with Regulation 5; and
 2. The progression through Stage 3 has identified that the applicant requires an ECSP as part of their induction into working within the primary care setting; and
 3. The regional NHS England MD SIPS or colleague with delegated authority to make the decision agrees with the ECSP recommended by HEE (where applicable) or the Clinical Advisor; and
 4. An Agreement Term has been drafted that reflects the ECSP is agreed and signed by both NHS England and the performer.
 5. A 'Probationary Flag' is applied to the performer's record both on PCSE Online and the PL case management system whilst the performer works to successfully complete the requirements set out in the Agreement Terms.

Process to be applied when offering Agreement Terms and Probationary period (applicant agrees)

2. NHS England must follow the procedure set out:
 1. The case manager will confirm in writing to the applicant [see Appendix D] that the criterion set out in 1.1 – 1.3 has been met and that following their professional discussion with HEE and/or the Clinical Adviser, that an ECSP has been developed and agreed to support the applicant's safe induction into NHS primary care services.
 2. The Agreement Term will reflect the agreed ECSP and it will set out specifically the actions required of the applicant, including the evidence expected and the review dates. There may be multiple review dates depending on the actions required, and each action should have the review date clearly set out. The Agreement Term will be signed by an NHS England officer with appropriate delegated authority.
 3. The applicant will be invited to agree with the Agreement Terms. An agreement will be conferred when the applicant has returned their signed Agreement Terms. This must be received within 28 days of the date of offer.

4. On receipt of the signed document, NHS England will confirm the applicant's inclusion on the list by:
 - 2.4.1 Approving the application on PCSE Online and adding a probationary flag to the performer record
 - 2.4.2 Creating/updating the PL case management system with the approved status and probationary flag, uploading the signed Agreement Terms and by entering the first review date.
 - 2.4.3 Confirming to the performer that their name has been included on the list and advising them of the first review date and the evidence they are required to submit to provide assurance that they are working within the Agreement Terms.

Process to be applied when the applicant does not agree to the Agreement Terms

3. NHS England must follow the procedure set out:

1. If the applicant:

- 3.1.1 Does not accept the Agreement Terms; or

- 3.1.2 Fails to return a signed Agreement Terms within the 28-day period

the application is to be treated as an 'application of note' and will be referred to the PLDP to confirm that notice should be given in accordance with Regulation 10(2) to impose conditions on initial inclusion as set out in Regulation 10(1)(a).

2. Following the issue of a notice to impose conditions, the decisions open to the PLDP are as prescribed within the PLR and all other consequential regulations must be followed.

Process to be applied when reviewing the performer's progress against the Agreement Terms

4. NHS England must review the performer's progress at agreed intervals as set out in the Agreement Terms. NHS England must inform the performer that they intend to review their progress and provide them with 28 days to submit evidence that they wish NHS England to consider when undertaking the review. The review will give rise to one of four outcomes:
 1. Partially complete
 2. All actions satisfactorily completed as set out in the Agreement Terms
 3. Further work required to satisfactorily complete action(s) (further details to be confirmed with the performer)

4. Non-compliance with the agreement

Process to follow if the outcome of the review is 'Partially Complete'

5. This outcome will occur when there are a series of actions to be achieved with different completion dates. NHS England and/or the performer should review the progress of each action as and when the action has been completed. Reviewing action(s) immediately after the review date falls to both parties to either provide assurance that delivery of the Agreement Terms is on track or provide a timely checkpoint to address any actions that might be needed if the action has not progressed satisfactorily. When a review has been conducted, the case manager must:

1. Within seven days of the review, confirm the outcome and the reason for this to the performer in writing; and
2. If the action has not been completed satisfactorily, notify the performer of what action is required to achieve a satisfactory outcome and the date that the action will next be reviewed.
3. Upload all the evidence and confirmation letter to the performer onto the PL case management system.
4. Amend/add the next review date to the PL case management system.

Process to follow if the outcome of the review is 'Satisfactory completed all actions set out in the Agreement Term'

6. When NHS England is assured that all action(s) set out in the Agreement Terms have been completed satisfactorily, the case manager must:

1. Within seven days of the review confirm the outcome and the reason for this to the performer in writing
2. Remove the probationary flag on PCSE Online
3. Upload all the evidence and confirmation letter to the performer onto the PL case management system
4. Remove the probationary flag on PL case management system.

Process to follow if the outcome of the review of an action is 'Further work required to satisfactorily complete action (further details to be confirmed with the performer) and this is the second time.'

7. If NHS England decides that the performer has not satisfactorily completed the action(s) set out in the Agreement Terms, the case manager will already have notified the performer of what action is required to achieve a satisfactory outcome and provided

a date for a second review of progress to be undertaken. Where evidence of satisfactory completion is reliant on a third party (e.g. a report from a clinical supervisor), care must be taken that the performer is not adversely impacted by any delay in the third party providing the evidence. If following a second review, NHS England decides that the performer has not satisfactorily completed the action (s) set out; the case manager must

1. Within seven days of the review, confirm the outcome and the reason for this to the performer in writing
2. Notify the performer of what action is required to achieve a satisfactory outcome and the date that the action will be next reviewed; and
3. Advise the performer that the case will be referred to a PLDP for consideration as to what further action may be necessary.
4. Upload all the evidence and notification letter to the performer onto the PL case management system.
5. Amend/add the next review date to the PL case management system.

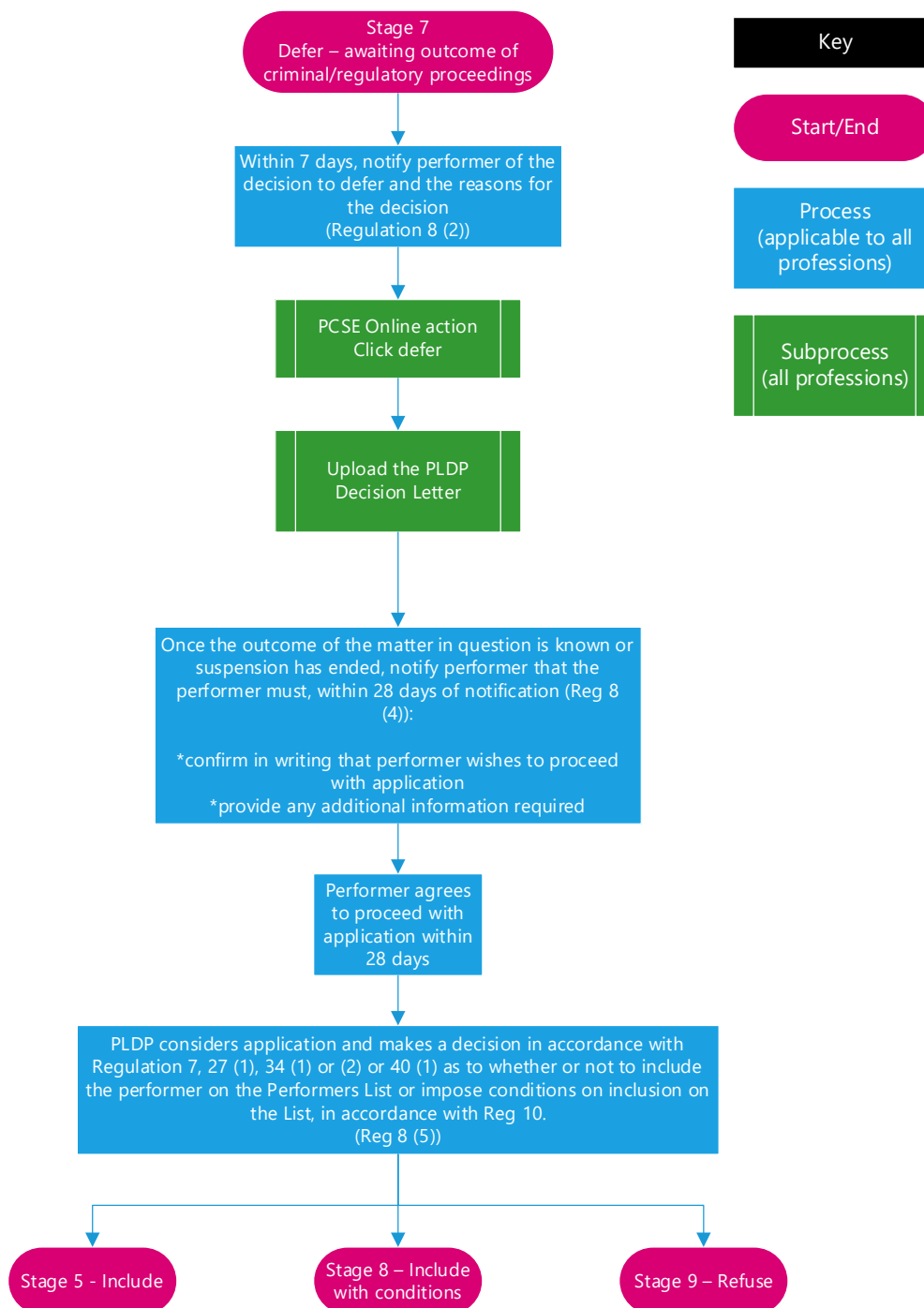
Process to follow if the outcome is that the performer has not complied with the Agreement Terms and/or the third review of an action results in an outcome 'Further work required to satisfactorily complete action (further details to be confirmed with the performer)

8. If NHS England decides that the performer has not complied with the Agreement Term and/or the performer has not presented satisfactory evidence on two previous occasions to demonstrate that they have completed the action satisfactorily, the case manager must:
 1. Within seven days of the review, confirm the outcome and the reason for this to the performer in writing;
 2. Notify the performer that the case will be referred to a PDLP for consideration as to what further action may be necessary.
 3. Upload all the evidence and notification letter to the performer onto the PL case management system.
 4. Update the PL case management system to reflect that the case will be considered by a PLDP.

Cases referred to PLDP for consideration

9. On consideration of the case, the PLDP may decide that no regulatory action is required, and the matter may be referred to the case manager with a recommendation to continue under a revised Agreement Term. If the PLDP decides to invoke the regulations, the Panel and NHS England must follow the governance arrangements set out in the Framework for Managing Performer Concerns and the requirements set out in the PLR.

Stage 7: Defer (NHS England)

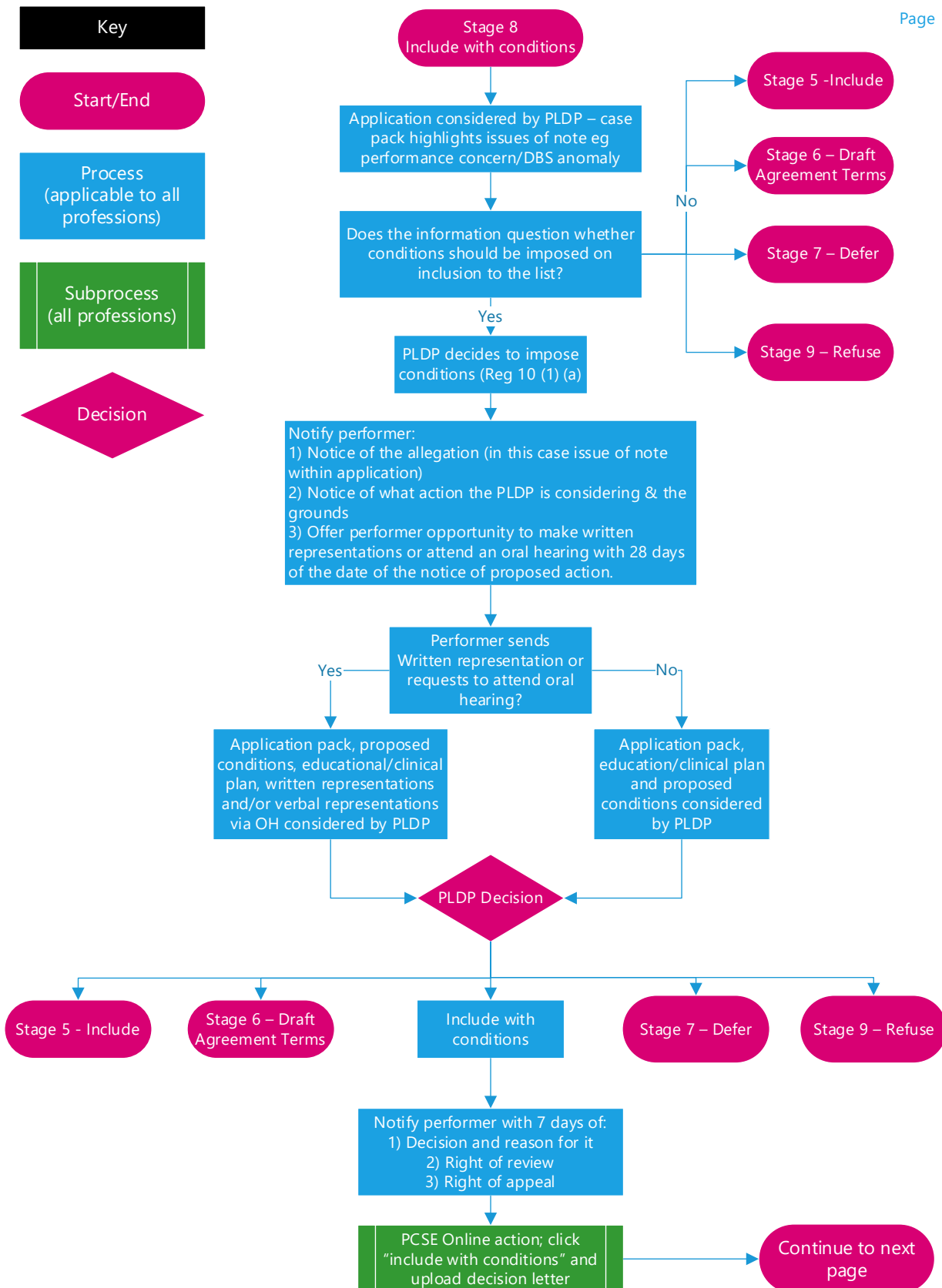


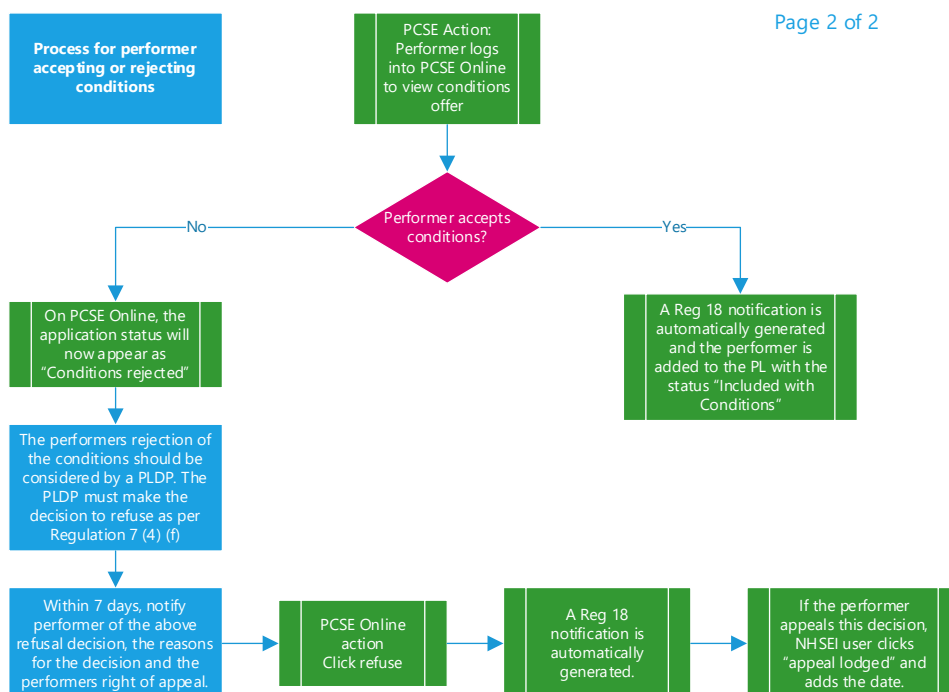
Deferment of decision on application – Regulation 8

NHS England must comply with the requirement set out in Regulation 8.

1. Where an application of note is considered by the PLDP, the PLDP may defer its decision as to whether or not to include where it is awaiting the outcome of proceedings set out in Regulation 8 and within 7 days of making that decision, the applicant must be notified in writing of that decision and the reason(s) for it.
2. Once the outcome of the matter in question is known, or in circumstances where the reasons for the deferment was a suspension, the applicant must be notified that they have 28 days from the date of the notification to confirm in writing that they wish to proceed with their application; and if they wish to proceed to provide any additional information required.
3. If the confirmation to proceed and the additional information is received within the required time, the PLDP must review the application together with the additional information supplied and make a decision to either include; include with conditions, or refuse the application.
4. All decisions must be transacted on PCSE Online and all documentation must be uploaded to the PL case management system.

Stage 8: Include with conditions (NHS England)





Conditions on initial inclusion to a PL – Regulation 10 (1) (a)

NHS England must comply with the requirement set out in Regulation 10.

1. In circumstances where applicants have either

- a. Not agreed with the Agreement Terms; or
- b. Failed to confirm their agreement to the Agreement Terms offered,

the application must be passed to the next available PLDP.

1. The PLDP must assure itself that the process set out in Stage 6 - Agreement Terms has been followed. In the event that they believe the process prescribed has not been followed; the application will be referred back to the case manager for appropriate action to be taken.
2. Where the PLDP is satisfied that the process has been followed; the PLDP must give notice as set out in Regulation 10 (2) that it proposes to impose conditions under Regulation 10 (1) (a). The notice must set out the allegations, notice of what action it is considering and on what grounds; the opportunity to make representation to it within 28 days of the date of the notification and the opportunity for an oral hearing, if so requested within the 28 day period notified.
3. After consideration of any representation made; the PLDP must confirm its decision to the applicant within seven days of the date of the decision.

4. If the PLDP decide to impose conditions; it must notify the applicant of the decision and the reasons for it, including any facts relied upon, any right of review and any right of appeal.
5. If the applicant does not confirm to NHS England that it wishes to accept the conditions and does not provide NHS England with their undertaking to comply with the conditions, NHS England must refuse the applicant inclusion on the list as set out in Stage 9 - Refuse.

2. In circumstances where:

1. There is an issue of note within the application pack and that this issue of note has not arisen because the applicant has either disagreed with the Agreement Terms; or failed to confirm their agreement to the Agreement Terms offered, the PLDP must consider the issue of note and decide if the applicant could be included on the list with or without conditions.
2. The PLDP may make one of three decisions:

Decision 1

If the PLDP decides that the issue of note does not impact on the efficiency of the service, and the applicant has not been assessed as requiring an ECSP, the PLDP can confirm its approval to include on the list without conditions.

Decision 2

If the PLDP decides that the issue of note does not impact on the efficiency of the service and the applicant has been assessed as requiring an ECSP, and the applicant has not previously declined the ECSP, or failed to confirm their acceptance of it. The case can be referred back to the case manager to progress inclusion on the list with a probationary flag with the ECSP set out in an Agreement Term.

Decision 3

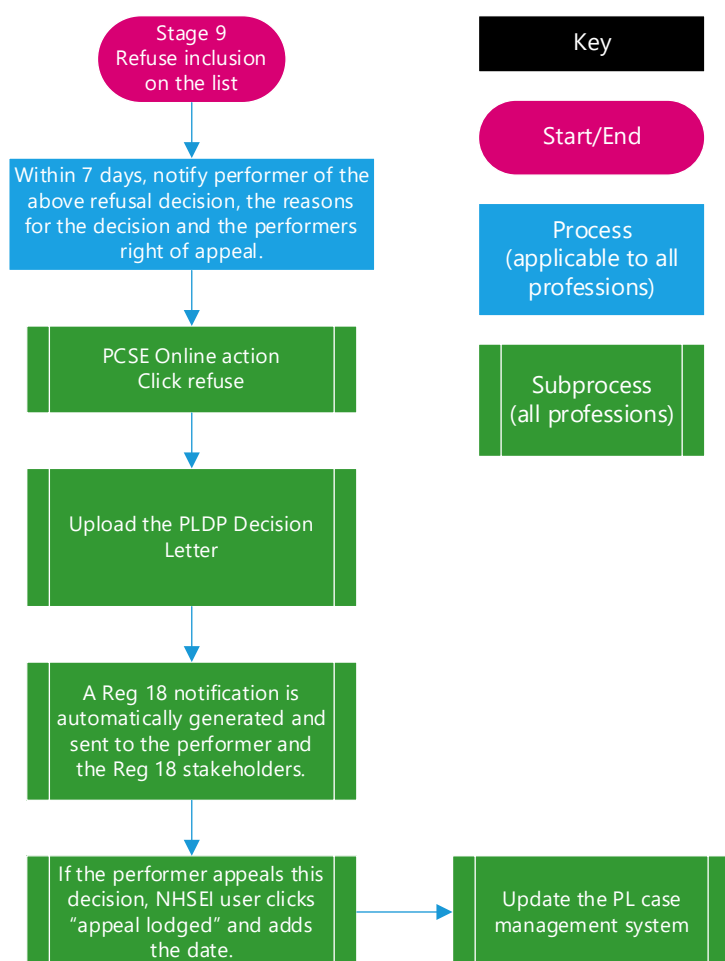
If the PLDP decides that the issue of note impacts on the efficiency of the service, the PLDP must follow the requirements of the PLDP and must give notice as set out in Regulation 10 (2) that it proposes to impose conditions under Regulation 10 (1) (a). If an ECSP has been agreed for the applicant, the PLDP will need to incorporate the ECSP in the conditions drafted. The notice must set out the allegations, notice of what action it is considering and on what grounds; the opportunity to make representation to it within 28 days of the date of the notification and the opportunity for an oral hearing, if so requested within the 28 day period notified.

After consideration of any representation made; the PLDP must confirm its decision to the applicant within seven days of the date of the decision.

If the PLDP decide to impose conditions; it must notify the applicant of the decision and the reasons for it, including any facts relied upon, any right of review and any right of appeal.

If the applicant does not confirm to NHS England that they wish to accept the conditions and does not provide NHS England with their undertaking to comply with the conditions, NHS England must refuse the applicant inclusion on the list as set out in Stage 9: Refuse.

Stage 9: Refuse (NHS England)



Refusal to include the performer inclusion on the List – Regulation 7

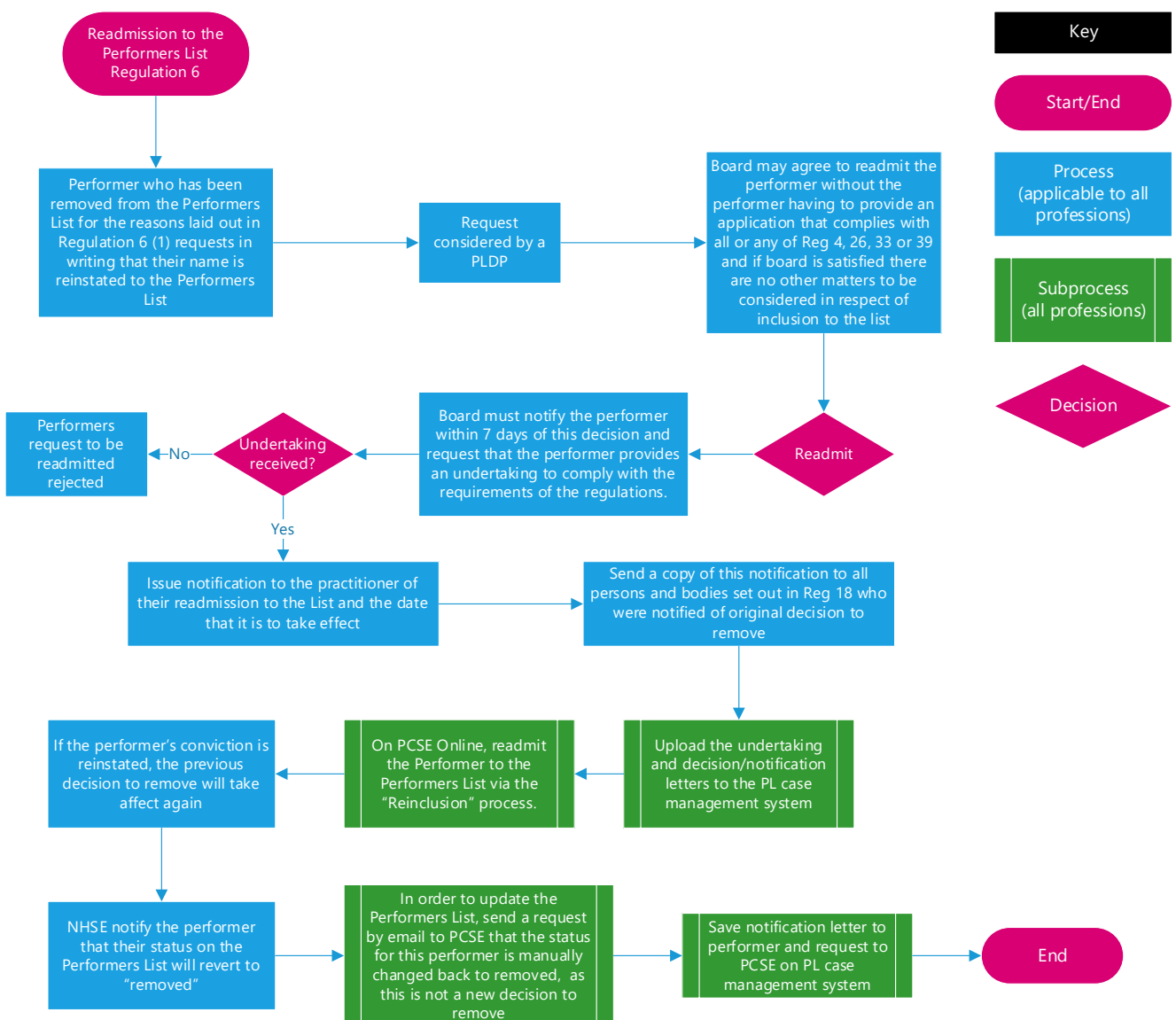
NHS England must comply with the requirement set out in Regulation 7.

1. Where an application of note is considered by the PLDP, and the PLDP is considering refusing the applicant’s inclusion on the PL; it must take into consideration the requirements set out in Regulation 7(2) and 7(3). If it determines that any of the matters set out in Regulation 7(4) are applicable to the applicant,

NHS England must refuse inclusion on the list. This is with the exception of Type 1 armed forces GP where regulation 7(4)(a) does not apply.

- Where a decision to refuse inclusion on the list is made by the PLDP, it must notify the applicant in writing of the decision within seven days and include the reason for the decision, any facts relied upon and set out the applicant’s right of appeal.
- The decision to refuse inclusion must be transacted on PCSE Online, a notification must be sent to persons and bodies set out in Regulation 18 and all documentation must be uploaded to the PL case management system.

Readmission to the Performers List – Regulation 6



NHS England must comply with the requirements set out in Regulation 6.

- Where a performer has been removed from a PL on the grounds that they were convicted of a criminal offence and that conviction is overturned on appeal, if the

performer requests in writing that they wish their name to be returned to the PL, NHS England may decide to do so without the need to comply with the requirements set out in Regulations 4, 26, 33 or 39.

2. Where a performer has requested that their name is returned to the list, it will be for the PLDP to decide whether the performer should be readmitted to the list and in so doing may request any information relating to the matter for consideration before making the decision.
3. If the PLDP decide that the performer may be readmitted to the list, NHS England must notify the performer within seven days and request that the performer provides an undertaking to comply with the requirements of the regulations. The performer will not be readmitted to the list until the undertaking is received.
4. NHS England must issue a notification to the performer confirming their readmission to the list and the date the readmission will take effect. A copy of the notification must be sent to all persons and bodies set out in Regulation 18 that were notified of the original decision to remove.
5. The decision to readmit must be transacted on PCSE Online and all documentation must be uploaded to the PL case management system.
6. If the conviction is reinstated following a further appeal, the previous decision of NHS England to remove the performer from the list will take effect again. NHS England must notify the performer that this is the case, update PCSE Online and all documentation must be uploaded to the PL case management system.

Legal Advice

There may be circumstances where NHS England teams may wish to seek legal advice regarding an application to join the list.

In this event, a legal requisition form must be sent to the central Legal Team and the national professional standards team. Performers List Advice Notice (PLAN) No 4 outlines the procedure to be followed.

The national professional standards team will liaise with the legal team to confirm if a legal opinion is required or to confirm if the query can be resolved from previous legal advice sought or from within the national team. The legal team or national professional standards team will confirm the next steps to the requester.

Where legal opinion is sought, the national professional standards team must be copied into any subsequent request for advice on the case and the legal advice provided to enable the central repository of advice to be updated.

The national team will maintain the central repository, anonymised as appropriate and make this available for all teams to access.

First Tier Tribunal – Regulation 17

In the event that an applicant appeals the decision to refuse inclusion to the list, the applicant may appeal the decision to the Primary Health Lists First Tier Tribunal. The Tribunal may make any decision available to NHS England.

If the performer appeals NHS England's decision to impose conditions on inclusion to the list under Regulation 10(1)(a), the performer must comply with the conditions until the appeal has been disposed of.

Once the appeal has been disposed of; NHS England must follow the regulations and NHS England's policy relevant to the appeal decision.

Following any First Tier Tribunal decision, the status of the performer must be updated on PCSE Online and all associated documentation uploaded to the PL case management system.

Performers List Advice Notice No 3 provides information and guidance relating to internal processes to be followed if an appeal to the First Tier Tribunal is lodged by a practitioner under Regulation 17.

Appendix A: Abbreviations and Acronyms

ARCP	Annual Review of Competence Progression
BLS	Basic Life Support
Days	Calendar days unless working days is specifically stated
DBS	Disclosure and Barring Service
DFT	Dental Foundation Trainee
DPL	Dental Performers List
ECSP	Educational/Clinical Support Plan
EEA	European Economic Area
FTT	First-Tier Tribunal
GDP	General Dental Practitioner
GDC	General Dental Council
GMC	General Medical Council
GOC	General Optical Council
GP	General Practitioner
GPR	General Practitioner Registrars
HEE	Health Education England
IELTS	International English Language Testing System
IIP	International Induction Programme
LNA	Learning Needs Assessment
MCQ	Multiple Choice Question
MD	Medical Director
MD SIPS	Medical Director System Improvement and Professional Standards
MPL	Medical Performers List
MRPQ	Mutual Recognition of Professional Qualifications
National Team	National Professional Standards Team
NRO	National Recruitment Office
OET	Occupational English Test
OMP	Ophthalmic Medical Practitioner
OPL	Ophthalmic Performers List
PAG	Performance Advisory Group
PCSE	Primary Care Support England
PL	Performers List
PLAN	Performers List Advice Notice

PLDP	Performers List Decision Panel
PLR	Performers List Regulations
PSDG	Professional Standards Delivery Group
PSOG	Professional Standards Oversight Group
PL Resources Repository	A bank of resources available for use and adaptation by all Regional Professional Standards Teams, including model Agreement Terms and Conditions
Regional Team	Regional Professional Standards Team
RMD	Regional Medical Director
RtP	Return to Practice Programme

Appendix B: Performers List Advice Notice Information Sheet 13

GP Registrars (GPRs) continued exemption from inclusion in the NHS England

Performers List

PLAN 13 issued 8 June 2021 supersedes PLAN 7 issued 18 June 2020.

Since August 2016, GP Registrars (GPRs) have been included in the NHS England Medical Performers List based on a declaration of suitability from the Head of Schools within Health Education England (HEE). This arrangement was intended to be interim whilst the amendment to the England Performers Lists Regulations removing the requirement for GPRs to be included on the List was enacted, or until Primary Care Support England (PCSE) online went live whichever was the earliest.

Although PCSE online went live in November 2019, PCSE requested time to recruit staff to effectively manage the GPR cohorts. The England Performers Lists Amendment Regulations to remove the requirement for GPRs to be included in the List have yet to be laid before Parliament, however DHSC, HEE and NHS England and NHS Improvement are working together to secure the amendment to the Regulations as soon as is practicable.

Whilst this work progresses, NHS England and NHS Improvement, DHSC, HEE and the GMC have reviewed The National Health Service (Performers Lists) (England) (Coronavirus) (Amendment) Regulations 2020 (Coronavirus Regulations) (<http://www.legislation.gov.uk/ukxi/2020/411/regulation/2/made>) and agree that this legislation exempts GPRs from the requirement to be included in the List when performing primary medical services whilst this legislation remains in place. This exemption arises from the basis that all GPRs are employed by a Lead Employer that is a Designated Body and that their Responsible Officer is the HEE Dean.

NHS England and NHS Improvement has received confirmation from DHSC that the emergency legislation will remain in place throughout the period of the detailed overview of the England Medical Performers List ('EMPL') Regulations.

Action:

NHS England and NHS Improvement to advise relevant organisations of this continued exemption for GPRs.

These information sheets are written on an ad hoc basis and cover issues of relevance to medical directors and their teams responsible for the management of the NHS England Performers List. Issued by Manda Copage, Head of Professional Standards and Primary Care National Performers Lists 8 June 2021

Appendix C: Guidance on holding a structured conversation

Performers List Application Policy: Guidance on holding a structured conversation with an applicant

The guidance below is intended to support NHS England Clinical Advisors to undertake a structured conversation with an applicant to the Medical, Dental or Ophthalmic Performers list for England. In response to a number of drivers, including the GP bureaucracy review, the need to address perceived barriers to working in Primary Care, and some of the learning from the COVID-19 pandemic, NHS England policy has been updated to move away from the previous binary criteria of '24 months and England' as triggering the need for refresher training and/or conditions for applicants joining or re-joining the list to a more bespoke approach whereby appropriate clinical and educational support is tailored to the specific needs of the applicant as required.

The flowcharts within the Policy on Applications to Join the England Performers Lists indicate when a structured conversation is required. Once this has been identified, the following must take place:

- a mutually convenient appointment should be made between the Clinical Adviser and the applicant.
- The meeting should be held face-to-face or by video call technology (e.g. MS Teams, Skype, Zoom)
- The Clinical Adviser must seek assurance of the identity of the applicant before proceeding with the conversation. (Note that this does not replace the formal identity verification check required as part of the application process.)
- An agreement should be made as to whether the conversation should be digitally recorded or not and if the decision to record is made, the governance associated with storing the record must be explained to the applicant and must be in accordance with the corporate policy on managing digital recordings. A written note must in any case be made of the discussion.

The structured conversation is intended to be a supportive and constructive discussion which allows the applicant to explore their learning needs and to express any concerns or support needs, whilst at the same time enabling the Clinical Adviser to make an informed and risk-based assessment as to what clinical or educational support they consider is necessary to enable the applicant to work independently and safely in primary care according to the scope of work they intend to carry out. A risk assessment matrix is available in the PL Resources Repository. The Clinical Adviser may wish to ask the applicant to complete an assessment form (e.g. the ACE form for dentists) if appropriate

prior to the meeting. In any event the risk assessment should be the product of an open discussion between the Clinical Adviser and the applicant.

Suggested areas to cover

- Has the applicant previously been included on a Performers List and if for what period of time were they included on the list – dates from and to.
- What was the primary care setting that the applicant worked in i.e. general/high-street practice, out of hours, walk in centre, military, other?
- What was their scope of work when they last worked in primary care and did that change over time, including an exploration of dates from and to.
- What was their reason for leaving the list?
- What role(s) have they been carrying out since leaving the list and where?
- An exploration of how have they kept up to date since being out of general practice?
- An exploration of any mandatory training undertaken
- An exploration of their last appraisal (if relevant) and what learning needs were identified and the extent to which these have been fulfilled at the time of the conversation
- Has the applicant ever had any restriction on their practice (including suspension) and if so what were they and how were they resolved, or are they still unresolved?
- What scope of work do they intend to carry out when they re-join the list and where? Note that the Performers List does not record scope of work. However, all performers have a professional responsibility to work within their competence and if at any point they increase scope, they should take steps to seek appropriate support if required.
- Does the applicant have any concerns or training/support needs they have themselves identified?
- Is there anything else the applicant wishes NHS England to take into consideration, e.g. occupational health support needs?

Record keeping and decision making

A full record of the discussion signed and dated by the Clinical Adviser must be kept and must be uploaded to the PL case management system with the application. The Clinical Adviser should record clearly which of the following outcomes is appropriate in his/her opinion:

1. Inclusion on the list; or

2. Inclusion on the list with an educational/clinical plan with Agreement Terms and Probationary Flag; or
3. Further assessment is required, e.g. Learning Needs Assessment undertaken by HEE; or
4. There are issues of note or concerns such as to warrant consideration by a PLDP.

Appendix D: Agreement Terms

Suggested covering letter of explanation to applicants when seeking agreement to the Agreement Terms

The Agreement Terms have been drafted by NHS England following an assessment of your educational/clinical support needs. Its purpose is to set out the agreement between the intended parties who facilitate your safe induction to primary care services in England, such that when all aspects of the agreement have been successfully completed, you should feel competent and confident to deliver safe and effective care.

If you agree with the Agreement Terms, a 'probationary flag' will be shown against your inclusion on the list until the terms have been fully satisfied.

NHS England will review your progress at the agreed intervals and will invite feedback from you before confirming whether actions have been successfully concluded or whether further work is needed. The outcome of the review will be confirmed in writing by NHS England within seven working days of the review. Review outcomes are:

1. Partially complete
2. All actions satisfactorily completed as set out in the Agreement Terms
3. Additional work required to satisfactorily complete action(s) (further details to be confirmed with the performer)
4. Non-compliance with the agreement

NHS England's Policy for Managing Applications to Join the England Performers Lists July 2021, sets out how the Agreement Terms will be reviewed, the potential outcomes and how each outcome will be managed.

You are required to confirm your agreement to the Agreement Terms by returning a signed and dated copy within 28 days of the date of this letter. On receipt of your signed agreement, NHS England will confirm your inclusion on the Performers List.

If you do not agree, or you do not return the agreement within the 28 day period, your case will be referred to a Performers List Decision Panel (PLDP) who will be required to provide assurance that the agreed process has been followed and to issue notice under Regulation 10(2) of the proposal to impose conditions on inclusion as set out in Regulation 10(1)(a).

This will give you an opportunity to make representation to a Panel if you do not agree with the Agreement Terms proposed before any decision is reached.

The Terms of the Agreement between XXX and NHS England

This Agreement Terms has been drafted following an assessment by Health Education England/NHS England* (Delete as appropriate) of the educational and clinical support needs of XXXX. Its purpose is to set out the agreement between NHS England and XXX that is intended to facilitate XXX's safe induction to NHS primary care services, such that when all aspects of the agreement have been successfully completed, XXX should feel confident and competent to deliver safe and effective care. During the Agreement Term period, a probationary flag will be shown against XXX's name on the Performers List. NHS England will review XXX's progression through the Agreement at the agreed intervals and it will invite XXX to submit evidence to prior to confirming whether agreed actions have been satisfactorily completed or whether further work is required.

The terms of the Agreement are:

RESTRICTIONS: Whilst this Agreement is in force, the services you provide will be restricted to:

1.	You must not perform any primary medical services, except when acting for and under the supervision of the GP named by the Health Education England XXXXX Director of Postgraduate General Practice Education (or their deputy) for the GP International Induction and Return to Practice Programmes (delete as appropriate)
2.	Xxxxx

ACTIONS -The actions to be completed are:

No	Complete by (mm/yy)	Specific Action	Other parties (individuals/ organisations) involved	To achieve stated objective	Resource(s) required from external party	Evidence required by NHSEI at completion date	Evidenced reviewed and signed off by
1	09/21	Complete https://www.e-lfh.org.uk/enrolment-for-level-3-safeguarding-adults-free-online-course-is-live/	Self-directed learning	Update self to Safeguarding Level 3 requirements	None	Certificate of completion	NHSE MD SIPS/Delegated officer
2	12/21	Satisfactorily completion of placement in XX Practice for 3 sessions per week covering full scope of practice	XX Practice Health Education England	To have exposure to the full scope of general practice within a structured and supported practice environment	I & R bursary details?	Completed Workplace Based Assessment (WPBA)	HEE educational supervisor?

Date of Agreement

Performer name and regulatory number**Signed** **Regulatory number**

NHSEI name **Signed** **Designation**.....

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