

Guidance for medical practitioners tribunals on restoration following voluntary or administrative erasure

Purpose

- 1 This guidance provides medical practitioners tribunals with advice on the approach to be taken in restoration hearings following voluntary or administrative erasure. These hearings are arranged when a doctor's restoration application is referred to the MPTS by GMC case examiners. A referral will be made where, having considered the doctor's application, the GMC case examiners conclude that they are not satisfied the doctor is fit to be restored to the medical register without the matter being considered at a hearing.
- 2 The guidance sets out the key factors to be considered by the tribunal and the test to be applied when deciding if a doctor should be restored to the register. Its aim is to support consistent decision making in line with our overarching objective. This is to protect the public which includes protecting, promoting and maintaining the health, safety and wellbeing of the public, maintaining and promoting confidence in the medical profession and proper professional standards and conduct among doctors.
- 3 Separate [guidance](#) is available on restoration following disciplinary erasure.

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- 4 [Part A](#) provides an overview of the legislative framework, the process followed at restoration hearings and the tribunal's powers in respect of restoration.
- 5 [Part B](#) sets out the approach tribunals should take in restoration hearings following voluntary or administrative erasure. It flags the different factors that tribunals should consider and the importance of considering all three elements of the overarching objective when deciding if the doctor is fit to practise.
- 6 [Part C](#) sets out the tribunal's power to adjourn a restoration hearing to allow for an assessment or further enquiries to be carried out.

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- 10 Unless otherwise stated, references to Rules are to the GMC Fitness to Practise Rules 2004 (as amended) and references to sections are to the provisions of the Medical Act 1983 (as amended).

Part A – Overview of the legislative framework, the process followed at restoration hearings and the tribunal's powers in respect of restoration

- A1** A doctor's name may be erased from the register in the following circumstances*:
- ▶ they apply for, and are granted, voluntary erasure as they no longer require registration
 - ▶ they do not pay their annual retention fee or they fail to maintain an up to date address[†]. This is known as administrative erasure.
 - ▶ they are erased for disciplinary reasons by a medical practitioners tribunal
 - ▶ they do not disclose relevant information about their fitness to practise at the point of registration. If a doctor coming within this category applies for restoration, their application will fall under section 41 of the Medical Act and be treated in the same way as applications from doctors who were erased for disciplinary reasons.
- A2** If a doctor's name has been removed from the register following either voluntary or administrative erasure and they wish to return to practise in the United Kingdom, they must apply for restoration to the Registrar of the GMC.

* A doctor's name can also be erased following a decision by an Assistant Registrar under section 39 that their register entry was incorrectly made or fraudulently procured. However, these doctors are unable to apply for restoration.

[†] Either under fees regulations made under section 32(2) or, in the case of failing to maintain an up to date address, under section 30(5)

- A3** Under the relevant regulations*, the application may be referred to a medical and a lay case examiner if the Registrar is aware of concerns about the doctor's fitness to practise. These can be concerns which were either known about at the point of erasure, have arisen while the doctor was unregistered or were declared by the doctor on their restoration application. Case examiners can grant restoration, refuse it or refer the application to the MPTS for a tribunal hearing.
- A4** The purpose of a restoration hearing is for the tribunal to decide if the doctor is fit to practise and whether it is consistent with our overarching objective to allow the doctor to regain their registration.
- A5** Restoration hearings are held in public unless the tribunal is considering matters relating to the doctor's physical or mental health or the tribunal decides the particular circumstances of the case outweigh the public interest in holding some or all of the proceedings in public.

Procedure at restoration hearings

- A6** The same order of proceedings is followed at restoration hearings regardless of the way in which the doctor's name was removed from the register. Most hearings following voluntary or administrative erasure will involve consideration of new allegations of impaired fitness to practise.
- A7** The GMC's representative will present their submissions first, setting out the background to the case and presenting any relevant evidence regarding the doctor's fitness to practise[†]. In hearings following voluntary or administrative erasure, the GMC's representative will set out the grounds on which the GMC considers the doctor's fitness to practise may be impaired.
- A8** The doctor or their representative will then present their case in favour of restoration. They can submit written documentation and call relevant witnesses to give oral evidence.
- A9** The tribunal will consider the reasons why the application for restoration was referred to it and identify the specific concerns about the doctor's fitness to practise on which submissions should be made by both parties. The restoration application can be granted or refused by the tribunal which will give a single decision that addresses all the issues including its findings on any allegations about the doctor's fitness to practise.

* Either [The General Medical Council \(Voluntary Erasure and Restoration following Voluntary Erasure\) Regulations Order of Council 2004](#) or [The General Medical Council \(Restoration following Administrative Erasure\) Regulations Order of Council 2004](#).

[†] The order of proceedings at a restoration hearing is set out in rule 24(2)

A10 The tribunal can also adjourn the hearing, usually to enable a health, language or performance assessment to be carried out, although the tribunal can also direct any other enquiries it feels are necessary. Further detailed guidance on adjournments is at part C. The tribunal has no power to **restore** a doctor to the medical register with restrictions on their registration; therefore it is not possible to grant restoration with conditions or undertakings.

Part B – Approach to be followed

B1 The test to be applied by tribunals when considering if a doctor should be restored is as follows.

“Having considered all the relevant information presented, is the doctor fit to practise having regard to each of the three elements of the overarching objective?”

The tribunal must be satisfied in the specific circumstances of the case that the doctor is fit to return to unrestricted practice and that restoration meets all three elements of the overarching objective.

B2 The test for restoration will not be met if the tribunal finds the doctor’s fitness to practise to be impaired. A doctor’s fitness to practise may be regarded as ‘impaired’ if a proven concern falls within one of six categories*:

- a** misconduct
- b** deficient professional performance
- c** a conviction or caution in the British Islands for a criminal offence (or if it’s a conviction elsewhere then there is an equivalent criminal offence in England and Wales)
- d** adverse physical or mental health
- e** not having the necessary knowledge of English
- f** a determination by another health regulatory body (in the United Kingdom or elsewhere) that a person’s fitness to practise is impaired

B3 There is no statutory definition of impaired fitness to practise and no specific standard of proof is required for tribunals to find that a doctor’s fitness to

* Section 35C

practise is impaired. The decision is a matter for the tribunal's judgment alone based on the evidence submitted by both the doctor and GMC.

- B4** In restoration hearings following voluntary or administrative erasure where there are concerns raising an issue of impaired fitness to practise, the tribunal should clearly set out its conclusions on facts and impairment together with the reasons for them in its final decision. It is not necessary to issue separate determinations.

Making findings in relation to the doctor's fitness to practise

- B5** As part of their submissions, the GMC will present any evidence about new allegations that have not previously been the subject of a decision by either GMC case examiners or a tribunal. The doctor will have been given notice of the allegations in advance of the hearing and provided with copies of any information or evidence that underpins them. As with other types of proceedings, tribunals should use the civil standard of proof in restoration hearings.

- B6** It is for the GMC to prove on the balance of probabilities any new allegations which call into question the doctor's fitness to practise.

- B7** Tribunals must weigh the evidence carefully to reach a judgment:

- a** firstly on whether the allegations are proved on the balance of probabilities
- b** secondly on whether the doctor's fitness to practise is impaired by reason of those allegations.

The tribunal should invite the parties to make submissions and present evidence on both questions.

- B8** If the tribunal does not find the allegations proved, it is likely to be appropriate to grant restoration as there is no evidential basis on which to conclude the doctor's fitness to practise is impaired. No consideration is subsequently needed of the factors set out below.

Police cautions and criminal convictions

- B9** In some cases, the doctor will have accepted a police caution or been convicted of a criminal offence while unregistered. Tribunals can rely* on a certificate of conviction as conclusive proof that the doctor committed the offence. This is not the case with criminal cautions (although in accepting the

* Under Rule 34(3)

caution the doctor will have admitted committing the offence) and tribunals may need to weigh evidence about their circumstances if these are disputed by the doctor.

B10 When considering if the doctor's fitness to practise is impaired by a caution or conviction, the following factors may be relevant.

- a** The length of time since the caution or conviction. The longer the time that has elapsed, the less likely it is that it will raise an issue of current impairment.
- b** The circumstances of the caution/conviction or any other specific factors which are relevant to the doctor's fitness to practise. These will include the seriousness of the offence together with the nature of any sentence imposed and whether it has been completed.

B11 When considering impairment, the tribunal should also consider the factors outlined below. In particular, it will be important to assess the doctor's insight and any steps they have taken to remediate the concerns raised by their caution or conviction.

Determinations by regulatory bodies including those overseas

B12 In some cases the doctor may have been the subject of a determination by a health and social care regulatory body including those overseas while unregistered. As with convictions, the underlying matters do not need to be proved again* at the hearing.

B13 Factors relevant to the tribunal's consideration of whether the doctor's fitness to practise is impaired by the determination are:

- a** the length of time since it was issued
- b** the precise nature of the concerns about the doctor
- c** whether there is objective evidence that the doctor has demonstrated insight and remediated the concerns identified in the determination such that their fitness to practise is no longer impaired. This could arise from a further determination by the regulator to this effect although the doctor may also provide written evidence about their remediation such as attendance at training courses and completion of a period of supervised practice.

* Under Rule 34(4)

B14 Tribunals should be cautious about allowing restoration where the doctor is the subject of a determination by a regulatory body overseas and has current restrictions on their ability to practise in another country. This would be a strong indication they are not fit to practise without restriction in the UK.

Concerns about the doctor's performance, health or knowledge of English

B15 Where the concerns raising an issue of potential impairment relate to the doctor's performance, health or knowledge of English, the onus will be on the doctor to undergo the relevant assessment. This will usually have been arranged by the GMC before the restoration hearing. The assessment outcome will provide the tribunal with objective evidence of whether the doctor's fitness to practise is impaired.

B16 Rarely, GMC case examiners will refer a restoration application to the MPTS to arrange a medical practitioners tribunal due to a difference of opinion between two health examiners about whether the doctor's fitness to practise is impaired because of adverse physical or mental health. In these circumstances, the tribunal should consider all the available information including any medical evidence provided by the doctor to reach an overall conclusion on impairment. Restoration should be refused if the tribunal is not satisfied the doctor is fit to practise unrestricted.

Allegations of misconduct

B17 With the exception of convictions and determinations, the evidence supporting an allegation that the doctor's fitness to practise is impaired will be untested if it has not previously been the subject of formal findings. For example, while the doctor was not registered:

- ▶ a former patient has made an allegation of inappropriate behaviour during an examination
- ▶ a referral was received from the doctor's former employer detailing allegations of bullying and harassment against colleagues
- ▶ the doctor has posted inappropriate comments about former patients on social media which could lead to their identification

B18 As outlined above, the onus will be on the GMC to prove (on the balance of probabilities) any allegations that have not previously been the subject of a decision by case examiners or a tribunal. While these will be set out in a notice

of allegation, there are no separate fact finding or impairment stages in restoration hearings.

Doctors who have been the subject of previous tribunal findings

- B19** Case examiners will sometimes refer a restoration application from a doctor who took voluntary erasure or was administratively erased while their registration was subject to conditions or an active suspension imposed by a medical practitioners tribunal. They may also refer applications from doctors who had undertakings in place (either agreed with case examiners or a tribunal) at the point of erasure.
- B20** In these circumstances, the tribunal hearing the restoration application will be able to rely on the findings of the previous tribunal and (unless there are new concerns) will not need to weigh evidence to make factual findings.
- B21** The key question will be whether the doctor has demonstrated insight into the original concerns and successfully remediated such that their fitness to practise is no longer impaired and restoration can be granted. In addressing this question, the tribunal should consider the factors set out below.

Factors relevant to impairment

- B22** In addition to the factual matters found proved, the following factors may also be relevant to a tribunal's decision on whether the doctor's fitness to practise is impaired and they can be allowed to return to unrestricted practice:
- ▶ evidence the doctor has insight into the concerns about their fitness to practise and has actively addressed them
 - ▶ the lapse of time since erasure
 - ▶ the steps the doctor has taken to keep their medical knowledge and skills up to date
 - ▶ what the doctor has done since their name was erased from the register.

Evidence the doctor has insight into the concerns about their fitness to practise and has actively addressed them

- B23** It will be important for the tribunal to assess whether the doctor has demonstrated insight into any concerns about their fitness to practise that have been proved on the balance of probabilities. A doctor should have

genuine insight into what went wrong and appreciate what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.

- B24** Evidence of the doctor's current level of insight will be a significant factor for the tribunal in assessing the risk the doctor may repeat their previous misconduct or poor performance.
- B25** Oral evidence from the doctor will generally allow the tribunal to better assess the doctor's level of insight than relying on written statements as the tribunal has the opportunity to ask questions to address specific concerns about the doctor's fitness to practise.
- B26** Tribunals should however be aware that cultural differences and a doctor's circumstances, for example their ill health, could affect how they express insight or how they frame and communicate an apology or regret. They should be aware of, and sensitive to, these issues when assessing whether a doctor has insight.

Insight and remorse

- B27** Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:
- a** considered the concern, understood what went wrong and accepted they should have acted differently
 - b** demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)
 - c** demonstrated empathy for any individual involved, for example by apologising fully (see below)
 - d** taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising (see below).
- B28** The doctor is unlikely to be able to demonstrate genuine insight if they have failed to demonstrate some or all of the factors above, or have only demonstrated them in a limited way.
- B29** Expressing remorse involves the doctor taking responsibility and exhibiting regret for their actions. This could include evidence that the doctor has:
- ▶ been open and honest about and admitted their wrongdoing

- ▶ apologised fully
- ▶ undertaken appropriate remediation.

Remediation and risk of repetition

- B30** Remediation is where a doctor actively addresses concerns about their behaviour, skills, performance or health. Remediation can take a number of forms and, where successful, will weigh in favour of allowing restoration.
- B31** For remediation to be judged successful it must be focused on activities that reduce the level of risk posed to patients, members of the public and to public confidence in the profession from allowing the doctor to return to practice. Efforts to remediate should be driven by the doctor with support from others as appropriate.
- B32** Remediation can take a number of forms, including, but not limited to:
- a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised
 - b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses
 - c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)
 - d evidence of good practice in a similar environment to where the concerns arose.
- B33** When assessing remediation in restoration cases, the tribunal should consider the following questions:
- ▶ Are the proven concerns about the doctor's behaviour, skills, performance or health remediable?
 - ▶ Have the concerns about the doctor's behaviour, skills, performance or health been remedied?
 - ▶ Are the concerns about the doctor's behaviour, skills, or performance likely to be repeated?

Are the proven concerns about the doctor's behaviour, skills, performance or health remediable?

- B34** Some concerns, such as clinical errors, are generally more capable of being remedied than others.
- B35** It can be more difficult to demonstrate sufficient remediation in cases involving serious behaviour such as dishonesty, sexual misconduct, violence or abusive behaviour and unlawful discrimination. This is also true of cases where the doctor's behaviour towards patients, colleagues or other individuals in the workplace suggests underlying problems with their attitude or, in very serious cases involving clinical failings, indicates the doctor is reckless as to the safety of patients.

Have the proven concerns about the doctor's behaviour, skills, performance or health been remedied?

- B36** There isn't a set way to demonstrate remediation; the way in which the doctor can show they have actively addressed the concerns will depend on the specific facts of the case.
- B37** The quality of the steps the doctor has taken to remediate the concerns is key to assessing the impact it has had, or is capable of having. The tribunal should consider whether any remediation undertaken by the doctor is:
- a** relevant - in that the steps taken to remediate have directly addressed the concerns identified
 - b** measurable – in that there is objective evidence available that helps the tribunal understand what has been done and what, if anything, is left to be done, and
 - c** effective - in that there is enough information for the tribunal to see how any learning has been assessed and/or applied by the doctor and its impact or success.
- B38** Remedial steps that have been completed will usually carry greater weight than actions started by a doctor and not yet concluded, or steps identified by a doctor as action they can take in the future.

Are the concerns about the doctor's behaviour, skills, or performance likely to be repeated?

- B39** When considering if it is likely that the established concerns will be repeated, the tribunal will need to consider the extent of the doctor's insight and

whether the steps that have been taken by the doctor to remediate are sufficient to achieve public protection.

- B40** Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:
- a** whether there was a pattern of similar concerns
 - b** the environment in which a doctor has been working while unregistered
 - i.** where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant
 - ii.** where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance
 - c** the circumstances giving rise to the concerns - if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced
 - d** what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again
 - e** whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body
- B41** A low but nonetheless real risk of repetition may be particularly significant where repetition could have a very serious outcome. A low risk of repetition should therefore be carefully distinguished from identifying no risk of repetition.
- B42** When assessing the weight to be attached to remediation, steps started soon after the relevant events will usually carry more weight than those started just before, or at, the time of the doctor's application for restoration.

Overseas practice

B43 If the doctor has been practising overseas, tribunals should carefully consider whether they are in good standing, have provided a certificate to this effect, and if they are able to provide satisfactory references from current and previous employers.

The lapse of time since erasure

B44 The length of time that has elapsed since the doctor was erased may be relevant as the longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge if they have had a lengthy period away from the register.

The steps the doctor has taken to keep their medical knowledge and skills up to date

B45 The relevance of this factor will depend on the length of time the doctor has been off the register which could vary significantly. However, in all cases, the onus is on the doctor to demonstrate they have kept their medical knowledge and skills up to date and are safe to resume unrestricted practice.

B46 Tribunals should evaluate whether the steps the doctor has taken are adequate to allow a return to full practice. Doctors may demonstrate they have maintained their clinical knowledge and skills through:

- ▶ undertaking clinical placements and/or observing clinical consultations
- ▶ attending relevant courses in person
- ▶ overseas practice.

B47 Less weight should usually be given to online courses as these do not generally provide a proper opportunity for a doctor to witness doctor/patient interaction first hand and this can limit their value. However, tribunals will need to consider if there are good reasons why online learning was the best available way for the doctor to keep their knowledge and skills up to date. For example, if health issues or caring responsibilities meant they found it difficult to attend relevant learning in person.

B48 Although the tribunal has the power to direct the doctor to undergo a performance assessment, this will usually only be appropriate where there are specific concerns about a doctor's competence either dating from the point of erasure or arising from new evidence presented at the hearing. A performance assessment should not be directed due to a general concern the doctor's skills and knowledge may have deteriorated due to their time off the register.

B49 Further information about the doctor's registration and revalidation status should they be restored is in part E. This should not be relied on however as assurance of the level of supervision the doctor will have on their return to practice.

What the doctor has done since their name was erased from the register

B50 Again the relevance of this factor will vary depending on how much time has elapsed since erasure. Where the doctor has not been registered for a significant period of time, the tribunal should consider any activities they have undertaken since erasure and whether these are relevant to their current fitness to practise. Examples of things which may have a bearing on the tribunal's decision are:

- ▶ the doctor has obtained employment in a field related to medicine and used it to keep up to date with developments in their specialty
- ▶ the doctor has undertaken research or teaching in a relevant field
- ▶ the doctor has completed a professional or academic qualification such as a PhD, diploma or MSc in a relevant subject*
- ▶ the doctor has written and published articles related to their area of practice in relevant publications.

Will restoration meet the overarching objective?

B51 Having considered the specific concerns about the doctor and the different factors above, the tribunal must make findings in relation to whether the doctor is fit to practise.

B52 The tribunal should then step back and balance its findings against whether restoration will meet our overarching objective. This balancing exercise will involve careful consideration of each of the elements.

* Copies of certificates should be provided

Protecting the public

protect, promote and maintain health, safety and wellbeing

promote and maintain public confidence

promote and maintain professional standards and conduct

- B53** The overarching objective reflects the purpose of the professional regulation of doctors which is to protect the public. Tribunals must act in a way that:
- a** protects, promotes and maintains the health, safety and well-being of the public
 - b** promotes and maintains public confidence in the profession, and
 - c** promotes and maintains proper professional standards and conduct for members of the profession.

Protecting, promoting and maintaining the health, safety and well-being of the public

- B54** In restoration hearings, it will be important for the tribunal to consider any future risk posed by a doctor to patients and members of the public. This will involve an assessment of the seriousness of the proven concerns and whether the doctor is fit to practise unrestricted.
- B55** The doctor's response to the concerns and the levels of insight, remorse and remediation they have demonstrated will be important to the tribunal's assessment of future risk.
- B56** Restoration should not be granted if the tribunal considers there to be a risk the behaviour or performance will be repeated which may result in physical or emotional harm being caused to a patient.
- B57** Where the concerns relate to the doctor's performance, their knowledge of English and/or their health, the tribunal must be satisfied they have fully remediated and there is no longer a risk to patients. If the tribunal is not satisfied the doctor is fit to practise unrestricted, restoration will not be in line with the overarching objective to protect the public.

Promote and maintain public confidence in the profession

- B58** Patients and members of the public must be able to trust doctors with their health, safety and wellbeing. Doctors are expected to act with honesty and integrity to ensure their behaviour justifies that trust.
- B59** Where a doctor's past behaviour is so serious that it remains capable of undermining the trust that the public places in doctors, it is unlikely that restoration will be in line with the overarching objective. This applies to behaviour both inside and outside of a doctor's professional practice. There will be some cases where, even if insight and remediation have been fully demonstrated, public confidence in the profession would be undermined by allowing the doctor to practise again.
- B60** Tribunals should ask themselves whether an ordinary, well informed member of the public who is aware of all the relevant facts would be concerned to learn the doctor had been allowed to return to practice. They should also have regard to the fact that maintaining public confidence in the profession as a whole is more important than the interests of an individual doctor.
- B61** Although public confidence will be a stronger factor in cases involving behavioural misconduct, in certain cases, a clinical failing or error by a doctor will be so serious that, even if it is unlikely to recur, it is capable of undermining the public's trust in the profession. Restoration is unlikely to meet the overarching objective in these circumstances.

Promote and maintain professional standards and conduct

- B62** We promote the professional values, knowledge, skills and behaviours expected of all doctors working in the UK by setting standards.
- B63** Where there has been a serious and/or persistent departure from the published standards, it may not be consistent with the third element of the overarching objective to allow the doctor to practise again. This is even where the doctor has demonstrated high levels of insight, remorse and remediation.

Types of case where restoration is generally unlikely to meet the overarching objective

- B64** There will be cases where restoration is unlikely to be in line with the overarching objective as it would undermine public confidence to allow the doctor to practise again. This would be irrespective of the length of time that has elapsed and whether there is strong evidence the doctor has demonstrated insight. For example, where the doctor has been convicted of

sexual assault or another serious criminal offence such as extortion or blackmail.

B65 Tribunals should exercise particular caution and consider carefully whether the doctor is fit to practise unrestricted in the following circumstances:

- ▶ the doctor has a criminal conviction resulting in a suspended sentence which remains in force
- ▶ the doctor is on the Sex Offenders register
- ▶ the doctor has restrictions on their licence/practice in another country.

B66 It will usually be inappropriate for a doctor to hold unrestricted registration in these circumstances and restoration cannot be granted subject to conditions.

Part C - Adjourning for a performance, language or health assessment

C1 The tribunal has the power to adjourn the hearing and direct that the doctor undergo an assessment of their health, performance or language^{*}. A performance or language assessment will be at the doctor's own cost.

C2 Assessments may be appropriate in order to obtain objective evidence of whether any alleged deficiencies in the doctor's performance or language skills have been remedied or if their fitness to practise is impaired on health grounds. However, any assessments considered necessary by the GMC will usually have been carried out prior to the restoration hearing.

C3 Tribunals can also adjourn the restoration hearing to enable any other information that is relevant to whether the doctor is fit to practise unrestricted to be obtained. They should however refer to the relevant guidance[†] before doing so.

C4 Generally an adjournment is only likely to be appropriate where the tribunal is satisfied that it is necessary for the tribunal to fairly carry out its function and that the information cannot reasonably be obtained by other means. When the hearing resumes, both parties should have an opportunity to make submissions on any assessment report or other new evidence before a decision is made on restoration.

^{*} Under Rule 24(2)(g)

[†] [Guidance for Medical Practitioners Tribunals on adjourning to direct an assessment or for further information or reports to be obtained](#)

Part D – The doctor’s right to make further applications for restoration

- D1 If restoration is refused by the tribunal, the regulations provide that the doctor cannot apply for restoration for 12 months or “such other period as the medical practitioners tribunal may specify.”* These regulations allow the tribunal to specify a period longer than 12 months if the tribunal deems this appropriate in the circumstances.
- D2 Unlike in restoration hearings following disciplinary erasure, tribunals cannot indefinitely suspend the doctor’s right to apply if they were voluntarily or administratively erased from the register as the relevant regulations do not provide for this.

Part E – Post restoration matters

- E1 Doctors can apply for restoration either with or without a licence to practise. Once the tribunal has granted restoration, even if it is for registration only, the doctor will subsequently have the right to apply for a licence to practise.
- E2 If the doctor held provisional registration prior to being erased, they will be restored with provisional registration only.

Approved practice settings and revalidation

- E3 Where doctors are restored after five years or more away from practice they will only be permitted to work in an Approved Practice Setting (APS) until their first revalidation. In some circumstances (as detailed [here](#) at paragraph 6), these restrictions will also apply to doctors who were unregistered for between two and five years. If a doctor has the APS restriction on their registration, they can only practise in the UK if they have a connection to a designated body[†]. A designated body is an organisation that has established clinical governance processes including appraisal systems that support doctors with their revalidation and promote and protect the interests of patients.

* regulation 4(9) of The General Medical Council (Restoration following Administrative Erasure) Regulations Order of Council 2004 and regulation 5(9) of The General Medical Council (Voluntary Erasure and Restoration following Voluntary Erasure) Regulations Order of Council 2004

[†] Unless the doctor is based in Jersey, Guernsey, Isle of Man or Gibraltar and maintains a connection to a Suitable Person there. In these jurisdictions, the Suitable Person has a statutory responsibility to report fitness to practise concerns to the GMC.

Connection to a designated body means the doctor:

- ▶ is supported with appraisal and revalidation
- ▶ is supported with training and continuing professional development (CPD)
- ▶ is monitored and supported in delivering quality care
- ▶ either has a Responsible Officer or a Suitable Person with both being responsible for making revalidation recommendations to the GMC. While only Responsible Officers have a statutory responsibility to report any fitness to practise concerns to the GMC, a Suitable Person will monitor any concerns which might arise about the doctor's practice. The Suitable Person will also keep records of evaluations of the doctor's fitness to practise, including annual appraisals and any other investigations or assessments.

- E4** Doctors with the APS restriction can work in any organisation and undertake locum or private work if they maintain a connection to a designated body and adhere to any reporting requirements set by their Responsible Officer, Suitable Person and/or training body. They must cease work in the UK if they no longer have a connection to a designated body and cannot practise again until a connection to a new one has been established.
- E5** It is important that tribunals do not place undue weight on the APS restriction when deciding whether to restore a doctor as it is not intended as a regulatory mechanism to monitor doctors with a fitness to practise history. It should not therefore be viewed as a method of assurance that a doctor, once restored, will be subject to any additional monitoring or performance reviews in comparison with a doctor who has no fitness to practise history.
- E6** When a doctor has been restored, it is the responsibility of their employer(s) and Responsible Officer or Suitable Person to support their return to practice. Responsible Officers also have a statutory responsibility to report any concerns about the doctor's fitness to practise to the GMC where there is a risk to patients or public confidence in the profession.
- E7** If a doctor is returning to General Practice, they will also be supported through formal induction and refresher/returner schemes available in each of the four devolved countries of the United Kingdom.
- E8** The Academy of Medical Royal Colleges has also published [guidance](#) on return to practice and the actions that should be taken by different parties including

Responsible Officers or Suitable Persons and employers if a doctor has not worked for a significant period of time.

Revalidation

- E9** Doctors who were erased after 3 December 2012 and have missed a revalidation date due to being unregistered are usually required to undergo revalidation within 12 months of their restoration. However this date may be moved to allow the doctor sufficient time to gather their evidence to meet the requirements. Doctors who were erased prior to 3 December 2012 will undergo revalidation within five years.

Tribunal decisions

- F1** It is important that tribunals give clear reasons for their decision to either refuse or grant restoration which address all the factors relevant to the doctor's fitness to practise.
- F2** Decisions must clearly demonstrate that all three elements of the overarching objective were considered and that, if restoration was granted, this was judged to be consistent with our duty to protect the public. This includes to protect and maintain the health, safety and wellbeing of the public, to maintain and promote public confidence in the profession and proper professional standards and conduct.