
APPLICATION FOR INCLUSION IN THE PRIMARY MEDICAL PERFORMERS LIST

PLEASE READ THE FOLLOWING NOTES BEFORE FILLING IN APPLICATION FORM AND PRINT IN BLOCK CAPITALS.

Also complete all sections of the form that are relevant to you and your contract, marking “not applicable/non-relevant” where appropriate. Please note that if your application form and documentation is incomplete your application will be delayed and this may result in your preferred start date being deferred.

You should normally be included in the list relevant to your practice address. If a performer is working elsewhere or changes his address, he is required by Regulation to give an undertaking to notify the PCT in accordance with the undertaking he gave when he joined the list. A PCT may remove the performer's name from its list if he/she fails to show that he/she has performed any primary medical service in the PCT's area during a twelve-month period (unless this is as a result of his/her health or because he is an Armed Forces GP).

Under The National Health Service (Performers List) Regulation 2004 Section Statutory Instrument 2004 No 585):

- **Regulation 22 (1);** a medical practitioner may not perform any primary medical services, unless he/she is a general medical practitioner and his/her name is included in a medical performers list
- **Regulation 4. (3)(f);** applicants who wish to join a Primary Medical Performers List must provide enhanced criminal certificate in accordance with Section 115 of the Police Act 1997. PCTs will request for an enhanced criminal disclosure from Criminal Records Bureau (CRB) Department on behalf of the doctor. Completed forms must be returned as soon as possible to the address provided below with the required documents from *Group 1 & 2 of 'An applicant's guide to complete the disclosure application form' booklet.* Checks take 6-8 weeks some times even longer. Doctors will not be included on the list until enhanced disclosure certificate has been received and subject to completing Fitness to Practice check.
- No doctor's name is allowed to appear on more than one English list but as long as a doctor is on a PCT's Performers list, they are allowed to perform primary medical services in any PCT in England as a non-principal.

GUIDANCE - IMMIGRATION RULES

I am required to point out that the changes to the United Kingdom Immigration rules were introduced from February 2008. It changes the way individuals from outside the European Economic Area (EEA) and Switzerland can work, train or study in the UK. Under the new system, migrants will need to pass a points-based assessment before they are given permission to enter or remain in the United Kingdom. The system consists of five tiers and each required different points.

The five tiers are:

- tier 1 - highly skilled workers, for example scientists and entrepreneurs;
- tier 2 - skilled workers with a job offer, for example teachers and nurses;
- tier 3 - low skilled workers filling specific temporary labour shortages, for example construction workers for a particular project;
- tier 4 - students;
- tier 5 - youth mobility and temporary workers for example musicians coming to play in a concert, Doctors on Medical Training Initiative

These have placed restrictions on the entry of fully trained overseas doctors and dentists who wish to seek employment here. They are now treated in the same way as most other professions and are subject to work permit arrangements or, if they wish to enter general practice, to the rules which govern self-employment.

If you are not a British Citizen or a National of a European Community Member State and Switzerland who entered the United Kingdom after February 2008, you could be affected by these changes. You are therefore advised to consult the nearest British Embassy, High Commission or Consulate in your country before making arrangements to come here, **(or for doctors and dentists already in the United Kingdom, you can obtain further information from the Immigration and Nationality Department, Home Office, Lunar House, Wellesley Road, Croydon – 020 8686 0688).**

In addition to satisfying the immigration and employment requirements you would also have to satisfy the registration requirements of the General Medical Council/General Dental Council, as doctors/dentists cannot practice medicine/dentistry in this country without being registered. If you are not registered you should apply in writing to the **General Medical Council, Overseas Registration Division, 153 Cleveland Street, London W1P 8DQ or the General Dental Council 37 Wimpole Street London W1M 8DQ for details of their requirements.**

If you wish to make any enquiries about postgraduate medical or dental education these should be addressed to the **National Advice Centre, 7 Marylebone Road, London NW1 5HH.** The National Advice Centre does not arrange employment in the National Health Service; neither does the Department of Health and Social Security. Vacancies are normally advertised in the professional Journals, e.g. the British Medical Journal, the Lancet and the British Dental Journal. Information is also available from the **Overseas Doctor's Association, 28 – 32 Princess Street, Manchester, M1 4LB**

Further information

www.ukba.homeoffice.gov.uk/employers/points/whatisthepointsbasedsystem
<http://www.nhsemployers.org/primary/workforce-3161.cfm>
http://www.dh.gov.uk/en/News/Recentstories/DH_082728

GUIDANCE NOTES ON CERTIFICATES REQUIRED

For full text of Regulations and advice, go to www.jcptgp.org.uk or www.legislation.hms.gov.uk/si/si1994/Uksi_19943130_en_1.htm

Exemption from needing to hold a JCPTGP Certificate – summary

You are exempt from the requirement to hold a certificate of prescribed or equivalent experience under the regulations and eligible to practise as a General Practitioner in the National Health Service (NHS) if:

1. You were a principal in NHS general practice on or after 15 February 1981. Regulation 5(i)(a)
2. You were, on 15 February 1981, serving in the Defence Medical Services in a capacity which could be regarded by the Director General of Medical Services as a equivalent to that of an NHS principal in general practice and are in possession of a statement from the Director General of Medical Services to confirm this. See interpretation 2(2)(b)
3. You were a principal in NHS general practice before 15 February 1981 and re-entered a medical list before 15 February 1990. (If you did not re-enter a medical list before this date, you will need to obtain a certificate of prescribed or equivalent experience following appropriate training). Regulation 5(i)(c)
4. If you have a recognised primary medical qualification awarded in an EEA Member State other than the United Kingdom on 31st December 1994 as a fully registered medical practitioner by virtue of that qualification, which is recognised in the United Kingdom by virtue of the Medical Directive or other enforceable Community right. Regulation 5(i)(f)
5. If you provided limited medical services and were included in the Medical List of a Health Authority or Health Board as providing such limited services on 31 December 1994. Regulation 5(i)(d)
6. If you hold a certificate or diploma of completion of specific training for general practice, that is, a vocational training certificate or a certificate of acquired rights issued in an EEA state other than the United Kingdom. Regulation 5(i)(g)
7. If you qualify for exemption under any of the above you do not require a certificate from the Joint Committee. You will need to present evidence of exemption to the Health Authority in England and Wales (or its equivalent in Scotland and Northern Ireland) when you make your application for inclusion in a medical list.
8. If you were employed as a principal on the medical list of a Health Authority or Health Board (or their predecessors) on or after 15 February 1981, you will need to obtain confirmatory evidence of this from the authority you were in contact at that time. This confirmatory evidence should then be sent to your new employment authority.
9. If you are a national of the EEA in possession of diplomas or certificates as described in 4 and 6 above, you should then present them in the first instance to the General Medical Council, Application Management Services, for written confirmation of their status under Title IV, Council Directive 93/16/EEC. You should then present the GMC's written advice to the Health Authority in England and Wales (or its equivalent in Scotland and Northern Ireland) as evidence of exemption for the purposes of taking up a post in general practice in the National Health Services.

WHO NEEDS TO COMPLETE THIS FORM?

Any doctor qualified to work or train in General Practice (partners, salaried GPs, locums, deputies, associates, assistants, retainers and GP Registrars) and who are engaged in, or intend to engage in, the delivery of Medical Services (PMS or GMS).

This is necessary in order to comply with the National Health Service (Performers Lists) Regulations 2004.

DOCUMENTS TO SEND WITH THE APPLICATION

You must send **originals** of the following (**photocopies are not acceptable**). Documents **must** be brought in person to the PCT office. You are advised to ring for an appointment. Please ensure that you bring in the required documents to speed up the processing of your application. **Doctors who've not had enhanced criminal disclosure check, or have disclosure certificates that are over a year old or the certificate does not cover the 5 categories {(i) Police Record of conviction, (ii) Information from Education Act, (iii) Protection of Children, (iv) Protection of Vulnerable Adults, (v) other relevant information};** will need to bring extra documents required for the disclosure (ref; CRB applicant guidebook).

- Vocational Training programme form (if available)
- Medical Qualification certificates
- Annual General Medical Council (GMC) registration certificate
- Birth certificate or Passport (which ever proves eligibility to work/reside in the EU)
- If you are female and married and your name differs from your documentation please bring your Marriage Certificate also
- Copy of Enhanced Criminal Certificate or other Documents required for enhance criminal check as stated in Group 2 of 'An applicant's guide to complete the disclosure application form' booklet.
- Medical Indemnity Insurance
- For EEA (including UK) nationals only, evidence of graduation from either UK or Irish Republic Medical School, a Joint Committee on Postgraduate Training in General Practice Certificate or International English Language Testing System (IELTS) Certificate.
- Work permit - for non-EEA nationals

The documents will be returned to you after scrutiny by recorded delivery.

WHEN DO I NEED TO SUBMIT THE APPLICATION?

IMMEDIATELY: The PCT will normally require up to four weeks, depending on the receipt of Enhanced Disclosure Certificate, to process applications and you should bear this in mind when submitting your application. If applications are incomplete or not straightforward, the PCT may require longer for processing but where this applies, applicants will be advised. Often applications are delayed whilst waiting for references, so applicants are advised to ensure that references are supplied promptly. Please note if your application form and documentation is incomplete your application will be delayed and this may result in your preferred start date being deferred.

ENHANCED SERVICES (MINOR SURGERY, CHILD HEALTH SURVEILLANCE AND FITTING IUDS)

If you intend to provide any of these services, you must also be included in the appropriate list. Application forms, if required, can be obtained from your Primary Care Trust (PCT).

HELP AND GUIDANCE

You are advised to obtain a copy from the HMSO website www.hmso.gov.uk/si/si2004/20040585.htm and retain this for future reference. In case of difficulty, contact the PCT for a copy.

If you need further help and guidance please refer to the Primary Care Trust to which you are making the application or your Local Medical Committee.

Completed application forms and required document to be returned to:

**Rose Achieng
NHS Southwark
Primary Care Directorate
PO Box 64529
London
SE1P 5LX**

**Tel: 020 7525 0487
Fax: 020 7525 0498**

Note: The last 3 pages (GMS/REG/38 form) should be completed in by finance/payroll and returned to the address provided at the bottom.

APPLICATION FOR INCLUSION IN THE PRIMARY MEDICAL PERFORMERS LIST

PART ONE – Personal Details of The Doctor

The Primary Care Trust (PCT) is obliged to publish these details for all doctors included in its Primary Medical Performers List. If you do not consent to the inclusion of your date of birth, your date of first registration will be shown instead, however, you must fill in both dates.

Surname

Forenames

Marital Status

Maiden name

General Medical Council registration number:

Year of First Full GMC registration (dd/mm/yyyy)

Date of Birth

Do you consent to the inclusion of your date of birth in the public list? YES NO

PART TWO – Personal details (not for publication in the public list)

Renewal Date for GMC Registration: (dd/mm/yyyy)

Gender M F

Clinical interests

GP REGISTRAR or SHO

Present Private Address

Post Code _____

Present Telephone No.

--

Mobile Number

--

Remember to tell us if your address and /or telephone number changes

Are you a UK or EEA citizen

Yes No

If neither of the above, please provide evidence of entitlement to work in the UK eg. Settled status, spouse of UK or EEA National

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Were you admitted to the UK as a doctor before 1 April 1985?

Yes No

If no, what is your immigration status?

--

Country of Birth

--

Nationality

--

Is there a time limit placed on your stay in the UK

Yes No

Length of authorised stay

--

Date of Termination

--

English Language requirements (Please ignore if not applicable)

The Primary Care Trust (PCT) can refuse admission to the list if it is not satisfied that the Doctor has the knowledge of English, which in his/her own interest and those of his/her patients is necessary for the provision of general medical services. The English test mirrors the requirements for acceptance or nomination to the existing Primary Care Trust Medical list. PCTs are advised to administer it in the same way. It would be very exceptional for a non-principal who has passed the professional and linguistic assessment board (PLAB test to be refused under this provision). If further guidance is required contact your Primary Care Trust (PCT). If appropriate, please attach details of test.

Additional languages spoken (Please specify) _____

Your Medical Protection Society Membership Number _____

Your NHS Superannuation Division No. (if known): _____

GP REGISTRAR or SHO

Required for NHS Superannuation purposes. Further advice on the pension scheme is available on the website WWW.NHSP.GOV.UK/NHSGPLOCUMS.CFM. The rules are expected to operate as follows:

Locums will be able to register and pay their pension scheme contributions (6% after tax relief at the locums own rate) to a single health authority. That Health Authority will pay the employer NHS Pension contributions (7% from 1/4/2001). 90% of gross NHS GP Locum income will be treated as pensionable – the remainder will be regarded as professional expenses and non-pensionable. Special pension forms have been designed so that GP Locums can certify their NHS work and pay and calculate their pension contributions.

1. Were you employed in the National Health Service on 5th July 1948?
(Please circle)

Yes

No

2. What is your National Insurance Number?

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1. Are you regarded as a Class 1 or a Class 2 contributor to the National Insurance Scheme in this employment? (Please circle)

Class 1

Class 2

(Class 1 = Employed person Class 2 = Self Employed)

2. If you are a Class 1 contributor, what is the name and address of the employer responsible?

Your NHS Superannuation Division No. (if Known _____)

Medical Qualifications

Please list your medical qualifications (including postgraduate), and enclose the documents list at the bottom of this form.

Qualification	Institution (give name & place)	Date of qualification

Do you have an outstanding application, including a deferred application, to be included in a list or an equivalent list?

Yes No

If yes please give particulars of that application:

Yes No

You are not entitled to be included in this Primary Care Trust (PCT) 's Primary Medical Performers List unless you have given notice in writing that you intend to withdraw from any other Primary Care Trust (PCT) lists on which you are included.

Are you currently included in the services, medical list, or Primary Medical Performers List of any other Primary Care Trust (PCT) in England?

YES NO

If you answered "yes" to the last question please state which Authority and which list you are included in:

Have you provided GP/General Medical Services within the Primary Care Trust (PCT)'s area during three of the last six months?

YES NO

Do you intend to provide general medical services in the Primary Care Trust (PCT)'s area if your application is successful?
(Please circle)

YES NO

If the answer to both these questions is "no" the Primary Care Trust (PCT) will normally refuse admission to the list. However, the Authority will consider sympathetically any applications where qualifying circumstances apply. Examples of special circumstances include recent absence through illness, maternity, or sabbatical leave; doctors recently working abroad; those having an offer of employment (or registration with a locum agency) conditional upon inclusion in the Primary Medical Performers List, and those who have joined the Local medical Committee or local non-principal group. This is not necessarily an exhaustive list. If you wish to apply on "special circumstances" grounds please supply details and copies of any supporting letters, acknowledgements or forms.

"Equivalent list" means any list of doctors, dentists, pharmacists or optometrists maintained by a Primary Care Trust (PCT) in England or Wales, Health Board in Scotland, or Health & Social Services Board in Northern Ireland.

Have you been refused admission to, conditionally included on, suspended from, removed or conditionally removed from any Primary Care Trust (PCT) list or equivalent list?

YES NO

If you are a director of a body corporate which is included in, or has applied to be included in, any Primary Care Trust (PCT) list or equivalent list please give the following details: *(You must provide this information if you were a director of the body corporate concerned at the time of the event, or if you are or were a director during the six months preceding this application).*

Name and registered address of body corporate

PART THREE – Details of professional experience

Please enter a complete employment record in date order starting with the current or most recent employment which should be entered in the shaded box – if there is a gap of more than three months in your employment history you should provide an explanation on a separate sheet

Last Hospital Appointment held	
Full Address of Hospital	

- Hospital appointments (*include any period of hospital locum work of longer than 3 consecutive months. The “date” should at least specify the year.*)
- General practice experience; including registrar grade if applicable (*all types of GP work, including locum and deputising. Include distinct periods, longer than 3 months of locum work in multiple locations, but each may be regarded as one inclusive post, and the geographical area where you worked may be entered. “Status” refers to principal, assistant, locum, retaineer, registrar or deputy.*)

IN THE UNITED KINGDOM

Pre-reg	Specialty	Hospital	Consultant	Grade Of post	Date started	Duration (Months)	Post Approval by RCGP	Experience Recognised
I								
li								
Post-reg								
I								
li								
lii								
lv								
V								

OUTSIDE THE UNITED KINGDOM

Pre-reg	Specialty	Hospital	Consultant(s)	Grade Of post	Date started	Duration (Months)		
i								
ii								
iii								
Post-reg								
i								
ii								
iii								
iv								
v								

Continue on separate sheet if necessary

Previous GP experience	
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GP REGISTRARS & SHOs

Were you dismissed from any of the above appointments? No Yes

If you were dismissed from any of the above appointments please give details:

Any other information;



PART FOUR – Clinical References

Please read the following notes before completing

You must provide details of two medical referees one of whom should be your most recent employer and both must have consented, if requested, to provide a clinical reference, ie which relates to your clinical competence and abilities only.

The referees should be clinical colleagues in your current or two recent posts in which you have worked for 3 continuous months or more. If this is not possible because posts have been of shorter duration or you have worked as a locum with numbers of casual posts, you may include a referee from a frequently – held recurrent post, for example. If you still have difficulty with identifying two referees, you may choose alternatives, but you are required to supply reasons for this. If you have any doubt, ask the Primary Care Trust (PCT) contact or the Local Medical Committee for assistance

In general we are unwilling to accept references from family members or other close relations. However we appreciate that for some doctors, the only people who could provide clinical references will be a relative or family member. In that situation, we will require further checks of clinical competence to be carried out.

Referees Details:

Referee 1

Name: _____

Address: _____

Postcode: **(please included full post code)** _____

Telephone No: _____

Capacity in which you are known to the Referee

How long have you know the Referee _____

Referee 2

Name: _____

Address: _____

Postcode: **(please included full post code)** _____

Telephone No: _____

Capacity in which you are known to the Referee

How long have you know the Referee _____

PART FIVE-

What type of practice will you doing your training at?

Partnership

Single Handed

PMS

GMS

Name of the Practice	
Practice Address	
Telephone Number:	
Fax Number:	
Email Address:	
Trainer's Name:	
Trainer's Code No:	
Trainer's Expiry Date:	
State Date of Training:	
Completion Date of Training:	
Annual Salary at previous Post:	
Grade and Year (i.e. SHO 3Yr)	
Incremental Date:	
Hospital Post Confirmed:	
If participating in a formal 3 year Vocational Training Scheme please give name of Scheme	
Where will the registrar attend for his/her full/half-day release course	
Has a contract been signed between the trainer and registrar?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trainers Signature: Please ask your trainer to sign in the opposite box.	

Session Hours

Please list your session hours in the surgery

	AM From	To	PM From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Number of Hours				

Training Time

How many clinical training hours will you be doing in the practice? **(Session hours)**

Full time (100%)

¾ time (75%)

½ time (50%)

Others

Proposed place of residence (is different from the Private address in PART ONE)

Address

Telephone number

Distance from surgery

Is this address within the practice area?

Yes

No

Other telephone numbers where you Prepared to receive messages

PART SIX – Criminal convictions and other investigations

Please state whether any of the circumstances listed below apply to you:

1. Do you have any criminal convictions in the United Kingdom, or have you been bound over following a criminal conviction in the United Kingdom, or have you accepted a police caution in the United Kingdom? (This does not include fixed penalties)
No Yes
2. Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales, or been subject to a penalty which would be the equivalent of being bound over or cautioned?
No Yes
3. Are you currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the Primary Care Trust (PCT)?
No Yes
4. Have you been subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world, where the outcome was adverse?
No Yes
5. Are you currently subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world?
No Yes
6. To your knowledge, are you, or have you been where the outcome was adverse, the subject of any investigation by the National Health Service Counter Fraud Service in relation to a fraud case?
No Yes
7. Are you the subject of any investigation by another Primary Care Trust (PCT) or equivalent body, which might lead to his removal from any of that Primary Care Trust (PCT)'s lists or equivalent lists?
No Yes
8. Are you, or have you been where the outcome was adverse, the subject to an investigation into your professional conduct in respect of any current or previous employment?
No Yes
9. Have you been removed, contingently removed, refused admission to, or conditionally included in any list or equivalent list kept by another Primary Care Trust (PCT) or equivalent body, or is currently suspended from such a list?
No Yes

Are you, or were you in the preceding six months or to your knowledge at the time of the originating events a director of a body corporate which:

10. Has any criminal convictions in the United Kingdom; or
No Yes
11. Has been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales, or is subject to a penalty which would be the equivalent of being bound over or cautioned; or
No Yes

12. Is currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the Primary Care Trust (PCT); or
 No Yes
13. Has been subject to any investigation into its provision of professional services by any licensing, regulatory or other body anywhere in the world, where the outcome was adverse; or
 No Yes
14. Is currently subject to any investigation into its provision of professional services by any licensing, regulatory or other body anywhere in the world; or
 No Yes
15. Is to his knowledge, or has been where the outcome was adverse, the subject of any investigation by the National Health Service Counter Fraud Service in relation to a fraud case; or
 No Yes
16. Is the subject of any investigation by another Primary Care Trust (PCT) or equivalent body, which might lead to its removal from any of that Primary Care Trust (PCT)'s lists or equivalent lists; or
 No Yes
17. Has been removed, contingently removed, refused admission to, or conditionally included in any list or equivalent list kept by another Primary Care Trust (PCT) or equivalent body, or is currently suspended from such a list;
 No Yes

Do any of the seventeen circumstances listed above apply to you?
 No Yes

If "Yes" please enter the appropriate identifying number(s) from the above list, and provide the details requested below

Please provide full details, including dates, of where any investigation or proceedings were or are to be brought, their nature, and any outcome. Where a body corporate is involved, please state its name and registered office.

PART SEVEN – Miscellaneous

Information Sharing: Whilst the public details in Part One will be freely available, the advantages to being included on the Primary Medical Performers List could extend to your further details being made available to the following selected GP educational and support networks:

- The Local Medical Committee
- The GP Post Graduate Dean
- The Clinical Governance Lead of your home or nominated Primary Care Trust

However, if you do not wish this to happen, please place a cross in this box

PART EIGHT – Declarations

If you are unable to sign any or all of this declaration you should contact the Primary Care Trust (PCT) or Local Medical Committee for advice

I undertake to;

1. Certify that I am a fully registered medical practitioner included in the Medical Register.
2. Agree to provide the declarations required in Regulation 9 (*This requires doctors to notify the Primary Care Trust (PCT) within 7 days of any criminal charges or convictions, or investigations by any licensing or regulatory body, or removal/suspension from a Primary Care Trust (PCT) list, including those relating to a body corporate of which the doctor is, or was, a director.*).
3. Not assist in providing General Medical Services in the area of another Primary Care Trust (PCT) from whose Primary Medical Performers List or services list I have been removed (except where that removal was at my request or where the removal was caused by my not providing general medical services for a period of 12 months), without obtaining the written consent of that Primary Care Trust (PCT).
4. Undertake to notify the Primary Care Trust (PCT) within seven days of any material changes to this application.
5. Undertake to notify the Primary Care Trust (PCT) of any current inclusion in, or future applications for inclusion in, any lists held by any Health Authorities/PCT's or equivalent bodies (*This means any list of doctors, dentists, pharmacists or optometrists maintained by a Primary Care Trust (PCT) in England or Wales, Health Board in Scotland, or Health & Social Services Board in Northern Ireland*).
6. To comply with the requirements of the General Medical Services Contracts Regulations about gifts (applies to all doctors irrespective of contractual arrangements);
7. Undertake to co-operate with any assessment by the National Clinical Assessment Authority if requested to do so by the Primary Care Trust (PCT).
8. I give consent to the Primary Care Trust (PCT) requesting from any employer, former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, information relating to a current investigation, or an investigation where the outcome was adverse, regarding myself or any body corporate of which I am or was, a director. (*This allows the Primary Care Trust (PCT) to check whether you (or a body corporate of which you are a director) are currently the subject of any investigation, or have previously been the subject of an investigation which found against you. See regulation 9(3) for full text 3*)
9. I agree to serve under, and be bound by the nGMS Contract and local and National regulations related to the provision of Personal Medical Services.
10. I certify that all the information contained in this application form is true to the best of my knowledge and belief.

Signature: _____ Date: _____

PRINT NAME _____

(BLOCK LETTERS PLEASE)

EMBRACING CULTURAL DIVERSITY

MONITORING THE ETHNICITY OF GPs

Southwark Primary Care Trust is committed to equal opportunities both as a provider of healthcare and as an employer. Creating fair opportunities by embracing the diversity present underpins all aspects of our work.

Please tick the box that is appropriate to you.

WHITE	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background*	<input type="checkbox"/>

ASIAN OR ASIAN BRITISH	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background*	<input type="checkbox"/>

MIXED	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed background*	<input type="checkbox"/>

BLACK OR BLACK BRITISH	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other black background*	<input type="checkbox"/>

AGE GROUP				
		25-30		31-45
46-60		61-75		Over 75

OTHER ETHNIC GROUPS	
Chinese	<input type="checkbox"/>
Any other ethnic group*	<input type="checkbox"/>
Decline to Specify	<input type="checkbox"/>

* Please specify

Why do you want to monitor my ethnic group?

We collect ethnicity data on a voluntary basis in order to help us:

- identify who uses our services and whether our services are sensitive to meet the needs of different people
- make changes to services so that everyone can use them

How do I decide my ethnic group?

Only you can decide your ethnic group. Ethnic group generally describes how you see yourself; this may be a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not the same as nationality.

Why do I have to fit into a particular category?

The categories are based on the national 2001 Census categories. They were developed after much consultation with national and local community groups. By using the same categories across the NHS we will be able to compare our data in a meaningful way. However, if you are still unhappy about filling this form then please contact the GP Support Officer: Rose.achieng@southwarkpct.nhs.uk to discuss further.

Is the information confidential?

Yes, the information that you give will be kept confidential and will not be used for any purpose other than monitoring how health services are used and planning service developments and changes.