

NHS England: National Performers Lists

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

- HR contract of employment;
- Any documentation involving a court of law, ie litigation claims
- Contracts for directly commissioned services.

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

Application form

The application process and associated documentation have been produced in accordance with the National Health Service (Performers Lists) (England) Regulations 2013. Any application submitted will be considered under the provision of these Regulations. Performers who appear on a Performers List should be aware of the requirements placed upon them by these Regulations.

Applications should be made to NHS England's Area Team (AT) in the area in which performers will be undertaking the majority of their work within the NHS.

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

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

Disclosure and Barring Service

Applicants are required to provide a recent Disclosure and Barring Service Enhanced Disclosure Certificate, or to provide a fee and completed disclosure and barring service application form together with a signed consent form to enable a disclosure and barring service check to be undertaken. Details can be found at:

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

Applicants will also be required to subscribe to the online update service and to provide an access code number, giving consent for NHS England to access their records. This should be done within 14 days of receiving your Enhanced Disclosure Certificate. Details can be found at:

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

Applicants who cannot provide UK residency details for the last five years must undergo a Police Home Check. This can be arranged by contacting your Home Office or Embassy. If the document you provide is not in English, you will need to provide a translation that has been issued in the UK and signed by an official translator.

Documents required to supporting applications

<p>Applicants need to submit to the AT:</p> <ul style="list-style-type: none"> • A completed application form • A recent enhanced disclosure and barring certificate, or; fee, together with a disclosure and barring service application form and consent form to enable a disclosure and barring check to be made; • An occupational health screening 'fit to practise' declaration from a Safe Effective Quality Occupational Health Service (SEQOHS) accredited occupational health provider; and • The original documents as set out below. <p>All documents must be originals. Photocopies cannot be accepted. A certified translation must be provided if the original documents are in a language other than English.</p>
Current passport or photo ID
Your certificate of full registration with the GMC/GDC/GOC
Your graduation certificate
Your vocational or foundation training certificate – <i>medical, dental and OMP where applicable - not applicable to trainee applicants or ophthalmic applicants</i>
Or Certificate of prescribed/ equivalent experience e.g. JCPTGP, PMETB or evidence of equivalency
Ophthalmic qualification committee document – <i>OMPs only</i>
A detailed curriculum vitae, including your complete work history
Language knowledge certificate and/or evidence of your ability to communicate in English - <i>if applicable</i>
See Section 4 of application form
A copy of your most recent appraisal/outcome statement - <i>if available</i>
Confirmation of revalidation (medical only)
Work permit - <i>if applicable</i>
Evidence of current indemnity at an appropriate level, through membership of a defence organisation
A recent enhanced disclosure and barring certificate, or; fee, together with a disclosure and barring service application form and consent form to enable a disclosure and barring check to be made. Applicants must provide the AT with an access code number for the update service giving consent for NHS England to access their records.

SECTION 1: Personal details

1. Surname (This should be the name in which you are known by your regulatory body)									
2. Forenames									
3. Any other surname previously and/or currently used (including maiden name)									
4. Gender	<table border="1"> <tr> <td>Male</td> <td><input checked="" type="checkbox"/></td> <td>Female</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>				
Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>						
5. Title									
6. Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
7. National Insurance Number									
8. Private address	<p>Postcode</p>								
9. Private telephone number									
10. Mobile telephone number									
11. Preferred contact number									
12. Email address									
13. GMC/GDC/GOC registered address (If different to UK contact address)	<p>Postcode</p>								
14. NHS England will routinely share email addresses and contact details with the relevant local representative committee. In the event that you wish for your information NOT to be shared in this way. Please tick the box opposite.	<input type="checkbox"/> No (X)								

SECTION 1: Personal details (continued)

15. Please indicate in what capacity you wish to join the performer list		
Medical list <input type="checkbox"/> GP performer <input type="checkbox"/> Salaried GP by practice <input type="checkbox"/> Salaried GP by CCG <input type="checkbox"/> GP registrar <input type="checkbox"/> GP locum	Medical list <input type="checkbox"/> GP returner scheme <input type="checkbox"/> GP retainer scheme <input type="checkbox"/> Armed services Type 1 <input type="checkbox"/> Armed services Type 2 Dental list <input type="checkbox"/> Dental performer <input type="checkbox"/> Dental trainee	Dental list <input type="checkbox"/> Dental locum Ophthalmic list <input type="checkbox"/> Ophthalmic performer <input type="checkbox"/> Ophthalmic medical practitioner <input type="checkbox"/> Ophthalmic locum
16. Nationality		
16.1. Please state your country of birth		
		Yes (✓) No (X)
16.2. Are you a full British Citizen or an EC National? If Yes go to section 2, question 17		
16.3. Do you have evidence of entitlement to enter and work in the United Kingdom (e.g., settled status, spouse of a British Citizen?) If No go to next question.		
16.4. Were you admitted to the UK as a doctor or dentist before 1 April 1985?		
If not, what is your immigration status – please tick 16.4(a) or 16.4(b) as appropriate:		
16.4(a). Subject to work permit provisions		
16.4(b). Self employment		
16.5. Is there a time limit placed on your stay in the United Kingdom and if so what is this? Please give full details and state visa period or period of leave to remain.		

SECTION 2: Practice Details

<p>17. If you are linked to a practice/practices, please provide the full name(s) and address(es) of these</p> <p>N.B. Trainees and students should provide their training practice details</p> <p>17.1 If you are a contractor please advise</p>								
18. Practice(s) telephone number								
19. Practice(s) fax number (if available)								
20. Practice(s) email address								
<p>21. Level of commitment</p> <p>Please indicate the basis you will be working in the practice both NHS and private. If not full time, state the number of sessions</p>								
This section is for trainees and students only								
22. Date of commencement	D	D	M	M	Y	Y	Y	Y
23. Expected end date	D	D	M	M	Y	Y	Y	Y
24. Name of approved trainer								

SECTION 3: Professional details

25. Professional council registration number (eg GMC/GDC/GOC)								
26. Date of first registration	D	D	M	M	Y	Y	Y	Y
27. Date of full registration	D	D	M	M	Y	Y	Y	Y
27. Doctors and OMPs only Date of inclusion in GP register (non registrars)	D	D	M	M	Y	Y	Y	Y
28(a). Do you have a license to practise?	Yes <input type="checkbox"/>				No <input type="checkbox"/>			
If you answered "no" to the above question please provide details and a supporting explanation								
29. Please give details of your professional indemnity/Insurance at a level commensurate with the performer list application								
30. OMPs only OQC number								
30(a). Date of qualification (OMP)	D	D	M	M	Y	Y	Y	Y

31. Please list all your primary, vocational and postgraduate qualifications

Qualification	Institution (give name and place)	Date of qualification

SECTION 3: Professional details (continued)

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

- Explain any gaps between appointments
- Explain any dismissals from posts
- Any additional supporting particulars – Please use section 6 additional information or continue on a separate sheet(s) as appropriate
- A period of locum work should be indicated with a statement indicating the period of locum work and the type of work undertaken – every appointment should be listed.
- Where a period of locum work has been interrupted by a permanent or semi-permanent post this should be reflected accordingly.
- Leave of absence for matters such as maternity leave or study leave whilst in a permanent post do not need to be shown

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

Post (Please indicate whether the post was NHS, private or both)	Location and specialty	Start and finish date	WT	PT

SECTION 3: Professional details (continued)

Performer list history

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

SECTION 3: Professional details (continued)

Please provide the following information relating to assessments or appraisals as appropriate.

37. Please provide details of your previous appraisals if available and revalidation where appropriate eg 2012 – 2017				
Appraisal number	Appraisal year	Date of appraisal or grounds of exemption	Organisation that undertook the appraisal	Name of your appraiser
1				
2				
3				
4				
5				
37(a). If you have not undertaken appraisal, please provide the reasons for this:				
38. Please provide details of your compliance with the core CPD/CET requirements of your regulatory body:				

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

39(a) Child protection – level attained and date	Level	Date
39(b) Adult safeguarding	Date	
39(c) Coronary pulmonary resuscitation	Date	

SECTION 4: Communication skills

All applicants must be able to give positive response to one of the following statements. If you cannot provide appropriate evidence, your application will be refused:

<p>40. Do you have a certificate of graduation from a UK or Irish Republic medical or dental school or university optometry department If you answer yes, proceed to Section 5</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>40(a) Do you have a certificate of graduation from a recognised medical or dental school or university optometry department abroad which was taught in English If you answer yes, proceed to Section 5</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>40(b) Relevant certificate of postgraduate training for their profession (from a UK or Irish Republic medical or dental school or university optometry department or from a recognised medical or dental school or university optometry department abroad which was taught in English). If you answer yes, proceed to Section 5</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>40(c)(i) If you have answered no to either questions 40, 40(a) or 40(b) please provide a written explanation as to why you believe you have suitable English to be included in the performers list, i.e. how you have used the English language in a professional setting AND answer question 40(c)(ii)</p>		
<p>40(c)(ii) Certification of a recent pass of one of the current language tests (or equivalent) at the required level</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

SECTION 4: Communication skills (continued)

Table of recognised institutions and pass/score required

Awarding body	Title of qualification	Pass/minimum average score
Cambridge University Certificate in English (ESOL) www.cambridgeesol.org	Business English Certificate (BEC)	BEC Vantage
London Chamber of Commerce Institute Examination (LCCIEB) www.lccieb.com	English for Business (EFB)	EFB level 2
National Open College Network NOCN www.nocn.org.uk	NOCL Entry level certificate in ESOL Skills for Life	Entry 2
Pitmans www.pitmanqualifications.com	Certificate in English	Achiever B2 *CEF Level
Trinity www.trinitycollege.co.uk	Certificate in Integrated Skills in English (ISE I)	B2 *CEF Level
University of Bath www.bath.ac.uk/ubelt/	University of Bath English Language Testing (UBELT)	2.5
Linguarama www.linguarama.com	Linguarama English Test	2.0
International English Language Testing System www.ielts.org	General International English Language Testing System	7
International English Language Testing System www.ielts.org	International English Language Testing System Academic	6
Educational Testing Service www.ets.org	Test of English as a Foreign Language (TOEFL) Internet Based Test	80
Educational Testing Service www.ets.org	Test of English as a Foreign Language (TOEFL) Computer Based Test	200
Educational Testing Service www.ets.org	Test of English as a Foreign Language (TOEFL) Paper Based Test	450
Educational Testing Service www.ets.org	Test of English for International Communication (TOEIC)	660
Eutopia Medical Solutions www.eutopiamedical.com	Eutopia Certificate in Dental English Language	60%

* CEF: Common European Framework

SECTION 5: Clinical references

You must provide the names and addresses of two referees, who have are willing (consented) to provide clinical references relating to two recent posts (which may include any current post) for each of which lasted at least three months (continuous period) without a significant break, or where this is not possible, a full explanation as to why that is the case and the names and addresses of two alternative referees”.

For example; Where posts have been of shorter duration or you have worked as a locum with numbers of casual posts, you may include a referee from a frequently-held, recurrent post.

Referee 1

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

Referee 2

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

SECTION 6: Additional information

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

[Empty rectangular box for continuing information]

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

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

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

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

The Rehabilitation of Offenders Act 1974 does not apply for the purpose of this declaration. Offences considered "spent" under that Act must be declared.

Please complete the declaration below:

(a) Do you have a criminal conviction in the United Kingdom, including one in respect of which you have been bound over	Yes	No
(b) Have you ever accepted a police caution in the United Kingdom	Yes	No
(c) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995(c) (fixed penalty: conditional offer by procurator fiscal) or a compensation offer under section 302A of that Act(d) (compensation offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992(a) (penalty as alternative to prosecution)	Yes	No
(d) Are you, in proceedings in Scotland for an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 (admonition and absolute discharge)(b) discharging you absolutely	Yes	No
(e) Have you been convicted elsewhere of an offence which would constitute a criminal offence if committed in England and Wales	Yes	No
(f) Are you currently the subject of any proceedings (which includes arrest, charge or bail) which might lead to a conviction	Yes	No
(g) Have you ever been the subject of any investigation by any regulatory or other body which included an adverse finding	Yes	No
(h) Are you currently the subject of any investigation by any regulatory or other body	Yes	No
(i) Are you involved in an inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984(c)	Yes	No
(j) Have you ever been the subject of any investigation by the NHS Business Services Authority in relation to fraud which included an adverse finding	Yes	No

(k) Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud	Yes	No
(l) Are you the subject of any investigation by the holder of any list which might lead to your removal from the list	Yes	No
(m) Are you the subject of any investigation in respect of any current or previous employment	Yes	No
(n) Have you ever been the subject of any investigation in respect of any current or previous employment which included an adverse finding	Yes	No
(o) Have you ever been removed or you are currently suspended from, or have you been refused inclusion in or included subject to conditions in, any list	Yes	No
(p) Are you, or have you ever been, subject to a national disqualification	Yes	No

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

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

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

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

Please complete the declaration below.

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

(g) Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud	Yes	No
(h) Are you currently the subject of any investigation by the holder of any list which might lead to the body corporates removal from that list	Yes	No
(i) Have you ever been removed or are you currently suspended from, or have you been refused inclusion in or included subject to conditions in, any list	Yes	No
(j) Are you currently, or have you ever been, subject to a national disqualification	Yes	No

SECTION 8: Undertakings

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

- Provide any declaration or document required by Regulation 9; (See Annex A)
- Notify NHS England within seven days of any material change to the information provided in the application, whether such change occurs before NHS England's determination of the performer's application or subsequently;
- Maintain an appropriate indemnity arrangement which provides cover in respect of liabilities that may be incurred in carrying out work as a performer at all times and to provide evidence of such an indemnity arrangement to NHS England on request;
- Notify the NHS England if I am included, or if I apply to be included, in any other list;
- Co-operate with an assessment by the NHS Litigation Authority where appropriate and when requested to do so by NHS England; and
- Participate in any appraisal system established by NHS England.
 - Type 1 and Type 2 armed forces GPs are not required to participate in any appraisal system established by NHS England. Type 1 armed forces GPs are required to provide a copy of their annual appraisal by the Ministry of Defence or armed forces relating to their provision of medical services as a Type 1 GP. Type 2 armed forces GPs are required to provide NHS England with a copy of their annual appraisal Regulation 4, sub-paragraph 4 of the NHS (Performers Lists) (England) Regulations 2013

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

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

SECTION 8: Undertakings (continued)

I declare that:

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

I consent:

- To NHS England requesting from any employer, former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, information relating to a current investigation, or an investigation, where the outcome was adverse, by that employer or body regarding myself or any body corporate of which I am or was a director and to the disclosure of such information by that person or body;
- To the disclosure of information in accordance with Regulation 9.
- To the disclosure of information to NHS England in relation to my appraisal and revalidation history which includes release of appraisal and revalidation documentation.

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

Name: (please print)								
Signature:								
Professional registration number:								
Date:	D	D	M	M	Y	Y	Y	Y

SECTION 9: Equality and diversity monitoring

The Equality Act 2010 requires all public sector organisations to ensure they eliminate discrimination and advance equality of opportunity. The act outlaws discrimination based on nine protected characteristics: race, sex, disability, age, sexual orientation, religion or belief, gender re-assignment, marriage and civil partnership, pregnancy and maternity. Monitoring of access to the performers list will assist NHS England to address any potential of discrimination. We would request that you complete this form, however, this is not a mandatory requirement. The information you provide will be treated in the strictest confidence and will be used for monitoring and reporting access to and removal from NHS England's performers list. It will be stored electronically with restricted access to named staff. Your data will not be shared by others. The information you provide will be removed from storage twelve months after you are removed from the performers list, or twelve months from the notification that your application has been rejected.

What is your ethnic group ¹ ?

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please choose one section and then tick one box to best describe you ethnic origin.

White

English Welsh Scottish Northern Irish
 Irish Gypsy or Irish traveller Other white background

Mixed/multiple ethnic groups

White and black caribbean White and black African
 White and asian Any other mixed background

Asian/Asian British

Indian Pakistani
 Bangladeshi Chinese
 Any other asian background

Black/ African/Caribbean/ Black British

African Caribbean
 Any other black/African/Caribbean background

Other ethnic group

Arab Any other ethnic group

Do you consider yourself to have a disability Yes/No

If 'Yes', please describe the nature of your disability.



SECTION 10: Occupational health declaration

Medical, dental and ophthalmic performers applying for inclusion in the relevant national performers lists are required to provide an occupational health screening 'fit to practise' declaration supplied by a Safe Effective Quality Occupational Health Service (SEQOHS), accredited occupational health provider, to cover the services they shall provide or could be reasonably expected to provide as a performer.

Details of a SEQOHS can be found at <https://www.seqohs.org/>

Annex A

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

1. Where a practitioner is included in a performers list, the Practitioner must comply with the requirements applicable to the Practitioner under this regulation.

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

3. A declaration regarding any matter under paragraph (2) is to be in writing, given within 7 days of its occurrence and is to include
 - (a) an explanation of the facts giving rise to that matter, including those concerned, relevant dates and any outcome; and
 - (b) copies of any relevant documents.

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

5. A declaration regarding any matter under paragraph (4) is to be in writing, given within 7 days of its occurrence and is to include
 - (a) the name and registered address of the body corporate;
 - (b) an explanation of the facts giving rise to that matter, including those concerned, relevant dates and any outcome; and
 - (c) copies of any relevant documents.

6. Where it appears to the Board that it may assist its consideration of any declaration made under paragraph (2) or (4) to do so, the Board may request further information from—
 - (a) any current or former employer of the Practitioner;
 - (b) any body corporate;
 - (c) the holder of any list;
 - (d) any regulatory or other body, involved in the matter which is the subject of the declaration.

7. Where the Board has made a request under paragraph (6), the Practitioner must consent to the provision of information in response to that request.
8. Where the Board reasonably requests it, a Practitioner must supply the Board with an enhanced criminal record certificate under section 113B of the Police Act 1997 (enhanced criminal record certificates)(a) which includes suitability information relating to children and suitability information relating to vulnerable adults under sections 113BA (suitability information relating to children) and 113BB (suitability information relating to vulnerable adults) of that Act respectively(b).
9. A Practitioner must comply with any undertaking given pursuant to the Practitioner's application for inclusion in any performers list, any performers list held by a Primary Care Trust prior to the transfer date or any list from which the Practitioner has been transferred pursuant to the Schedules to the National Health Service (Performers Lists) Amendment Regulations 2005(c) or the National Health Service (Performers Lists) Amendment and Transitional Provisions Regulations 2008(d).
10. A Practitioner must
 - (a) participate in any appraisal system established by the Board; and
 - (b) if any appraisal under that system is not conducted by the Board, send the Board a copy of a statement summarising that appraisal.This is subject to paragraph (11).
11. Paragraph (10) does not apply in the case of a Type 1 armed forces GP, but a Type 1 armed forces GP is to give an undertaking to provide the Board with a copy of any annual appraisal of the Practitioner relating to the Practitioner's provision of medical services as a Type 1 GP.
12. A Practitioner must comply with any conditions imposed by the Board or the First-tier Tribunal on the Practitioner's inclusion in the performers list under regulation 10, 11, 12, 16 or 17.