



**THE DEPARTMENT OF HEALTH REGULATORY SERVICES**  
**Health Practice Commission**

**MEDICAL AND DENTAL (MDC)**

Government Administration Building **Box 132**

**133 Elgin Avenue, Grand Cayman KY1-9000, CAYMAN ISLANDS**

Telephone: (345) 949 -2813 / 946 -2084, Fax: (345) 946 -2845

Website: [www.dhrs.gov.ky](http://www.dhrs.gov.ky)

Email: [hpbusers@gov.ky](mailto:hpbusers@gov.ky)



Guidelines & Information for Applicants and Required Documents for Registration

**A. Incomplete applications will not be accepted.**

Any incomplete applications will be returned to the applicant and will not be reviewed. Applicants should ensure that their application contains all the necessary documents before submitting their application.

B. Documents shall be submitted to the address herein. The MDC accepts no responsibility for incorrectly addressed or lost documents that may occur in the delivering process.

C. The MDC shall meet as often as it considers necessary but not less than once every three months.

D. The application process can take six (6) to nine (9) months for completion.

E. Applications completed ten (10) working days prior to the MDC meeting may be placed on the agenda in the order in which they are received, but this does not guarantee they will be processed by the MDC at that meeting.

F. All follow up correspondence from the MDC will be sent to the applicant. For clarity the Registration process is between the applicant and the MDC, not the health care facility manager/human resources.

G. A Registered practitioner shall notify the MDC in writing, of any changes:

- relating to his address or name;
- any change in his registration in any other country;
- any conviction in any other country of criminal charges or;
- any proceedings relating to professional misconduct pending in relation to that person in the Cayman Islands or;
- any other country occurring after registration; or
- any other particular material as the MDC may require;

Not more than fourteen days after the person has received notice of such matter

H. Applicants are required to comply with the requirements of the Immigration Law prior to undertaking any work as a registered practitioner. Please note a copy of Form CA (Licence to Practise) must be submitted to the Department of Immigration if you require a Work Permit. The Work Permit Board may be contacted at P.O. Box 1098 GT, Grand Cayman, KY1-1102, Cayman Islands, and (345) 949 – 8344.

I. The MDC's decision may be provided within fifteen working days of the application being considered by the MDC. This decision will be provided to the applicant and the Medical Director of the health care facility via electronic mail by the Administrative Secretary or the Registrar of the Health Practice Council.

**J. Malpractice Insurance**

The Licence to Practise {Form CA} shall only be dispensed once proof of malpractice insurance is provided and accepted by the Registrar. A copy of the malpractice insurance certificate with the practitioner's name and coverage in the Cayman Islands must be provided.

K. Expedited Processing Fees.

This service is for an accelerated review and determination of an application.

<u>Type of request</u>	<u>Fee</u>	<u>Unit</u>	<u>Processing timeline</u>
Express Registration	CI\$650.00	per application	seven business days*
Urgent Registration	CI\$800.00	per application	three business days*
Emergency Registration	CI\$1000.00	per application	24 hours *

\*once accepted by the Registrar

When making an application for “expedited processing” the applicant should include an explanation as to what circumstances constitute the urgency.

**Express Registration (to be processed within 7 business days “AFTER” the application is reviewed and accepted by the Registrar)**

**Administrative Circumstances**

Processing of an express application for registration and licensure of a practitioner are facilitated during the following situations:

- Would negatively impact patient care but does not pose a threat to life or limb.
- Unforeseen issues or resignation of staff/ sudden loss or untimely departure of essential staff
- Expansion of business requiring new staff

**Urgent Registration (to be processed within 3 business days “AFTER” the application is reviewed and accepted by the Registrar)**

**Clinically necessary, non-immediate life threatening**

Processing of an urgent application for registration and licensure of a practitioner are facilitated during the following situations:

- Requiring immediate treatment or attention such as chemotherapy, cardiovascular, or surgical treatment
- Sudden loss of specialist staff (i.e untimely departure of essential staff)
- To facilitate adequate maintenance of patient-staff ratio

**Registration (to be processed within 3 business days “AFTER” the application is reviewed and accepted by the Registrar)**

**Clinically necessary, life threatening**

Processing of an emergency application for registration and licensure of a practitioner are facilitated during the following situations:

- A serious, unexpected, and often dangerous situation requiring immediate action as in situation that posed a threat to life or limb
- A person with a medical condition requiring immediate treatment
- Unforeseen combination of circumstances or the resulting state that calls for immediate action such as a traumatic accident that could lead to rapid deteriorating conditions.

**Applicable for New Registration**

1. In accordance with regulation 5(1) of the Health Practice Regulations (2013 Revision), to be considered for registration on the Principal List by the Medical and Dental Council ("MDC") an applicant should:
  - a) be fully registered as a health practitioner in Australia, Canada, Jamaica, New Zealand, South Africa, United Kingdom, or the United States of America;
  - b) have met the Caribbean regional registration to practise as a health practitioner as set out by any relevant organisation including, but not limited to, the Caribbean Association of Medical Councils;
  - c) have obtained qualifications from-
    - I. the University of the West Indies; or
    - II. any institution accredited by the Caribbean Health Education Accreditation Board; and has completed any internship required by the University or the institution where he has obtained such qualifications; or
  - d) provide evidence that he is eligible for full registration in any of the countries listed in paragraph (a).
2. Applicants for registration on the Principal List must satisfy the following conditions:
  - a) Must meet at least one of the criteria at paragraph 1;
  - b) Satisfies the MDC that they are of good character;
  - c) Satisfies the MDC that they have the necessary knowledge of English;
  - d) Satisfies the requirements of the MDC as to experience;
  - e) Satisfies the MDC that their registration would be in the public interest; and
  - f) Has paid the prescribed fees.
3. For applicants under paragraph 1 a) above, they must provide the following:
  - a) Current (active) licence and registration, original or certified/notarised copy,  
e.g. *UK*: proof of entry on the General Medical Council GP Register or Specialist Register with a Licence to Practise; *USA*: Verification of Current Licence
  - b) An original Letter of Good Standing (LOGS) (Current Professional Status), from the Board of Registration with which the applicant holds current (active) registration.
    - I. Before an application is accepted by this office, the original LOGS must be sent directly from the current registering body to the Registrar of the Health Practice Commission, and should include reference to professional conduct, disciplinary action, ongoing investigation(s), suspension(s), revocation of licensure, etc.
    - II. Applications without LOGS will not be accepted
    - III. The LOGS must be dated no earlier than three (3) months before the date of application,
    - IV. Please contact this office to confirm receipt of the LOGS before submission of the application for registration

**Proficiency in English**

4. The MDC has to be satisfied of all applicants' proficiency in the English language. If English is not your primary language (i.e. the language that you primarily use, and the language you know best and are most familiar with); or your primary medical or dental qualification was not entirely taught and examined in the English language, the MDC may require you to submit to an International English Language Testing System ("IELTS") Academic test or other test approved by the Council. The MDC follows the criteria established by the United Kingdom's General Medical Council; in that the IELTS certificate must show:
  - a) that you achieved a minimum score of at least 7.0 in each testing area (speaking, listening, reading and writing), and an overall score of 7.5;
  - b) that you obtained these scores in the same test;
  - c) that you took the academic version of the test; and
  - d) the original stamp and test report form (TRF) number.
5. All documents shall be in English and translated versions of documents shall be certified / notarised. If required under paragraph 4 above, proof of completion of IELTS or other MDC approved English Language test.
6. Completed Application Form [Health Practice Law - Form A]

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Question #12 must be answered with a tick or checked mark, indicating which list, (a) Principal List, (b) Institutional registration List, or (c) Provisional List registration is being applied for.

Questions #13 & #14 responses must have a "yes" or "no" answer.

Form should be in legible handwriting, or in type written form. Use of "white out" etc. is to be avoided.

**7. A current Curriculum Vitae or Resume.**

8. Original or certified copies of diplomas, certificates, police record, copy of passport, degrees with English translations where applicable.

9. **A comprehensive list of licenses held from all registration boards/councils.** This full disclosure summary must include licence numbers, dates, country, state or territory and current registration status.

10. **A copy of the registered Healthcare Facility certificate with current registration.**

**Letter of Affiliation**

11. In accordance with regulation 4(10) of the Health Practice (Amendment) Regulations, 2017, non-Caymanian applicants must provide written evidence at the date of application that:

- a) the applicant is or will be affiliated with one of the registered health care facilities in the Islands; or,
- b) That the applicant is or will be employed by an educational institution, a medical school, a nursing school, a home health care company, or a home health care agency, in the Islands.

**Letter of Intent**

12. The applicant for registration must provide a signed cover letter to the MDC stating the reason(s) for requesting registration, profession to be engaged in, commencement date, name of employer and affiliate.

**13. Completed Registry Maintenance Administrative Form (RMAF)****Original Police Clearance Certificate**

14. An original police clearance certificate dated within six months of submission of application to the Council, from every jurisdiction(s) in which the applicant lived and/or worked within the last five years.

**Professional Reference Forms**

15. Two original completed Health Practice Commission's Professional Reference Forms

- a) Must completed within six months prior to application;
- b) Document must include medical practitioner's registration number/licence, profession, stamp &/or seal and contact details;
- c) Cannot be completed by the same person providing any references for the applicant or notarising any of the applicant's documents;

**Character Reference Form**

16. One completed Health Practice Commission's Character Reference Form.

- a) Must include a copy of the referee's business card and/or a copy of their professional picture identification card;
- b) Must be completed within six months prior to application.

**Medical Report**

17. Completed Health Practice Commission's Medical Report Form.

- a) Must be completed within six months prior to application;
- b) Document must include the examining medical practitioner's registration number/licence, profession, stamp &/or seal and contact details;
- c) Cannot be completed by the same person providing any references for the applicant or notarising any of the applicant's documents;
- d) The medical report given shall be provided by the applicant's medical practitioner, who must not be related to the applicant by birth or marriage; and must have known the applicant for a period of at least

two years. If the clinical relationship is less than two years, a statement from the applicant's medical practitioner that details a review of the applicant's medical files over the last two years, or a detailed letter indicating the reason why this cannot be provided is required.

**18. Passport Quality Photograph – full face**

- Taken within six months prior to application;
- Certified, dated & stamped by the Photo studio on the back;
- Mini Binder Clip to be used to affix the photo to your application

**19. A certified copy of the applicant's passport including a colour copy of the photograph and personal identification page.**

**20. Completed Continuing Educational Form (Applicable to all Registrants seeking Registration), to include the following:**

- A minimum of Forty (40) Continuing Educational (CE) credit hours, or recent educational equivalent
- Must have been completed within thirty-six months of date applying for Registration
- CE credit certificate(s) is required.

**21. Intended Scope of Practice signed by the applicant.**

**22. Registration as a Specialist Medical Doctor or Registration as a General Practitioner / Family Medicine Practitioner**

Original or certified copy of Certificate of Completion of Training (CCT) from the General Medical Council or Board equivalent documentation or accepted by Council as equivalent.

Graduates of medical schools that follow a United States or a Canadian-based curriculum, whether in the United States, Canada, or an "Offshore" medical school, must:

- a) complete an Accreditation Commission on Graduate Medical Education ("ACGME") approved residency and provide evidence of Board Certification from one of the Member Boards of the American Board of Medical Specialties; or
- b) complete a residency approved by the Royal College of Physicians and Surgeons of Canada and provide evidence of successful completion of either the "Fellow of the Royal College of Physicians of Canada ("FRCPC") or Fellow of the Royal College of Surgeons of Canada ("FRCSC") examinations, or
- c) Hold the Canadian College of Family Physicians (CCFP) certification or the Royal Australian College of General Practitioners (RACGP) or Fellow of the Royal New Zealand College of General Practitioners (FRNZCGP) or be registered as a Specialist in Family Medicine with the Health Professionals Councils of South Africa (HPCSA) or on the United Kingdom's General Medical Council's General Practitioner's Register; or hold the University of The West Indies (UWI) Family Medicine qualification (in Post graduate or DM degree)

Non-Caymanian applicants for full registration as Medical Doctors on the Principal List, MUST have a minimum of THREE (3) years relevant clinical experience immediately prior to application, AFTER completion of approved postgraduate certification.

Applicants who obtained their primary medical qualification after June of 2005, and who wish to be registered as General Practitioners will be required to provide evidence of completed acceptable Family Practice Diploma or Doctor of Medicine in Family Medicine or equivalent.

**23. A current Letter of Verification from a Specialty Registration Body or equivalent.**

In the United Kingdom, Australia, Canada, New Zealand, South Africa, the United States of America, or The University of the West Indies, and must include current registration status and standing.

**24. Applicants may be asked to meet with the MDC whilst their application is being processed.**

25. Supplementary documents and information may be requested by the MDC, Chairman / Deputy Chairman, or Registrar of the Health Practice Councils in order to render a decision.

## FEES

26. Non cash payments shall be made payable to the **Cayman Islands Government**. Local cheques are accepted. Overseas method of payment must be Bank Draft, cashier's cheque or Money Order. Overseas, commercial, business or personal cheques are not accepted. ( Note: Exchange rates US\$1.00 (cash) = CI\$0.80; US\$1.00 (Cheque) = CI\$0.82)
27. Application Fee of CI \$500.00  
Per application and is non-refundable.
28. Registration Certificate and Licensure to Practice Fee (to be collected at the time of application).
- This fee is non-refundable after registration has been approved by the MDC;
  - The application and Practising Licence fees may be included in one cheque made payable to the Cayman Islands Government;
  - Fees will be prorated from the start date to the second anniversary of the applicant's date of birth
- L. A registered practitioner is responsible to maintain adequate malpractice insurance, liability insurance, other relevant insurance or indemnity cover obtained from an authorised insurer and approved by the Commission.
- M. Amendments to Registration and Practising Licence – Speciality, New health care facility affiliate  
Written notice to include the intended 'End date' and proposed 'Start date';  
Application shall be accompanied by the Amendment fee of CI\$100.00  
Practitioner's written notice to include the intended 'End date' and proposed 'Start date'  
Letter from new health care facility to include the intended 'End date' and proposed 'Start date'  
Copy of current registration of the new health care facility certificate,  
Copy of current malpractice insurance certificate for the practitioner  
Any other relevant documents to support amendment.
- N. Administrative Removal from the Register
- The Registrar may, by letter addressed to any registered practitioner at his address on the register, inquire whether the registered practitioner has changed his address and, if no answer is received to the inquiry within six months from the date of the posting of the letter, the Registrar may erase from the register any entry relating to that person. (Health Practice Law (2013 Revision), Section 30 (5)).  
**If the name of a registered practitioner is removed from the register, any practising licence issued to him shall cease to be in force.** (Health Practice Law (2013 Revision), Section 27A (5)).
- O. Renewal of Practising licence
- The MDC recommends submission of renewal for applications ninety (90) days before their expiration.
  - The deadline for submission is twenty-eight days (Principal List) or sixty days (Institutional List and Provisional List) before the expiration in order to avoid a late fee of CI\$100.00
    - ☐ Fees shall be enclosed in order to process application for renewal
    - ☐ Passport Size Photograph – full face  
(photograph must not be older than six months; must include photo centre's stamp and date)
    - ☐ Form B must be Original, fully completed and signed by the applicant
    - ☐ Registry Maintenance Administrative Form (RMAF);
    - ☐ Copy of current Malpractice Insurance. Document to include applicant's name and this jurisdiction
    - ☐ MDC Practitioner Conduct Statement
    - ☐ The original completed Continuing Educational Summary Form
    - ☐ Proof of Continuing Educational Hours [Medical/Dental]
- P. Continuing Medical/Dental Education (CE) hours [Renewal of Practising Licence]



- 1) CE submission is assessed by the MDC prior to granting practising license
- 2) The CE credit certificate is subject to audit by the MDC
- 3) These guidelines may be reviewed periodically by the MDC
- 4) Practitioner's quota for Mandatory CE's hours is Forty (40) hours per licensing period, with a minimum of Twenty (20) hours in your field of speciality  
For Dental Hygienist-Thirty (30) hours; Dental Assistant and Dental Technician-Twenty (20) continuing educational dental related hours are required. All other dental care professionals' quota remains at forty
- 5) Original CE certificate(s) is (are) required. Copies can be provided to this office with the originals and authentication can only be done by this office
- 6) Cerner Training, CPR, ACLS, PALS, TALS, Fire Safety and First Aid will not be accepted as continuing educational hours.

- Q.     Renewal of Licensure Fees  
CI\$1,600.00 for a Medical Doctor, Dentist, Podiatrist, Osteopath trained in the United States  
CI\$1,000.00 for any other Medical and Dental health practitioner.
- R.     Request to the MDC for a Letter of Good Standing / Verification of Registration &/or License to Practice  
Application shall be made by the practitioner in writing, with the address to where it is to be sent.  
Fee of CI\$25.00 applies.
- S.     If applicable, Original or certified/notarised copy of Caymanian Status certificate, or Permanent Resident certificate, or Rights to Work certificate and; copy of Immigration stamp in the passport.