

Revalidation: Information for Doctors and Frequently Asked Questions

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Regulating doctors
Ensuring good medical practice

This publication contains information for doctors about revalidation. It has been produced to help answer questions about this future development in UK medical regulation.

Please be aware that this publication is not a definitive guide to revalidation, and that it will be revised as the process is developed and more information becomes available. For the latest version of this document and the most up to date information about revalidation, you should always visit www.gmc-uk.org/revalidation.

If you have a question about revalidation that is not covered by this publication, please email revalidation@gmc-uk.org and we will do our best to help you.

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Introduction

Licence to practise

Since the introduction of the licence to practise on 16 November 2009, any doctor practising medicine in the UK must not only be registered with the GMC, but must also hold a licence to practise. All the professional activities that were previously restricted by law to doctors registered with the GMC are now restricted to doctors who hold a licence. These activities include, but are not limited to, prescribing, signing death and cremation certificates, and holding certain medical posts in the NHS and the independent sector.

All doctors who hold a licence to practise will be required to participate in revalidation.

Revalidation

Revalidation is the process by which doctors will have to demonstrate to the GMC, normally every five years, that they are up to date and fit to practise and complying with the relevant professional standards.

Relicensing and Recertification

Revalidation will have two elements: relicensing and recertification.

The purpose of relicensing is to show that all doctors are practising in accordance with generic standards of practice set by the GMC and based upon the GMC's guidance **Good Medical Practice**.

The purpose of recertification is to show that doctors on the GP or Specialist Register continue to meet the particular standards that apply to their medical specialty or area of practice. These specialty specific standards are being developed by the medical Royal Colleges and Faculties for approval by the GMC. The Colleges and Faculties will also describe the types of information that

doctors will need to collect to show that they are meeting these standards.

Although revalidation has two elements, doctors will not need to clear two separate hurdles in order to be revalidated; once for relicensing and once for recertification. Instead, the two strands will form a single, integrated process.

The revalidation process based on annual appraisal

The integration of relicensing and recertification into a single process will be helped by the fact that the information doctors will need to provide for relicensing and recertification will, to a large extent, be the same. It will be information drawn by doctors from their actual practice, from feedback from patients (where applicable) and colleagues, and from participation in CPD. This information will feed into doctors' annual appraisal. The outputs of appraisal will lead to a single recommendation to the GMC from their Responsible Officer (see glossary), normally every five years, about the doctor's suitability for revalidation. This single recommendation will cover both relicensing and, for doctors on the GP register or the specialist register, recertification.

For most doctors the process will be quite straightforward.

Questions about licensing

What is the licence to practise?

To practise medicine in the UK all doctors are required, by law, to be both registered and hold a licence to practise. This applies whether doctors practise full time, part time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

The licence to practise gives a doctor the legal authority to undertake certain activities, for example prescribing and signing statutory certificates, which the law restricts to doctors registered with a licence to practise.

Licences to practise are generic and do not restrict doctors to work in a particular specialty or field of practice.

What does holding a licence mean?

Doctors who hold registration with a licence to practise will be subject to the requirements of revalidation, when it is introduced. This means they must undertake the periodic renewal of their licence by demonstrating that they are up to date and fit to practise. They will also be required to maintain a link with a Responsible Officer for the purposes of revalidation.

Taking a licence also means that it remains a doctor's responsibility to be familiar with **Good Medical Practice** and to follow the guidance it contains.

What is the link between the licence to practise and revalidation?

The licence to practise is the first step towards the introduction of revalidation. This new approach to medical regulation will give patients and employers regular assurance that their doctors are up to date and fit to practise.

Licences will require periodic renewal by revalidation. When revalidation begins licensed doctors will be required to demonstrate to the GMC that they are practising in accordance with the generic standards of practice set by the GMC (as described in **Good Medical Practice**).

Licensed doctors on the Specialist or GP register will in addition be required to recertify against

the standards that apply to their specialty or area of practice, set by the relevant medical Royal College or Faculty and approved by the GMC.

Read more about **Revalidation**.

What will registration without a licence allow me to do?

Remaining registered without a licence may suit doctors if they are not practising medicine but nevertheless want to retain GMC registration.

Holding registration without a licence allows doctors to show to employers, overseas regulators and others that they remain in good standing with the GMC. It remains a doctor's responsibility to be familiar with **Good Medical Practice** and to follow the guidance it contains.

Doctors can, of course, undertake activities not legally dependent on holding a licence. For example, they can continue to sign passport photographs and use the title 'Doctor'.

Doctors must however be explicit and proactive about their GMC status. They must make it clear whether they are registered with or without a licence to practise. To present themselves as registered with or without a licence when they are not, is a criminal offence.

The lack of a licence does not prevent doctors from providing assistance in emergencies - sometimes referred to as 'Good Samaritan' acts. Any concerned citizen is able to perform such acts, with or without registration or a licence to practise.

Doctors should check with their medical defence organisation or insurer if they are concerned about any potential liabilities arising from performing such acts or whether their present arrangements will cater for such acts if they are registered without a licence.

Good Medical Practice states: 'In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options of care.'

Doctors holding registration without a licence, will not be subject to the requirements of revalidation because they will have no licence to renew.

Remember: Doctors need a licence if they want to practise in the UK

When will revalidation begin?

The first revalidations will not happen before 2011. These are likely to be pilots with volunteers. From there the roll-out of revalidation will be incremental so that we can build on the early learning. At this stage, it is not possible to say when each doctor will be expected to have been revalidated.

The GMC introduced licensing on 16 November 2009. Licensing is the first practical step towards revalidation. Only when we are sure that the necessary systems and arrangements to support doctors are in place, will we begin to implement revalidation.

Once revalidation is introduced, licences will be subject to periodic renewal, probably every five years.

[More information about the timetable for revalidation is available in our Revalidation FAQ section.](#)

How will I know if I have been granted a licence?

We will notify doctors in writing when their licence has been granted. We will not, however, issue certificates or cards.

Instead, a doctor's status as registered with a licence to practise will form part of their electronic record held on the GMC registration database. Anyone can check whether a doctor is registered with or without a licence by accessing our online **[List of Registered Medical Practitioners](#)**.

Can I restore my licence if I have relinquished it?

Yes. If you have voluntarily given up your registration or your licence to practise, or both, or they have been withdrawn for reasons unconnected with fitness to practise, you can apply for them to be restored.

[Read about how to apply for a licence](#)
[Read about how to apply for restoration to the register](#)

I have no direct clinical contact with patients but I occasionally write medical reports and do some medico-legal work. Do I need a licence?

Doctors should check this out with those who instruct them. There may be a contractual requirement but, if not, they may still want doctors to hold a licence to show that they are up to date and fit to practise.

If doctors do not have a licence or registration, they must not claim or imply that they do.

Does my GMC reference number change if I hold a licence?

No, your GMC reference number does not change if you hold a licence; no other number will be issued in respect of the licence to practise.

We expect you to continue using your unique seven digit GMC reference number in all your professional dealings. This number was issued to you when you first registered with the GMC. This number will remain with you throughout your career, regardless of the type of registration you hold, whether you relinquish and then subsequently restore your registration, and whether or not you hold a licence to practise.

The reference number is a unique identifier which enables anyone to confirm a doctor's GMC status via the online Register or by telephoning the GMC.

I work overseas: do I need a licence?

Unless required by an overseas employer, there is no need for doctors to maintain a licence to practise if they are not practising in the UK.

Doctors will need a licence before they can practise again in the UK, even for a short period.

Doctors who decide to hold a licence while working overseas will be expected to take part in revalidation when it is introduced. For further information, please read our frequently asked questions about [**revalidation and working overseas**](#).

I am an international medical graduate and have not previously held registration with the GMC. Can I apply for registration without a licence?

No. If doctors have not been registered before, they have to apply for a licence. It is not possible to apply for registration without a licence. This applies to all doctors who are registering with the GMC for the first time.

How much does it cost to hold a licence?

There is an annual fee for registration with a licence to practise.

See our [**fees section**](#) for a full list of current fees.

Do I have to pay to remain registered without a licence?

Yes. Doctors who remain registered without a licence will also pay an annual fee. See our [**fees section**](#) for a full list of current fees.

How could the GMC's Fitness to Practise actions affect a doctor's licence to practise?

The GMC's Fitness to Practise sanctions will continue to attach to a doctor's registration. Where a doctor's name is suspended or erased from the Register by a Fitness to Practise Panel, we will automatically withdraw a doctor's licence.

Where a doctor's registration is subject to conditions or undertakings which restrict their practice they will still be entitled to hold a licence but must continue to adhere to any conditions or undertakings imposed on their registration. If they do not, their licence and registration will be at risk.

Questions about revalidation

The following paragraphs provide answers to some frequently asked questions about revalidation. They are not exhaustive. If you have other questions, please let us know and we will do our best to help you.

It is also important to remember that the revalidation process is still being developed and some things may change as we learn more through consultation and piloting the procedures. This means that there are some questions for which we do not yet have definitive answers.

We will add to the questions and update the answers from time to time.

Section 1: Some general questions about revalidation

What is revalidation?

Revalidation is the process by which doctors holding registration with a licence to practise will have to demonstrate to the GMC, normally every five years, that they are up to date and fit to practise and complying with the relevant professional standards.

What is the purpose of revalidation?

The purpose of revalidation is to confirm that all doctors holding registration with a licence to practise are up to date and fit to practise. Revalidation will have three elements:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards.
- For doctors on the specialist register or GP register, to confirm that they meet the standards appropriate for their specialty.
- As a backstop, to identify for further investigation, and remediation where appropriate, doctors whose practice may be impaired.

Isn't revalidation really all about catching the next Harold Shipman?

This is a common misconception. Revalidation is not about responding to the case of Harold Shipman. Instead, it is one of several mechanisms intended to contribute to improvements in the quality of care by giving focus to doctors' efforts to keep up to date and improve their practice.

Is it going to mean a huge burden of additional bureaucracy for the profession and the NHS?

Revalidation is really the by-product of having effective local systems for clinical governance developed to meet the needs of the NHS and other healthcare providers. As such, it will be based on elements that most doctors are already familiar with as part of their work, such as annual appraisal and audit. Work needs to be done to ensure that these local mechanisms are sufficiently robust, but by building on arrangements that are already in place we aim to minimise additional burdens.

Do I have to take part in revalidation?

If you are a practising doctor holding registration with a licence to practise (see Questions about licensing section) you will have to participate in revalidation.

How will revalidation work?

See sections 2-9 of these FAQs for further details.

Section 2: Questions about relicensing v recertification

I am on the specialist register and a practising consultant. Does this mean that I will have to renew my licence to practise and then recertify? What do I need to do to get through the two processes and how does this relate to revalidation?

Revalidation is the umbrella term that covers both relicensing and recertification. In practice, revalidation will be a single set of processes that covers both elements. If you are meeting the requirements for the recertification of your entry in the specialist register, this will also cover your relicensing. You will not need to do anything extra.

To revalidate, you will need to show that you are continuing to practise in accordance with the standards that the relevant Royal College or Faculty has prescribed for your specialty. The Colleges and Faculties are in the process of developing and agreeing with the GMC the applicable standards and the information that you will need to collect to show that you are meeting those standards. The specialty specific standards will be linked to the generic standards of practice that the GMC has set for all doctors. Provided that you are able to demonstrate through your practice that you are meeting the specialty standards described by the College, you should also meet the more generic professional standards set by the GMC.

Your revalidation will be based upon a process of annual appraisal in the workplace. Your employer should organise this. The information that you collect about your practice will contribute to your annual appraisal. It will show how you are meeting the relevant standards.

The outputs from your appraisals will be considered by your Responsible Officer (see glossary). Assuming that there are no significant unresolved concerns about your practice, and you have continued to demonstrate through your appraisals that you are adhering to the standards for revalidation, a recommendation will be made by the Responsible Officer to the

GMC, normally every five years, confirming your continuing fitness to practise and suitability to be revalidated.

How often will I need to revalidate?

For most doctors revalidation will operate on a five year cycle. That is to say, the GMC will normally require confirmation every five years from your Responsible Officer (see glossary) that you are practising to the appropriate professional standards and that there are no significant unresolved concerns about your practice. However, the GMC has powers to vary the periods between revalidations where appropriate.

Although revalidation will normally operate on a five year cycle, it is important to remember that revalidation is not a fifth year process. It is about demonstrating throughout the five years that you are practising to the appropriate standards by, for example, your participation in annual appraisal, participation in CPD and by obtaining feedback from patients (where applicable) and colleagues.

Section 3: Questions about methods and evidence for revalidation

Will I have to pass an examination in order to revalidate?

For practising doctors, this is very unlikely. That is because revalidation is about what doctors do in their actual practice. In most cases, an examination would not tell us about this. Some specialties are proposing to use on-line open book knowledge assessments as part of CPD and this would contribute to the evidence for revalidation, but no one is proposing a formal examination for practising doctors.

Instead, revalidation will be based upon annual appraisal in the workplace. It will require you to show, within the context of your practice, that you are meeting the **generic standards of practice set by the GMC** and, in the case of doctors on the GP register or specialist register, the particular standards described by their College for their specialty.

If you have no medical practice of any kind (either clinical or non-clinical), and still wish to maintain a licence, an objective evaluation such as an examination incorporating a knowledge and skills test may be the only practical way for you to demonstrate your continuing capability for practice. However, if you are not involved in any form of medical practice there is no need for you to retain a licence to practise. If you don't have a licence you will not need to revalidate.

Will my employer's existing appraisal process satisfy the requirements for revalidation?

Your annual appraisal will be the main way in which you will demonstrate that you are meeting the standards required for revalidation. We know, however, that the quality of appraisal in different parts of the UK is, at present, patchy and not adequate for revalidation purposes. In many cases, employer appraisal systems will need to work more effectively. Work on this is underway. We will not start revalidating doctors until we are confident that appropriate systems are in place. For information on how we propose to roll-out revalidation gradually as systems become robust enough to support it, see section 10.

The GMC has developed a **framework for appraisal and assessment** which will support the delivery of revalidation. The framework sets out generic standards of practice which all doctors will need to meet. The medical Royal Colleges are translating these into specialty specific standards and describing the sort of information that doctors working in the different specialties will need to provide for their revalidation. This framework is now being incorporated into enhanced systems of appraisal so that when you come to revalidate you will be able to use your appraisal to demonstrate that you are meeting the required standards.

Must my appraiser be medically qualified and work in my specialty?

The NHS Revalidation Support Team in England (see glossary) is currently reviewing its guidance on medical appraisal. This states that to improve challenge and facilitate evaluation the appraiser should be familiar with the role and working environment of the appraisee. For specialists and GPs this will usually mean that the appraiser

is from the same specialty, but not necessarily from the same sub-specialty as the appraisee. Whether or not this is the case, the GMC will require the arrangements to be appropriately quality assured.

I am self-employed, I work wholly outside the NHS and there is no local process through which I can be appraised. Will I be able to access an appraiser and Responsible Officer provided by my College/Faculty?

We do not know whether individual Colleges/Faculties intend to provide appraisal facilities for their members who do not have access to local arrangements. But, in principle, yes. To meet the requirements of revalidation, any appraisal service offered by your College/Faculty, or by another agency, will need to incorporate the GMC's framework for appraisal and assessment and be appropriately quality assured.

Eligibility to fulfil the Responsible Officer role is not a matter for the GMC. This is likely to be determined by legislation and guidance which will be produced by the Departments of Health. We expect to receive further information about this later in the year, including how doctors working outside standard NHS systems will link with a Responsible Officer. Whether your College/Faculty could fulfil the Responsible Officer role is likely to depend upon the legislation and guidance.

I keep hearing about multi-source feedback from patients and colleagues being part of the requirements for revalidation. Will the GMC organise this for me?

Multi-source feedback from patients (where relevant – some doctors do not have patients) and colleagues will be one element of revalidation. The GMC will not organise this for you. It will need to be organised through your workplace.

The GMC is developing some generic questionnaires to capture patient and colleague feedback. These questionnaires are currently undergoing extensive research to confirm their validity and reliability across a range of settings. If successful, our intention is to make these questionnaires available to anyone who wishes to make use of them.

It will not be mandatory to use the GMC questionnaires. Other questionnaires will be acceptable provided that they satisfy principles and criteria set by the GMC that demonstrate they are robust, valid and reliable for the purpose of revalidation. Later this year we will be consulting on the principles and criteria that will need to be met.

How many hours CPD will I need to complete in order to revalidate?

The medical Royal Colleges/Faculties are developing the standards that doctors will need to meet in their particular areas of specialist practice in order to revalidate. They currently require all doctors to complete 50 credits of CPD per annum and a total of 250 credits in a five-year revalidation cycle. This applies whether you are full-time or part-time.

The Colleges are also describing the type of information that doctors will need to provide to show that they are meeting those standards. You should therefore get in touch with your College/Faculty for advice about the CPD requirements in your specialty.

What is the minimum number of clinical sessions that I would need to work in order to revalidate?

Our current thinking is that revalidation will not require doctors to undertake a set minimum number of hours or sessions.

Instead, doctors will need to be able to provide the information about the full range of their practice that has been described by their College/Faculty for their particular specialty, including fulfilling CPD requirements. That is because it is the Colleges/Faculties that are best placed to say what information is necessary to show that a doctor is practising appropriately for their specialty or field of practice.

This specialty information will, however, need to cover the four domains described in the GMC's **framework for appraisal and assessment:** knowledge, skills and performance; safety and quality; communication, partnership and teamwork; and maintaining trust.

Section 4: Questions about work undertaken overseas

I am on the specialist register and have worked for many years in the UK. I have moved to another country to work, but would like to return to the UK in a few years time. What can I do to maintain my licence to practise?

Unless your overseas employer requires it, there is no need for you to maintain your licence to practise if you are not practising in the UK. You can voluntarily relinquish your licence and apply for it to be restored when you return to the UK, at no cost. Restoring your licence and your entry in the specialist register will usually be straightforward, although if you have been away for more than two years we may require you to work initially in a GMC approved practice setting (see glossary). It will generally be easier for you to do this than to maintain them while working overseas.

If you decide to maintain your licence to practise while you are working abroad you will need to participate in revalidation. Revalidation is being designed to ensure that doctors practising in the UK are doing so to the appropriate professional standards, and systems (such as enhanced appraisal and multi-source feedback) are being put in place to support this. Because those systems, or equivalent systems, may not exist in other countries, revalidation will be less straightforward for you. You will still be required to show that you are meeting the same professional standards as doctors practising in the UK, but the information and systems that you use to demonstrate this will obviously be different.

What information you can provide will, to some extent, be determined by the systems and processes in place where you are working. But you will need to look at the standards that the College/Faculty is developing for the specialty for the purposes of revalidation, and at the examples of supporting information it will list as necessary for showing you are meeting those standards. Those standards are based on the generic *Good Medical Practice* standards set by the GMC that all doctors will need to meet.

For doctors in the UK, systems of annual appraisal will provide confirmation that they are meeting the required standards. Depending on your circumstances overseas, it seems likely that participation in an appraisal system abroad will not always, in and of itself, be sufficient to assure the GMC that you can be revalidated.

You should therefore remain aware of the evidence requirements for NHS appraisal and keep collecting this in relation to your clinical practice (wherever this may be). These requirements are being debated currently. In England, the NHS Revalidation Support Team (see glossary) will soon be publishing their proposals for ensuring that NHS appraisal meets the requirements of revalidation.

The GMC will also require confirmation of your continued good standing with the medical regulator in the jurisdiction where you are working.

Finally, you will also need to be linked to a Responsible Officer (see glossary) in the UK who will make a recommendation to the GMC about whether you should be revalidated. The Responsible Officer will normally be a senior doctor in a UK healthcare organisation, such as the medical director. The Responsible Officer will have specific duties relating to the evaluation of doctors' fitness to practise for the purpose of revalidation.

We are waiting to hear from the UK Departments of Health about how the Responsible Officer system will work in practice for doctors who are overseas. Further information is expected later in the year.

I am intending to work abroad for a couple of years. If I give up my licence to practise will I need to revalidate or pass a test of some kind in order to re-gain my licence?

This is highly unlikely. Our aim is to make it easy for doctors who are taking career breaks or moving overseas for a short period to re-enter the workforce once they are ready to resume medical practice in the UK.

However, we will reserve the option to require someone to revalidate at the point of restoring their licence if it has become clear that they

are repeatedly relinquishing and then restoring their licence in order to avoid undergoing revalidation.

If I am working outside the UK will I need a UK-based Responsible Officer?

You will only need to link with a Responsible Officer if you hold a licence to practise. The rules and regulations surrounding the role of the Responsible Officer are matters for the Departments of Health. Further information about how doctors in different circumstances will link with a Responsible Officer is expected from the Departments of Health later this year.

Section 5: Questions about revalidation and training

Are doctors in training expected to participate in revalidation? If so, can I use the documentation in my Specialty Training Record as evidence for Revalidation?

Yes. Doctors in training will participate in revalidation. We expect to produce more detailed information later in 2009. But the intention is that doctors in training should be able to use the record of their progress through training for the purposes of their revalidation. We do not anticipate trainees having to meet a separate set of requirements.

Section 6: Questions about different types of medical practice

I work in an area of medical research in which I do not prescribe or see patients. Will I be able to revalidate given that I do not undertake any clinical work and cannot collect feedback from patients?

Yes. Even though you are not involved in clinical work you will still be able to revalidate.

If you hold a licence to practise your revalidation will be based on the work that you do. Even if you do not see patients, you should still be able to obtain feedback on your work from colleagues and participate in an annual appraisal based on the GMC [framework for appraisal and assessment](#).

I work in non-clinical medicine and don't currently see patients. Will revalidation prevent me from returning to clinical medicine later in my career?

No. When you revalidate you will renew your licence to practise. Your licence is generic. It will not restrict you to working in a particular specialty or field of practice. You will, however, be bound by the professional obligation in *Good Medical Practice* to recognise and work within the limits of your competence. If you have been out of clinical medicine for a significant period it will be your responsibility to consider what additional support you might need to help you to re-enter clinical practice safely.

I am on the specialist register but have moved into commercial pharmaceutical research. Do I need to maintain my registration, my licence to practise or my certification?

Whether you need to retain a licence to practise or registration will depend upon the work you are doing.

You should discuss the situation with your employer since there may be a contractual requirement, or other expectation, for you to maintain a licence to practise or registration without a licence.

If you decide to maintain a licence to practise, your revalidation will be based on the work that you do. Even if you do not see patients, you should still be able to revalidate by participating in annual appraisal based on the GMC **framework for appraisal and assessment** and obtaining feedback from colleagues.

I am a retired GP who does sessions in dermatology clinics. How do I revalidate?

Revalidation is based on what doctors do in practice. You will need to show that you are working in dermatology in accordance with the standards relevant for that specialty and you will do this through your participation in workplace appraisal.

I am a locum consultant and not on the specialist register. Do I still need to recertify?

Technically, only doctors who are on the specialist register or the GP register will recertify. That is because it is a doctor's entry in one or other of those registers that is being recertified. However, there will not be a wholly different set of processes and requirements for recertification and relicensing. It will be a single, integrated process of revalidation.

As a locum consultant, you will still be required to demonstrate that you are practising to the appropriate standards for the specialty in which you are working and the level at which you are practising. Whether you are on the specialist register or not, the specialty standards that you need to meet will be the same.

This is possible because revalidation for all doctors will be largely rooted in the evidence of their actual practice, and the information you provide to support your revalidation will reflect what you do as a doctor. Your Royal College/ Faculty will be able to provide you with guidance on the specialty standards and information requirements in your specialty.

I am a specialty doctor (SAS grade) who has practised in my specialty for the last 10 years in the UK. I do not have the Fellowship and am not on the specialist register. Will I need to be recertified, and if so why and how?

Technically, only doctors who are on the specialist register or the GP register can recertify. That is because it is their entry in one or other of those registers that is being recertified. However, there will not be a different set of processes and requirements for recertification and relicensing. Revalidation will be a single, integrated process.

Therefore, even though, technically, you will not be recertifying, you will still be required to demonstrate that you are practising to the appropriate standards in the specialty in which you are working. Whether you are on the specialist register or not, the specialty standards that you need to meet will be the same. What

may differ is the nature of the information about your practice that you will provide to show that you are meeting those standards. Because revalidation for all doctors will be largely rooted in the evidence of their actual practice, the information you provide will reflect what you do as a doctor. The medical Royal Colleges/Faculties are currently developing guidance on the specialty standards and information requirements in the different specialties.

The revalidation process will be the same for you as for doctors on the specialist register.

You will need to participate in a process of annual appraisal. You will need to bring to the appraisal process information to show how you are complying with the standards set for your specialty. The outputs from the appraisal process will be considered by your Responsible Officer (see glossary) and will contribute to the recommendation to the GMC about whether you should be revalidated.

I work as an academic and a clinician. Will my revalidation have to be based on the same evidence (content and breadth) as a full-time clinician? What about the evidence from my university appraisal process?

Yes. Revalidation needs to affirm that you are practising in accordance with the standards appropriate for your specialty. So you will need to be able to show that you are meeting those standards in the work within your specialty that you do.

Appraisal for revalidation will cover your work, including your academic work. But this will not require you to undergo separate revalidation processes for the different elements of your clinical and academic work. You should be able to demonstrate your continuing fitness to practise for the purposes of revalidation through an appraisal process if that process is compliant with **Follett principles**.

I am a senior manager in my Trust (associate medical director) but I still undertake a limited amount of clinical work. I hope to maintain my clinical role. How should I prepare for revalidation?

Your revalidation will be based on the whole of your medical practice, both clinical and non-clinical.

Although you are only undertaking a limited amount of clinical work, you will need to be able to show that you are meeting the standards appropriate for your specialty across the breadth of the clinical work that you do. Your College/Faculty will provide guidance on the information you will need to collect to show that you are meeting those standards.

Your annual appraisal will need to cover the non-clinical, as well as the clinical, aspects of your work. Guidance on the appraisal process that is being developed by the NHS Revalidation Support Team (see glossary) will provide for this.

I am a final year Specialist Registrar (SpR) and will get my Certificate of Completion of Training (CCT) later this year. I understand that I will need to be revalidated in the future, but what do I need to do now?

Once you have obtained your CCT you will be eligible to be included in the GMC's specialist register or GP register. To revalidate, you will need to show that you are continuing to practise in accordance with the standards that the College has prescribed, and the GMC approved, for the specialty. The Colleges are currently in the process of describing the information that you will need to collect to show that you are meeting the applicable standards. These specialty specific standards are linked to the generic standards of practice that the GMC has set for all doctors. Provided that you are able to demonstrate through your practice that you are meeting the specialty standards described by the College, you should also meet the standards set by the GMC.

Your revalidation will be based upon a process of annual appraisal in the workplace. Your employer will organise this. The information that you collect about your practice will contribute to your annual appraisal. It will show how you are meeting the relevant standards. You should also be able to draw upon the information you have accumulated in your supervised training programme.

The outputs from your appraisals will be considered by the Responsible Officer (see glossary) in your healthcare organisation. As long as you are complying with the relevant professional standards and there are no significant unresolved concerns about your practice, a recommendation will be made to the GMC, normally every five years, confirming your continuing fitness to practise and suitability to be revalidated.

This process will be quite straightforward. The important thing is to ensure that you do not wait until the end of the five year revalidation cycle to begin assembling the information that you need. Proposals from the NHS Revalidation Support Team include that your appraiser will review your portfolio at each appraisal so as to guide you about whether there are any gaps in your portfolio of information as you move through the process. Your College should also be able to advise you.

I am a European national and work in the UK occasionally for a few weeks a year. Do I need to be licensed and participate in revalidation?

Yes, you need to hold a licence to practise. Your licence will be granted when you register with the GMC. If you hold a licence and full registration you will need to revalidate. This applies whether you are established in practice in the UK or, for example, here to provide regular locum services.

There will be a small number of EEA doctors who are only granted temporary registration and a licence because they are providing only temporary and occasional services in the UK (usually just a few days or weeks a year). An

example might be a visiting academic who is here to demonstrate a particular procedure. Under EC law we cannot require this group of doctors to participate in revalidation. However, if the services they are providing cease being temporary and occasional and they become established here in the UK, they will be required to revalidate.

If you are an EEA doctor and are uncertain about your registration and licence status, you should contact the GMC for further advice.

Section 7: Questions about breaks in service

I have been ill for over a year and have missed both my appraisal and much CPD activity during that time. What should I do to get revalidated?

If you are on long term sick leave, there is no need for you to maintain a licence to practise. You can relinquish your licence and apply for it to be restored once you are fit and well. However, before relinquishing your licence you should check with your employer about whether there is any contractual need for you to retain it while you are on sick leave.

Assuming that you are now back at work, the fact that you missed an appraisal and CPD activity while you were on sick leave should not prevent you from revalidating.

In general, the GMC will expect evidence for revalidation to be not more than five years old. If you have no medical practice or CPD to draw on over the last year, account will be taken of information relating to your four years' medical practice prior to that. Your next revalidation date will then be set for four years' time; that is to say, a total of five years from the date of the most recent evidence for your last revalidation.

I took a career break a few years ago and during that time I did not hold a licence. Once I have restored my licence how soon will I need to revalidate and how will I meet the requirements if I don't have five years of work to draw on?

We still have some work to do to finalise exactly how we will approach this situation, but our current thinking is as follows.

Doctors will normally be expected to revalidate every five years. If your career break was of less than five years, you will normally be required to revalidate on the anniversary of your five-year cycle. That will mean that you will have less than five years' work to draw upon for your revalidation. This will not matter as long as you have sufficient information about your practice to show that you are meeting the relevant standards (see section 3 about methods and evidence for revalidation). If you have only been back in practice for a very short time before your revalidation falls due, we might need to defer your revalidation date for a short period to give you the opportunity to generate more information to support your revalidation.

If your career break was longer than five years, your licence will be restored but you will be required to revalidate within two years of returning to practice. You may also be required initially to work in a GMC approved practice setting (see glossary). If you would prefer to revalidate earlier, you will be able to do so after six months.

Section 8: Questions about retirement

I am an NHS consultant and have just decided to retire but would like to work part-time for a few years. Do I need to revalidate and how long will it last for?

Yes, even if you are working part-time you will need to participate in revalidation.

The revalidation process will be exactly the same whether you are part-time or full-time. You will need to participate in a process of

annual appraisal. You will need to bring to the appraisal process information to show how you are complying with the standards and information requirements set by your College. (For doctors who are not in full-time practice, the College will also describe the minimum information that will be needed for revalidation in the specialty.) The outputs from the appraisal process will be considered by your Responsible Officer (see glossary). The outputs from your appraisal will contribute to a recommendation to the GMC, normally every five years, about whether you should be revalidated.

Once the system of revalidation is up and running, a doctor's revalidation cycle (the period between each revalidation) will normally be every five years, but the GMC has powers to require doctors to revalidate at longer or shorter intervals, as required.

The plans for the roll-out of revalidation are still being developed (see section 10). At this stage, it is not possible to say precisely when you will first be required to revalidate. However, the GMC intends the roll-out for the profession to be undertaken gradually over several years, beginning with piloting. The first revalidations are unlikely to take place before 2011 and only where quality assured local systems of appraisal and clinical governance are in place.

Section 9: Questions about work in the independent sector

I am a doctor working solely in private practice in the UK. How can I be revalidated?

The requirements for your revalidation will be the same, regardless of whether you are working in the NHS or in the independent sector.

You will need to participate in a process of annual appraisal within your workplace. As part of that appraisal process, you will need to show that you are complying with the standards and information requirements specified by the College for the specialty. For advice about appraisal in the independent sector you might find it helpful to contact

the Independent Healthcare Advisory Service (www.independenthealthcare.org.uk) or the Independent Doctors' Forum (www.theidf.org).

You will also need to link to a Responsible Officer within the main organisation within which you are working who will make a recommendation to the GMC regarding your revalidation. Although many of the practical details around how the Responsible Officer system will function are still being worked out, the expectation is that large independent sector providers will have their own Responsible Officers.

We recognise that some doctors in private practice do not work in managed organisations. Further information about how they, and other doctors in a range of different circumstances, will link with a Responsible Officer is expected later this year from the Departments of Health.

I work in both the NHS and private sector. How will I revalidate?

The arrangements will be the same for you as for other doctors. You will need to participate in annual appraisal in the workplace and show that you are meeting the specific standards relevant to your specialty.

Because your practice spans both the NHS and independent sector, your revalidation will need to take account of your work in both sectors. Your appraisal will take place in the sector where you do the bulk of your work.

Work is currently being undertaken through the Independent Healthcare Advisory Service to ensure that doctors with both NHS and independent sector commitments can benefit from whole practice appraisal.

I am not a member of any Royal College or specialty association. How will I revalidate?

Even though you are not a member of a medical Royal College you will still be able to revalidate. The College will be able to assist you in meeting the requirements for revalidation, for example through CPD. Some Colleges may also provide appraisal facilities for doctors in their specialty

who do not have access to workplace appraisal. Colleges may charge a fee for using their facilities.

Section 10: Questions about the timetable for and roll-out of revalidation

The GMC introduced licences to practise for all doctors on 16 November 2009. When will my licence expire?

Your licence to practise does not have a set expiry date. However, if you have a licence to practise you will be required to participate in revalidation once implemented. How soon you will be called for revalidation will depend upon the way in which the GMC implements the roll out of revalidation (see questions and answers below).

What are the timescales for introducing revalidation?

The first step was the introduction of the licences to practise on 16 November 2009.

We have already begun some piloting of revalidation. So far, this has mostly focused on looking at the robustness of the systems that will be needed to support the revalidation process, such as annual appraisal in the workplace.

We have said that we will take a phased approach to introducing revalidation. This will mean starting where the systems needed to support revalidation are ready and fit for purpose. There are several different ways we might approach this. For example, we could start by geographical area, by specialty or by workplace environment. We are currently considering the most appropriate options.

The first revalidations will not happen before 2011. These are likely to be pilots with volunteers. From there the roll-out of revalidation will be incremental so that we can build on the early learning.

At this stage, it is not possible to say when each doctor will be expected to have been revalidated.

I thought that the GMC was going to decide everyone's revalidation date based on their GMC reference number. Is that still the case? If not, why not?

That had been our intention back in 2004/5. However, this approach was based on a requirement that the local workplace systems necessary to support doctors in their revalidation would be in place and functioning effectively across the UK. It has since become clear that this requirement has not been met. Were we to decide doctors' revalidation date based on their reference number, there would be a serious risk of some doctors struggling to meet the requirements of revalidation, not because there were problems with their fitness to practise, but because the systems within which they were working were not sufficiently mature to support their revalidation. This would have been unfair and would defeat the whole point of revalidation.

For this reason, we will start revalidation where systems are strong and able to support doctors in affirming that they are meeting the required standards. There are several different ways we might approach this. For example, we could proceed by geographical area, by specialty or by workplace environment. We are currently considering the most appropriate options.

Section 11: Questions about doctors who do not revalidate

What will be the consequences for my revalidation if there are concerns about my standard of practice?

We expect that the vast majority of doctors will have no difficulty meeting the standards for revalidation.

Where there are concerns about any aspect of a doctor's practice these should be identified early and, where possible, addressed through appraisal and relevant local clinical governance processes. The identification of, and action on, concerns should not wait until a doctor is due to be revalidated by the GMC.

If, by the time a doctor comes to revalidate, there remain significant concerns about a doctor's fitness to practise which are so serious that the doctor cannot be recommended by the Responsible Officer (see glossary) for revalidation, the doctor would be referred into the GMC's fitness to practise procedures for investigation.

The GMC has a range of powers under its fitness to practise procedures. These include no action (in which case the doctor would be revalidated), a warning, conditions on registration, suspension from the register and erasure from the register.

What happens if I do not provide any information to support my revalidation?

If you wish to keep your licence to practise, you must participate in revalidation. If you do not, you run the risk of having your licence to practise withdrawn.

Section 12: The Responsible Officer and making the recommendation to the GMC

How will the responsible officer make a recommendation to revalidate?

The full details of how the Responsible Officer (see glossary) role will work are still being developed. Further information is expected later this year from the Departments of Health. However, in broad terms we expect the process will work as set out below once the whole system is up and running.

In the vast majority of cases, a recommendation from the Responsible Officer to the GMC to revalidate a doctor will be based on the positive demonstration of satisfactory standards through a cycle of five annual appraisals and the absence of unresolved concerns about performance.

During that time, the doctor concerned will have accumulated information about his or her practice to the standards advised by the relevant Royal College or Faculty. This information will be presented at appraisal.

The Responsible Officer will be familiar with the appraisal and local clinical governance processes and will have knowledge of whether there are any unresolved concerns about the doctor.

If the required information about the doctor's practice is present, the Responsible Officer will be able to make a positive recommendation to the GMC that the doctor should be revalidated.

We are currently working with the medical Royal Colleges and Faculties on the details of their role in the process and will be consulting on this and other elements of revalidation towards the end of 2009.

What if the Responsible Officer cannot make a positive recommendation?

There are two situations in which this is likely to occur.

The first is where the doctor, at the time of revalidation, has not been able to produce adequate information to support their revalidation (for example, because they have been on long term sick leave, or maternity leave, working overseas, or on a career break). In these circumstances, the Responsible Officer, having no specific concerns, but only partial information upon which to make a judgement, may recommend to the GMC that the date for revalidation be deferred to allow time for the accumulation of further information.

Where a doctor struggles to demonstrate adequate positive evidence, the appraiser will help to highlight weaknesses and gaps in the supporting information and give advice on how to strengthen the doctor's portfolio.

The second situation, which will affect only a minority of doctors, is where there are unresolved concerns about a doctor's practice.

These concerns might be in the process of management through local clinical governance or performance management routes, via the NCAS, or via the GMC's fitness to practise procedures. In these circumstances, the Responsible Officer may recommend that the revalidation date should be deferred until the concerns have been resolved, successfully or otherwise. However, if the concerns are sufficiently serious to indicate that patient safety is at risk, action under the GMC's fitness to practise procedures could result in restrictions on, or the removal of, the doctor's licence to practise/registration.

Glossary

Approved practice settings

All new fully registered and licensed doctors, and most of those restoring their registration with a licence to practise after a prolonged break, will initially have to work in practice settings that have been approved by the GMC.

This is in order to provide public protection by ensuring that all newly registered and licensed doctors work initially in environments with appropriate supervision, and appraisal arrangements or assessments. This will help to ensure that, in the small number of cases where problems arise, there are systems in place that are capable of detecting them early.

An approved practice setting is one which:

- a. Is regulated or quality assured by an independent organisation.
- b. Has in place systems for managing doctors effectively.
- c. Has in place systems for identifying and acting on concerns about a doctor's fitness to practise.
- d. Has in place systems for acting on and learning from complaints.
- e. Has in place systems to support provision for relevant training or continuing professional development so that doctors have access to and participate in activities to update the knowledge and skills relevant to their professional work.
- f. Has in place systems for challenging discrimination, and for promoting equality and respect for human rights.
- g. Has in place systems for providing regulatory assurance. This includes ensuring that all employed or contracted doctors are registered and licensed with the GMC and are able to comply with *Good Medical Practice*.

There is more information about approved practice settings, including a list of approved settings, on our website at www.gmc-uk.org/doctors/registration_news/new_framework/approved_practice_settings.asp.

Responsible Officer

The role of Responsible Officer is a new role created under the provisions of the Health and Social Care Act 2008. There will be some differences in the role in England, Scotland, Wales and Northern Ireland. However, the Responsible Officer will generally be a senior doctor in a healthcare organisation, such as the medical director. For GPs, the Responsible Officer is likely to be from the primary care organisation on whose performers list they are included.

The Responsible Officer will have specific responsibilities relating to the evaluation of the fitness to practise of doctors connected with that organisation. Every licensed doctor will be linked with a named Responsible Officer. One of the Responsible Officer's key roles will be to recommend to the GMC whether or not a doctor should be revalidated.

The Government is expected to publish legislation and more detailed guidance about the role of the Responsible Officer later in the year.

For more information about the Responsible Officer, please visit the [Department of Health website](http://www.gov.uk/government/organisations/department-of-health).

NHS Revalidation Support Team

The Revalidation Support Team (RST) is a Department of Health-funded body which exists to support the implementation of revalidation in England. For more information please visit www.revalidationsupport.nhs.uk.

Scotland

For information about the implementation of revalidation in Scotland see: www.scotland.gov.uk/topics/Health/NHS-Scotland/paper.

Northern Ireland

For information about the implementation of revalidation in Northern Ireland see: www.dhsspsni.gov.uk/index/hss/confidence_in_care.htm.



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