Executive summary
Doctors with prescribed connections work in environments subject to statutory safeguards in relation to clinical governance and appraisal set out in the Responsible Officer Regulations. We are able to seek assurance that they are up to date and fit to practise from a registered and licensed practitioner whose role is to ensure those safeguards are in place (a Responsible Officer (RO) or Suitable Person (SP)).

However, doctors without a connection to a RO or SP do not work in environments subject to these statutory safeguards. As such, there is no assurance about their fitness to practise from governance systems overseen by ROs and SPs.

From early 2016, licensed doctors who do not have a connection to a Responsible Officer or Suitable Person will be asked to undertake an assessment to support their revalidation.

Recommendation
The Revalidation Advisory Board is asked to note progress on the GMC’s plans to introduce the revalidation assessment, including its format and outcomes at Annex A.
Background

1. All doctors without a connection are required to make an annual return providing evidence of their engagement with revalidation. If they fail to provide a satisfactory return, without a reasonable excuse, we withdraw their licence to practise. Additionally, Regulation 6(8) of the Licence to Practise and Revalidation Regulations (the Regulations) gives us the power to require doctors with no connection to undertake (at their own cost) an assessment.

2. Revalidation decisions about doctors without a connection will generally be based on a package of assurances that includes both information from the annual return and the results of the assessment.

The annual return

3. In their annual return, a doctor is asked to make a fitness to practise and health declaration and to provide information about:
   - their scope of practice
   - the supporting information collected and discussed at their appraisal and participation in an appraisal meeting our criteria* in the preceding 12 months.

4. The annual return is accompanied by evidence from the appraiser and any organisation for which the doctor has provided medical services, as well as certificates of good standing from any regulatory body if they have been registered elsewhere in that period. An annual return is satisfactory if either it contains all the information requested along with evidence of compliance with our appraisal requirements or the doctor has provided a reasonable excuse for not providing the information or meeting a requirement.

5. As at August 2015, 7,500 doctors have told us that they do not have a connection. Around 5,000 of these doctors have reached the date by which we require their annual return. Of this number, just under 500 (10%) have submitted an annual return that meets all our requirements. Of the remainder, 2,800 (56%) have relinquished their licence or registration, and 600 (12%) have had their licence withdrawn. 800 have made a connection and the remainder are in the licence withdrawal process.

* See our guide for doctors to the licence to practise and revalidation regulations for further information, and in particular paragraphs 104 and 105 in relation to appraisal for doctors without a connection.
The revalidation assessment

6 The Regulations allow us, if we consider it reasonable, to ask doctors without a connection to take an assessment that is designed to evaluate their fitness to practise*. We will require them to take the assessment, unless†:

- they provide evidence of an acceptable alternative assessment‡ or
- the GMC decides, on a case by case basis, that it is not appropriate.

7 The doctors who need to take the assessment will bear the cost§. We are currently considering the fee we will charge and we will communicate this later in the autumn. The assessment will take place in the GMC’s Clinical Assessment Centre in Manchester. Detail about the format and outcomes of the revalidation assessment is at Annex A.

Predicting demand

8 We are using information drawn from the annual return process to predict how many doctors will book an assessment within the first year of operation. Of the 488 doctors with an approved annual return:

- 25% are working wholly overseas
- 12% have no current medical practice
- 5% undertake only medico-legal work
- 4% practice solely as crematorium referees
- 3% work in teaching or research
- 2% work only as GMC associates/panellists and
- 49% are self-employed, practising only occasionally, or working at an organisation that is not a designated body.

* Regulation 6(8)(a) of the Regulations.
† Regulation 6(8) of the Regulations. ‡ In October we will ask our Assessment Advisory Board’s advice on acceptable alternative assessments.
‡ In October we will ask our Assessment Advisory Board’s advice on acceptable alternative assessments.
§ Regulation 6(8) of the Regulations.
9 Based on these patterns, we estimate that around a third of doctors with an approved annual return might choose to sit the assessment. The remainder either do not need their licence to practise or will make a connection to a RO or SP. Our assumption is that doctors who do not currently need their licence will choose to give it up rather than face the expense and inconvenience of attending an assessment.

10 Based on existing return approval rates and the assumptions above, we currently estimate that around 150-200 doctors may decide to sit the assessment in 2016. However, we will continue to monitor numbers and revise demand predictions accordingly, given the assumptions and variables identified above.

11 We are developing the supporting IS and operational infrastructure to support delivery of the assessment in early 2016. This will include an online booking system for doctors so that they can choose, and pay for, the assessment most relevant for them.
Format and outcomes of the revalidation assessment

Format

1 The format of the revalidation assessment is at our discretion. We decided not to use the existing Professional and Linguistic Assessments Board (PLAB) test to deliver the revalidation assessment for all doctors without a connection as it is too generalist to be a valid approach. We also decided not to use our existing performance assessment process to deliver a bespoke assessment for individual doctors: it would be prohibitively expensive for doctors, given the cost of the multiple assessment components. We therefore decided to introduce a written (multiple choice) knowledge test as the GMC’s revalidation assessment.

2 We are negotiating a contract variation with the Academic Centre for Medical Education at University College London to deliver the revalidation assessment. This is where the knowledge test component of our tests of competence is already delivered. We will offer:

   a A range of generic tests focussed on broad specialities where material is available in the GMC’s existing bank of test of competence questions. For example, there will be a GP test for GPs, a psychiatric test for psychiatrists and so on.

   b A broader, more generalist test for doctors who are not practising, or have no recent practice, when we ask them to take the assessment).

3 This is an appropriate, proportionate and pragmatic solution. Written knowledge tests are widely used as an assessment tool in undergraduate and postgraduate education and training. They also form part of established tests of competence designed to
evaluate fitness to practise. Also, drawing on existing material will drive down assessment costs which will be borne by the doctors who take it.

Outcomes

4 The intention behind the statutory scheme is for concerns about a doctor’s fitness to practise arising during revalidation to be handled through our existing fitness to practise processes\(^2\). While failure to sit an assessment without reasonable excuse can result in licence withdrawal, failure to meet the appropriate standard in an assessment will be taken to raise a question about the doctor’s fitness to practise.

5 We will remove a doctor’s licence to practise where they do not meet the requirements of revalidation, for example where they fail to:

- provide information or evidence
- meet the requirements set out in our statutory guidance (including participation in appraisal)
- undertake an assessment when required to do so, or
- pay any fee required by us.

6 Doctors whose performance in the assessment is above the cut score will be revalidated subject to meeting all other GMC requirements for revalidation. However, we have no power to withdraw a doctor’s licence to practise solely on the basis of performance in the assessment. We will therefore require doctors whose performance is below the cut score to provide further assurance of their fitness to practise before we make a revalidation decision. For example, we may ask them to:

- sit the assessment again (at their own expense), or
- submit to other assessment designed to further investigate their fitness to practise (at their own expense).

7 Alternatively, we might ask them to consider relinquishing their licence to practise, which would save them the time, trouble and expense of further assessment.

\(^2\) Section 29C Medical Act 1983