To consider

Making revalidation decisions about doctors without a connection

Issue

1. The process for the revalidation of doctors without a prescribed connection to a designated body, or a connection to a suitable person, is comprised of two main requirements. The first, the submission of the annual return, has been operating since December 2013. The second, the doctor’s undertaking of an assessment designed to evaluate their fitness to practise (the revalidation assessment), is being developed for implementation in late 2015/early 2016.

2. We have developed a process for making decisions on the information received from this cohort of doctors. To support our decision making, we have drafted guidance that outlines our approach to making revalidation decisions, including the factors we will take into account when considering whether to remove a doctor’s licence for failure to comply with a revalidation requirement.

Recommendations

3. The Strategy and Policy Board is asked to:

   a. Approve the approach to, and guidance for decision-makers in relation to, making revalidation decisions for doctors without a connection.

   b. Agree the process for making revalidation decisions about doctors without a connection.
Making revalidation decisions about doctors without a connection

Issue

4 Doctors without a prescribed connection generally do not work in an environment subject to the statutory safeguards in relation to clinical governance and appraisal set out in the Responsible Officer Regulations. We are also not 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 or suitable person).

5 Since December 2013, an annual return process has been in operation for all doctors without a connection*. This ensures that we receive annual evidence of the doctor’s continuous engagement with revalidation requirements, including appraisal, and key information (such as their scope of practice). If a doctor has not had an annual appraisal, they must provide a reason why such an appraisal has not taken place and that reason must be acceptable to us.

6 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 an assessment designed to evaluate their fitness to practise. The GMC revalidation assessment is under development, and expected to be available by late 2015/early 2016.

Our current approach to annual return submissions

7 The vast majority of annual returns that we have processed have been incomplete, and over 70% of the doctors concerned have either not had appraisals or had appraisals that do not meet our criteria (around 150 of 202 annual returns).

8 Doctors have provided a variety of reasons to explain why they have not had an appraisal in the past 12 months. For doctors in the UK, these include that the doctor is not working, that they can’t find an appraiser, and simply that they do not believe they need to have an annual appraisal. For doctors overseas, these include that the doctor has no access to appraisals, and that they will have an appraisal when they return to the UK.

9 To date, when a doctor’s annual return indicates they have not had an annual appraisal that meets our criteria, we have automatically deferred their submission date by six months to allow them time to arrange a suitable appraisal. This was

* When we refer to doctors with no connection in this paper, we mean doctors without a prescribed connection or a connection to an approved suitable person.
always envisaged as a transitional approach to allow for the introduction of the new process and to allow doctors time to plan and schedule appraisals.

10 However, there has been no evidence so far that the six month deferral has led to doctors arranging appropriate appraisals, and in fact a significant proportion of these doctors choose to relinquish their licence during the deferral period. For this reason, and due to the development of the revalidation assessment, we have now reviewed our approach to assessing the information provided as part of the annual return and to the revalidation of doctors without a connection more generally.

**Approach to decision-making**

11 We have developed guidance, at Annex A, for Assistant Registrars making decisions about the revalidation of doctors without a connection.

12 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. The annual return is accompanied by evidence from their 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.

13 Each annual return is considered on its own merits. The information and evidence available in a doctor’s annual return will vary depending on the doctor’s scope of practice and their individual circumstances. We will consider an annual return to be satisfactory if it contains all the information requested along with evidence of compliance with our appraisal requirements. Where any information has not been provided or a requirement has not been met, we will consider an annual return satisfactory if the doctor has provided a reasonable excuse. This reflects the nature of our powers to withdraw a licence, as set out further below. Our guidance at Annex A explains what we consider a reasonable excuse and the factors we will consider when making this decision.

14 In most cases, before we agree to revalidate, we will also require a doctor without a connection to provide evidence of having undertaken, at their own expense, an assessment of their fitness to practise accepted by us as suitable for the purpose†. We do not revalidate a doctor based on the satisfactory submission of an annual return alone.

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* See our [guide for doctors to the licence to practise and revalidation regulations](https://www.gmc-uk.org) for further information, and in particular paragraphs 104 and 105 in relation to appraisal for doctors without a connection.
† In certain circumstances (e.g. where a doctor’s practice is so specialised that there is no assessment they could reasonably sit) we will exercise our discretion not to require the doctor to undergo an assessment.
15 This package of evidence provides the assurance necessary for us to make a revalidation decision comparable to that gained from a Responsible Officer recommendation, because it confirms that a doctor is having regular appraisals that meet our requirements, is collecting and reflecting on the appropriate supporting information, and has had an independent evaluation of his or her fitness to practise.

Doctors who do not meet our requirements

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

a Provide information or evidence.

b Meet the requirements set out in our statutory guidance (including participation in appraisal).

c Undertake an assessment when required to do so.

d Pay any fee required by us.

17 However, we can only withdraw a doctor’s licence to practise when there is no reasonable excuse for the doctor’s failure to meet our requirements. Our procedure for removing a licence requires us to write to the doctor providing no less than 28 days’ notice that we are minded to do so. This gives a further opportunity for the doctor to meet the requirements and/or give a reasonable excuse for failing to do so.

18 If we are intending to make a revalidation decision about a doctor, but they have a reasonable excuse for not meeting all requirements, we may decide to defer making a revalidation decision for a period, generally not exceeding 12 months, to allow them a further opportunity to do so.

Doctors who do not meet the necessary standards in the assessment

19 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*. Therefore, 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.

20 In these circumstances, the revalidation team will contact fitness to practise colleagues who will consider the evidence in the round and provide advice as to whether it is necessary to open an investigation into the doctor’s fitness to practise. If so, the revalidation decision process will be put on hold until the conclusion of that

* Section 29C Medical Act 1983
investigation, but the doctor will still be expected to continue to submit annual returns throughout the period of any such investigation.

21 Where there are insufficient grounds to open an investigation, we will consider whether we need any further information from the doctor to assure us about the areas where they have not been successful in the assessment. This could include requiring evidence of additional training. We may also ask the doctor to undertake the assessment again by their next submission date, as evidence that any remedial action has been effective.

The process for making decisions about doctors without a connection

22 A summary of the process for the revalidation of doctors without a connection is at Annex B.

23 In line with our public commitment to complete the first cycle of revalidation by March 2018, and in order to obtain objective assurance about this cohort of doctors at the earliest opportunity, we intend to ask those doctors who have told us they do not have a connection to undertake the revalidation assessment (or provide evidence of an acceptable alternative) as soon as practicable*.

24 In the majority of cases, we will ask doctors to sit an assessment once they have completed at least one annual return. The annual return will give us the information we need to understand the doctor’s scope of practice and to determine the nature of the assessment the doctor will need to undertake. Where doctors make and break connections we will develop protocols for sharing information between the revalidation team and the relevant Responsible Officer or Suitable Person.

25 Once doctors in this cohort have been successfully revalidated, we will generally only require them to have an assessment approximately every five years, after which we will make a revalidation decision. This is in line with the model for doctors with a connection. There may be circumstances (for example where we suspect a doctor is trying to wilfully avoid revalidation, or information from an appraiser indicates a potential concern) where we might ask for an assessment to take place more frequently.

* Unless we exercise our discretion, not to do so, in the individual circumstances of the case.
Supporting information

How this issue relates to the corporate strategy and business plan

26 Strategic Aim 2 of our Corporate Strategy: to help raise standards in medical education and practice. The proposals give a robust process for ensuring that doctors without a connection are up to date and fit to practise, and that all doctors with a licence to practise are regularly reflecting and reviewing their practice against our standards, being assessed against those standards, and taking responsibility for their continuing professional development and medical education.

How the issues support the principles of better regulation

27 This cohort includes doctors of varying ages, experience and training, working in varied fields of practice. Some will not be practising either in the conventional sense or at all. We have developed principles which aim to meet the key challenges of being fair and proportionate, consistent with the principles of the main model of revalidation and providing robust assurance regarding the doctor’s fitness to practise.

Resources

28 The revalidation process for doctors without a connection is more resource intensive than the main model of revalidation. The introduction of the additional elements of this process is likely to require a further increase in resources, for example to consider when to ask a doctor to undertake an assessment and to review the outcome of the assessment and inform doctors of outstanding requirements. We are not able to predict yet what additional resource may be required because this will depend on the number of doctors about whom we need to make decisions. The Fees Regulations will be amended to reflect the fact that the cost of conducting an assessment is borne by the doctor and to include a scrutiny fee to enable us to recover the cost of reviewing annual returns.

What equality and diversity considerations relate to this issue

29 Our data shows that older doctors and international medical graduates are disproportionately represented in this cohort compared to the overall population of licensed doctors. A full equality analysis is being undertaken looking at the impact of the revalidation assessment on this group. Further, as we develop the assessment we will engage with equality experts to ensure this is developed in a way which is fair, proportionate and non-discriminatory.

If you have any questions about this paper please contact: Juliet Oliver, Assistant Director – Policy and Regulatory Development, Joliver@gmc-uk.org, 0207 189 5459.
Guidance for revalidation decision makers

Decisions about doctors without a connection

1 This guidance covers the issues that GMC staff must take into account when making decisions about the revalidation of doctors without a connection to a designated body or a suitable person, and describes the action we will take where doctors are unable to meet our requirements. Decisions will be made on the basis of powers set out in the Medical Act 1983 (‘the Act’) and the GMC (Licence to Practise and Revalidation) Regulations 2012 (‘the Regulations’). This guidance should therefore be read in conjunction with these pieces of legislation.

2 This guidance is a living document and will be kept under review to ensure that our approach remains fair and that our decisions are robust.

Principles underpinning our approach

3 Every licensed doctor who does not have a connection to a Designated Body or Suitable Person should be able to meet these requirements. As set out in our statutory guidance to the regulations, it is the doctor’s responsibility to identify how they can meet the requirements and/or obtain the information and evidence necessary, and do so within the specified time.

4 Decisions about the revalidation of doctors without a connection will be made on the basis of compliance with the requirements outlined in our guidance. Where a doctor has not met our requirements, we will specify which requirement has not been met and/or which piece of information is missing.

5 Our considerations when making a revalidation decision for doctors without a connection, will be consistent with the advice we give in our guidance to aid responsible officers and suitable persons in making their judgements (see the GMC protocol for making revalidation recommendations for definitions and criteria for each of the decision categories).
6 We may refer a matter to a Registration Panel for advice at any time, using our powers under Regulation 7 (1(a)(ii) and (b)).

7 Our decisions will be fair and proportionate, weighing the interests of the public with those of the doctor, while acting strictly in accordance with our statutory powers and legal obligations.

**Revalidation decisions for doctors without a connection**

8 The process for the revalidation of doctors without a prescribed connection to a designated body, or a connection to a suitable person, is comprised of two main requirements. Firstly, doctors are required to submit an annual return to us which includes a fitness to practise and health declaration, information about their scope of practice, the supporting information collected and discussed at their appraisal, and evidence of participation in an appraisal that meets our criteria in the preceding 12 months. Secondly, in most cases, we will also require the doctor to provide evidence of having undertaken, at their own cost, an assessment of their fitness to practise conducted by the GMC or accepted by us as suitable for the purpose. This will generally be required at least once in every five years.

9 Following receipt of information from a doctor, we will consider and determine:

   a Whether or not we have enough information on which to make a decision (for example, where we are minded to withdraw the doctor’s licence on the basis of an unsatisfactory return, or where the doctor has undertaken an assessment, to reach a view on whether their licence can be continued).

   b If not, whether it is appropriate to defer making a decision pending the receipt of further information, or whether the doctor should be sent a new submission date for completing an annual return and/or undertaking an assessment.

**The revalidation decision**

10 The Act defines revalidation as an evaluation of a doctor’s fitness to practise. We can make one of one of three decisions about a doctor’s revalidation*. We can decide that:

   a the doctor should be revalidated, and as a result may continue to hold a licence to practise†

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* The criteria and definitions of all three decision types are outlined in the [GMC protocol for making revalidation recommendations](https://www.gmc-uk.org).  
† as per s29A (4)(d) of the Act
b the doctor should be given more time to meet the requirements and/or to provide us with additional information and evidence*.

c the doctor’s licence to practise should be withdrawn as a result of their failure, without reasonable excuse, to comply with any requirement of, or provide any evidence or information required for, revalidation†.

11 A doctor’s failure to comply with a requirement could take the form either of a failure to provide evidence or information to us‡, or to comply with a requirement of our guidance (for example to undertake an annual appraisal, or to undertake an assessment)§.

12 In order to exercise our powers to make a decision to withdraw a doctor’s licence we first need to establish that:

a the doctor has not complied with a requirement of revalidation; and,

b there is no reasonable excuse for this failure.

13 We have a statutory duty** to take account of any representations provided by a doctor when making a decision as to whether or not we should withdraw that doctor’s licence to practise. In addition, doctors have a statutory duty to provide written representations where they are unable to fully comply with our requests for information††.

Checks we will undertake before making a decision

14 We will consider the following when deciding whether the doctor should be revalidated, and therefore, continue to hold a licence to practise:

a information provided by a responsible officer or suitable person with whom they have had a connection since their last revalidation

b any information that we have requested or received from the doctor about their revalidation

* using our powers under regulations 6(15) and (17)
† under section 29E (1(b)) and (2(b)) of the Act and regulations 4(3)(a-g). Our decision maker’s guidance on withdrawal of a licence to practise provides more information about the circumstances in which we might withdraw a doctor’s licence to practise, and our process for doing this.
‡ As per regulation 4(3) (b), (d) and (e)
§ As per regulation 4(3) (a), (c), (f), and (g)
** under regulation 4 (4)(b)
†† under regulation 6(13)
c any information we already hold which is relevant to the evaluation of the doctor’s fitness to practise

d the results of any assessment the doctor has participated in

e evidence about the doctor’s participation in local systems and processes supporting revalidation

f information from the doctor’s appraiser, those they have provided medical services to, and any other regulator with whom they have been registered since their last revalidation*

15 To ensure that it is appropriate for us to make a decision we will cross check information and evidence submitted by the doctor, against other information that we hold about them. We will check that:

a the information and evidence has come from the doctor about whom we are making a revalidation decision

b the doctor is registered with a licence to practise

c the doctor doesn’t have a connection to a responsible officer or suitable person

d the doctor’s fitness to practise history does not include any current investigations that may lead us to postpone making a decision.

16 If our checks raise any significant issues we may seek clarification, using our powers under S29E (3) and (4) of the Act, from any of the following before making a decision: the doctor, those they have provided medical services to, their appraiser, or a previous responsible officer or suitable person.

17 Where a check confirms that there is currently an open fitness to practise investigation, we may postpone our revalidation decision or a decision to require the doctor to undertake an assessment for revalidation. This is to ensure both that we are in a position to determine that the doctor is up to date and fit to practise for the purposes of revalidation, and that we do not pre-empt the outcome of the fitness to practise process in making that decision.

* If the doctor was, and has continued to be licensed, since 1 December 2012 and has not yet revalidated then this will include comprise information from 1 December 2012. If the doctor has relinquished and restored their licence, or joined the Register for the first time since 1 December 2012 or their last revalidation, then this will include information from the most recent of the doctor’s first Registration or restoration of their licence.
What happens when a doctor can’t meet our requirements?

18 Our decision to withdraw a licence to practise is dependent on there being no reasonable excuse for the doctor’s failure to comply with the requirement(s) of revalidation. Therefore, in each instance, we will consider whether the doctor has provided a reason which explains and justifies their non-compliance.

19 Where a doctor cannot meet any of the requirements of our guidance we will make one of the following decisions:

   a Agree that the doctor has reasonable excuse for not meeting the requirements and/or providing all required information and evidence.

   b Reject the reason the doctor provided for not being able to meet our requirements and/or provide all required information and evidence.

   c Postpone making a decision on whether the doctor has a reasonable excuse until we have additional information.

20 We will refer the doctor into our fitness to practise procedures, where the doctor’s failure to meet our requirements raises a concern about their fitness to practise. In these circumstances, we will postpone making a revalidation decision about the doctor until the outcome of any fitness to practise investigation is known.

Outcome

21 If we accept that the doctor has a reasonable excuse for not being able to meet the requirements or provide the required information or evidence, we may:

   a decide the doctor does not need to meet the outstanding requirement on this occasion, but specify a timeframe within which the doctor must comply with any outstanding requirement by giving notice of a new submission date*. The length of any deferral given is likely to vary according to the doctors individual circumstances.

   b ask for alternative information or evidence to be provided†. For example, where a doctor drops a connection shortly before their revalidation date and we require confirmation of their engagement with revalidation from their previous responsible officer, or where we require proof of the reasonable excuse from a third party.

* Under regulation 6(15) to (17): Depending on whether the submission date has passed we can cancel the submission date or defer taking action in relation to the doctors revalidation at this time, and in either circumstance then can set a new date.
† Under regulation 6(10).
c provide notice of a new submission date and request that the doctor provides a further annual return and/or sits an assessment under regulation 6(8), designed to evaluate their fitness to practise.

d decide that we have sufficient information on which to make a decision to continue the doctor’s licence.

What constitutes a “reasonable excuse”?

22 We may agree that there is a “reasonable excuse” for not meeting our requirements where the doctor can demonstrate that they have been engaging with revalidation through evidence of active attempts to meet the requirements and/or that they have met the requirements to the extent possible within the circumstances.

23 For example, some pieces of evidence, such as patient feedback, may be harder to collect for doctors in particular areas of practice. However, we expect other requirements, such as continuous professional development and appraisal, to be met by all doctors with a licence to practise, regardless of their scope of practice, and even where they are not in practice. Exceptionally, we may be satisfied that the doctor has a reasonable excuse as to why these fundamental requirements have not been met, and cannot be met in the near future. In these circumstances, if the doctor nonetheless intends to retain their licence, we are likely to require the doctor to undertake a revalidation assessment at an early stage, in order to provide objective evidence that they are up to date and fit to practise.

24 We will review all available information (including current and previous submissions) for:

   i evidenced attempts to collect the information and/or meet requirements

   ii demonstrable consideration of alternative ways to collect information/meet requirements

   iii details of when and how the doctor expects to obtain outstanding information or meet the requirements

25 Some indicative examples of circumstances that we may consider comprise a reasonable excuse for failure to meet our requirements are provided below. These decisions will be taken on a case by case basis. We may seek to verify the reason given by the doctor, for example by reviewing data we hold on the doctor’s employment, or revalidation, registration and fitness to practise history, and/or gaining corroboration from a relevant third party.

a Doctors who have had, or are currently undertaking, a temporary break in practice, for example: parental leave (maternity, shared parental leave/additional paternity leave, adoptive); acting as a carer for a relative or partner; or a
sabbatical. This is because a break in practice may limit a doctor’s capacity to engage with processes, such as undertaking appraisal or the revalidation assessment, in the short-term. The action we would usually take in these circumstances would be to agree to an appropriate deferral period to provide the doctor with a further opportunity in order to meet the relevant requirement(s).

b Where we receive evidence demonstrating that a doctor’s ill-health has restricted the doctor’s ability to meet the requirements of revalidation, such as undertaking appraisal or the revalidation assessment, we will agree an appropriate deferral period for meeting the requirements targeted to their individual circumstances, bearing in mind the duration of any break from work and their current condition and prognosis. We would normally expect that a doctor who is able to continue practising despite their ill health, should be able to engage with revalidation. Where this is not the case, or where we have no reasonable expectation that the doctor might be able to meet the requirements in future, the doctor may wish to consider relinquishing their licence to practise.

c Where a doctor has recently dropped a connection, they may have had insufficient time in which to meet the requirements of revalidation for doctors without a connection (bearing in mind, for example, the criteria for appraisal differs slightly for this cohort of doctors). In this situation we are likely to defer revalidation to allow additional time for the requirements to be met.

d Doctors who have been prevented from collecting the required information or evidence, or meeting the requirements, due to the actions of a third party. We may consider that doctors have a reasonable excuse for not meeting all of the requirements, for example where: their appraiser cancelled their appraisal and it was not possible to find an alternative date in advance of the revalidation submission date; or they were unable to undertake the revalidation objective assessment as there was no availability in advance of their submission date.

26 Where we reject the reason the doctor provided we will notify them of this, and either:

a provide a further opportunity for the doctor to supply any outstanding information or evidence, or meet any outstanding requirements; or,

b tell the doctor that we are minded to withdraw their licence to practise* unless they meet the outstanding requirements, or provide the missing information or evidence within the given timescale. If the doctor does not then meet the requirements/provide the information or evidence or provide a reasonable excuse

* Where we do this, under regulation 4(4) (a) we are required to give notice of our intention to do so, and explain on what grounds.
why they are unable to do so, we will then write to the doctor explaining that we
will be removing their licence, giving reasons.

Last updated: October 2014
Process for the revalidation of doctors without a connection

Description of revalidation process for doctors without a connection

1. This annex describes the process for making revalidation decisions for doctors without a connection to a responsible officer or suitable person.

Bringing doctors into the process

2. The diagram below describes how we ensure we understand which doctors fall within this cohort.

1. Doctor drops connection or,
   • Doctor joins register/restores licence to practise

2. Automatic communication sent to doctor confirming designated body has removed doctor from their list / welcoming doctor to register
   • Includes message for doctor to update their connection status details on GMC online

3. If connection hasn’t been updated, reminder sent 28 days later asking doctor to update their GMC Online account within next 3 months
   • Letter confirms doctors have a statutory duty to provide this information and warns of licence withdrawal if not provided

4. Three months later, if doctor has not updated their connection status through GMC Online, the licence withdrawal process is initiated
**The submission process**

3 Doctors can declare that they have no connection at any time in the process. Once a doctor declares that they have no connection, they are given a submission date in 12 months time, and required to provide us with an annual return by that date. Doctors may also decide to relinquish their licence to practise at any time if they no longer need it.

4 On receipt of a doctor’s annual return, we will consider the information provided and, where we are satisfied that it meets our requirements, issue a new revalidation submission date in 12 month’s time for a further annual return to be submitted. We will not generally revalidate a doctor simply on the basis of the information provided in an annual return. This is unless, in the individual circumstances of the case, we have decided that it is not appropriate to require the doctor to undertake an assessment.

5 If we decide that we would like to make a revalidation decision about the doctor at their next submission date, we will issue them with a separate notice, asking them to undergo an evaluation of their fitness to practise and provide evidence of having done so, and the results of that assessment, by the time of their next submission date. (This is unless, in the individual exceptional circumstances of the case, we have decided that it is not appropriate to require the doctor to undertake an assessment.) Doctors will have to declare through GMC Online if they are going to provide evidence of undertaking an alternative to the GMC revalidation assessment. Otherwise, they
will have to choose, and book online, the revalidation assessment most relevant to their scope of practice.

6 Initially, we expect that we will ask a doctor to undertake an assessment once in each revalidation cycle, usually in the final, fifth year.

<table>
<thead>
<tr>
<th>Notice of annual return date issued</th>
<th>• Date usually in 12 months time. Can set the date to a shorter period where required, for example where we suspect a doctor has been trying to avoid revalidation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice to sit ROA issued</td>
<td>• In the year when we wish to make a revalidation decision, we give minimum four months notice of the requirement to sit assessment and submit the results to us. To allow doctor time to book and undertake an assessment we are likely to give at least 10 months notice.</td>
</tr>
<tr>
<td>Reminder of submission date sent</td>
<td>• four months from submission date • Ability for doctor to submit annual return at any time from now</td>
</tr>
<tr>
<td>Doctor submits annual return</td>
<td>• Doctor completes and submits annual return through GMC Online account • If doctor required to undertake assessment, doctor submits assessment results or evidence of acceptable alternative</td>
</tr>
<tr>
<td>GMC considers all available information</td>
<td>• Review of annual return in terms of whether it is complete and/or satisfactory • Review of assessment results • Consider any reasonable excuse for not meeting all requirements</td>
</tr>
<tr>
<td>Revalidation decision made, new date set</td>
<td>• Outcomes = decision to revalidate, deferral of a decision, or process for withdrawal of licence • New five year date set in system and doctor notified of new annual submission date</td>
</tr>
</tbody>
</table>
Process for withdrawal of the licence to practise

7 Where a doctor does not meet one or more of the requirements of revalidation, and there is no reasonable excuse for this failure, we may begin the process to withdraw their licence to practise.

Doctor fails to meet a revalidation requirement

Further opportunity to meet requirement
- GMC notify doctor they have further 28 days to meet outstanding requirement or provide reasonable excuse for failure to comply

Minded to withdraw notice issued
- Sent if doctor has not complied and has no reasonable excuse
- Statutory notice that we are minded to withdraw the licence, giving our reasons
- Requires doctor to comply with requirement or provide reasons as to why we shouldn’t withdraw their licence to practise

Licence withdrawal notice issued
- Statutory notice
- Informs doctor licence will be withdrawn in 28 days

Appeal period
- Doctor has a statutory right of appeal – 28 days