Recommendation: revalidate

Made pursuant to The Medical Profession (Responsible Officer) Regulations and The General Medical Council (Licence to Practise and Revalidation) Regulations

I am the appointed or nominated Responsible Officer for each medical practitioner named below.

In determining my revalidation recommendation to the General Medical Council for the medical practitioners named below, it is my judgement that each has:

- participated in annual appraisal that considers the whole of their practice and reflects the requirements of the GMC’s Good Medical Practice Framework for appraisal and revalidation, or where the doctor is a trainee, participated in the assessments and curriculum requirements of their training programme; and

- presented and discussed appropriate supporting information at annual appraisals in accordance with the requirements of the GMC’s Supporting information for appraisal and revalidation, or where the doctor is a trainee, undertaken and discussed the assessments and curriculum requirements of their training programme.

Based on the outcomes of such appraisal or assessment, and any other information available to me from relevant clinical and corporate governance systems, I am satisfied that:

- where relevant, each of the named medical practitioners is practising in compliance with any conditions imposed by, or undertakings agreed with, the General Medical Council

- where relevant, each of the named medical practitioners is practising in compliance with any conditions agreed locally

- There are no unaddressed concerns identified by the above systems and processes about the fitness to practise of any of the named medical practitioners.

In accordance with my statutory duty to make recommendations about the fitness to practise of licensed doctors I recommend that each of the named medical practitioners is fit to practise and consequently their licence to practise should be continued.
Revalidation recommendations

Recommendation: defer

Made pursuant to The Medical Profession (Responsible Officer) Regulations and The General Medical Council (Licence to Practise and Revalidation) Regulations

I am the appointed or nominated Responsible Officer for each medical practitioner to whom this deferral request applies.

I have read the criteria for a deferral and I am satisfied that:

- the medical practitioner has engaged with the systems and processes that support revalidation
- there are no unaddressed concerns about the fitness to practise of the medical practitioner to whom this deferral request applies.

Where there is insufficient evidence to support a recommendation about the medical practitioner’s fitness to practise:

- I have identified the outstanding evidence required for me to make an informed decision about the medical practitioner’s fitness to practise
- I anticipate being able to make an informed recommendation about the medical practitioner’s fitness to practise once the outstanding evidence has been collected.

Where the medical practitioner is participating in an ongoing process:

- I will consider the outcome of this process when making a recommendation about their fitness to practise
- I anticipate being able to make an informed recommendation about the medical practitioner’s fitness to practise once the process is concluded.

Please enter your requested submission date in dd/mm/yyyy format
Your date must fall within 12 months of the date on which you submit this request

Please select the option which best describes the reason for your deferral request

- The doctor is subject to an on-going process
- Insufficient evidence for a recommendation to revalidate
Revalidation recommendations

Recommendation: non-engagement

Made pursuant to The Medical Profession (Responsible Officer) Regulations and The General Medical Council (Licence to Practise and Revalidation) Regulations

I am the appointed or nominated Responsible Officer for each medical practitioner to whom this notification of non-engagement applies.

I have read the criteria for non-engagement and I confirm that:

- The medical practitioner has not engaged in appraisal or other activities to support a recommendation to revalidate, or the level of engagement is insufficient to support a recommendation to revalidate.

- I do not have and do not anticipate having, sufficient information on which to base a recommendation about the medical practitioner’s fitness to practise. I have assured myself that the named medical practitioner does not meet the criteria for a deferral of a recommendation about their fitness to practise.

- The medical practitioner has been provided with sufficient opportunity and support to engage with revalidation, but has failed to do so. Based on the information available to me, there are no extenuating circumstances which account for their failure to engage.

- All reasonable local processes have been exhausted in attempts to rectify the medical practitioner’s failure to engage in revalidation.

- Where applicable I have notified the GMC of any outstanding concerns about the fitness to practise of the named medical practitioner. I have notified the GMC in accordance with GMC guidance on raising concerns about doctors.

Consequently, I cannot recommend the named medical practitioner is fit to practise.