Implementing Revalidation

The GMC will begin revalidating doctors from December 2012, subject to the Secretary of State for Health’s agreement to the commencement of legislation. In the future, the GMC will revalidate doctors on a periodic basis, normally every 5 years. In order to begin revalidating doctors for the first time, the first revalidation submission date for each doctor needs to be determined.

This document sets out how the GMC and four health departments will work with employers and doctors to implement revalidation. It explains the principles that drive implementation, the roles of the national and local bodies and the key steps we all need to take during 2012.

Principles

The GMC and the four health departments across the UK are agreed that the implementation of revalidation should be driven by the following principles:

- Patient safety is the paramount consideration. Responsible Officers (ROs) should, as now, liaise with the GMC whenever they have concerns about the fitness to practise of any doctors.

- Implementation planning should be driven by the service as ROs regionally and locally are best placed to understand and manage their population of doctors. The GMC will work with the four health departments across the UK to facilitate this planning.

- The population of doctors having recommendations made about them by a given RO throughout the first cycle of revalidation should be representative of the medical workforce covered by that RO.

- All ROs should be engaged with the revalidation process from the beginning, and we would expect all ROs to have begun making revalidation recommendations to the GMC by the end of March 2014 at the latest.

- We think it will take up to five years before all doctors who currently hold a licence to practise to revalidate. However, our expectation is that the vast majority of doctors should have had a recommendation made to the GMC by end of March 2016.
Revalidation should be implemented in a fair, transparent and proportionate way based on consistent principles for all doctors. The ‘readiness statement’ at Appendix 1 specifies the minimum requirements that the GMC expects any doctor to meet in the first cycle of revalidation before a recommendation to revalidate can be made.

From commencement of the revalidation regulations, all doctors with a licence to practise should be engaged in the activities that will lead to a revalidation recommendation, whatever date is set for their recommendation.

The distribution of submission dates within each year and across the first cycle of revalidation should be manageable for the service and for the GMC.

There is an underlying professional, statutory and contractual context to these principles. Appraisal is already mandatory for all doctors working in the NHS, as it is a contractual obligation. Once the legislation is commenced, the process of revalidation becomes mandatory for all licensed doctors. Although revalidation will normally happen every five years, the GMC will have powers to set revalidation dates for doctors and to require any doctor to revalidate at a time of its choosing. Once revalidation is introduced, doctors who do not participate in the local processes that underpin revalidation could put the continuation of their licence to practise at risk.

Roles and responsibilities

All of the partners, locally and nationally, will play their part in getting ready for submitting recommendations on revalidation commencing in December 2012.

The GMC will:

- Support overall implementation planning with the four health departments, Strategic Health Authorities (SHAs) and ROs and provide necessary guidance
- Confirm with ROs a list of all doctors with a known prescribed connection to their designated body (DB)
- Provide a means for ROs to confirm proposed submission dates for their doctors to the GMC
- Record and confirm these submission dates to doctors and their ROs, including issuing formal notice to doctors
- Review the national distribution of submission dates to ensure that it is within tolerances in relation to expected volumes of submissions.

The four health departments (and the NHS Revalidation Support Team in England) will:

- Determine how they will apply the UK wide principles in their country, working with their respective revalidation delivery boards
- Drive the planning of their revalidation submission dates with ROs and DBs in their respective countries
- Ensure that the distribution of submission dates in terms of volume and workforce is in line with the implementation principles and their national application
- Support and coordinate ROs and DBs in confirming their lists of doctors and submission dates to the GMC.

ROs and DBs will:

- Work on planning with the relevant health department and structure in their country
- When allocating submission dates, apply the implementation principles as agreed in their country with regard to volumes, workforce profiles and readiness
- Confirm to the GMC which doctors have a prescribed connection to them and the dates for their revalidation.

**Timelines**

- In order to begin revalidating doctors and to give them sufficient notice, the GMC will need to confirm first recommendation submission dates with ROs by September 2012.
- By September 2012, ROs should plan to give the GMC their preferred recommendation submission dates for doctors who will be revalidated between December 2012 and March 2014.

The key dates for implementation planning are:

- March 2012 SHA clusters confirm implementation plans
- April – May 2012 Wales, Scotland and Northern Ireland confirm implementation approach
July 2012 GMC supplies lists of doctors to ROs and a tool for ROs to confirm their doctors and submission dates
July - Aug 2012 ROs review doctors and submission dates, and plan their dates with support from health departments
Sept 2012 ROs confirm doctors and dates to GMC
Sept - Nov 2012 GMC amends prescribed connections and adds confirmed submission dates
Dec 2012 GMC issues first notices to doctors and their ROs

How will responsible officers know which of their doctors are ready?

In order to contribute to planning implementation, ROs and others need to know what the GMC’s expectations are, both in terms of the evidence doctors should bring to appraisal and what the RO will be affirming when they make a recommendation on revalidation.

In March 2011, the GMC issued guidance on the supporting information that should be brought to appraisal. Since then, a number of questions have been raised about how this applies in the first cycle of revalidation, including how many appraisals are required before a recommendation can be made and the relevance of existing evidence that doctors may have gathered.

Setting revalidation dates, now and in the future

The planning arrangements outlined above apply to those doctors who have a confirmed prescribed connection and who are licensed to practise before the legislation commences at the end of 2012.

Doctors who do not have an identified prescribed connection at the time of confirming first revalidation dates with ROs, will have their submission date allocated by the GMC.

Doctors in training will have their revalidation date set for five years after the issuing of their licence to practise, or to coincide with the issuing of their Certificate of Completion of Training where this comes sooner. The GMC will work with deaneries directly to manage the implementation of revalidation for doctors in training to ensure the process is simple and streamlined for doctors in training and for deans.

After the legislation commences, the GMC will normally allocate the revalidation submission date for all other licensed doctors at a date five years from when they achieve full registration with a licence to practise.