

The GMC protocol for making revalidation recommendations:

**Guidance for Responsible Officers and
Suitable Persons**

Fourth edition (May 2015)

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Background

This protocol is a GMC guide for Responsible Officers (ROs) and Suitable Persons about revalidation recommendations.

Throughout the protocol, we refer to Responsible Officers. This should be taken as including Suitable Persons except where we say otherwise.

In this document, when we cite “the RO regulations”, this refers to the Medical Professions (Responsible Officers) Regulations 2010, as amended by the Medical Professions (Responsible Officers) (Amendment) Regulations 2013, or in Northern Ireland, to the Medical Professions (Responsible Officers) (Northern Ireland) Regulations 2010.

In addition, “the Licence to practise regulations” refers to the General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012, as amended.

Section 15(b) of the RO regulations provides that ROs ‘must have regard for guidance produced by the General Council [GMC]’. This protocol should be read with that in mind.

The protocol:

- describes what revalidation recommendations are
- clarifies the roles and responsibilities of ROs and their delegates in making and sending recommendations
- sets out the GMC’s expectations of what underpins RO recommendations
- provides ROs with statements and criteria for the three recommendation types.

The protocol gives guidance for ROs when they consider their recommendations about doctors’ revalidation. ROs should consult the protocol when they are making revalidation recommendations.

The protocol also enables employers, doctors and others to familiarise themselves with what ROs need to do in order to make recommendations.

There are six main sections to the protocol. They provide information about:

- the RO's role in revalidation
- how ROs should consider their recommendations
- recommendations to revalidate
- recommendations to defer
- recommendations of a doctor's non-engagement in revalidation
- checklists for ROs when making recommendations.

The protocol is also available as a series of web pages.

The most up to date version of the protocol can always be found on the GMC's website. If you would like to check that you have downloaded the latest version, please visit our [webpages about the protocol](#).

Section 1: Introduction

1.1 The purpose of the protocol

1.1.1 Who is the protocol for?

Regulation 15(b) of the Medical Profession (Responsible Officer) Regulations 2010 (“the RO regulations”) places a duty on ROs to ‘have regard’ for guidance produced by the General Medical Council (GMC). The GMC has produced this guidance specifically for ROs with this in mind. It focuses on your responsibility to make recommendations on the revalidation of your doctors, under Regulation 11(2)(e) of the RO regulations. We expect all ROs and Suitable Persons to read, and be familiar with, the RO regulations.

The GMC (Licence to Practise and Revalidation) Regulations Order of Council 2012 (“the Licence to practise regulations”) also allow doctors with no prescribed connection to a designated body to identify a ‘Suitable Person’ to make recommendations about them subject to our approval. A Suitable Person carries out the same functions as an RO in respect of making revalidation recommendations. If the GMC approves someone as a suitable person, all guidance, instructions and statements for ROs related to making revalidation recommendations apply to them. Therefore wherever we refer to an RO in this protocol this also applies to GMC approved Suitable Persons, unless otherwise stated.

While Suitable Persons are not covered by the RO regulations, we will use the principles of these regulations when we decide whether to approve a Suitable Person or to accept a recommendation from a Suitable Person.

Because this guidance explains how we expect you to fulfil your statutory responsibility it may also be a useful resource for:

- designated bodies, who are required to support you in your role under Regulation 14 of the RO regulations, and
- licensed doctors, about whom you make recommendations.

GMC revalidation staff will also refer to this protocol when considering revalidation recommendations that we have received from you, using the GMC decision-making guidance for revalidation.

We expect designated bodies and ROs to operate in compliance with the RO Regulations at all times. In order to support the conduct of our regulatory functions, we use our employer liaison advisers and our work with other regulators to obtain intelligence about compliance of the healthcare system with the RO Regulations and the practice of ROs. We may act on this intelligence at any time, if the integrity of, or confidence in, revalidation could be undermined. This may include halting the processing or acceptance of recommendations from an RO. Further information on quality assurance of recommendations will be published separately.

1.1.2 What the protocol includes

This protocol provides guidance on making fair and reliable recommendations by:

- describing the three categories of recommendation that you can submit (see 1.3.1 Making a recommendation to revalidate)
- providing detailed criteria so that you can be confident that you are making recommendations that are consistent, fair and robust
- outlining the steps that you should take when submitting your recommendations to the GMC.

1.1.3 What the protocol does not include

The protocol is not general guidance about revalidation or the RO role. It focuses solely on your statutory responsibility to evaluate the fitness to practise of your doctors and advise the GMC accordingly through revalidation recommendations (regulations 11 and 13 of the RO regulations).

The protocol explains how revalidation fits within the GMC's regulatory system. While the following issues are referenced in the protocol they are not explained in detail:

- the RO role outside of making revalidation recommendations, including the person specification and appointment of ROs (this is described in the RO regulations and accompanying guidance)
- processes and systems that support revalidation locally
- guidance on revalidation for individual doctors, employers and patients and the public
- information about the licence to practise, or GMC registration more widely
- the GMC's core functions more generally.

1.2 The purpose of revalidation

Revalidation is the process through which the GMC confirms that a doctor's licence to practise will continue based on a local evaluation that they remain fit to practise.

It is a GMC process based upon licensed doctors working within governed environments that have, at their core, regular appraisals of their doctors' practice that embed the values and principles of *Good medical practice (GMP)*.

This local evaluation of a doctor's practice must include annual appraisals that consider the whole of their practice.

The purpose of revalidation is to provide assurance for patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

You can find background information on revalidation and the relevant legislation in Annex A.

1.3 Your role in revalidation

1.3.1 Making recommendations on revalidation

You can only make recommendations about those doctors who have a prescribed connection to your designated body, as set out in the RO regulations (11). If you are acting as a Suitable Person, you can only make recommendations for the doctor or doctors that have been agreed with the GMC, in line with Licence to practise regulation 6(6) and (7). You will submit one of three formal statutory recommendations. There is a set of statements for each of the three types of recommendation:

- a recommendation that the doctor is up to date and fit to practise (see Section 3: Recommendations to revalidate)
- a recommendation to defer the doctor's revalidation submission date (see Section 4: Recommendations to defer)
- a recommendation of the doctor's non-engagement in revalidation (see Section 5: Recommendations of non-engagement).

The designated body (or bodies) for which you are the RO must provide you with sufficient resources to carry out your role, as set out in regulation 14 of the RO regulations.

Your responsibility to make recommendations includes the requirement that you maintain records of how you have made recommendations about doctors' revalidation.

While you may delegate the administrative task of sending recommendations to the GMC via GMC Connect, you remain responsible for any recommendations sent in your name. You cannot delegate your responsibility for recommendations about doctors' revalidation.

The GMC uses your recommendation as the basis for its decision about the doctor's revalidation.

1.3.2 Duties that complement revalidation

Regulation 11(2)(e) of the RO regulations lays down a specific statutory responsibility to make revalidation recommendations (see Annex A). Besides this, there are a number of additional duties that complement your role in making revalidation recommendations. These are described in regulations 11 and 13 of the RO regulations. These include:

- ensuring that your designated body or bodies carries out regular appraisals (or, if you are a Suitable Person, ensuring that doctors within your cohort have access to regular appraisal)
- establishing and implementing procedures to investigate concerns about a medical practitioner's fitness to practise (or, if you are a Suitable Person, identifying and affirming that you have arrangements in place to ensure you are alerted to any fitness to practise concerns)
- where appropriate, referring concerns about the doctor to the GMC
- where appropriate, monitoring a doctor's compliance with conditions imposed by, or undertakings agreed with, the GMC (or, if you are a Suitable Person, having procedures in place to ensure that this compliance is being monitored and that you are alerted to any issues)
- maintaining records of doctors' fitness to practise evaluations, including appraisals and any other investigations or assessments

(If any of the doctors for whom you are the RO is practising in England, you also have additional responsibilities set out in regulation 16 of the RO regulations.)

It is important that your recommendations about doctors' revalidation, underpinned by these other duties, are reliable and robust.

1.3.3 The distinction between revalidation and raising fitness to practise concerns

Revalidation is based on your evaluation of a doctor's ongoing fitness to practise. However, submitting your recommendations is a specific interaction with the GMC that stands apart from your other contact with the GMC (for example, discussing a doctor's fitness to practise case or revalidation with the GMC Employer Liaison Service).

Importantly, revalidation does not replace or override the GMC's existing procedures for dealing with concerns about doctors' fitness to practise.

Your recommendations about doctors' revalidation are not a route for raising concerns about their fitness to practise with the GMC. You must refer concerns about doctors' fitness to practise to the GMC through our existing processes for dealing with concerns about doctors, as soon as those concerns arise.

If, for example, you wish to recommend deferral of a doctor's submission date, this should not be because you have identified a concern about the doctor's fitness to practise that should be referred to the GMC.

1.3.4 What you need to do

To make recommendations that are fair, consistent and reliable you need to:

- ensure that doctors are supported in revalidation by, for example, providing access to supporting information about their practice and to systems of annual appraisal
- seek reasonable assurance about the doctor's fitness to practise from the systems of clinical and corporate governance that govern the doctor's workplace or workplaces (for example, clinical audits, board review and other systems of internal and external audit)
- understand the outcomes of a doctor's appraisals, where they have presented and discussed information collected from the whole of their practice
- be satisfied that, where appropriate, a doctor has collected information about their practice from all other settings in which they practise, and that it is of sufficient quality
- reinforce the doctor's statutory responsibility to engage in the systems and processes that support revalidation.

You should also make sure that you communicate promptly and openly with any doctor about whom you are making a recommendation. You should make sure they know what recommendation you are making before you submit it to the GMC.

The GMC's employer liaison service is available to provide advice when you are making a recommendation. You should make sure that you contact your designated employer liaison adviser before submitting your recommendation if you are facing an uncertainty or need some independent advice to help you reach a judgement. You should speak to your employer liaison adviser or to our revalidation team before making a non-engagement recommendation.

1.3.5 What you are not responsible for

You are not responsible for:

- making decisions about doctors' revalidation; while decisions will be based on your recommendations, only the GMC can make a decision about a doctor's revalidation
- making recommendations about doctors for whom you are not the RO unless we have agreed you are a Suitable Person to do this.

You cannot act as the RO for doctors who do not have a prescribed connection to your designated body, as defined in the RO regulations. You cannot act as a Suitable Person for a doctor without prior agreement from the GMC.

Section 2: Making a recommendation about a doctor's revalidation

2.1 The timing of recommendations

2.1.1 When a recommendation is due

We generally expect to receive a recommendation about a doctor's revalidation once every five years.

Six months before the submission date, the GMC invites the doctor to confirm their revalidation details (including the identity of their RO and designated body) on GMC Online.

Four months before the submission date, the GMC issues formal notice to the doctor, informing them of the date by which we must receive a recommendation about their revalidation. This is called the statutory notice period.

The beginning of the notice period is reflected on GMC Connect. Following this:

- after the GMC has issued formal notice, the RO submits their recommendation to the GMC; this must be submitted on or before the submission date
- after receiving an RO's recommendation, the GMC considers the recommendation and makes a decision about the doctor's revalidation
- the GMC notifies the RO and the doctor when a decision has been made and the content of that decision.

GMC Connect allows ROs to filter doctors according to their submission date.

The timings of recommendations about the revalidation of doctors in training are governed by separate rules. Details of these requirements are in 2.5.3 Timing of recommendations for doctors in training.

2.1.2 When the GMC will accept and process a recommendation

Under the Licence to practise regulations, the GMC is required to issue a minimum of three months' notice to a doctor in order to receive a recommendation about their revalidation.

The GMC will accept and process a recommendation to revalidate, a recommendation to defer or a recommendation of non-engagement once it has issued formal notice to a doctor of their submission date, usually four months in advance of that date.

However, you can inform us at any other point that a doctor is not engaging in the processes that underpin revalidation.

2.1.3 Changing the original submission date

The length of time before a doctor is due to revalidate may vary, for instance if a doctor is planning a career break or parental leave.

Under regulations 6(15)-(17) of the Licence to practise regulations, the Registrar has discretion to alter the revalidation submission date. These alterations can be made in response to a request from you, but also directly by the GMC.

Whatever arrangements we reach with you about the date of a recommendation, it is important that you send the recommendation by the doctor's submission date.

We would expect that, in the majority of cases, an RO would use the deferral process to change a doctor's submission date. For information about deferral, see Section 4: Recommendations to defer.

[Bringing forward a submission date when a doctor fails to engage](#)

You can ask the GMC to bring forward a submission date for a doctor who is failing to engage in the processes that support revalidation. For more information about this, see Section 5.1 Making a recommendation of non-engagement.

Additional time for recommendations

Recommendations to defer

You can make a recommendation to us to defer a doctor's submission date in certain circumstances. The statements that apply to recommendations to defer are in Section 4.3.

GMC fitness to practise proceedings

Where a doctor is the subject of a GMC fitness to practise process, the statutory revalidation process will usually be placed on hold.

Some doctors may be the subject of an open GMC fitness to practise investigation when they are due to revalidate. In this circumstance, the GMC stops accepting recommendations about the doctor's revalidation until the fitness to practise investigation has concluded and we won't issue notice to the doctor. If the doctor continues to hold a licence to practise however, we expect them to continue to participate in the processes underpinning revalidation such as appraisal and obtaining supporting information.

If the doctor remains licenced at the conclusion of the GMC fitness to practise investigation we may set them a new submission date. If we do we will write to you and the doctor to advise you of this new date.

2.2 The recommendation process

2.2.1 When to make recommendations

You submit your recommendation on the basis of information which will have been generated over time by the doctor's ongoing participation in the local systems and processes that support revalidation.

You can make your recommendation as soon as the GMC has served formal notice on a doctor informing them that a recommendation about their revalidation is due. In any event, this should happen no later than the submission date.

In making a recommendation about a doctor's revalidation, you are not benchmarking a doctor's engagement in revalidation against that of their peers. You are confirming that an individual doctor has at least met the minimum requirements for their revalidation as set out by the GMC.

After your recommendation has been submitted, the GMC will make a decision about the doctor's revalidation based on your recommendation.

Where the GMC makes a decision to revalidate a doctor, the doctor's next submission date is set, and the GMC will inform the doctor.

We may take account of any information available to us about local systems to help us get an indication of the fairness, consistency and reliability of recommendations across different practice settings.

2.2.2 Exercising professional judgement

As your recommendation is a formal submission to the GMC about a doctor's revalidation:

- you must exercise your professional judgement when considering your recommendations
- your recommendations should be made in good faith, based on the information that is available to you at the time
- your recommendations are a key part of the revalidation process so it is important that you take reasonable steps to ensure their quality and consistency.

2.2.3 Recommendation statements

When you make your recommendation, you are making a statutory statement in fulfilling your responsibility under regulation 11(2)(e) of the RO regulations. In order to make a recommendation you must give full and careful consideration to all the available information about each doctor's fitness to practise. You will then be able to decide which of the three types of recommendation you will make.

There is a separate set of statements for each of the following recommendation categories. These statements are outlined in Sections 3, 4 and 5:

- a recommendation that a doctor is up to date and fit to practise and should be revalidated (see Section 3.3)
- a recommendation to defer a doctor's submission date (see Section 4.3)
- a recommendation of the doctor's non-engagement in revalidation (see Section 5.3).

The three sets of recommendation statements explain what you are confirming when you submit a recommendation about a doctor's revalidation. You should read all three sets of criteria before deciding on the type of recommendation to submit.

When submitting your recommendation, the GMC expects that you are confirming your agreement with all the statements relevant to your recommendation. Sections 3, 4 and 5 describe the statements and criteria that apply to each type of recommendation.

If you remain unsure about your recommendation for any particular doctor you should discuss this with the GMC and may want to seek further advice (see Section 2.9).

2.2.4 If you make an incorrect recommendation

It is important that your recommendations about doctors' revalidation are accurate and reliable.

It is possible there may be a situation where you need to inform us that your recommendation was incorrect. This may be due, for example, to local administrative error, or you identify new information you were unable to consider at the time your recommendation was submitted.

You cannot withdraw a recommendation once it has been submitted to us after our decision has been made. The GMC does not have powers to correct wrong decisions based on incorrect recommendations. But we are able to consider bringing forward a doctor's submission date to allow you to make a new recommendation.

You should contact us as soon as you become aware that an incorrect recommendation has been submitted, and we will discuss the next steps with you. You should also discuss this with the doctor.

2.2.5 If we are concerned about the reliability of your recommendations

From time to time we may receive information that raises concerns about the systems and processes used to make recommendations about a doctor's revalidation and the reliability of the recommendations that we receive.

You can find further information about what we do when we receive this type of information in our separate [guidance about how we manage and respond to information about revalidation](#).

2.3 The range of information you should consider

2.3.1 *The main sources of information*

You will need to consider a range of information to support your evaluation of a doctor's fitness to practise and to obtain reasonable assurance there are no unaddressed concerns about the doctor's fitness to practise.

This information must be drawn from across the period since the doctor last revalidated. It may include information collected by the doctor for the purposes of appraisal or outputs of local systems and processes to support revalidation.

It should include, for example:

- the doctor's record of participation in annual appraisals of their whole practice, where the doctor is not in a training programme
- completeness of the doctor's supporting information (for example, have all types of supporting information been discussed at appraisal and has a spread of information from all aspects of the doctor's practice been included?)
- the assessments and other curriculum requirements of a doctor's training programme, where the doctor is in a training programme
- intelligence arising from other sources, for example, the systems of clinical and corporate governance that are in place within the doctor's workplaces
- the doctor's compliance with GMC conditions or undertakings that have applied to their registration during the current revalidation period
- the doctor's compliance with any locally agreed restrictions on their practice.

2.3.2 *Information from overseas practice or practice that does not require a licence*

Doctors may practise in settings where they do not require a UK licence – for instance, they may work abroad, or they may undertake specific functions in the UK that do not legally require a licence to practise.

Where this is the case, it is at your discretion whether you consider supporting information from these practice settings in making your judgement. You should consider whether such information is material in your evaluation of their fitness to practise, taking account of whether it is demonstrably relevant to the doctor's licensed UK practice and the proportion of the doctor's supporting information that it represents.

2.3.3 Information from a doctor's participation in annual appraisal

In making a recommendation you will need to take account of the doctor's participation in appraisal for revalidation.

You must be satisfied that, within the designated bodies for which you are the RO, arrangements for doctors' appraisals provide you with reliable outputs.

The GMC does not require you, as an RO, to look at each individual piece of supporting information. It is for you to judge the level of detailed information that you need to review when considering your recommendation.

Depending on the scale and complexity of the designated bodies for which you are the RO, you will need to make arrangements for receiving information about the completeness and quality of a doctor's supporting information discussed at appraisal.

Reflecting the requirements of the GMC's Good Medical Practice Framework for appraisal and revalidation

You will need to consider whether the annual appraisals that the doctor has participated in reflect the principles set out in the GMC's *Good Medical Practice Framework for appraisal and revalidation (GMP Framework)*.

To recommend a doctor for revalidation, your judgement must be that the doctor's annual appraisals do reflect the requirements of the *GMP Framework*.

Appraisal systems outside your designated body

In some cases you may not have direct managerial responsibility for the system of appraisal in which a doctor participates, but will remain the doctor's RO. This will apply particularly where you are a doctor's Suitable Person. In making a recommendation about a doctor's revalidation you must consider whether the doctor's appraisals meet the GMC's requirements as set out in the *GMP Framework*.

Regardless of whether you have responsibility for the appraisal system in which a doctor participates, you must take reasonable steps to assure yourself that a doctor's appraisals meet the GMC's requirements. This includes:

- ensuring that local systems record information about all areas of a doctor's practice
- working with appraisers and others who summarise and collate information about a doctor's appraisals.

You are not responsible for developing appraisal systems in organisations for which you are not the RO but you will need to consider whether the system is robust in making your recommendation about the doctor's revalidation.

If you believe that a doctor's appraisal system does not meet the principles in the *GMP Framework*, you should raise your concerns with the organisation in question as soon as possible.

Appraisals can serve a number of purposes; doctors may be required to participate in systems of appraisal for other reasons than solely their revalidation. As such, local or organisational requirements may be incorporated into a doctor's appraisals. Where a doctor's appraisals have covered issues such as local or organisational matters which extend beyond revalidation requirements, you need only consider whether the doctor's appraisals meet the requirements for revalidation as outlined in the *GMP Framework* and the GMC's *Supporting information for appraisal and revalidation*.

It is not appropriate to submit a recommendation to defer or a recommendation of non-engagement in revalidation solely because a doctor has not complied with an employer requirement, such as agreeing a job plan or undertaking fire training, unless this is material to your evaluation of the doctor's fitness to practise.

2.3.4 Considering the whole of a doctor's practice

In making your recommendation, you will need to make a judgement about whether the doctor's annual appraisal has enabled them to discuss supporting information from across the whole of their practice.

Clearly, many doctors undertake medical practice in more than one organisation. You will need to take account of information from all organisations in which a doctor practises when making your recommendation, including locum work.

To make a recommendation to revalidate a doctor, your judgement must be that the whole of a doctor's practice has been considered at annual appraisal, in line with the principles of the *GMP Framework*. This does not necessarily mean every type of supporting information must be obtained from each practice setting; but taken together, the supporting information should be reflective of the doctor's whole practice.

Section 2.4.2 Sharing information between organisations provides more information about the transfer of information about a doctor's revalidation between organisations. Information about information sharing and other relevant issues is also included in the GMC's guidance on *Confidentiality and Leadership and management for all doctors*.

2.3.5 A doctor's responsibility to participate in appraisal

Licensed doctors must participate in systems of appraisal that are robust for revalidation in order to revalidate.

In addition, paragraph 6 of *Good medical practice* says "To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in this guidance."

To do so, doctors must:

- participate in annual appraisals that have GMP at their core, usually in the workplace, and
- maintain a portfolio of supporting information to take to their appraisals as a basis for discussion.

As the doctor's RO, you should consider whether:

- the doctor has collected all six types of supporting information as specified in the GMC's *Supporting information for appraisal and revalidation*
- this information has been drawn from the whole of the doctor's practice
- the doctor has collected this information as frequently as specified in the GMC's *Supporting information for appraisal and revalidation*.

We would normally expect appraisals to take place at least annually, unless there are good reasons otherwise. There is no link between the dates of appraisals and the timing of your recommendations, because the doctor's engagement in appraisal and the processes leading to it must be active and ongoing.

If you cannot state that the doctor's appraisal system reflects the principles of the *GMP Framework*, or considers the whole of the doctor's practice, you will need to consider whether this is due to the doctor's failure to engage with appraisal.

In these circumstances, you should refer to the GMC's criteria for recommendations to defer (see Section 4) and criteria for recommendations of non-engagement in revalidation (see Section 5) to consider which recommendation is appropriate.

2.4 Information from clinical and corporate governance

2.4.1 The role of governance information

A doctor's supporting information and participation in appraisal or assessment are important sources of information for your recommendation. You also need to take account of other relevant information available to you from the clinical and corporate governance systems in which the doctor works. This would be particularly relevant for any information arising from locum practice.

You should have regard for information generated by local processes that provides robust evidence for your recommendation judgement. These processes may include but are not limited to:

- investigations into serious incidents
- disciplinary or other human resources processes
- processes that address a doctor's non-engagement with revalidation
- remediation programmes in which a doctor has participated.

To make an informed recommendation, you may need to consider the outcome of an ongoing or recently concluded process. In this instance you should consult the GMC's criteria for recommendations to defer (see Section 4).

In partnership with systems regulators and quality improvement bodies across the UK, we have developed [a handbook to help the boards and governing bodies of healthcare providers](#) understand their responsibility to monitor the effectiveness of organisational systems supporting quality care for patients and the revalidation of doctors. The handbook includes a checklist to support sound governance in this area.

Information for the purposes of revalidation

You must base your judgement only on information which is material to your evaluation of the doctor's fitness to practise, and which gives you evidence on which to recommend whether their licence to practise should be continued.

Revalidation is not a mechanism for resolving local employment or contractual disputes. It does not replace existing mechanisms for dealing with such issues.

2.4.2 Sharing information between organisations

As an RO, you are responsible for ensuring that robust systems of clinical governance exist within your designated body or bodies. You will have access to a range of information from clinical and corporate governance systems including:

- serious incidents
- fitness to practise issues
- time out of practice
- remediation processes.

You should consider relevant information held by other organisations, or share information with other organisations, about a doctor's revalidation. You should establish and participate in active and reliable arrangements for timely information-sharing with other organisations, building on RO networking.

The importance of information transfer

As revalidation is based on an evaluation of the whole of a doctor's practice, designated bodies and ROs may need to obtain governance information from a range of sources. These include but are not limited to:

- locum work, including where the doctor undertakes this kind of work as one part of their practice
- voluntary work
- private practice
- NHS organisations.

Facilitating the transfer of information from separate systems of clinical and corporate governance will allow doctors to collect and reflect on information drawn from the whole of their practice.

Effective systems of information transfer will enable organisations to:

- collate information about a doctor's revalidation
- transfer information to a doctor's designated body, and
- help ROs to ensure that they consider all available information when making a recommendation.

Designated bodies and ROs will need to ensure that information is exchanged appropriately between organisations. Clearly, consideration should be given to data protection and freedom of information legislation and relevant GMC guidance, including *Leadership and management for all doctors* and *Confidentiality*. However the overriding imperative of patient protection should be the key driver in this area.

Under regulation 11(1)(f) of the RO regulations, you are required to maintain records of practitioners' fitness to practise evaluations, including appraisals and any other investigations or assessments. There is no absolute requirement for information about doctors' revalidation to be retained or disposed of beyond a particular point, but it should be kept only for as long as it remains relevant. You may wish to consider establishing retention periods in line with the principles of the Data Protection Act (1998).

2.5 Recommendations for doctors in training

2.5.1 Information about doctors in training

The arrangements for the revalidation of licensed doctors in a recognised training programme are principally the same as for all other doctors. Nevertheless, revalidation takes account of the existing systems and requirements of training programmes in which doctors participate.

Most of the supporting information required for revalidation is already collected by doctors as part of their training programmes. Where doctors do not routinely collect items of supporting information, they are not expected to go beyond the requirements of their training programme to collect it. They are not required to participate in additional whole practice appraisals.

As part of their training programmes, doctors in training will work in more than one organisation. In making your recommendations, you should consider all relevant information from the local education providers in which doctors undertake training placements.

As an RO, your recommendation about a doctor's revalidation represents your evaluation of their fitness to practise. You should ensure that you consider all the information that is available to you about a doctor's fitness to practise, including any information available to you from outside the formal assessments and curriculum requirements of their training programme.

You will need to take account of available clinical governance information that is relevant to your evaluation of doctors' fitness to practise in order to make a recommendation to the GMC. This includes information from all organisations in which they have undertaken clinical placements.

Collecting information about doctors in training

Doctors in training programmes will collect information in support of their revalidation, by participating in the assessments and curriculum requirements of their training programme.

ROs are not responsible for collecting supporting information on behalf of a doctor in training. The GMC's guidance *Supporting information for appraisal and revalidation* clarifies that licensed doctors remain responsible for collecting information from across their whole practice and for discussing and reflecting on this information at appraisal.

2.5.2 Factors to be considered about doctors in training

If you are the RO for doctors in training you will need to consider the following factors:

- participation in the assessments and curriculum requirements of a doctor's training programme
- undertaking and discussing the assessment and curriculum requirements of a doctor's training programme.

These take the place of the factors described elsewhere in Section 2 for licensed doctors who are not in training. They are reflected in the wording of the recommendation to revalidate statements.

Participation in the assessments and curriculum requirements of a doctor's training programme

Doctors in training are required to reflect on their practice by undertaking assessments and through regular meetings with their educational supervisor.

These assessments and meetings reflect the requirement for all licensed doctors to collect and reflect on information drawn from the whole of their practice, as outlined in the *GMP Framework*.

Statement One of the recommendation to revalidate statements:

- acknowledges that doctors in training already work within systems that should enable them to meet the requirements to support their revalidation
- clarifies that doctors in training are not required to participate in an annual appraisal process or gather information above and beyond the activities currently required as part of their training programme.

Undertaking and discussing the assessments and curriculum requirements of a doctor's training programme

As an RO, you will need to make a judgement about whether a doctor in training has undertaken and discussed the assessments and curriculum requirements of their training programme in accordance with the requirements of the GMC's *Supporting information for appraisal and revalidation*.

Statement Two of the recommendation to revalidate statements acknowledges that doctors in training already collect the supporting information required for revalidation as part of their training programme.

Information collected during the implementation of revalidation

Doctors in training are not required to collect all six types of supporting information as laid out in the GMC's *Supporting information for appraisal and revalidation* if this is not currently a requirement of their training programme or curriculum.

Arrangements for the revalidation of trainees are linked to the existing Annual Review of Competence Progression (ARCP) processes or equivalent. This plays the equivalent role of appraisal for doctors not in training.

As RO you will use the outputs of the ARCP panel to inform your judgement. ARCP panels may take account of additional clinical governance information and advise you on issues material to the revalidation recommendation.

You may decide you need relevant information from local education and training providers to support the statement that there are 'no unaddressed concerns' about the fitness to practise of a doctor in training.

2.5.3 Timing of recommendations for doctors in training

The principles of revalidation for doctors in training are the same as for all other licensed doctors. Nevertheless, revalidation takes account of the environment in which doctors in training undertake medical practice.

To this end, as an RO, your recommendations about the revalidation of doctors in training are required at two points:

- five years after a doctor in training has been awarded full registration with a licence to practise
- when a doctor in training becomes eligible to apply for their Certificate of Completion of Training (CCT).

The period of time between the first and second recommendations for doctors in training will be determined by the length of their training programme.

For some doctors in training, therefore, the second revalidation will fall due less than five years after the first. For example, doctors whose training programmes are for eight years will have a three year gap between their first revalidation (at year five) and their second (at year eight).

2.6 Revalidation of doctors practising with conditions or undertakings

2.6.1 Compliance with GMC conditions or undertakings

Some doctors will be practising with GMC conditions or undertakings in force on their registration at the time you are due to make a recommendation about their revalidation. This does not prevent them from revalidating, provided they are practising appropriately within those conditions.

In accordance with the RO regulations (11(1)(d) or 13(1)(d)), you must monitor a doctor's compliance with any conditions imposed by, or undertakings agreed with, the GMC.

You are responsible for ensuring that, within the organisations for which you are the RO:

- systems are in place to monitor doctors' compliance with existing conditions and undertakings
- systems are in place to ensure that there are no fresh concerns about the fitness to practise of these doctors.

This should include maintaining regular contact with the GMC to discuss new and existing fitness to practise concerns about the doctors for whom you are responsible.

You should recommend a doctor for revalidation where they are complying with conditions imposed by, or undertakings agreed with, the GMC and you agree with all relevant GMC criteria for a recommendation to revalidate (see Section 3).

2.6.2 Compliance with conditions agreed locally

Concerns about a doctor's fitness to practise that meet the relevant threshold should be referred to the GMC in line with our guidance on referring concerns.

Organisations may feel it appropriate to agree conditions or limitations on a doctor's practice for example, where a concern about their practice is raised or where reasonable adjustments need to be made on health grounds. Provided these are complied with appropriately, this should not prevent the doctor from being revalidated.

What are locally agreed conditions?

For the purposes of revalidation, locally agreed conditions refer only to conditions on a doctor's practice that are agreed in response to a concern about a doctor's fitness to practise locally. They do not refer to other contractual or employment arrangements between an organisation and a doctor.

The agreement of local conditions remains a matter for individual organisations. Organisations may agree conditions:

- in addition to GMC conditions or undertakings
- where there are no GMC conditions or undertakings on a doctor's registration.

Taking account of local conditions in your recommendation

While the creation and management of locally agreed conditions remains a matter for organisations that contract or employ a doctor's services, as an RO you should consider a doctor's compliance with any locally agreed conditions when making your recommendation, where these are material to your evaluation of their fitness to practise.

Compliance with locally agreed conditions is referred to in Statement Four of the recommendation to revalidate statements.

If, in your judgement, a doctor is complying with conditions on their practice that have been agreed locally, you are able to recommend the doctor for revalidation, providing that the doctor satisfies the GMC's other criteria for a recommendation to revalidate.

If, in your judgement, a doctor is not complying with locally agreed conditions on their practice, you should consult the GMC's recommendation criteria to determine whether it is appropriate to:

- report the doctor's failure to comply to the local organisation(s) in question
- recommend the deferral of the doctor's submission date, or
- recommend to the GMC the doctor's non-engagement in revalidation.

You should also consider whether the doctor's failure to comply with locally agreed conditions meets [the threshold for a fitness to practise referral to the GMC](#).

2.7 Insufficient information about a doctor's revalidation

You will have sufficient information about a doctor's revalidation if the doctor meets the GMC's minimum requirements for collecting and reflecting on supporting information, and participating in appraisal or training programme assessment. The GMC's requirements are outlined in:

- *Good Medical Practice Framework for appraisal and revalidation*
- *Supporting information for appraisal and revalidation*

If you have insufficient or incomplete information on which to base a recommendation to revalidate, you must determine whether it is appropriate to recommend a deferral, or to recommend that the doctor has not engaged in revalidation (see Sections 4 and 5).

2.8 Unaddressed concerns about a doctor's fitness to practise

As an RO, you cannot make a recommendation to revalidate a doctor if you identify concerns about their fitness to practise that are not being addressed through local or national mechanisms.

To satisfy yourself that there are no unaddressed concerns about a doctor's fitness to practise you should consider the following sources of information:

- outcomes of annual appraisal
- supporting information
- information available from relevant clinical and corporate governance systems including locum work.

As explained in Section 1.3.3 The distinction between revalidation and raising fitness to practise concerns, you should not raise concerns about a doctor's fitness to practise via your recommendation. As soon as you identify a potential concern about a doctor's fitness to practise, you should consider the thresholds for referring concerns to the GMC fitness to practise procedures or consider what action you need to take locally.

2.9 If you need further advice

Preparing to submit your recommendation is not the only time at which you can discuss a doctor's revalidation with the GMC. You can seek advice on a doctor's revalidation at any point from the GMC employer liaison advisers or the revalidation team.

You may need to discuss a doctor's revalidation with the GMC before finalising your recommendation. In particular, you may wish to contact the GMC to discuss either a recommendation to defer or of a doctor's non-engagement in revalidation.

2.9.1 Advice before you submit a recommendation

You should feel free to contact the GMC for advice about your recommendations at any time on an informal basis.

You can approach the GMC for advice without making a formal recommendation. We will only proceed to a decision about a doctor's revalidation after you have made a formal recommendation.

In some circumstances, you will need to ask the GMC for advice about a recommendation.

Examples of these include:

- if you have insufficient information on which to base a recommendation to revalidate

- if you are considering making a recommendation to defer that takes the total deferral time for the current recommendation beyond 12 months (whether a single deferral, or a second or subsequent consecutive deferral)
- if a doctor is not engaging with local systems that support revalidation.

Advice on the thresholds for revalidation

The thresholds for revalidation are defined in the statements and criteria for each of the recommendation categories. You can read detailed information about these in Sections 3, 4 and 5.

If you have a query relating to the thresholds you need to apply when making a judgement about the revalidation of any licensed doctor, your first point of contact will be our Employer Liaison Service. Updated information is also available in the revalidation section of the GMC website <http://www.gmc-uk.org/doctors/revalidation.asp>

2.9.2 Advice about non-engagement

You can speak to your employer liaison adviser for advice about non-engagement. Section 5 explains how you should escalate non-engagement issues, and how this relates to the GMC issuing notice that a recommendation is due.

2.9.3 Advice on processes related to revalidation

Systems and processes that support revalidation

The GMC is not responsible for developing local systems and processes that support revalidation. Systems such as appraisal and clinical and corporate governance remain a local and organisational responsibility.

GMC fitness to practise processes

If you have a query about the thresholds for referring concerns about doctors' fitness to practise to the GMC you can discuss this with the Employer Liaison Service. You may also wish to consult our guidance on raising concerns about doctors http://www.gmc-uk.org/Guidance_GMC_Thresholds.pdf

Employment and remediation issues

If you have a query about remediation or employment issues that could affect a doctor's revalidation, you should, in the first instance, contact the organisation responsible for the doctor's remediation or employment arrangements, if that is an organisation other than your own. You do not need to involve the GMC unless the issue is not resolved and will impact on your ability to make a revalidation recommendation, when it is due.

If you have a query about carrying out your role as a RO in relation to revalidation, you should contact the GMC.

If your query relates to the other aspects of the RO role, or the RO regulations, you should consider contacting:

- your own RO, as a first port of call
- NHS England (for ROs in England)
- the Department of Health (England) (for the regulations applying in England, Scotland and Wales)
- the Department of Health, Social Services and Public Safety (Northern Ireland) (for the regulations applying in Northern Ireland).

Approved practice settings

An Approved practice setting (APS) is one we consider to be an appropriate setting in which doctors who are new to UK practice, or returning after a significant break, can practice.

From April 2014, doctors who are granted or restored to full registration in APS may only practice in the UK when they have a prescribed connection, until they revalidate for the first time. The GMC's decision to revalidate a doctor will be the trigger for lifting the APS requirement from a doctor's registration.

ROs do not have to take additional steps in relation to APS. Individual doctors are responsible for making sure that they meet our requirements for APS.

More information about APS and our new requirements is available on our website at http://www.gmc-uk.org/doctors/before_you_apply/approved_practice_settings.asp

2.9.4 Specialty specific advice

You may have a query about the specialty specific information that a doctor collects for revalidation, or indeed, about any aspect of their specialty work. As such you may wish to consult organisations that can advise you on specialty specific issues and who may have produced specialty advice.

Sources of information and advice include:

- the Academy of Medical Royal Colleges (who have produced specialty guidance)
- individual medical Royal Colleges and faculties
- specialty associations.

Section 3: Recommendations to revalidate

3.1 Making a recommendation to revalidate

3.1.1 What is a recommendation to revalidate?

A recommendation to revalidate is a formal declaration from you that a licensed doctor remains up to date and fit to practise.

Making a recommendation to revalidate confirms that you are able to make a positive judgement about the continuation of a doctor's licence to practise because they:

- have met the GMC's requirements for revalidation
- have participated in systems and processes to support revalidation
- have collected the required supporting information for revalidation.

A recommendation to revalidate also confirms that, in your judgement, there are no unaddressed concerns about the doctor's fitness to practise.

Unaddressed concerns do not include GMC conditions or undertakings that are active on a doctor's registration. Rather, unaddressed concerns are concerns that you are aware of, but that have not been addressed by the relevant body or referred to the GMC.

3.1.2 What the recommendation to revalidate statements ask you to confirm

The recommendation to revalidate statements ask you to confirm that in your judgement a doctor remains up to date and fit to practise, and to recommend that their licence to practise should be continued. The statements are based on:

- a doctor's participation in appraisal or assessment
- a doctor's collection of supporting information
- any other information used to inform your recommendation
- a doctor's compliance with any GMC conditions or undertakings
- a doctor's compliance with locally agreed conditions on their practice

- a conclusion that there are no unaddressed concerns about a doctor's fitness to practise.

When you submit a recommendation to revalidate to the GMC, you must agree with all of the recommendation to revalidate statements.

3.2 Criteria for recommendations to revalidate

These criteria describe the circumstances in which you can make a recommendation to revalidate a doctor to the GMC.

These criteria apply only to the licensed doctors for whom you are the RO. You cannot make a recommendation about a doctor if you are not their RO.

3.2.1 Criteria for doctors in training

The designated body for trainees is the Local Education and Training Board (LETB) or Deanery in England or Wales (unless your training programme is managed by the Defence Postgraduate Medical Deanery or the Pharmaceutical Medicine Deanery – then your designated body will be that deanery), the Northern Ireland Medical & Dental Training Agency (NIMDTA), or NHS Education for Scotland.

As an RO, when you make a recommendation to revalidate for a doctor who is in a postgraduate training programme, you must agree that the following two criteria have been met. These are reflected in the statements that you must agree when you submit a recommendation to revalidate to the GMC:

- the doctor has participated in the assessments and curriculum requirements of their training programme reflecting the values and principles set out in *Good medical practice (GMP)*
- the doctor has presented and discussed appropriate supporting information at trainee assessments in accordance with the requirements of their training programme and the GMC's *Supporting information for appraisal and revalidation*.

Doctors in training are not required to undertake additional activities outside of the requirements of their training programme.

3.2.2 Criteria for all other licensed doctors

To make a recommendation to revalidate a doctor, as an RO, you must agree that the following criteria have been met. These criteria reflect the statements that you must agree when you submit a recommendation to revalidate to the GMC:

- the doctor is participating in an annual appraisal process with *GMP* as its focus
- the doctor has collected the required information for revalidation as outlined in the GMC's *Supporting information for appraisal and revalidation*
- in your judgement, the doctor has collected and reflected on supporting information drawn from across the whole of their practice
- you have considered the relevant information from local clinical and corporate governance systems
- based on the information available to you, there are no unaddressed concerns about the doctor's fitness to practise that need to be raised with the GMC.

3.2.3 When you should not make a recommendation to revalidate

You should not make a recommendation to revalidate if the following circumstances apply:

- the doctor has not provided all of the required elements set out in the GMC's *Supporting information for appraisal and revalidation*
- you wish to consider the outputs of an ongoing or recently concluded local process
- there are unaddressed concerns about the doctor's fitness to practise
- the doctor's fitness to practise is being investigated by the GMC
- the doctor has not engaged in local processes that underpin revalidation.

At any point before you submit your recommendation, you can seek advice from the GMC employer liaison adviser for your area.

3.3 Recommendation: revalidate statements

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, or recognised Suitable Person, for each medical practitioner named below.

I have read the [criteria for recommendations to revalidate](#).

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 GMC
- 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.

Section 4: Recommendations to defer

4.1 Making a recommendation to defer

4.1.1 What is a recommendation to defer?

A recommendation to defer is a request for the GMC to provide you with more time in which to submit a revalidation recommendation.

A successful recommendation to defer will result in a revised revalidation submission date for your recommendation that is later than the doctor's original submission date.

Recommendations to defer may be made about doctors who are:

- engaged in the systems and processes that support revalidation, but about whom there is incomplete information on which to base a recommendation to revalidate (this will be where a doctor has not been able to gather all of the required supporting information by the time the submission date falls due)
- participating in an ongoing local human resources or disciplinary process, the outcome of which are material to your evaluation of the doctor's fitness to practise and that you will need to consider prior to making your recommendation.
- you should discuss with the doctor how long they will need to collect any outstanding supporting information in order to help you decide how long a deferral you need to recommend.

A recommendation to defer is not:

- a request for the GMC to delay making a decision about a doctor's revalidation after receiving a recommendation
- a route to raising concerns about a doctor's fitness to practise with the GMC – these should be referred to the GMC via the existing processes for raising concerns, as soon as they arise
- a request to delay making a recommendation while a doctor is subject to an on-going GMC fitness to practise investigation (in these cases the GMC will postpone a doctor's revalidation pending the outcome of the investigation).

- Recommendations to defer are appropriate only where a doctor has engaged with the systems and processes that support revalidation.

If you have insufficient information on which to base a recommendation to revalidate and you are confident that the doctor has had sufficient opportunity to engage with these systems and processes, you should consider our criteria for recommendations of non-engagement.

4.1.2 What the recommendation to defer statements ask you to confirm

The recommendation to defer statements require you to confirm that a doctor has engaged with the systems and processes that support revalidation, and that there are no unaddressed concerns about their fitness to practise.

To submit a recommendation to defer you must specify:

- the reason for your recommendation
- the period of time for which you wish to defer the doctor's submission date.

When you submit a recommendation to defer to the GMC you must agree with all of the recommendation to defer statements.

[The reason for your recommendation to defer](#)

You must confirm the reason for your recommendation to defer by selecting the appropriate reason. In GMC Connect this will require you to select one option from the drop down menu.

[Insufficient information](#)

You are able to submit a recommendation to defer where the information collected by a doctor for revalidation is incomplete, despite the doctor's engagement with the systems and processes that support revalidation.

You must agree that you have identified the outstanding supporting information, and that you will be able to make an informed recommendation once this information has been collected.

You will not be asked to specify the circumstances that explain why a doctor has not been able to collect the required supporting information. Examples of these circumstances are given in Section 4.2.2.

The doctor is subject to an on-going process

You can submit a recommendation to defer where you need to take account of the outcome of an ongoing local process in which a doctor is participating, in order to make your recommendation.

You must agree that you will consider the outcome of this process in your recommendation, and that you will be able to make an informed recommendation once the process concludes.

You will not be asked to specify the category of ongoing process in which the doctor is participating. Examples of these are given in Section 4.2.2.

The length of deferral

To submit a recommendation to defer you must specify the length of time for which you wish to defer the doctor's submission date. Details are given in Section 4.2.3.

Submitting a recommendation to defer via GMC Connect

To submit a recommendation to defer via GMC Connect you will need to select the relevant option from a drop down menu.

In GMC Connect the two available reasons appear as short phrases. These are summaries of the relevant bullet points within the recommendation to defer statements. They also appear on the GMC Connect page on which you will complete and submit your recommendation to defer.

The abbreviated statements in GMC Connect do not change the GMC's expectations of what underpins your recommendation to defer. When submitting a recommendation to defer via GMC Connect you will be asked to confirm that you understand and agree with the criteria for recommendations to defer.

4.2 Criteria for recommendations to defer

These criteria describe the circumstances in which you, as an RO, can recommend that the GMC defers the date by which you must submit a recommendation about a doctor's revalidation (the 'submission date').

These criteria apply only to the licensed doctors for whom you are the RO or Suitable Person. You cannot make a recommendation about a doctor if you are not their RO or Suitable Person.

4.2.1 Deferring a doctor's revalidation submission date

The process of deferring a doctor's revalidation submission date begins with an RO's recommendation to defer. Successful deferrals conclude with a revised submission date being placed on the doctor's record.

As an RO you should be satisfied that the following criteria apply when you recommend the deferral of a doctor's submission date. These criteria reflect the statements that you must agree when you submit a recommendation to defer to the GMC:

- the doctor is engaging in local processes that support revalidation
- you cannot make an informed recommendation about the doctor's revalidation on the basis of the information that is currently available to you, when compared to the requirements of the GMC's *Supporting information for appraisal and revalidation*
- you have identified the additional information or process outcomes that you require in order to make an informed recommendation
- you have identified where and when this information will be obtained
- you are confident that the recommended deferral period will enable you to consider the outstanding information and make a revalidation recommendation
- you are confident that the doctor is engaging, and will continue to engage with, the local processes that underpin revalidation.

The GMC may ask you for further information about the recommendations to defer you submit. This may be because, for example, you have already recommended a deferral in respect of the same doctor.

At any point before you submit your recommendation you can seek advice from the GMC employer liaison adviser for your area.

4.2.2 When is a recommendation to defer appropriate?

Incomplete supporting information

Licensed doctors must collect the information outlined in the GMC's *Supporting information for appraisal and revalidation*.

This information must be drawn from across the whole of their practice. Doctors will need to present and discuss this information at their annual appraisals.

Some doctors may not have been able to collect and reflect on all of the required supporting information by the time that their revalidation falls due.

Examples of the reasonable circumstances that could account for a doctor having incomplete supporting information might include:

- parental leave
- sabbatical or break from practice
- periods of practice outside the UK
- sick leave
- a doctor has recently gained a prescribed connection to your designated body, and is waiting for their supporting information to be transferred.

This list is not exhaustive. You must exercise your judgement in determining whether a doctor has engaged in the local processes that support revalidation, and whether it is appropriate to recommend a deferral. In these cases you may find it helpful to contact the GMC employer liaison adviser in your area, for further discussion.

You should also have agreed with the doctor how long they will need to collect any outstanding supporting information that you will need in order to make your recommendation.

Ongoing local investigation or disciplinary process

In some circumstances, as an RO you may need to recommend the deferral of a doctor's submission date in order to consider the outcome of ongoing or recently concluded local disciplinary processes or investigation, where this is material to your evaluation of the doctor's fitness to practise. These processes are likely to relate to a doctor's conduct or performance.

When you recommend a deferral on this basis, you should be satisfied that the following criteria apply:

- you will not be in a position to consider the outcome of that local process by the date on which the revalidation recommendation is due
- you expect that the outcome of that local process will enable you to make an informed recommendation about the doctor's revalidation
- where appropriate, you are confident that any concerns about the doctor's fitness to practise do not meet the threshold for referral to the GMC's fitness to practise procedures. (You should also consider discussing any such concerns with your GMC employer liaison adviser.)

4.2.3 Deferral period

When you submit your recommendation to defer, you must specify the additional length of time you need to make your recommendation to revalidate the doctor. You can make a recommendation to defer by up to 12 months via GMC Connect.

You should choose a deferral date that reflects the length of time you and the doctor agree you need to receive and consider any outstanding information relevant to the doctor's revalidation. At the end of this period we would not expect to receive a subsequent recommendation to defer unless there were exceptional circumstances. If the doctor has not provided you with the outstanding information at the end of the agreed period of deferral you should consider submitting a recommendation of non-engagement. If you remain unable to make a recommendation to revalidate the doctor after an agreed period of deferral you should discuss this with your employer liaison adviser as soon as you are made aware of this.

You can view any previous recommendations to defer that you have submitted for a doctor via GMC Connect.

4.3 Recommendation: defer statements

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, or recognised Suitable Person, for the medical practitioner to whom this deferral recommendation 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.

Section 5: Recommendations of non-engagement

5.1 Making a recommendation of non-engagement

5.1.1 What is non-engagement in revalidation?

Under regulation 4(3)(a) of the Licence to practice regulations, the GMC may withdraw a doctor's licence where that doctor has failed, 'without reasonable excuse', to comply with our [revalidation guidance](#).

A doctor is not engaging in revalidation where, in the absence of reasonable circumstances, they:

- do not participate in the local processes and systems that support revalidation on an ongoing basis
- do not participate in the formal revalidation process.
- A doctor is engaging in revalidation when they:
 - participate in the local systems and processes that support revalidation, including annual appraisal
 - participate in the formal revalidation process described in the Licence to practise regulations.

It is for you to determine whether there are reasonable circumstances that explain why a doctor is not engaging in revalidation.

If you are unsure about whether reasonable circumstances exist, you should consult the GMC's criteria for recommendations to defer (see Section 4.2). If the doctor's situation meets these criteria then a recommendation of non-engagement is not appropriate.

5.1.2 Informing the GMC of non-engagement before notice is issued

You can **inform** the GMC outside the statutory notice period if a doctor has failed to participate in the local processes that underpin revalidation. You should do this by contacting the GMC employer liaison adviser for your region.

This sits outside of the formal revalidation process described in the Licence to practise regulations. It enables you to tell us that you do not envisage being able to make a recommendation to revalidate a doctor when it comes due, on account of the doctor's failure to engage or engage adequately in the revalidation process.

When you tell us of a doctor's failure to engage, we will write to the doctor to remind them that they are obliged to participate in the ongoing processes that support revalidation in order to maintain their licence to practise.

If a doctor does not begin to engage with the processes that support revalidation, the GMC can bring forward the issue of notice to a doctor. This will bring forward the submission date, and you can then make a **formal recommendation** of non-engagement.

You cannot submit a formal recommendation of non-engagement before the doctor has been issued notice by the GMC.

5.1.3 Making a formal recommendation of non-engagement

After the doctor has been issued notice you cannot use the process described in section 5.1.2 to inform the GMC of non-engagement. During the notice period, non-engagement can only be communicated to the GMC through a formal recommendation of non-engagement.

A recommendation of non-engagement in revalidation is a formal recommendation about a doctor's revalidation. It is a communication from you to the GMC that states that, following the issue of notice, a doctor has not engaged in the systems and processes that support the revalidation process, or the level of engagement is insufficient to support a recommendation to revalidate.

If you think that you may need to make a recommendation of non-engagement, you should discuss this with the employer liaison adviser for your area or the revalidation team.

Your recommendation of non-engagement must reach us by the doctor's submission date.

5.1.4 What the recommendation of non-engagement statements ask you to confirm

The recommendation statements focus on a doctor's failure to engage with the local systems and processes that support revalidation.

The recommendation statements ask you to confirm that you have incomplete information on which to base a recommendation to revalidate because a doctor has

failed to engage with the systems and processes that support revalidation, or the level of the doctor's engagement is insufficient to support a recommendation to revalidate.

Our ability to withdraw a licence on the grounds of non-engagement derives from the Licence to practise regulations. The doctor must have failed to follow our revalidation guidance to such an extent that you find that you are unable to make, or envisage making, a recommendation.

You should only submit a recommendation of non-engagement to the GMC once you have exhausted all local systems and policies available to you to facilitate or encourage the doctor to engage. The non-engagement process is a regulatory response that should only be used once management responses have been fully exploited.

When you submit a recommendation of non-engagement to the GMC you must agree with all of the non-engagement recommendation statements.

Non-engagement and concerns about doctors' fitness to practise

The recommendation statements ask you to confirm that you have raised any unaddressed concerns about a doctor's fitness to practise with the GMC or the relevant body, as appropriate.

As previously stated, recommendations of non-engagement are not a mechanism through which concerns about doctors' fitness to practise can be raised with the GMC. If you become aware of concerns about a doctor's fitness to practise at any point in the revalidation cycle, these should be referred to the GMC through the existing processes for raising concerns.

5.2 Criteria for a recommendation of non-engagement

These criteria describe the circumstances in which you can recommend to the GMC that a doctor has failed to engage fully with revalidation.

These criteria apply only to the licensed doctors for whom you are the RO or Suitable Person. You cannot make a recommendation about a doctor if you are not their RO or Suitable Person.

5.2.1 Submitting a recommendation of non-engagement

To submit a recommendation of non-engagement in revalidation, you must be satisfied that the following criteria have been met. These are reflected in the

statements that you must agree when you submit a recommendation of non-engagement to the GMC:

- the doctor has not engaged in appraisal or other activities designed to support a revalidation recommendation, or the level of engagement is insufficient to support a recommendation to revalidate
- you do not have, and do not anticipate having, sufficient information on which to base a recommendation about the medical practitioner's revalidation
- you have assured yourself that the doctor does not meet the criteria for a recommendation to defer their submission date
- the doctor has been provided with sufficient opportunity and support to engage with revalidation, but has failed to do so; based on information available to you, you do not believe that there are extenuating circumstances which fully account for their failure to engage
- all reasonable local processes have been exhausted in attempts to rectify the doctor's failure to engage
- where applicable, you have notified the GMC of any unaddressed concerns about the fitness to practise of the doctor
- as a consequence of their non-engagement, you cannot envisage being able to recommend the doctor for revalidation by the date the recommendation is due.

5.2.2 When is a recommendation of non-engagement appropriate?

It is for you to determine whether there are reasonable circumstances behind a doctor's failure to fully engage in local processes and systems that support revalidation, and whether it is appropriate to notify the GMC of his or her non-engagement.

You should refer to the GMC's criteria for recommendations to defer to make sure your recommendations of non-engagement are robust (see Section 4.2).

Before submitting a recommendation of non-engagement, you may wish to discuss any concerns that you have about a doctor's revalidation with the GMC employer liaison adviser for your area. This may be helpful if, for example, you would like clarification about the responsibilities of individual doctors in revalidation, and those of the RO.

5.2.3 A doctor's participation in systems and processes that support revalidation

Regulation 6(5) of the Licence to practise regulations states that doctors with an RO must 'take reasonable steps' to arrange a recommendation about their revalidation.

In practice this means that doctors must identify whether they have a prescribed connection to a designated body, and liaise with you, as their RO, when required for revalidation.

For revalidation licensed doctors must:

- participate in annual appraisals with *GMP* at their core, which consider the whole of their practice
- collect supporting information that meets the requirements of the GMC's *Supporting information for appraisal and revalidation*.

If a doctor has not participated in annual appraisal or collected the required supporting information, you must make a judgement as to whether there are reasonable grounds that account for their failure to engage. These could include, but are not limited to, the examples provided in our criteria for recommendations to defer (see Section 4.2).

Where you have insufficient information on which to base a recommendation to revalidate the doctor, you should consult the GMC's criteria for recommendations to defer to determine whether there are reasonable grounds that account for the missing information (see Section 4.2).

It will be appropriate for you to recommend to the GMC that a doctor has failed to engage in revalidation when:

- there are no reasonable circumstances that account for a doctor's incomplete information or failure to participate in revalidation
- you have provided sufficient and fair opportunities to support the doctor's participation in revalidation
- the doctor has not acted on the opportunities available to them to collect information or participate in appraisals
- you have exhausted all relevant local processes to address the doctor's failure to engage.

5.2.4 How does the GMC respond to recommendations of non-engagement?

A recommendation of non-engagement normally comes at the end of significant efforts to encourage a doctor to engage locally in revalidation. It begins a rigorous process that can potentially result in the GMC withdrawing a doctor's licence to practise.

There are a number of steps involved from receipt of a recommendation of non-engagement to a doctor's licence being withdrawn:

- The RO submits a recommendation of non-engagement on or before the submission date.
- The doctor's name will continue to appear in your list of 'Submitted Recommendations' on GMC Connect, but it won't appear in your 'All Doctors list'.
- We will tell the doctor their licence is at risk because they have failed to meet the requirements of revalidation. They will have 28 days to respond and tell us why we shouldn't remove their licence. If the doctor agrees, we may share their response with you (if we need more information from you), before we make our decision.
- If we decide to remove the doctor's licence, we give notice and explain their right to appeal within 28 days. We'll email you to tell you the date on which we'll be removing the doctor's licence, barring any appeal. If the doctor doesn't appeal, we'll email you again on the day we remove their licence.
- If the doctor appeals, we won't take any action until the appeals process is completed. Appeals are handled by an independent team and the process can be lengthy.
- If a doctor's appeal is unsuccessful, the GMC will remove their licence and email you to let you know.

Your employer liaison adviser will continue to offer advice as you consider recommendations of non-engagement.

5.3 Recommendation: non-engagement statements

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, or recognised Suitable Person, for the medical practitioner to whom this recommendation 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 required 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 that the named medical practitioner is fit to practise.

Section 6: Checklists

6.1 Checklist: Before you consider your recommendation

As an RO, you should read through this checklist before considering your recommendation about a doctor's revalidation.

Check:

- that the doctor has a prescribed connection to your designated body
- how your designated body will submit recommendations (e.g. via GMC Connect)
- that you have sufficient support and resources to enable you to prepare recommendations and send them to the GMC.

Make sure you are aware that:

- while your team may complete recommendation submissions on your behalf, the accountability for making the recommendation and the decision to submit cannot be delegated to others
- your recommendation may only be a recommendation to revalidate, to defer, or of non-engagement in revalidation
- your recommendation is not a decision about a doctor's revalidation
- your recommendation forms the basis of the GMC's decision about the doctor's revalidation
- the GMC will follow up overdue recommendations.

Make sure you are aware of:

- your statutory duty to make recommendations about doctors' fitness to practise, as described in the RO regulations
- the responsibilities of individual doctors to collect supporting information and participate in annual appraisal for revalidation
- the content and key messages of this protocol.

6.2 Checklist: Before you decide on your recommendation

You should read through this checklist before finalising your recommendation about a doctor's revalidation.

Your responsibility to make recommendations

You must make a recommendation about the revalidation of each doctor who has a prescribed connection to your organisation when their revalidation submission date falls due.

For each recommendation that you make, you are responsible for:

- considering the information that is available to you about a doctor's fitness to practise (including the outputs of appraisal and other information from clinical and corporate governance systems)
- seeking additional advice or information about your recommendations, from, for example, the GMC employer liaison adviser for your area
- the nature of the recommendations you are making about doctors for whom you are the RO, regardless of whether you delegate any activity relating to your recommendations
- ensuring you have discussed the recommendation with the doctor where this is appropriate
- ensuring that your recommendations are submitted to the GMC on or before the date they are due.

Make sure that you:

- read and understand the definitions of the three recommendation categories
- read and understand the statements for each of the three recommendation categories
- read and apply this protocol guidance
- submit recommendations that align with our criteria for the relevant recommendation category
- allow sufficient time to submit your recommendation to the GMC by the date that it is due

- understand that you are responsible for the recommendations that you make, and that you cannot delegate responsibility for making a decision on which recommendation is appropriate.

Annex A: The legislation that supports revalidation

The Medical Act 1983

The Act is the primary UK legislation that provides the legal basis for everything that the GMC does.

The Act gives the GMC specific powers and functions. Section 29A, part 5 states that “revalidation” means ‘the evaluation of a medical practitioner’s fitness to practise’.

Doctors’ fitness to practise is the focus of both revalidation and the GMC’s fitness to practise processes. Nevertheless they are separate processes with different aims:

- revalidation is the process through which a doctor’s fitness to practise is positively affirmed
- the GMC’s fitness to practise procedures, as described in Section 29 of the Medical Act, focus on dealing with concerns that are raised about a doctor’s fitness to practise.

Under the Act the GMC is able to make additional regulations that govern the way that the GMC works. These include the General Medical Council (Licence to Practise and Revalidation) Regulations 2012.

The General Medical Council (Licence to Practise and Revalidation) Regulations 2012 (as amended)

The General Medical Council (Licence to Practise and Revalidation) Regulations 2012 were made by the GMC and agreed by the Department of Health and Privy Council. They include:

- the GMC’s powers to grant, withdraw, restore, or refuse to restore licences in a range of different circumstances
- additional powers that the GMC needs in order to maintain, withdraw, restore, or refuse to restore licences in the context of revalidation.

The Medical Profession (Responsible Officers) Regulations 2013 (as amended)

The RO role was introduced in the UK by the Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Northern Ireland) Regulations 2010.

The RO regulations that apply to England, Scotland and Wales were made by the Department of Health (England). The RO regulations (Northern Ireland) were made by the Department of Health, Social Services and Public Safety.

What the regulations describe

The RO regulations and accompanying guidance:

- create a new statutory role in UK healthcare
- create relationships that overlay and transcend the existing structures and reporting arrangements within healthcare organisations
- describe the duties of ROs
- clarify who is eligible to undertake the RO role
- require you, as an RO, to make recommendations to the GMC 'about medical practitioners' fitness to practise'.

As an RO, you can only make recommendations about those doctors who have a prescribed connection to your designated body, as described by the RO regulations. If you are a Suitable Person, you can only make recommendations about doctors linked to you.

A set of amendments to the regulations, principally reflecting changes to the structure of the NHS in England in 2012 and adding new designated bodies, was published as the Medical Profession (Responsible Officers) (Amendment) Regulations 2013.

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