

Agenda item:	13
Report title:	Amendments to the Guide for Doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012
Report by:	Clare Barton , Assistant Director, Revalidation and Specialist Applications, Clare.barton@gmc-uk.org , 0161 923 6589
Action:	To note

Executive summary

Some changes which have been made to the Guide for Doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012 ('the guide').

These amendments are not the result of a full detailed review of the guide but are a series of necessary stand-alone changes to reflect the evolution to policy and process since the guide was introduced in December 2012. The changes also more generally reflect amendments to terminology and provide some clarifications on the basis of feedback and learning since the guide was introduced.

A summary of the key contextual changes made, and the reasons for them, are provided in the paper, along with an indication of next steps.

Recommendation

The Strategy and Policy Board is asked to note the changes made to the *Guide for doctors: Revalidation and maintaining your licence*, at Annex A.

Amendments to the Guide for doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012

- 1** We have made changes to the Guide for Doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012 ('the guide'). This is guidance published under Section 29G of the Medical Act 1983 (as amended) ('the Act'), paragraph 1(a). The amended guide is at Annex A.
- 2** The changes reflect evolution to policy and process and amendments to terminology since the guide was introduced in December 2012, as well as clarifying aspects of the guide following feedback and learning. A full detailed review of the guidance has not been conducted. We have restructured the guide to remove duplication, prioritise key messages at the beginning of the document, and generally improve its usability. Finally we have made minor stylistic changes throughout the guide, such as amendments: to reflect GMC house style, to remove duplication and paragraphs that are no longer necessary, and to update tenses of verbs (as revalidation is no longer in the future).
- 3** A summary of the key contextual changes made, and the reasons for them, is provided below:
 - a** Amendments to the appraiser and appraisal criteria for doctors without a prescribed connection to reflect the changes agreed at the Strategy and Policy Board meeting in May 2016.
 - b** Removal of section for doctors working in the crown dependencies. There are now a number of Suitable Persons approved for the majority of these doctors. The guide provides information for doctors who have a connection to a Designated Body or Suitable Person, and for those doctors without a connection. Doctors working in the crown dependencies will all fall into one of these two groups and, as a consequence, separate guidance for these doctors is no longer needed.
 - c** Amendments to sections about the revalidation assessment following legal advice that there are multiple options available to us where a doctor does not meet the required standard in the revalidation assessment. The action we take may include requiring the doctor to undertake a further assessment, undertaking a fitness to practise investigation, or initiating the process of licence withdrawal. Our power to initiate the licence withdrawal process in these circumstances is discretionary, and we will develop further guidance outlining how and when we will exercise this discretion.
 - d** Amendments to descriptions of the revalidation recommendations that a Responsible Officer (RO) or Suitable Person can make to the GMC, to reflect updates made to the statements in 2015.

- e Changing the title of the 'positive recommendation' to 'recommendation to revalidate' in order to help dissuade the perception of a deferral as a negative action.
- f Introducing consistency in the titles of all types of recommendations by changing them all to 'recommendation to revalidate/to defer/of non-engagement'.
- g Clarifying that a RO or Suitable Person can make a recommendation of non-engagement where a doctor has not 'sufficiently' engaged with the processes underpinning revalidation, to address issues raised about doctors who only partially engage with revalidation.

Next Steps

- 4 The updated guide will be published on our website as soon as possible.
- 5 We shall update the Board when we have developed our policy and process in relation to the options open to us where a doctor does not meet the required standard in the revalidation assessment, and how and when we intend to exercise our discretion to initiate the licence withdrawal process.

13 - Amendments to the Guide for Doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012

13 – Annex A

**Guide for doctors:
Revalidation and
maintaining your licence**

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Section 1: Introduction

- 1 This guidance is published under section 29G of the [Medical Act 1983](#). It sets out the requirements you need to meet to revalidate and maintain your licence to practise. We have the power to withdraw your licence if you fail, without reasonable excuse, to comply with the requirements set out in this guidance.
- 2 This guidance accompanies [the General Medical Council \(Licence to Practise and Revalidation\) Regulations 2012](#), as amended in [2014](#) and [2015](#).

1.1 Background

- 3 All licensed doctors have to demonstrate to us, on a regular basis, that they remain up to date and fit to practise*. This process is called revalidation. All licensed doctors need to engage with revalidation as a condition of keeping their licence to practise.
- 4 Revalidation is based on a continuing evaluation of a doctor's fitness to practise, through annual appraisals based on our core guidance for doctors, [Good medical practice](#).
- 5 Revalidation supports doctors in developing and improving their practice throughout their career, by making sure they have the opportunity to reflect regularly on how their practice can be developed, modified or improved. Over time, revalidation will give patients greater confidence that doctors are up to date in the areas in which they practise, and promote improved quality of care for patients by driving improvements in clinical governance.

1.2 Scope of this guide

- 6 This guide applies to all doctors who hold registration and a licence to practise. It should be read in conjunction with our other [guidance](#) for doctors, including:
 - [Good medical practice framework for appraisal and revalidation](#)
 - [Supporting information for appraisal and revalidation](#)

* If you are a doctor with temporary registration under sections 18, 18A or 27A of the [Medical Act](#), you are exempt from revalidation.*

- 7 If you're a Responsible Officer, you must have regard to this guidance in discharging your statutory responsibilities.* You also need to refer to [The GMC protocol for making revalidation recommendations: Guidance for Responsible Officers and Suitable Persons](#).
- 8 This guide does not deal directly with the responsibilities of the Responsible Officer. Guidance on the role of Responsible Officers has been published by the [Department of Health \(England\)](#) for England, Scotland and Wales, and the [Department of Health \(Northern Ireland\)](#) for Northern Ireland.

Section 2: An overview of revalidation

2.1 What is revalidation?

- 9 Revalidation is an evaluation of your fitness to practise.† For the vast majority of doctors, it is based on a continuing evaluation of their fitness to practise in the workplace. Figure 1 provides an overview of the key components of revalidation.

Figure 1 – [graphic to be inserted before publication]

- 10 You are required to demonstrate that you are fit to practise to continue to hold your licence. You must do this by meeting the requirements of revalidation as outlined in this guidance, and sufficiently engaging with the processes that support revalidation on an on-going basis.
- 11 You must engage in an annual appraisal process. During your appraisals you must discuss and reflect on the whole of your practice with your appraiser, and use supporting information to demonstrate that you are continuing to meet the values and principles set out in our core guidance for doctors, [Good medical practice](#).

* [The Medical Profession \(Responsible Officers\) Regulations 2010 reg 15\(b\)](#) (as amended by [Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#)) and [The Medical Profession \(Responsible Officers\) Regulations \(Northern Ireland\) 2010 reg 13\(b\)](#)

† [Medical Act 1983](#) Section 29A(5)

- 12 If you are a doctor in training, you revalidate by engaging in your training programme. More information about revalidation for doctors in training is in [section 4.2](#), and [on our website](#).
- 13 Most doctors have a connection to a Designated Body. This links the doctor to a senior licensed doctor appointed as a Responsible Officer who is responsible for their revalidation. The Responsible Officer must make sure that systems of appraisal and processes for collecting and holding information are in place to help you. In some cases where a doctor does not have a Responsible Officer, we may approve a Suitable Person. More information about this can be found in [section 3.1](#). If you do not have a connection to a Responsible Officer or Suitable Person you will revalidate by providing information to us every year and, in most cases also undertaking an assessment designed to evaluate your fitness to practise.
- 14 Usually every five years, your Responsible Officer or Suitable Person will make a recommendation to us about your revalidation. They will use the outcome of your annual appraisals, combined with other information available from the clinical governance systems of organisations in which you practise. More information about these recommendations can be found in [section 4.5](#).
- 15 It is for the GMC to decide whether you may continue to hold your licence to practise. More information about how we make this decision is in [section 6.1](#).
- 16 If you fail to engage and comply with the requirements of revalidation (as outlined in this guidance) and to engage with the local processes, including appraisal, that underpin it, this will put your licence to practise at risk.

2.2 Summary of key requirements for doctors

- 17 You must comply with the requirements of revalidation as outlined in this guidance, which in summary are:
 - Engage sufficiently with the revalidation process, to demonstrate that you work in line with the principles and values set out in our core guidance *Good medical practice*.
 - Identify your Responsible Officer, Suitable Person, or tell us if you don't have one.
 - Have an annual appraisal (or engage fully with your training programme if you are a doctor in training) which covers your whole scope of practice.

- Reflect on, and discuss with your appraiser, the supporting information you have collected from your whole scope of work.
- If you have a Responsible Officer or Suitable Person, arrange for them to make a recommendation about your revalidation by your revalidation submission date.
- If you do not have a Responsible Officer or Suitable Person, send us evidence of your engagement with revalidation every year and undertake and meet the required standard in a revalidation assessment when asked.
- Provide to us when asked, any information we request about your revalidation.

2.3 GMC registration and the licence to practise

- 18** Doctors who want to practise medicine in the UK need to hold a licence to practise. The licence gives a doctor the legal authority to undertake certain activities in the UK. For example writing a prescription, signing a death certificate and holding certain medical posts (such as working as a doctor in the NHS).
- 19** Any doctor who wants to carry out an activity for which a licence is needed must be registered with us and hold a licence to practise granted by us. This applies whether the doctor is working full time or part time, in the NHS or in the independent sector, employed or self employed, or working as a locum.
- 20** The licence to practise is only a legal requirement for the practise of medicine within the UK (and crown dependencies). Doctors who do not work in the UK, or who do not undertake any activities for which a licence is required, do not need to hold a licence. They can be registered without a licence.
- 21** We can't advise whether you need a licence to practise for the work you do. In most cases the requirement to have registration with a licence to practise is set out in [legislation](#). If in doubt, you should review our [licensing information online](#) and check the position with your employer or other relevant body. You may need to seek legal advice if you are not sure.
- 22** You may not be required to hold a licence to practise to undertake the work you do. If you are retired from clinical practice, working wholly overseas or taking a significant career break, you may not need a licence. If you don't need a licence our advice is that you should consider relinquishing it. You may wish to speak to your employer or medical defence organisation for further advice about your specific circumstances.

23 You can maintain your registration with us without a licence. This means you must still follow the guidance in *Good medical practice* and you remain subject to our fitness to practise procedures but you do not have to revalidate

24 Full registration without a licence carries significant benefits including:

- acknowledgement that your primary medical qualification allowed you to gain entry to the medical register in the UK
- public evidence of good standing with the GMC
- the ability to restore the licence when it is required
- paying a lower annual retention fee.

25 You can apply to restore your licence to practise if you need it at some point in the future. Information on applying to restore your licence can be found in section 7.

2.4 Fitness to practise proceedings and revalidation

26 If you are subject to fitness to practise proceedings, we are likely to wait until the conclusion of the proceedings before giving you notice of your revalidation submission date.^{*,†}

27 If you become subject to proceedings about your fitness to practise after we have served notice of your revalidation submission date, we may await the outcome of the investigation before taking any further steps in relation to your revalidation.[‡] We will formally confirm this with you.[§]

28 Whilst you are subject to fitness to practise proceedings, and as long as you remain registered with a licence to practise, you must continue to engage with the processes for your revalidation as set out in this guidance. You should have an annual appraisal, and be collecting and reflecting on supporting information.

* [Reg 6\(1\)\(b\), 6\(2\)\(b\)](#)

† Proceedings is defined in the [General Medical Council \(Fitness to Practise\) Rules 2004](#)

‡ [Reg 6\(15\)](#)

§ [Reg 6\(16\)](#)

- 29** If you have conditions on your registration or have agreed undertakings with us, these do not stop you from revalidating as long as you are complying with them. You should continue to engage with the processes for your revalidation as set out in this guidance.
- 30** [Information for doctors](#) who have been referred to GMC fitness to practise procedures is online.

2.5 The outcome of a GMC fitness to practise investigation and revalidation

- 31** You will not hold registration with a licence if you are suspended or erased as a result of our fitness to practise processes. Revalidation does not apply to doctors who do not hold a licence to practise.
- 32** For any other outcome of our fitness to practise process, we may issue notice of a new submission date, or request a new recommendation or further information in respect of any pending revalidation recommendation.*

2.6 Dealing with concerns about doctors' practice

- 33** Revalidation is not a way to raise or address concerns about a doctor's practice. These should be addressed through local processes or where serious concerns exist they should be referred through our existing fitness to practise process.
- 34** All doctors have a duty to report serious concerns about the practice of another doctor, in line with [Good medical practice](#), our [Raising and acting on concerns about patient safety \(2012\)](#), guidance and their own workplace policy.

Section 3: Providing information for your revalidation

3.1 Confirming your connection information

- 35** There are clear rules to determine whether you have a connection to a designated body.[†] For most doctors your designated body is the organisation in which you undertake most or all of your practice.

* [Reg 6\(17\)\(a\), \(b\)](#)

[†] [The Medical Profession \(Responsible Officers\) Regulations 2010, regs 10 and 12](#) (as amended by [Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#)) and [The Medical Profession \(Responsible Officers\) Regulations \(Northern Ireland\) 2010 regs 8 and 10](#)

- 36** These rules come from the regulations for Responsible Officers made by the [Department of Health \(England\)](#) for England, Scotland and Wales, and the [Department of Health \(Northern Ireland\)](#) for Northern Ireland.
- 37** We have provided some online tools based on the Responsible Officer regulations to help you identify whether you have a connection to a designated body. These tools include:
- [Case studies](#)
 - [Online tool](#)
 - [A list of designated bodies and Responsible Officers](#)

Connection to a designated body

- 38** If you have a connection to a designated body, you must update your GMC Online account and inform your Responsible Officer. You then need to comply with the requirements set out in section 4 of this guidance.

Connection to a Suitable Person

- 39** If you do not have a connection to a designated body (and so do not have a Responsible Officer), you may be able to identify someone who can support you with revalidation and make a recommendation about you. You should consider whether there is anyone suitable, such as the person with responsibility for clinical governance and appraisal in your organisation. Or, it might be the Responsible Officer of a designated body you undertake work for, but do not have a connection to under the regulations.
- 40** If someone agrees to be your Suitable Person, we will need to approve the arrangement. We approve Suitable Persons* in line with our [published criteria](#).
- 41** We must approve any Suitable Person before a revalidation recommendation can be made. You should make sure that you continue to meet the requirements for a doctor without a connection until any Suitable Person application is approved.
- 42** Further information is [online, along with a list of Suitable Persons approved to date](#).

* [Reg 6\(6\) and \(7\)](#)

- 43** If you have a connection to a Suitable Person, you must contact them and ask them to add you to their list of doctors. You then need to comply with the requirements set out in [section 4](#) of this guidance.

Doctors without a connection

- 44** If you do not have a connection to a designated body or Suitable Person you must tell us. You can do this by updating your GMC Online account. You then need to comply with the requirements set out in [section 5](#) of this guidance.
- 45** If we do not have information about your connection, we will ask you to confirm or provide this information to facilitate your revalidation.
- 46** For some doctors, we may also need information about your prospective, current, or past employment to help us determine when and how to revalidate you.*
- 47** If you do not provide this information to us when asked we can begin the process to withdraw your licence.
- 48** You should also update your connection details if your circumstances change, for example, if you change or gain employment. This will make sure that we have the correct information about you for your revalidation, and that your Responsible Officer will also have your details.

3.2 Requests for other information

- 49** After considering any information we have, or a recommendation we have received about your revalidation, we may need to ask you for additional information or supporting evidence.†
- 50** Any information we request about your revalidation will normally need to be supplied within 28 days. If you can't comply fully with this request within the specified timeframe, you must tell us and explain why.‡
- 51** If you do not provide this information by the deadline, or give us a reasonable excuse why, we can begin the process of withdrawing your licence to practise.*

* [Reg 6\(9\)\(a\)](#)

† [Reg 6\(10\)](#)

‡ [Reg 6\(13\)](#)

Section 4: Engagement with revalidation for doctors who have a Responsible Officer or approved Suitable Person

- 52** This section sets out the requirements for revalidation if you are a doctor with a Responsible Officer or Suitable Person. If you do not have a Responsible Officer or approved Suitable Person, you need to comply with the requirements set out in [section 5](#).

4.1 Engaging in processes that support revalidation

- 53** You must sufficiently engage with the processes that support revalidation. This means you must meet the requirements for revalidation as set out in the following paragraphs of this guidance, published under Section 29G of the [Medical Act 1983](#).

Annual appraisal

- 54** It is your responsibility to have an annual appraisal which has [Good medical practice](#) as its focus and which covers all of your medical practice.
- 55** If you have a designated body they will provide you with an appraisal. Your appraiser will undertake your appraisal but they do not make a recommendation about your revalidation, this is done by your Responsible Officer.
- 56** If you have a Suitable Person, they will support you with accessing an appraisal for your revalidation. Your appraiser will undertake your appraisal but they do not make a recommendation about your revalidation, this is done by your Suitable Person.
- 57** You should contact your Responsible Officer or Suitable Person if you are uncertain about whether your appraisal is sufficient for your revalidation or to discuss the recommendation they are making about you.

* [Reg 4\(3\)](#)

Supporting information

- 58** You must collect the following [supporting information](#) for your appraisal to help show how you're meeting the professional values and principles set out in [Good medical practice](#).
- Continuing professional development
 - Quality improvement activity
 - Significant events
 - Feedback from colleagues
 - Feedback from patients
 - Review of complaints and compliments
- 59** Your appraisal must cover your whole practice regardless of its nature or where it takes place. If you practise in more than one organisation or setting, for example as an NHS doctor with sessions in a private clinic, or as a locum doctor, you need to collect and reflect on supporting information that covers your practice in each of those places and provide it for discussion at your appraisal.
- 60** You are responsible for taking reasonable steps to collect this supporting information. If you have a designated body they should help by giving you access to relevant information (for example, information about complaints and compliments).
- 61** Our guidance will help you understand what you need to do for appraisal:
- Our [appraisal framework](#), which is based on [Good medical practice](#), explains the professional values you need to demonstrate you are meeting in your appraisal.
 - Our [supporting information guidance](#) describes the information you need to collect about your practice.
- 62** The [medical royal colleges, faculties](#) and specialty associations can also give you advice and guidance about how to can meet our requirements, in particular specialties, including general practice.
- 63** Not all required supporting information has to be considered at every annual appraisal. However you will be expected to have collected and reflected on all of the required supporting information by the time your Responsible Officer or Suitable Person makes a recommendation for you.

Arrange for a recommendation to be made about your revalidation

- 64** You must take reasonable steps to arrange for a recommendation to be made about your revalidation by your Responsible Officer or Suitable Person by your revalidation submission date.*

Not engaging with the processes that support revalidation

- 65** You have to demonstrate that you are fit to practise to continue to hold your licence. You must do this by complying with the requirements for revalidation as set out in this guidance, and sufficiently engaging with the processes that support it, on an on-going basis.
- 66** Your Responsible Officer or Suitable Person can tell us that you're not engaging sufficiently at any time. They do not need to wait until your submission date.
- 67** If your Responsible Officer or Suitable Person tells us that you have not been sufficiently engaging, before you have received your notice, then we may remind you that you are required to engage in order to continue to hold your licence to practise.†
- 68** If you do not begin to sufficiently engage, or comply with the requirements for revalidation and you are not yet under notice, we may bring forward your submission date and request a recommendation about your fitness to practise.

4.2 Trainee doctors and their revalidation

- 69** If you are a doctor in training, you revalidate by engaging with your training programme. This means you are required to:
- engage in and meet the assessment and curriculum requirements of your training programme
 - discuss your progress and learning needs with your supervisors.
- 70** Your Responsible Officer is usually your postgraduate dean. They will make a revalidation recommendation to us.
- 71** More [information about revalidation for doctors in training](#) is online.

* [Reg 6\(5\)](#)

† We may also remind a doctor of the requirements for their revalidation if their Responsible Officer or approved Suitable Person ask us to when the doctor is under notice but before a recommendation made.

4.3 When you will revalidate

- 72** Unless you are notified otherwise, your Responsible Officer or Suitable Person will make a [recommendation to us](#) once every five years. More information about the recommendation is in [section 4.4](#).
- 73** Your Responsible Officer or Suitable Person must make their recommendation on or before the submission date we set. You will know when this date is because:
- it will be recorded in your [GMC Online account](#)
 - you will receive notice of the submission date at least three months before the date by which your Responsible Officer or Suitable Person needs to make their recommendation.* We will send you formal notice in writing to your registered address and also by email if you have given us an email address.
- 74** We will also inform your Responsible Officer or Suitable Person of your submission date.
- 75** There may be some exceptional circumstances where we need to change your submission date or defer taking further steps in relation to your revalidation.[†] There may also be circumstances where we need to do this for a group of doctors.
- 76** If we change your submission date or defer taking further steps in relation to your revalidation, you will always be informed of this and provided with reasons. You will always be provided with at least three months' notice of any change to your revalidation submission date.[‡]
- 77** The sort of exceptional circumstances in which we might change your submission date after you have already received formal notice are:
- If you are subject to a GMC fitness to practise investigation, in order to be able to evaluate your fitness to practise for the purposes of revalidation, we may need to defer the submission date and decision until the outcome of the investigation is known (see [section 2.4](#)).

* [Reg 6\(3\)\(a\)](#)

† [Reg 6\(1\)\(b\), 6\(15\) and 6\(17\)](#)

‡ [Reg 6\(3\)\(a\)](#)

- If you have not sufficiently engaged with the processes to support revalidation (see [section 4.1](#)), we may consider that it is appropriate to cancel your submission date and, potentially, reissue the notice with a shortened revalidation cycle or defer your submission date.

- 78** We will also change your submission date where we agree a recommendation to defer made by your Responsible Officer or Suitable Person. More information about deferral recommendations is in [section 6.3](#).

- 79** If you change employers, or your designated body* changes, your submission date stays the same. Your new Responsible Officer or Suitable Person will be required to submit a recommendation on or before that date.

The recommendation to the GMC

4.4 Making the recommendation to the GMC

- 80** Your Responsible Officer or Suitable Person will follow the instructions set out in the [GMC protocol for making revalidation recommendations](#) when making their recommendation. This includes taking into account:
- your participation in [annual appraisals](#), if you are not in a training programme
 - the [supporting information](#) you have collected
 - the assessments and other curriculum requirements of your training programme, if you are a doctor in a training programme
 - the systems of clinical and corporate governance that are in place within your workplace(s)
 - information from all organisations in which you have undertaken medical practice
 - your compliance with any [GMC conditions or undertakings](#) on your registration
 - your compliance with any locally agreed conditions on your practice

* A 'designated body' is an organisation that employs or contracts with doctors and is designated in [The Medical Profession \(Responsible Officer\) Regulations 2010](#) (as amended by [Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#)) or [The Medical Profession \(Responsible Officers\) Regulations \(Northern Ireland\) 2010](#)

- any outstanding concerns about your practice.

81 If you are a doctor in a training programme, your revalidation does not depend on successful progression. Therefore, an adverse training outcome does not mean you won't be revalidated, provided you remain fit to practise within your scope of practice.

4.5 The recommendations

82 There are three possible recommendations your Responsible Officer or Suitable Person can make about your revalidation:

- a [recommendation to revalidate](#)
- a [recommendation to defer](#)
- a [recommendation of non-engagement](#).*

83 You can read the three [recommendation statements](#) that your Responsible Officer or Suitable Person will sign up to about your revalidation online.

84 Your Responsible Officer or Suitable Person is responsible for making a recommendation to us about your revalidation. We are responsible for making the revalidation decision. More information about our decision is in [section 6](#).

4.6 A recommendation to revalidate

85 A recommendation to revalidate is a formal declaration from your Responsible Officer or Suitable Person that you are up to date and fit to practise. It confirms you have met our requirements for revalidation (as set out in this Guidance), you have participated in the systems and processes to support revalidation, and have collected the required supporting information for appraisal.

86 More [information about what is required for a recommendation to revalidate](#) is set out in [the GMC protocol for making revalidation recommendations](#).

4.7 A recommendation to defer

- 87** If a Responsible Officer or Suitable Person needs more time to consider their recommendation about you, they may recommend deferral of your revalidation until a later date.*
- 88** The purpose of deferrals is to provide flexibility where someone is sufficiently meeting the requirements for their revalidation, but needs more time before their Responsible Officer or Suitable Person can make a recommendation to revalidate them.
- 89** There is no appeal process about a deferral recommendation. If you do not understand why a deferral has been made, or what you are required to do, you must contact your Responsible Officer or Suitable Person.
- 90** There are two reasons why we would consider it appropriate to accept a recommendation to defer.
- You may not have been able to collect and reflect on all of the required supporting information by the time your revalidation falls due. Reasonable circumstances that could account for you having incomplete supporting information might include parental leave, a sabbatical, a break from practice, or sick leave.
 - You may be participating in an ongoing local HR or disciplinary process and your Responsible Officer or Suitable Person needs to let the process conclude before making a recommendation.
- 91** If we grant a deferral, both you and your Responsible Officer or Suitable Person will receive confirmation of the revised date for submission of your revalidation recommendation.† We will send you formal notification of your revised submission date, at least three months in advance. After which your Responsible Officer or Suitable Person will then need to make a recommendation about your revalidation on or before that date.
- 92** Guidance for Responsible Officers and Suitable Persons about making a recommendation to defer, including on the length of time they can request, is available in [the GMC protocol for making revalidation recommendations](#).

* [Reg 6\(5\)\(c\) and 6\(6\)\(c\)](#)

† [Reg 6\(16\) and \(17\)](#)

- 93** If your revalidation is deferred you should make sure that you discuss what you need to do and when with your Responsible Officer or Suitable Person. When we allow the deferral of your revalidation we expect, unless there is a reasonable excuse, that you will meet these requirements by your new submission date. This may include undertaking another appraisal by your submission date.
- 94** A deferral simply recognises there are legitimate reasons why a Responsible Officer or Suitable Person is not able to make a recommendation at that time.
- 95** A deferral of your submission date:
- is not a penalty
 - does not imply any judgement about your fitness to practise
 - does not affect your licence to practise.
- 96** We do not publish the fact that your revalidation has been deferred.

4.8 A recommendation of non-engagement

- 97** Your Responsible Officer or Suitable Person can notify us that you have not sufficiently engaged with the processes that support revalidation. More information is in the [GMC protocol for making revalidation recommendations](#).
- 98** If you fail to sufficiently engage, or fail to comply with the requirements for revalidation as set out in this guidance, we may withdraw your licence to practise.*
- 99** Your Responsible Officer or Suitable Person will decide whether it is appropriate to submit a recommendation of non-engagement about your revalidation.
- 100** On receipt of a non-engagement recommendation, we will begin the process of withdrawing your licence to practise.
- 101** We will write to inform you that we have received notification that you have not been sufficiently engaging with the processes for your revalidation and we are considering withdrawing your licence.

* [Reg 4\(3\)](#)

- 102** We will make a decision about whether to withdraw your licence after considering your representations and other information available to us. We will seek consent to share your representation with your Responsible Officer or Suitable Person. This is so we can obtain further information from them as to whether they consider you are sufficiently engaging with the revalidation process, following your response.
- 103** If you begin to engage sufficiently with the revalidation process, we may make a decision not to withdraw your licence. Instead, for example, we may decide to defer your revalidation. More information about withdrawal of a licence is in [section 6.4](#).
- 104** If we remove your licence for failing to comply with our revalidation requirements, you may continue to hold GMC registration without a licence. You can appeal a decision to withdraw your licence. More information about appeals is in [section 8](#).

Section 5: Revalidation for doctors who do not have a Responsible Officer or approved Suitable Person

- 105** This section explains the revalidation requirements if you do not have a Responsible Officer or Suitable Person, and need or choose to keep your licence to practise.

5.1 Engaging in processes that support revalidation

- 106** As you do not have a Responsible Officer or Suitable Person, there is nobody with the statutory responsibility to oversee systems such as appraisal and clinical governance which support your revalidation, or to make a revalidation recommendation about you. This means we must obtain assurance directly from you about your fitness to practise. You must comply with the requirements for revalidation as outlined in this guidance, including that you must:
- make sure your details are kept up to date in your GMC Online account. This includes informing us straightaway if you have a connection to a designated body or Suitable Person.
 - collect, discuss and reflect on supporting information at an annual appraisal that covers your whole of practice

- make sure your appraiser and appraisal comply with all the criteria and requirements we set out below
- provide us, on or before a specified date, with an annual return containing information and evidence to demonstrate your engagement with revalidation and the appraisal processes, and your fitness to practice
- provide further information, if we ask, to clarify any details in your annual return or which is otherwise relevant to your revalidation
- If requested, take, and meet the required standard in, an assessment designed to evaluate your fitness to practise.

Annual return

107 Your annual return should be made through your GMC Online account. You must contact us to discuss your annual return if you can't use the online system and we will help you.

108 The annual return provides a range of evidence which includes, but is not limited to:

- your employment or practice history
- evidence of your good standing (for example, a certificate of good standing if you work overseas, statement of good standing from any previous employer)
- fitness to practise declarations
- confirmation of your continuing engagement with revalidation, including details of your annual appraisals.

109 We will give you at least three months' notice that that your annual return is due. * You will normally submit an annual return once every year unless we tell you otherwise.

110 Once you receive notice of that date, you can complete and submit your annual return to us at any time before, or on, that date.

* [Reg 6\(3\)\(a\)](#)

- 111** You will need to pay a fee, when requested, to cover our costs in reviewing and confirming the statements and evidence you submit as part of your annual return. * We will tell you the fee. You can find [more information about the fee](#) on our website.
- 112** In exceptional circumstances we may request that you submit more than one annual return in a year. For example, when we consider that you have a reasonable excuse which explains why you have been unable to meet all of the requirements for your revalidation, and therefore it is appropriate to allow you some more time. In these circumstances we may ask you to provide another annual return in less than 12 months.
- 113** If you do not provide your annual return by the required date, or it is apparent that you have not complied with the requirements of revalidation, and you do not have a reasonable excuse, we will begin the process of withdrawing your licence to practice. †
- 114** We will take steps to verify the information you provide in your annual return. ‡ We may contact you, your appraiser, your employer, or the medical regulatory authority in any other country in which you are currently registered. We may also undertake additional quality assurance of your appraisals.
- 115** It is important that you keep the information about your appraiser and appraisals, as we may need this from you before we can revalidate you.

Annual Appraisal

116 It is your responsibility to participate in annual appraisal. You must make sure your appraisal has [Good medical practice](#) as its focus and meets **all** the appraisal requirements set out below. You must make sure the individual who conducts your appraisal meets all the criteria for appraisers listed below. You will be asked to confirm this in your annual return.

117 As part of your annual return you will need to provide a separate report on your appraisal, wholly completed and signed by your appraiser. You should expect us to take steps to verify the information in the report, and we may contact your appraiser directly about this.

Appraisal requirements

* [Reg 6\(14\)](#)

† [Reg 4\(3\)](#)

‡ [Medical Act 1983](#) Section 29E(3)

118 Your appraisals must:

- be carried out by a registered and licensed medical practitioner who meets the criteria set out in paragraph 119 below
- comply with the [Good medical practice framework for appraisal and revalidation](#)
- cover and reflect upon your whole practice and performance as outlined in the [Supporting information for revalidation and appraisal](#) guidance, regardless of the nature of that practice or where it takes place
- be undertaken with appraiser and appraisee in the same room, or by video link, so that each is visible to the other
- be supported by appropriate systems and processes (eg to verify supporting information); and
- be verifiable, when we ask you to provide evidence about the appraisal.

*Appraiser criteria***119** Your appraiser must:

- hold registration and a licence to practise with the GMC
- have a prescribed connection to a designated body (or have a Suitable Person approved by the GMC)
- have been trained in the knowledge and skills to carry out appraisals for revalidation
- carry out appraisals for a designated body or Suitable Person.
- have carried out at least five appraisals in the 12 months preceding an appraisal of a doctor who doesn't have a connection.
- confirm to the GMC that they are discussing and reflecting on their appraisal work as part of their scope of practice in their own appraisal.
- understand the context, scope and nature of work you undertake
- understand the professional obligations placed on doctors by our guidance [Good medical practice](#)

- not have a conflict of interest with you, and avoid any appearance of bias in the appraisal
- see and verify the fitness for purpose of the supporting information you take to your appraisal
- refer doctors to us if they have concerns about their fitness to practise.
- be able to provide evidence, when we ask, that they meet all of the above criteria
- Not undertake appraisals for doctors without a connection if they (the appraiser) are in a licence withdrawal process

120 These requirements and criteria make sure appraisals for doctors without a Responsible Officer or Suitable Person are robust, consistent, and focus on the requirements for safe and effective practice in the UK.

Supporting information

121 You must collect the following [supporting information](#) for your appraisal to help show how you're meeting the professional values and principles set out in [Good medical practice](#).

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

122 Your appraisal must cover your whole practice regardless of its nature or where it takes place. If you practise in more than one setting, you need to collect and reflect on supporting information that covers your practice in each of those places and provide it for discussion at your appraisal.

123 You are responsible for taking reasonable steps to collect this supporting information.

124 Our guidance will help you understand what you need to do for appraisal:

- Our [appraisal framework](#), which is based on [Good medical practice](#), explains the professional values you need to demonstrate you are meeting in your appraisal.
- Our [supporting information guidance](#) describes the information you need to collect about your practice.

125 The [medical royal colleges, faculties](#) and specialty associations can also give you advice and guidance about how to can meet our requirements, in particular specialties, including general practice.

126 Not all required supporting information has to be considered at every annual appraisal. We will ask your appraiser to tell us if there is any missing supporting information at your appraisal and why. Where you have not collected and reflected on the required supporting information in previous appraisals you will need to explain your plans and timing for obtaining the outstanding information required. You will be expected to have collected and reflected on all of the required supporting information by the time we make our decision whether to revalidate you.

127 If you have collected and reflected on specific supporting information during an appraisal with a designated body you should retain the evidence as you may need to provide this information and evidence to us or your new appraiser as part of any verification process.

- It is your responsibility to make sure you have met all of the supporting information requirements by your revalidation submission date (which can be seen in your [GMC Online account](#)).

5.2 Provision of further information

128 After considering the information and the evidence you provide we may need to ask you or your appraiser for further information, or for clarification about the information provided in your annual return.

129 Any additional information or clarification we request from you or your appraiser will need to be supplied within 28 days. If you are not able to comply fully with our request within the specified timeframe, you must tell us and explain why.*

* [Reg 6\(13\)](#)

130 If you fail to tell us why you cannot provide the information before the deadline, or fail to give us a reasonable excuse why, we will begin the process of withdrawing your licence to practise.*

5.3 The revalidation assessment

131 We will ask you to take an assessment designed to evaluate your fitness to practise where it appears reasonable to do so.†

132 The assessment will be at your own expense, and will either be conducted by us, or will have been accepted by us as suitable for the purpose of evaluating your fitness to practise.

133 The revalidation assessment provides us with the degree of independent assurance about your fitness to practise that would normally be provided by a recommendation from a Responsible Officer or Suitable Person. We are likely to think it reasonable to ask you to take an assessment, unless we already have independent evidence assuring us of your fitness to practise, such as having successfully undertaken a performance assessment, or [an assessment approved by us for this purpose](#).

134 We will consider the outcome of the revalidation assessment, and the other evidence of your compliance and engagement with the revalidation requirements, to make a revalidation decision.

135 If we ask you to take an assessment, we will give you notice in writing. You will be required to book and pay for the assessment within the timeframe set, unless you provide a reasonable excuse for not being able to do so, or can provide evidence of successful completion of [an alternative assessment approved by us for this purpose](#). If you do not book your assessment, and are therefore unable to take the steps to enable you to meet the revalidation requirements within the timeframe given, we will begin the process to withdraw your licence‡.

136 You will be required to undertake the assessment that you have booked and paid for on the chosen date, unless you have a reasonable excuse for being unable to do so. You should contact us as soon as possible if you think you are

* [Reg 4\(3\)](#)

† [Reg 6\(8\)](#)

‡ Under regulation [4\(3\)\(a\)](#), for failure, without reasonable excuse, to comply with a requirement set out in this guidance.

unable to make your booked assessment date. If you do not undertake the assessment and we have not agreed to move your booking, and are therefore unable to take the steps to enable you to meet the revalidation requirements within the timeframe given, we will begin the process for withdrawing your licence*.

137 You must meet the required standard in the assessment; if you don't you may put your registration and/or licence to practise at risk.

138 If you do not meet the required standard in the assessment the action we take will depend on your individual circumstances. There are a range of options available to us, for example, we may take one or more of the steps indicated below.

- Require you to provide us with further detailed information about your current scope of practice.
- Ask you to sit the assessment again (at your own expense).
- Ask you to submit to another assessment designed to further investigate your fitness to practise (at your own expense).
- Suggest that you consider relinquishing your licence to practice.
- Begin the process of licence withdrawal for failure to comply with revalidation requirements[†].
- Undertake a fitness to practise investigation.

5.4 When you will revalidate

139 Unless you are notified otherwise, you will usually revalidate once every five years.

140 There may be some circumstances where we have to change your submission date or defer taking further steps in relation to your revalidation. If we do this, you will always be informed and provided with reasons. Examples of such circumstances would be:

* Under regulation 4(3)(c), for failure, without reasonable excuse, to undergo an assessment required by the Registrar.

[†] Regulation 4(3)(a)

- if you are subject to a GMC fitness to practise investigation and we need to delay the revalidation process until the outcome of the investigation is known (see section 5), or
- if you do not sufficiently engage with the processes to support revalidation.

141 You will always be given at least three months' notice of any change to your submission date.

142 We will use the information we get from your annual returns, your assessment, and any other information we have requested from you about your revalidation when making a decision about your revalidation. Even if you meet the required standard in the assessment, you will not be able to revalidate if you have not complied with all of the other revalidation requirements as set out in this guidance (which is published under Section 29G of the Medical Act 1983). More information about our decision can be found in Section 6.

Section 6: The GMC decision

143 The GMC Registrar* decides whether you should be revalidated. The Registrar may:

- confirm that you should continue to hold your licence
- defer your submission date to allow more time for your recommendation or our decision to be made
- withdraw your licence for failure to comply with the requirements of revalidation set out in this guidance ([section 4.1](#) and [section 5.1](#)) or for any other failure set out in regulation 4(3). This includes failing to provide information we have requested which we need to consider our revalidation decision ([section 4.8](#) and [section 6.4](#)).

* The GMC Registrar is responsible under the Medical Act 1983 for keeping the register and making registration decisions. Under sub-paragraph (3) of paragraph 16 of Schedule 1 of the Medical Act, the General Council may appoint deputy and assistant registrars, who are authorised by the Registrar to act for him in any matter. The decision in this case may therefore be made by an assistant registrar.

6.1 Making the decision

Checks before making our decision

144 Once we have a recommendation about your revalidation or all of the required information from your annual returns and revalidation assessment, we will undertake some further checks. For example, we will check:

- you are fully registered with a licence to practise
- the recommendation has come from the correct Responsible Officer and designated body, or a Suitable Person if you have one
- your fitness to practise history for any current, or pending, investigations or considerations
- your revalidation and registration history
- any non-payment of your annual retention fee or failure to keep your registered address up to date
- that any other information we hold has been kept up to date.

145 If the cross-checking process raises any significant issues, we may seek clarification from you, your Responsible Officer or Suitable Person, your appraiser or employer* before we make a decision about your revalidation.†

146 There may be exceptional circumstances where we need to defer making a decision about your revalidation. In these circumstances we will inform you of this and provide you with reasons.‡

6.2 Factors we take into account in making the decision

147 The Registrar takes the following factors into account when deciding whether you should continue to hold a licence:

- the information provided by you, or your Responsible Officer or Suitable Person, in making their recommendation about your revalidation

* Medical Act 1983 Section 29E(3)

† [Reg 6\(10\)](#)

‡ [Reg 6\(15\) and 6\(16\)](#)

- any information we have requested from you about your revalidation
- any information we already hold which is relevant to the evaluation of your fitness to practise
- whether you have met the required standard in an assessment designed to evaluate your fitness to practise, if you do not have a Responsible Officer or Suitable Person and were asked to undertake such an assessment
- whether you have complied with our guidance including having engaged with appraisal and other processes that support your revalidation

148 We will provide you with confirmation of our decision.

6.2 The decision to revalidate

149 Where we decide to revalidate you, it means that you have demonstrated you are fit to practise. There is no change to your licence to practise or registration, and you may continue to practise as usual.

150 You will be given a new submission date, and you will be able to see this in your GMC online account. You must continue to engage with the processes for your revalidation, such as annual appraisal, and comply with the requirements of revalidation as set out in this guidance.

6.3 The decision to defer your submission date

151 Where we defer your submission date, you continue to hold your licence to practise and may practise as usual. You will be given a new submission date, and you will be able to see this in your [GMC Online account](#)

152 We will send you formal notification of your revised submission date at least three months in advance of the new date.

153 When allowing the deferral of your revalidation we expect, unless there is a reasonable excuse, that you will meet any outstanding requirements by your new submission date.

6.4 The decision to withdraw a licence to practise

154 There are circumstances where we may withdraw your licence to practise for failure to comply with revalidation requirements. These circumstances are:

- If you fail, without reasonable excuse, to comply with a requirement set out in this guidance.^{*}
- If you fail, without reasonable excuse, to provide any evidence or information requested by the Registrar on or before your submission date (see [section 4](#) and [section 5](#)).[†]
- If you do not have a connection to a designated body or Suitable Person, and you fail, without reasonable excuse, to undergo (or to meet the required standard in) an assessment required by the Registrar (see [section 5.3](#)).[‡]
- If you fail, without reasonable excuse, to provide any evidence or information required by the Registrar about your employment, Responsible Officer or designated body (see [section 3](#) and [section 4](#)).[§]
- If you fail, without reasonable excuse, to provide any further information or evidence reasonably requested by the Registrar (see [section 3](#) and [section 4](#)).^{**}
- If you fraudulently provide evidence or information relevant to revalidation to the Registrar.^{††}
- If you fail, without reasonable excuse, to pay a required fee.^{‡‡}

155 We will tell you that we are considering withdrawing your licence and explain our reasons.

156 We will invite you to make written representations to us within 28 days. You may wish to explain why your licence should not be withdrawn, or tell us how you have been meeting the requirements for your revalidation, or why you have been unable to do so, or provide any other reasons as to why we should not withdraw your licence. If you are unable to provide any information within 28 days you must tell us why.

* [Reg 4\(3\)\(a\)](#)

† [Reg 4\(3\)\(b\)](#)

‡ [Reg 4\(3\)\(c\)](#)[/4(3)(a)]

§ [Reg 4\(3\)\(d\)](#)

** [Reg 4\(3\)\(e\)](#)

†† [Reg 4\(3\)\(f\)](#)

‡‡ [Reg 4\(3\)\(g\)](#)

- 157** Any representations you make will be taken into account by the Registrar when making their decision.*
- 158** We are not required to demonstrate your fitness to practise is impaired through a fitness to practise investigation or hearing if you fail to comply with revalidation requirements. This is because licence withdrawal in those circumstances is an administrative process based on the fact that you have failed to comply with revalidation requirements.
- 159** If we make a decision to withdraw your licence we will provide you with the reasons as to why we have made that decision in writing.
- 160** There is a right of appeal to a Registration Appeals Panel if your licence is withdrawn.[†] More information about appeals is available in [section 8](#).
- 161** The decision to withdraw your licence to practise does not affect your registration with us. But once we tell you your licence has been withdrawn you must immediately stop undertaking any practice in the UK that requires a licence to practise medicine.
- 162** You can retain your registration with us, and may apply to have your licence restored. When we notify you that your licence is withdrawn, the Registrar may advise you of any evidence or information that will be required should you wish to apply to restore your licence.[‡] If you apply to restore your licence it is possible we will need further information at that time. If so, we will tell you what you need to provide.[§] More information about registration without a licence and restoring a licence is set out in [section 7](#).

Section 7: Revalidation and restoring a licence to practise

- 163** If you relinquish your licence, or have it withdrawn for failure to comply with revalidation requirements, you may apply to restore your licence.

* [Reg 4\(4\)](#)

† [Medical Act 1983 s29F](#)

‡ [Reg 4\(5\)](#)

§ [Reg 4\(4\)](#)

- 164** You will need to pay the difference between the cost of holding registration with a licence and registration without a licence. Information about [registration fees](#) is online.
- 165** If you relinquished your licence, it's relatively straightforward to get your licence back. You will need to provide some evidence such as:
- statements from the organisations you have most recently provided medical services to
 - certificates of good standing from any other regulators you've been registered with in the past five years.
- 166** We might ask you to attend an identity check too but we'll let you know about this once we have granted your application, and you are registered with a licence to practise.
- 167** [Information about how to apply](#) and the evidence required is available online.
- 168** If your licence has been withdrawn because you have failed, without a reasonable excuse, to meet one or more of the requirements for revalidation, you will need to meet those requirements before we can restore your licence. We will have told you what you failed to do in our decision telling you why your licence had been withdrawn. Before making your application to restore your licence you should consider if you have now met these requirements.
- 169** If your licence is restored, you will be set a new revalidation submission date. This date will depend on your previous registration and revalidation history.
- 170** In some circumstances, if your licence is restored, we may set your next revalidation submission date sooner than the usual five year period.* For example:
- if you have previously failed to engage with revalidation
 - if you have relinquished and restored your licence a number of times, with the result that you have not revalidated at any point in the previous five years.
- 171** In very limited circumstances, we may ask you to revalidate before we decide whether or not to restore your licence.* This is unlikely to be the case if you

* [Reg 6\(\(1\)\(b\)\)](#)

have relinquished your licence due to maternity leave, had a break in practice because of ill-health, have been practising overseas, or have been undertaking voluntary work as a doctor.[†]

172 The circumstances where we may require you to revalidate before we restore your licence are if:

- you are considered to have relinquished and then restored your licence in order to avoid revalidation.[‡]

Section 8: Appealing a decision about your licence

173 The [Medical Act 1983](#) sets out when you can appeal a decision made about your licence to practise.[§] You can appeal a decision to:

- refuse to grant you a licence to practise
- withdraw your licence to practise
- refuse to restore your licence to practise

174 Appeals are considered by a Registration Appeals Panel, and the members of this panel are all independent of the GMC. Appeals are administered by the GMC Appeals team. The Appeals team is independent of the registration and revalidation process and aims to provide an impartial and fair service.

175 If you want to appeal against the decision, you must do so within 28 days of the date of delivery of the decision. You will need to follow the instructions set out in our [online guidance](#) on appealing a licence to practise decision.

176 A decision by us to withdraw your licence or refuse to restore your licence, does not take effect until you have had the opportunity to appeal the decision and the outcome of any appeal you have made has been decided. If you are unhappy with the outcome of an appeal you have the right to a further appeal to a County Court.

* [Reg 5\(5\) and \(6\)](#)

† [Reg 5\(6\)\(a\)](#)

‡ [Reg 5\(6\)\(b\)](#)

§ [Medical Act 1983 s29F and Schedule 3B](#)

Section 9: Further information

Responsible Officer guidance and legislation

177 More information about which organisations are required to nominate or appoint Responsible Officers and how doctors can identify their Responsible Officer can be found in the regulations and guidance for Responsible Officers on the [Department of Health \(England\) website](#).

178 The [Department of Health \(Northern Ireland\)](#) has published the regulations and guidance that apply to Responsible Officers in Northern Ireland.

English guidance on revalidation and appraisal

179 The NHS England website: <https://www.england.nhs.uk> (England)

Welsh guidance on revalidation and appraisal

180 The Health in Wales website: www.wales.nhs.uk (Wales)

Scottish guidance on revalidation and appraisal

181 The Scotland NHS website: www.show.scot.nhs.uk (Scotland)

Northern Ireland guidance on revalidation and appraisal

182 The Department of Health (Northern Ireland) website: <https://www.health-ni.gov.uk/> (Northern Ireland)

The Academy of Medical Royal Colleges ('the Academy')

183 The role of the Academy in revalidation is to facilitate the work of the Colleges and Faculties and to encourage them to share their experience, skills and knowledge around the development of methods for revalidation. [More information about the Academy's work on revalidation](#) is available online.

Medical royal colleges and faculties

184 The medical royal colleges and faculties have published advice to help doctors in all the main specialties (including primary care) provide supporting information for appraisal. This guidance can be found on the [Academy of Medical Royal Colleges' website](#).