

## Revalidation annual return

for doctors without a Responsible Officer or Suitable Person

### About the annual return

Please read the following important information carefully.

You may **only** use this paper annual return if you:

- are a doctor who does **not** have a Responsible Officer or Suitable Person; **and**
- have been asked by the GMC to complete a revalidation annual return; **and**
- are unable to complete your annual return online.

It is your responsibility to tell us if your circumstances change by updating your *GMC Online* account. You can access your account on our website at: [www.gmc-uk.org/gmconline](http://www.gmc-uk.org/gmconline)

Doctors have a duty to give us the information we ask for to help us to determine how and when to revalidate them. This duty is set out in Regulation 6(4) of the General Medical Council (Licence to Practise and Revalidation) Regulations 2012. You must give us the information we request in your revalidation annual return. We may take steps to withdraw your licence to practise if you fail to provide it.

If you are unable to give us this information you must explain why where indicated in this return. We will consider your explanation and let you know what you need to do next.

In considering your revalidation we will take account of any other information we hold about you already, for example whether you are subject to a GMC fitness to practise investigation or have applied to give up your licence or take voluntary erasure from the register.

We will take steps to verify the information you provide.

### Before completing the annual return

It is important that you read our guidance on revalidating if you do not have a Responsible Officer, available at section 4 of *'A guide for doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012'*. You can access this guide at: [http://www.gmc-uk.org/Revalidation\\_guidance\\_for\\_doctors.pdf\\_54232703.pdf](http://www.gmc-uk.org/Revalidation_guidance_for_doctors.pdf_54232703.pdf)

### Paying the fee

We will not assess your annual return until you have paid the associated fee. Details of the current fee can be found on our website at [www.gmc-uk.org/doctors/fees.asp](http://www.gmc-uk.org/doctors/fees.asp). Please do not send payment with this form. We will contact you to take payment by credit or debit card when we have received your completed form.

### Completing and sending us your annual return

- Please make sure you complete all relevant sections
- You must send us a copy of a complete and accurate translation into English of any evidence that is not in English, along with a copy of the document in its original language
- The information and evidence you send us should relate to your whole practice over the last 12 months
- You should send us your annual return and all your evidence together
- You should only send us the information we have requested. This means you must **not** send us:
  - original documents
  - any of your supporting information for appraisal

If for any reason we need to see additional information, we will contact you separately.

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## Section 1 - Your personal and contact information

1.1. GMC reference number	<input type="text"/>
1.2. GMC registered family name/surname	<input type="text"/>
1.3. First name	<input type="text"/>
Date of birth (dd/mm/yyyy) 1.4.	<input type="text"/>
1.5. Registered address (including postcode)	<input type="text"/>
1.6. Contact telephone number (including dialling code)	<input type="text"/>

## Section 2 - Your employment/practice history

2.1. Please list all the roles you have held during the last 12 months in date order, starting with the most recent. You should include any non-clinical roles and any breaks in practice, and make sure no periods of time are unaccounted for. The details should relate to all activities (paid and voluntary) in any setting (health service, independent sector etc). To help you consider how to describe your practice, and consider whether you are working in a medical capacity, please refer to the guidance at Annex A of this return.

If you have had more than one role in the last 12 months, you should enter the additional information in Annex B.

Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Area of work or break in medical practice			
Description of work or break in medical practice			
Job title			
Specialty			
Employing organisation and location			
Direct patient contact? (yes/no)		Working in a medical capacity? (yes/no)	

### Section 3 - Evidence of your good standing

3.1. Have you provided medical services in the last 12 months? (tick one box)

	Yes – complete section 3a (Statements from the organisations where you have worked)
	No – move on to section 3b (Registration history with other regulators)

#### Section 3a – Provision of medical services statements

You must send us a completed provision of medical services statement (PMSS) for every place you have provided medical services in the last 12 months, including overseas.

We need a completed PMSS for all:

- Direct employment
- Contract/self-employed work
- Voluntary work

If you have provided medical services to an individual patient, for example if you worked as a standalone practitioner, we do not need a completed PMSS from that patient.

We do not require a PMSS for non-medical work.

A PMSS is only valid if it is signed and dated no more than 3 months before you send us your annual return.

We have sent you a blank form to use. You can copy and use the blank form if you have provided medical services in more than one place and need to give us the details.

Ask each organisation to fill in the form and return it to you.

Your PMSS must not be completed by someone with whom you have a conflict of interest, or where there may be the appearance of bias for example, a spouse, family member, or someone with whom you have a close personal, business or financial interest.

3.2. Please complete the table for each organisation for which you have provided medical services in the last 12 months

If you have provided medical services in more than one place in the last 12 months you should enter the additional information in Annex C.

Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Employing organisation			

Contact name and role/post			
Contact email		Contact telephone number	
PMSS attached? (yes/no)		If 'no' you must explain why	Use this box to explain if you need to

### Section 3 - Evidence of your good standing (continued)

3.3. Have you worked or been registered outside the UK in the last 12 months? (tick one box)

<input type="checkbox"/>	Yes – complete section 3b (Registration history with other regulators)
<input type="checkbox"/>	No – move on to section 4 (Personal health statement)

#### Section 3b. Registration history with other regulators

You must send us a completed certificate of good standing (CGS) from each of the medical regulatory authorities you list below. If you are no longer registered with an authority, this may be known as a certificate of past good standing (CPGS).

This information allows us to check your good standing and to confirm there are no unaddressed concerns among overseas medical regulators about your fitness to practise.

You can access details of the medical regulatory authority for each country in our certificate of good standing database at: [http://webcache.gmc-uk.org/gmccgs\\_enu/start.swe?SWECmd=Start&SWEHo=webcache.gmc-uk.org](http://webcache.gmc-uk.org/gmccgs_enu/start.swe?SWECmd=Start&SWEHo=webcache.gmc-uk.org)

It is best if you include your CGS/CPGS when you send us this annual return, but you can arrange for the medical regulatory authority to send a CPS/CPGS directly to us instead. If you make such an arrangement, please tick the appropriate box in Section 3.5 below to tell us.

If we do not receive the certificate by the time we review your annual return we may contact you and/or the regulatory authority in question about the certificate request.

All CGS/CPGS are only valid if they are signed and dated no more than 3 months before you send us your annual return.

3.4. Please complete the table with details of your registration with the medical regulatory authorities in any countries where you have been registered in the last 12 months. You must provide this information even if you have not practised in that country.

Country		Medical regulatory authority	
Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Still registered/ licensed? (yes/no)			
CGS or CGPS attached? (yes/no)		If 'no' you must explain why	Use this box to explain if you need to

3.5. Please tick one box to confirm

<input type="checkbox"/>	I have a CGS or CPGS, signed and dated no more than three months before sending you this annual return, for each of the countries where I have been registered in the last 12 months.
<input type="checkbox"/>	There are no medical regulatory authorities to issue me with a CGS or CPGS for countries where I have been registered in the last 12 months.
<input type="checkbox"/>	I have been unable to obtain a CGS or CPGS for all the countries where I have been registered in the last 12 months.
<input type="checkbox"/>	I have arranged for the medical regulatory authority to send my statement directly to the GMC.

## Section 4 –Declaration of fitness to practise

4.1 We need to ask you for information to make sure you're still fit to practise.

**You should [read our guide before you answer the question below](#).** It will help you decide what you do and don't need to tell us about. You can find the guide at [www.gmc-uk.org/declaration-tool](http://www.gmc-uk.org/declaration-tool)

If you need a hardcopy of the guide you can request one by calling 0161 923 6602 or email [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

Your declaration should only relate to the period since you last made a declaration to us. Some examples of where you may have previously told us about an issue are:

- as part of a registration or restoration application
- as part of the on-going requirement to disclose criminal convictions and cautions, in accordance with paragraph 75 of *Good medical practice*. You can read this paragraph at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-4---maintaining-trust#paragraph-72>
- within a previous annual return

You **need to** tell us about a formal caution and conviction you have, unless they are protected by law in the UK. To find further information about what we mean by 'protected' read our guide at [www.gmc-uk.org/declaration-tool](http://www.gmc-uk.org/declaration-tool)

**You only need to tell us about things that have happened since your last declaration.**

4.2 Please complete the declaration below by circling your answer **YES or NO** to the question below.

<b>Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the GMC for investigation or consideration of your fitness to practise.</b>	<b>YES/NO</b>
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Your declaration of fitness to practise will be valid for three months. If your declaration expires before your application is complete we will ask you to make another one.

4.3 If you have answered 'yes' to the question, you must provide full details on the supplementary information sheet below. You should provide a statement relating to the issue, and include any relevant dates, as well as confirming the outcome of any proceedings or investigations taken against you (if applicable).

For health conditions, please tell us:

- What the condition is
- How it has affected you and how you are managing it
- If you are working, whether you have told your current or future employer.

If you're telling us about something else, please give the following details:

- What happened and when
- What your involvement was
- What action was taken against you and what the outcome was.





## Section 5 - Confirmation of continuing engagement with revalidation

### 5a. Annual appraisal for revalidation

To revalidate you must have an annual appraisal which meets **all** our criteria. This applies regardless of the nature of your practice or where it takes place.

You should read and follow the full appraisal for revalidation requirements for doctors who do not have a connection to a designated body or a suitable person. These are in paragraphs 103 to 110 of *'A guide for doctors to the GMC (Licence to Practise and Revalidation) Regulations 2012'*. The footnotes to those paragraphs provide additional background to some of our criteria.

You are responsible for ensuring that your appraisal complies with all of our criteria

In summary, your appraisal must:

- comply with the *Good medical practice framework for appraisal and revalidation*. You can access the framework at: [http://www.gmc-uk.org/static/documents/content/GMC\\_Revalidation\\_A4\\_Guidance\\_GMP\\_Framework\\_04.pdf](http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf)
- cover and reflect upon your whole practice and performance as outlined in *Supporting information for revalidation and appraisal*. You can read this document at: [http://www.gmc-uk.org/static/documents/content/RT\\_-\\_Supporting\\_information\\_for\\_appraisal\\_and\\_revalidation\\_-\\_DC5485.pdf](http://www.gmc-uk.org/static/documents/content/RT_-_Supporting_information_for_appraisal_and_revalidation_-_DC5485.pdf)
- involve a face-to-face discussion
- be supported by appropriate systems and processes, and adequate resources.

Your appraiser should check your supporting information is complete and meets our requirements.

You may not be appraised by someone with whom you have a conflict of interest, or where there may be the appearance of bias, for example, a spouse, family member or someone with whom you have a close personal, business or financial interest.

You must be appraised for revalidation by someone who meets all the following criteria. They must:

- be registered and a licensed with the GMC and able to provide evidence that they meet all criteria
- have a prescribed connection to a designated body (or have identified a suitable person approved by the GMC) and be participating in revalidation themselves
- have up to date training in the knowledge and skills required to carry out medical appraisals for revalidation in the United Kingdom
- understand the context, scope and nature of work you undertake
- have recent experience of UK practice or of appraising medical practice in the UK
- understand the professional obligations placed on doctors by our core guidance *Good medical practice*
- have procedures to verify the supporting information you take to your annual appraisal
- have procedures for referring doctors to us if they have concerns about doctors' fitness to practise.

You should check the registration status on of your appraiser using the *List of Registered Medical Practitioners* on our website at: <http://www.gmc-uk.org/doctors/register/LRMP.asp>

5A1. Have you completed an appraisal for revalidation in the last 12 months? (tick one box)

<input type="checkbox"/>	Yes – complete sections 5A2, 5A3 and 5A4
<input type="checkbox"/>	No – move on to sections 5A5 and 5A6

You must send us a completed appraiser report form with your annual return. We have sent you a blank form to use. Ask your appraiser to fill in the form and send it back to you. The appraiser report form must confirm that all criteria have been met.

If you have had more than one whole practice appraisal for revalidation during the period of your annual return, you should copy the blank form and send us a completed appraiser report form for each appraisal.

5A2. The date of my appraisal was (dd/mm/yyyy):

You should provide all dates if you had more than one appraisal for revalidation in the last 12 months.

5A3. Please tick to confirm.

<input type="checkbox"/>	My appraisal conformed with the criteria for doctors revalidating without a recommendation described in paragraphs 103-110 of ' <i>A guide for doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012</i> '.
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5A4. If you have **not** ticked box 5.3 you must explain why:

5A5. If you have **not** completed an appraisal for revalidation in the last 12 months, you must explain why.

5A6. If you have **not** completed an appraisal for revalidation in the last 12 months but have arranged one please provide the details

Date of arranged appraisal		Appraiser's full name	
Appraiser's contact telephone number		Appraiser's email address	
Relationship between you and the appraiser (e.g. colleague, manager, independent organisation)			

### 5b. Supporting information for appraisal

Regardless of the nature of your practice, you should be able to meet the requirements of our *Supporting information for appraisal and revalidation* guidance. This guidance explains how often we expect you to collect and reflect on each type of supporting information.

The nature of the supporting information you collect must reflect your whole scope of practice and all professional roles held during the last 12 months.

#### *Continuing professional development (CPD)*

5b1. Please tick to confirm

<input type="checkbox"/>	I have undertaken and reflected on CPD in the last 12 months, and discussed this with my appraiser.
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5b2. If you have **not** undertaken and reflected on CPD in the last 12 months, and discussed this with your appraiser, you must explain why:

#### *Quality improvement activities*

5b.3 Please tick to confirm

<input type="checkbox"/>	I have been involved in quality improvement activity in the last 12 months, have reflected on this, and discussed it with my appraiser.
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5b4. If you have **not** been involved in and reflected on quality improvement activity in the last 12 months, and discussed this with your appraiser, you must explain why:

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*Review of significant events*

5b5. Please tick to confirm

<input type="checkbox"/>	I have participated in reviewing significant events in the last 12 months, have reflected on this, and discussed it with my appraiser.
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5b6. If you have **not** participated in reviewing significant events in the last 12 months, reflected on this, and discussed it with your appraiser, you must explain why:

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*Feedback from patients*

5b7. Please tick to confirm

<input type="checkbox"/>	I received feedback from patients in the last 12 months, have reflected on this feedback, and discussed it with my appraiser.
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5b.8 If you have **not** received and reflected on patient feedback in the last 12 months, and discussed this with your appraiser, you must briefly explain why:

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*Feedback from colleagues*

5b9. Please tick to confirm

	I received feedback from colleagues in the last 12 months, have reflected on this feedback, and discussed it with my appraiser.
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5b.10 If you have **not** received and reflected on colleague feedback in the last 12 months, and discussed this with your appraiser, you must briefly explain why:

*Complaints and compliments*

5b.10 Please tick to confirm

	I have received and reflected on complaints and compliments in the last 12 months, and discussed this with my appraiser.
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5b11. If you have **not** received and reflected on any complaints and compliments in the last 12 months, and discussed this with your appraiser, you must explain why:

## Section 6 – Final declaration

I declare that the information I have provided in this return is correct and true

I understand that if I have made a false declaration or given false information in this return this may result in referral for an investigation of my fitness to practise which may put my registration at risk

I understand that the GMC will take steps to verify the information I have provided.

I have not omitted any relevant facts from this annual return.

I understand that my return will not be considered as being submitted until I have paid the associated fee. If I do not submit an annual return, and do not have an acceptable reason for this, then the GMC may take steps to withdraw my licence.

Signed:	Please sign to confirm you have read and understood this declaration.
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## Section 7 - Evidence checklist

7.1 Failure to include all the evidence requested may delay our review of your annual return.

You should tick the relevant boxes below to indicate which evidence you are sending.

	Provision of medical service statement(s)
	A CGS or CPGS signed and dated no more than three months before the date this annual return form is sent to the GMC
	A completed appraiser report form
	A complete and accurate translation into English of any evidence that is not in English along with a copy of the document in its original language

If you are not able to send us all your evidence please explain why below.

7.2 I cannot include all the evidence required to support my annual return at this time because:

## How to describe your area of work

If you are entering information about a medical practice role please use any/all of the descriptors below that apply:

- 'clinical work' includes:
  - assessing
  - diagnosing
  - prescribing prescription only medicines
  - treating
- 'providing medical advice' includes:
  - telemedicine
  - medico-legal
  - expert witness/opinion
  - committee/panel work
- 'public health medicine'
- 'educational roles' includes
  - teaching
  - lecturing
- 'research'
- 'medical and health management', for example in:
  - hospitals
  - clinics
  - general practice
  - the community
  - the institutional context (for example, colleges/universities)
- 'signing medical certificates' for example:
  - death certificates

If you are entering information about a break in medical practice, please select one of the following:

- break in medical practice – study leave
- break in medical practice – sabbatical
- break in medical practice – parental or adoption leave
- break in medical practice – holiday
- break in medical practice – seeking employment
- break in medical practice – other non-medical role
- break in medical practice - other

If you use the description 'gap in medical practice – other', you should use the 'Description of work or break in medical practice', 'Speciality' and 'Job title' columns to give full details.

### **'Working in a medical capacity' and 'providing medical services'**

Please refer to the following descriptions when you consider whether you are 'working in a medical capacity' and/or 'providing medical services':

- assessing, diagnosing, treating, reporting or giving advice in a medical capacity (for example as a member of a panel or committee, as an expert witness, or in the context of medical defence union work); and/or

- public health medicine, teaching, research, medical or health management in hospitals, clinics, general practice and community and institutional contexts (for example in a university, Royal College or company) whether paid or voluntary; and/or
- signing any medical certificate needed for statutory purposes, such as death and cremation certificates, but excluding signing passport photographs; and/or
- prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners; and
- in all cases, using the knowledge, skills, attitudes and competences initially obtained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education.

You can read more about the privileges that are restricted by law to licensed doctors in the United Kingdom on our website at: [http://www.gmc-uk.org/doctors/information\\_for\\_doctors/privileges.asp](http://www.gmc-uk.org/doctors/information_for_doctors/privileges.asp)



## Section 2 - Your employment/practice history – continued

If you have had more than one role in the last 12 months you should enter the additional information below.

Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Area of work or break in medical practice			
Description of work or break in medical practice			
Job title			
Specialty			
Employing organisation and location			
Direct patient contact? (yes/no)		Working in a medical capacity? (yes/no)	
Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Area of work or break in medical practice			
Description of work or break in medical practice			
Job title			
Specialty			
Employing organisation and location			
Direct patient contact? (yes/no)		Working in a medical capacity? (yes/no)	

**Section 3a – Provision of medical services statements – continued**

If you have provided medical services in more than one place in the last 12 months you should enter the additional information below

Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Employing organisation			
Contact name and role/post			
Contact email		Contact telephone number	
PMSS attached? (yes/no)		If 'no' you must explain why	Use this box to explain if you need to

Start date (dd/mm/yyyy)		End date (dd/mm/yyyy)	
Employing organisation			
Contact name and role/post			
Contact email		Contact telephone number	
PMSS attached? (yes/no)		If 'no' you must explain why	Use this box to explain if you need to

