

Guidance for deciding whether a doctor has a 'reasonable excuse' for failure to undergo the revalidation assessment

Purpose of the guidance

- 1 This guidance is for decision makers who are asked to consider whether a doctor without a Responsible Officer or Suitable Person has a 'reasonable excuse' for not undergoing an assessment ('the revalidation assessment') designed to evaluate the doctor's fitness to practise.
- 2 The guidance should be read in conjunction with the [principles which apply to decision-making across all our registration and revalidation functions](#).
- 3 This guidance references the evidence and the legal powers decision makers use when they make their decisions.

When we consider reasonable excuses

- 4 The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012 (as amended) ('the regulations') require the Registrar to consider whether a doctor has a 'reasonable excuse' for failing to undergo an assessment, when considering whether to:
 - a withdraw a doctor's licence to practise ('licence')*, or
 - b refuse to restore the doctor's licence†, when it was previously withdrawn for failing to undergo the revalidation assessment. ‡
- 5 We must consider any reasons a doctor has provided for failing to undergo the revalidation assessment, in order to decide whether they constitute a reasonable

* Under regulation 4(3)(c).

† Under regulation 5(10)(a)(ii).

‡ Under regulation 4(3)(c).

excuse, before we withdraw the doctor's licence, or refuse their application for licence restoration.

What constitutes a failure to undergo an assessment?

- 6 If a doctor fails to undergo the assessment and has no reasonable excuse, the regulations give us the discretion to withdraw their licence^{*}, or to refuse to restore their licence[†] where we previously withdrew it for failing to undergo the assessment.
- 7 Doctors who we ask to undergo the revalidation assessment must comply with our request, or:
 - a provide evidence that they have undertaken another assessment accepted by us for this purpose, or
 - b provide evidence that they have a reasonable excuse for not taking the assessment, or
 - c relinquish their licence to practise, or
 - d withdraw their application for restoration of their licence.
- 8 Before deciding to withdraw a doctor's licence to practise for failure to undergo an assessment[‡], you must first establish that the doctor has **not**:
 - a booked and paid to take the GMC revalidation assessment, within the timeline we have given in the notice, and therefore is not able to take the steps that would ensure that they are able to meet the revalidation requirements,

or

 - b taken a revalidation assessment, or provided evidence of passing an alternative assessment acceptable for the purposes of revalidation, and is therefore not able to take the steps necessary to meet the revalidation requirements within the timeframe we have given,

and

 - c provided a 'reasonable excuse' for failing to take the assessment.
- 9 Our [guidance for deciding whether to withdraw a licence to practise for failing to meet the requirements of revalidation](#) describes the factors we consider in deciding

* Regulation 4(3)(c).

† Regulation (10)(a)(ii)

‡ Regulation 4(3)(c).

whether it's proportionate to withdraw the doctor's licence. That guidance also outlines the options open to decision makers if they conclude that a doctor does not have a reasonable excuse for failure to undergo the revalidation assessment.

- 10** In deciding whether to refuse a doctor's application to restore their licence for failing to undergo an assessment*, you must only consider points b) and c) of paragraph 8 above, as the doctor should have taken the assessment before making their application (not only have booked and paid the relevant fee).
- 11** Our [guidance](#) describes factors we consider in deciding whether the doctor has taken the necessary step in relation to their revalidation required as part of their application to restore their licence. Doctors can choose from a range of available dates to sit the revalidation assessment, and can change the date they have chosen, if required, within the parameters outlined in our [policy for booking changes, cancellations and refunds](#).
- 12** The following circumstances will not be considered a reasonable excuse for not undergoing the revalidation assessment:
 - a** Inadequate notice to arrange cover for services in order to attend the revalidation assessment. The notice we give to doctors of the requirement to book and undertake the revalidation assessment should provide adequate time to allow them to arrange attendance, including engaging with their employer(s), and/or arranging annual leave, and/or arranging cover for services (if necessary) as required.
 - b** Needing to change the date of the original booking if, when the need to change the date became apparent to the doctor, there were other dates available for the doctor to book.
 - c** Working overseas.
 - d** Not undertaking practice.
 - e** None of the available assessments reflect the doctor's individual scope of practice. It is a doctor's responsibility to choose the revalidation assessment most suited to their current scope of practice. There is a generic assessment available for doctors whose practice does not fit into one of the broad speciality areas.

* Regulation 4(3)(c).

Making your decision

- 13 If, having considered the doctor's reasons, you conclude that they have a reasonable excuse. You may decide to:
 - a Give the doctor more time to undertake the revalidation assessment
 - b Retract our request to sit an assessment.
- 14 Concluding that the doctor has a reasonable excuse does not necessarily mean that you will decide to revalidate the doctor.
- 15 We may ask the doctor, or any other person (for example, the doctor's employer or appraiser) for further information at any time*. Additionally, the Registrar may seek the advice of a Registration Panel to inform the decision on whether to withdraw a doctor's licence to practise.
- 16 A doctor may appeal against our decision to withdraw their licence to practise, or to refuse their application for licence restoration, for failure to take the revalidation assessment without reasonable excuse.†

Factors to consider

- 17 It is a doctor's responsibility to ensure that they meet the requirements of revalidation within the given timeframes, as outlined in our [guide for doctors to the General Medical Council \(Licence to Practise and Revalidation\) Regulations 2012](#). Doctors should be able to demonstrate that they have made all reasonable attempts to book and undertake the revalidation assessment.
- 18 As outlined in this guidance, there are only limited circumstances in which we would accept that a doctor is unable to book and sit the assessment on any of the dates made available to them. There must be a reasonable excuse, or a series of reasonable excuses, which explains why the doctor is unable to attend on any of the available dates. You may be required to consider multiple reasonable excuses, relating to one or more dates, to explain why the doctor is, or was, unable to undertake the revalidation assessment.
- 19 The revalidation assessment can be sat by doctors who are not currently practising, or licensed. Therefore, the fact that a doctor is currently on a break from practice is not, in and of itself, sufficient reason for being unable to undertake the assessment. We would normally expect a doctor who has a significant break in practice (for

* Regulation 6(10) and Section 29E(3) of the Medical Act 1983.

† Under section 29F and Schedule 3B of the Medical Act 1983.

example, longer than 12 months) to relinquish their licence, unless there is clear evidence which demonstrates that they are unable to do so.

- 20** If the doctor is required to undertake the revalidation assessment in order to restore their licence to practise, this may affect your consideration of what constitutes a reasonable excuse. This is because these doctors have previously failed to meet the requirements of revalidation. Failure to find an available date is very unlikely to be considered a reasonable excuse for a doctor who is applying to restore their licence, after it was withdrawn for failure to take the assessment. Doctor's making an application for restoration should only do so once they have taken the assessment.
- 21** In all cases doctors must provide evidence to support their reason(s) (except where the GMC is the third party preventing the doctor from being able to book, for example lack of availability of an appropriate assessment). This list is not exhaustive and all decisions will be made case by case, taking into account the doctor's individual circumstances.

Examples of potential reasonable excuses for failing to undergo the revalidation assessment, and related factors to consider:

- 1** Is the reason for the doctor being unable to undertake the revalidation assessment an issue with a third party and beyond the doctor's control?
- a** How practical and reasonable (bearing in mind the time available and the doctor's individual circumstances) is it to expect the doctor to rearrange the conflicting engagement?
 - b** Could the reason have been anticipated, or managed by the doctor, bearing in mind the adequate notice given of this requirement (e.g. notice would usually provide adequate time to allow for engagement with their employer(s), for example arranging annual leave if required)?
 - c** How has the action of the third party prevented the doctor from undertaking the revalidation assessment? Is the doctor obligated to comply with the third party, and/or what impact would not obliging with the third party have? (Taking into consideration that the onus is on the doctor to ensure that they can meet the requirements for revalidation.)
- For example:
- The GMC has no appropriate revalidation assessment dates available in the timescales we have given for the doctor to have booked and/or undertaken the assessment.

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| | <ul style="list-style-type: none"> ■ The doctor is prohibited (for example, by their employer) from undertaking the revalidation assessment on a specific date, and there are no other available dates on which the doctor can attend. ■ The doctor has a legal obligation to appear elsewhere (for example, is required to appear in court on that day). ■ A fault with GMC systems which prevented the doctor from booking the assessment. ■ An emergency relating to a dependent of the doctor (for example, a doctor's partner, child, or other dependent, is taken into hospital unexpectedly when the doctor was supposed to undertake the revalidation assessment). ■ Death of an immediate family member. |
| 2 | <p>Is their evidence, from the doctor and/or a relevant party (such as their employer or doctor), that the doctor's disability*, illness or health condition is preventing, or has prevented, the doctor from undertaking the revalidation assessment?</p> <ul style="list-style-type: none"> a Have you taken into account the duration of any break from work caused by the doctor's disability, illness or health condition, and whether this has impacted on the doctor's ability to meet the revalidation requirements? b Have you taken into account the doctor's current condition and the impact that this might have? c Have you considered whether there is a realistic prospect † that the doctor will be able to meet the revalidation requirements in future? <ul style="list-style-type: none"> ■ If the doctor is able to continue practising, despite their health, then they should ‡ be able to undertake the revalidation assessment. ■ Does the evidence provided by the doctor, or a relevant party (such as their employer or doctor), indicate that their disability, illness or health condition has improved, or is likely to improve, enough to allow them |

* Under the Equality Act 2010 'disability' is defined as a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Long-term means 12 months or more.

† To reflect a genuine (not remote or fanciful) possibility.

‡ Decisions will be made on a case by case basis, and so will take account of exceptional circumstances.

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| | <p>to undertake the revalidation assessment? You may wish to consider when the evidence indicates they are likely to be able to do this*?</p> <ul style="list-style-type: none"> ■ If you have been given no reasonable expectation that the doctor will be able to meet the requirements in future, we should discuss licence relinquishment with the doctor, although you may still consider withdrawing their licence to practise. <p>d Have you adequately explored any reasonable adjustments that could be made to accommodate a disabled doctor and enable them to attend and undertake the revalidation assessment?</p> <ul style="list-style-type: none"> ■ Was any reasonable adjustment facilitated on the day the doctor attended, or was due to attend, the revalidation assessment? ■ Does any evidence provided by the doctor substantiate both the ill-health condition and the reason this prevented the doctor from attending the revalidation assessment on the date(s) in question? |
| <p>3</p> | <p>Has the doctor had, or is the doctor about to have, a break in practice which provides a reasonable explanation for why the doctor has been, or will be, unable to book and pay for the revalidation assessment within the timeframe given in their notice?</p> <p>Or,</p> <p>Have unforeseen circumstances led to the doctor no longer being available to undertake the revalidation assessment on the day they originally booked?</p> <p>Examples of reasons a doctor may have had, or be planning, a break in practice, include: pregnancy, parental leave (maternity, shared parental leave/additional paternity leave, adoption leave), acting as a carer for a dependant, close relative or partner, or a sabbatical.</p> <ul style="list-style-type: none"> a Have you taken into account the length of the break in practice? (We would normally expect a doctor who has a significant break in practice, e.g. longer than 12 months, to relinquish their licence to practise, unless there is clear evidence which demonstrates that they are unable to do so.) b Did the doctor have a reasonable amount of time before their break in practice to undertake the revalidation assessment? For example, did the |

* The Equality Act 2010 does not protect non-disabled people from discrimination. So it is not discrimination to treat a disabled person more favourably than someone who is not disabled or someone who does not have the same disability.

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| | <p>doctor receive notice before their break began, and were dates available to them before their break?</p> <ul style="list-style-type: none"> c Have you taken into account when the doctor became aware that they would no longer be able to undertake the revalidation assessment? Could the doctor have notified us earlier, and would this have enabled them to have undertaken the revalidation assessment before the specified date revalidation date? d Have you taken into account whether the circumstances prevented the doctor from notifying us earlier and from booking another assessment? e Have you considered when the doctor will again be in a situation which enables them to book and undertake a revalidation assessment? If you have no reasonable expectation that the doctor will be able to meet the requirements in future, you should discuss with the doctor relinquishing their licence to practise and may still consider withdrawing their licence. |
| 4 | <p>Has the doctor, or someone acting on his or her behalf, provided evidence to support their reasonable excuse for being unable to undergo the revalidation assessment?</p> <ul style="list-style-type: none"> a Is the evidence from an objective source (for example, evidence from a third party with whom you are satisfied the doctor does not have a conflict of interest, such as a recognised medical institution, regulator, other official body, or another registered doctors)? b Does the evidence clearly substantiate the doctor's reason for not being able to undergo the revalidation assessment? c Does the evidence demonstrate that the reason pre-dated the doctor's notice to undertake the assessment? Or, if not, that the reason could not have been anticipated by the doctor, at the time they booked the assessment? d Has the evidence been verified? |

Last reviewed 21 May 2019