

Guidance for deciding whether to withdraw a doctor's licence to practise for failing to meet the requirements of revalidation

Purpose of the guidance

- 1 This guidance is for decision makers who are asked to consider whether a doctor's licence to practise should be withdrawn for failing, without [reasonable excuse](#), to meet the requirements of revalidation.
- 2 This 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.

The grounds for withdrawing a licence to practise

- 4 [The GMC \(Licence to Practise and Revalidation\) Regulations 2012 \(as amended\)](#) ('the regulations') give us powers to withdraw a doctor's licence to practise ('licence'). In some circumstances the Registrar must withdraw the doctor's licence.* However, the Registrar has discretion to withdraw a licence[†] where a doctor has failed, without reasonable excuse:
 - a to comply with any requirement of our guidance published under section 29G of the Medical Act 1983, as amended, (regulation 4(3)(a))
 - b to provide to the Registrar by their submission date (once given notice of that date) any evidence or information relating to their revalidation required by the guidance[‡] (regulation 4(3)(b))
 - c to undergo the revalidation assessment, (regulation 4(3)(c))

* Under regulations 4(1)-(2).

† Under regulation 4(3).

‡ In accordance with regulation 6(4).

- d** to provide, within 28 days of the request* :
 - i** specified information about their prospective, current or past employment as a doctor which, in the Registrar's opinion, will assist in determining when and how to revalidate the doctor (regulation 4(3)(d))
 - ii** confirmation as to whether they have a RO and, if so, the name and contact details of the designated body with which they have a prescribed connection in law[†] and their RO (regulation 4(3)(d))
 - iii** further evidence or information requested by the Registrar, required for the purposes of their revalidation[‡] This includes evidence of participation in appraisal that satisfies our guidance (regulation 4(3)(e))
 - iv** any evidence or information about the doctor's existing or proposed indemnity arrangement[§] (regulation 4(3)(fa)).

e to pay any fee relating to the doctor's revalidation** (regulation 4(3)(g)).

5 In addition the Registrar may withdraw a licence where the doctor has:

- a** fraudulently provided any evidence or information in relation to any requirement or request for their revalidation^{††} which is false (regulation 4(3)(f))
- b** failed to have appropriate insurance or indemnity cover in place when practising as a licensed practitioner (regulation 4(3)(fb)).

6 Our [Guide for doctors: Revalidation and maintaining your licence](#), is published under section 29G of the Medical Act, and sets out the requirements doctors need to meet to revalidate and maintain their licence to practise. As described at paragraph 4(a) above, we may withdraw the licence of a doctor who fails, without reasonable excuse, to comply with any of these requirements. These requirements for doctors include, for example: participation in annual appraisal covering their whole scope of practice; collection and reflection on the supporting information as described in our [supporting information guidance](#); and, when requested, undertaking, and meeting the required standard in, an assessment designed to evaluate the doctor's fitness to practise.

* In accordance with regulation 6(9).

† In accordance with the Medical Profession (Responsible Officers) Regulations 2010 or the Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010.

‡ In accordance with regulation 6(10).

§ In accordance with regulation 4A.

** In accordance with regulation 6(14).

†† Under regulation 6.

- 7** In order to make a decision to withdraw a doctor's licence to practise in any of these circumstances you must first be satisfied that:
- a** we have given the doctor notice that we are minded to withdraw their licence and the grounds on which we intend to withdraw it^{*}
 - b** we have invited them to make written representations[†] no later than 28 days of the notice[‡]
 - c** we have taken account of any representations made by the doctor[§], and,
 - d** where the doctor has failed to meet one of the revalidation requirements as set out in regulation 4(3)^{**}, the doctor does not have a reasonable excuse for not complying.
- 8** A doctor may appeal against a decision to withdraw their licence to practise.^{††}

Options for decision making

- 9** After considering all the relevant evidence, you may decide:
- a** that you need further information to determine whether withdrawing the licence to practise is a reasonable and proportionate decision in the circumstances (for example, a doctor's appraisal information or supporting information). In which case you may:
 - i** request further information from the doctor, and/or
 - ii** request further information from another doctor (for example an appraiser, RO, or Suitable Person) or other individual (such as an employer), which is relevant to allow you to decide whether to withdraw the doctor's licence.^{††}
 - b** to withdraw the doctor's licence to practise

^{*} Under regulation 4(4).

[†]We will accept representations in other formats should the doctor require reasonable adjustments, but they must be recorded in a tangible and permanent way to be considered.

[‡] Under regulation 4(4).

[§] Under regulation 4(4).

^{**} Exceptions are where the doctor has; fraudulently provided evidence or information which is false in relation to their revalidation (regulation 4(3)(f)), or failed to have in place an indemnity arrangement providing appropriate cover (regulation 4(3)(fb)).

^{††} Section 29F and Schedule 3B of the Medical Act 1983.

^{†††} Section 29E(3) of the Medical Act 1983.

- c that it is proportionate not to withdraw the doctor's licence and, depending on the doctor's circumstances, to:
 - i defer their current submission date^{*} to give them more time to meet any outstanding requirements, or
 - ii revalidate the doctor and set a new submission date.[†] In which case you may decide to set a submission of less than five years hence. You may wish to consider any views of the doctor's RO or Suitable Person given their on-going statutory responsibility for the doctor and their fitness to practise and future revalidation recommendations, or
 - iii advise a doctor who doesn't have a prescribed connection of their next annual return submission date and, if necessary, any other specific requirements to be met, and by when.
- 10 If you decide to withdraw the doctor's licence to practise you may advise the doctor of any evidence or information which we would ask for as part of any subsequent application for restoration of their licence.[‡]

Factors to consider

- 11 You should use the factors in the table below to decide whether withdrawing the doctor's licence to practise is a reasonable and proportionate regulatory response. You will need to consider whether you are satisfied that the doctor has failed, without [reasonable excuse](#), to meet the requirements of revalidation[§].
- 12 We have defined the revalidation requirements for doctors in [our statutory guidance](#). It is the individual doctor's responsibility to meet these requirements. Information to support a doctor's revalidation must meet criteria set out in our guidance.
- 13 In making a recommendation of non-engagement the doctor's RO or Suitable Person will have confirmed the [statements for a recommendation of non-engagement](#). For doctors without a connection, where you have the information, you will want to consider whether these circumstances apply.
- 14 Holding a licence to practise is an indicator that the doctor continues to meet the professional standards set by the GMC. The doctor's current scope of practice does

^{*} Regulation 6(16) and 6(17).

[†] Regulation 6(1).

[‡] Regulation 4(5).

[§] Or has fraudulently provided any evidence or information which is false, or failed to have appropriate insurance or indemnity cover under regulation 4(3)(f) or (fb).

not mitigate the risk to the public presented by a doctor's failure to engage sufficiently with revalidation, because the licence to practise does not restrict doctors to working within a particular scope of practice. The [principles which apply to decision-making across all our registration and revalidation functions](#) specify that all our decisions should act in the public interest. You should, for all decisions, consider our over-arching objective under Sections 1A and 1B of the Medical Act 1983, as amended, and ensure that your decision puts first: the protection of the public, maintaining public confidence in the medical profession, and the upholding of professional standards.

- 15** All decisions must be made on a case by case basis and will take into account the doctor's scope of practice and individual circumstances.

Checklist	
1	<p>Has the correct process for licence withdrawal been followed?</p> <ul style="list-style-type: none"> a Have we given the doctor notice that we are minded to withdraw their licence and on what ground(s)? b Have we given the doctor at least 28 days to make written representations? c Have you taken into account the representations and all relevant evidence provided by the doctor? d Have you taken into account any evidence provided by the RO[*], appraiser or employer and any other relevant evidence that may be available to you?
2	<p>Are you satisfied that the doctor has failed to meet one of the requirements for revalidation set out in regulation 4(3)?</p>
3	<p>Do any written representations from the doctor satisfy you that the doctor is now sufficiently engaging with the requirements for revalidation?</p> <p>For a doctor who has a connection you may wish to consider what recommendation the RO might now make about the doctor's revalidation, in light of this information from the doctor.</p> <p>For doctors who fail to comply with a requirement of our guidance, by failing to meet the required standard in the revalidation assessment, have they</p>

^{*} Where we refer to an RO this would also apply to a GMC approved Suitable Person.

	demonstrated that they have subsequently passed another assessment which we have approved as evidence which assures us of their fitness to practise?
4	<p>If you are satisfied that the doctor has failed to meet one of the requirements for revalidation, set out in regulation 4(3), has the doctor provided a reasonable excuse for failing to meet this requirement?</p> <p>Our guidance for deciding whether a doctor has a reasonable excuse for failure to meet our revalidation requirements details factors you might consider in determining this. There is separate guidance for establishing whether a doctor has a reasonable excuse for failing to undergo the revalidation assessment, or a reasonable excuse for failing to meet the required minimum standard in the revalidation assessment.</p>
5	<p>Are you satisfied on the basis of the evidence available that the doctor has participated in annual appraisal processes that are focused on Good medical practice and cover all areas of their medical practice?</p> <p>This would include clinical and non-clinical, management, research, and teaching and appraisal roles and responsibilities.</p> <p>Has the doctor met the requirements in our Supporting information for appraisal and revalidation guidance, and sufficiently reflected on appropriate supporting information that covers their whole practice at their appraisal?</p> <p>Has the RO, or appraiser, made any comment on the sufficiency and quality of the doctor's supporting information and their reflection on it, that should be considered?</p> <p>If we have previously written to the doctor (who does not hold a connection) to inform them that there are outstanding requirements that must be met by their next annual submission date, have these requirements now been met?</p> <p>If the doctor has not collected and reflected on all types of supporting information in line with our guidance, you will need to consider any explanation provided by the doctor, or other evidence to explain why they have not done this, in order to decide whether they have a reasonable excuse.</p> <p>You should consider whether the information collected by the doctor and their reflections are of sufficient quality, in that it meets the criteria in our guidance and demonstrates that the doctor has met the revalidation requirements.</p>
6	In cases where a doctor has failed to comply with a requirement of our guidance by failing to meet the required standard in the revalidation assessment, you may wish to consider whether any of the following are

	<p>relevant to the doctor's situation:</p> <ul style="list-style-type: none"> a Has the doctor already undertaken the revalidation assessment multiple times since their previous revalidation (or since the restoration of their licence to practise, whichever was more recent)? <p>Given that this is a test of minimum competence, it would be rare for us to allow a doctor to continue to hold a licence to practise if they have failed to meet the required standard in the revalidation assessment (and have no reasonable excuse), but it is particularly unlikely that we would permit a doctor to continue to practise when they have failed to meet the required standard in the revalidation assessment on multiple occasions.</p>
7	<p>You may wish to consider whether any of the following are relevant to the doctor's situation:</p> <ul style="list-style-type: none"> a Does evidence suggest the doctor was expected to meet any requirements that are additional to or different from the requirements in our guidance and that failure to do so has resulted in a recommendation of non-engagement? b Has the doctor provided evidence that they were not aware that they were not sufficiently meeting our requirements or of what was expected of them by when? c Is there anything in the doctor's revalidation or registration history that should be taken into consideration (such as previous engagement)?
8	<p>Where the doctor's submission date was brought forward to allow us to serve the doctor with notice and for the RO to submit a recommendation of non-engagement:</p> <ul style="list-style-type: none"> a Was the doctor given an adequate timeframe to begin to engage before their submission date was brought forward? Did the doctor and RO agree a plan for the doctor to collect the outstanding information? b Were the revalidation requirements that the doctor would need to meet by this date made clear to them? For example, if the date was brought forward by more than 12 months the doctor would need to meet all supporting information requirements, even those types that not required annually in our guidance.
9	<p>Do you need any further information or evidence from the doctor, or from a third party (such as an RO, employer or appraiser) to enable you to make your</p>

	decision?
10	<p>Having considered all the relevant evidence and information available, are you satisfied that withdrawing the doctor's licence to practise is a reasonable and proportionate regulatory response?</p> <p>If you do not think this is proportionate, and you think it appropriate to allow the doctor more time to meet the revalidation requirements, you may wish to refer to our guidance for changing a submission date which describes when we might defer a submission date, or our guidance for allowing an additional deferral of a submission date.</p> <p>You may wish to bear in mind that the doctor can apply to restore their licence at any time. The doctor would be required to meet the requirements of our restoration application process, including demonstrating that they have taken the steps that they failed to take in relation to their revalidation that resulted in the withdrawal of their licence.</p>

Last updated 14 February 2017.