

Guidance for deciding whether a doctor has a 'reasonable excuse' 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 licensed doctor has a 'reasonable excuse' for failing to meet the requirements of revalidation.
- 2 There is separate guidance for considering whether a doctor has a reasonable excuse for:
 - a [failing to undergo the revalidation assessment](#)
 - b [failing to meet the required standard in the revalidation assessment](#)
 - c [failing to take the required revalidation step at licence restoration \(after the licence was previously withdrawn\)](#).
- 3 This guidance should be read in conjunction with the [principles which apply to decision-making across all our registration and revalidation functions](#).
- 4 This guidance references the evidence and the legal powers decision makers use when they make their decisions.

When we consider reasonable excuses

- 5 If a doctor fails to meet the requirements of revalidation by a date we have specified, the Registrar has discretion to withdraw their licence to practise ('licence') using our powers in [The General Medical Council \(Licence to Practise and Revalidation\) Regulations Order of Council 2012 \(as amended\)](#) ('the regulations').*
- 6 In order to exercise these powers we must first establish both that:

* Regulation 4(3).

- a** the doctor has failed to meet one of the requirements of revalidation*, set out in regulation 4(3), **and**
 - b** the doctor does not have a 'reasonable excuse' for failing to comply with the requirement(s).[†]
- 7** In deciding whether it is appropriate to withdraw a doctor's licence you must consider any representations made by the doctor, to determine whether they have a reasonable excuse for failing to meet the requirements of revalidation.[‡]
- 8** If the doctor has a reasonable excuse you may not withdraw their licence on the basis of this failure. You should refer to the [guidance for deciding whether to withdraw a doctor's licence](#) to determine the next steps.

Options for decision making

- 9** After considering all the relevant evidence, you may decide that:
 - a** you need further information to determine whether the doctor has a reasonable excuse, or
 - b** the doctor has a reasonable excuse, or
 - c** the doctor does not have a reasonable excuse.

Factors to consider

- 10** Our [statutory guidance](#) describes the revalidation requirements for doctors. It is the doctor's responsibility to meet these requirements. Information to support a doctor's revalidation must meet criteria set out in our guidance.
- 11** You may find it useful to refer to the criteria for a recommendation to defer and recommendation of non-engagement in the [GMC recommendation protocol](#) in making your decision.
- 12** The table below contains examples of reasonable excuses with factors to consider. This list is not exhaustive and all decisions will be made case by case, taking into account the doctor's individual circumstances.

* Set out at regulation 6.

[†] We are not required to consider a reasonable excuse where: the doctor has fraudulently provided false information in relation to any requirement of regulation 6 or requirement or request of the Registrar under that regulation (regulation 4(3)(f)); or where the doctor has failed to have appropriate indemnity cover in place (regulation 4(3)(fb)).

[‡] Regulation 4(4)(b).

13 The following will not be considered reasonable excuses, in and of themselves:

- a** The doctor is working wholly outside the UK
- b** The doctor is not undertaking enough practice
- c** The doctor is subject to a GMC fitness to practise process. See our [guidance on the impact of fitness to practise processes on a doctor's revalidation](#).

Examples of reasonable excuses and factors to consider

1	<p>Has the doctor, or someone acting on their behalf where they are unable to do so, provided evidence to support their excuse for being unable to meet the revalidation requirement(s)?</p> <ul style="list-style-type: none">a Is the evidence from an objective source (for example, a third party - such as a recognised medical institution, regulator, other official body, or another registered doctor - with whom we are satisfied the doctor does not have a conflict of interest)?b Does the evidence clearly substantiate the doctor's reason for not being able to meet the revalidation requirements?c Has the evidence been verified?
2	<p>Is the doctor's excuse an issue with a third party, which is outside of the doctor's control?</p> <p>Examples might include:</p> <ul style="list-style-type: none">■ their Responsible Officer (RO) or Suitable Person has not made a recommendation about them by the required date;■ their appraisal was cancelled by their appraiser at short notice and there has not been sufficient time to undertake a new one;■ the doctor's employer or organisation has prevented them from accessing relevant information or systems to support their revalidation. For example, as a result of a local suspension;■ the correct GMC process has not been followed for licence withdrawal. <p>You may wish to consider:</p> <ul style="list-style-type: none">a How has the action of the third party prevented the doctor from meeting the requirements for revalidation?

	<p>b Could the reason have been anticipated, or managed by the doctor, bearing in mind the notice of the requirement they were given and that the onus is on the doctor to meet the requirements?</p>
3	<p>Has the doctor had a break in practice and does this break reasonably explain why the doctor has been unable to meet the revalidation requirement(s) in the required timeframe?</p> <p>Examples of reasons a doctor may have a break in practice, include:</p> <ul style="list-style-type: none"> ■ pregnancy ■ parental leave (maternity, shared parental leave/additional paternity leave, adoption leave) ■ acting as a carer for a dependent, close relative or partner ■ death of an immediate family member ■ a sabbatical. <p>You may wish to consider:</p> <p>a How long was the doctor's break in practice?</p> <ul style="list-style-type: none"> ■ We would normally expect a doctor who has a significant break in practice (of more than 12 months) to relinquish their licence until they need it to practise, unless there is clear evidence which demonstrates that they are unable to do so. <p>b Has the doctor had a reasonable amount of time before and/or since their break in practice in which to meet the outstanding requirement(s)?</p>
4	<p>Does the doctor have a disability*, illness or health condition that is preventing, or has prevented, them from meeting the requirements of revalidation?</p> <ul style="list-style-type: none"> ■ All licensed doctors are required to revalidate to demonstrate they are up to date and fit to continue to practise. Therefore, all licensed doctors must engage with revalidation systems and processes to give

* 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.

	<p>us assurance that they are meeting our requirements in line with our guidance. Having a health condition or disability doesn't automatically mean the doctor has a reasonable excuse for not meeting the requirements.</p> <ul style="list-style-type: none"> ■ If you have been given no realistic expectation that the doctor will be able to meet the requirements in future, we should discuss licence relinquishment with the doctor and you may still consider withdrawing their licence. <p>You may wish to consider:</p> <ul style="list-style-type: none"> a Have you taken into account the duration of any break from work caused by the disability, illness or health condition, and whether this has impacted on the doctor's ability to meet the requirements? b Have you considered the implications of the doctor's current health condition on their ability to meet the requirements? c Has the doctor's disability prevented them from meeting the requirements for a specific period of time? For example, while seeking treatment. d 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 to meet the requirements of revalidation? e Are there any reasonable adjustments that could be made to enable the doctor to meet the revalidation requirement(s), that have not already been made (by the doctor's RO, employer or appraiser)?
5	<p>Has the doctor made every effort to engage with revalidation to the best of their ability?</p> <p>Are you satisfied that the doctor has, as applicable:</p> <ul style="list-style-type: none"> a evidenced attempts to meet the requirements for revalidation and why this has not been possible; b considered any alternative ways to meet the requirements for revalidation; c sufficiently explained why their scope of practice makes it more challenging to collect certain supporting information and provided evidence of having discussed and agreed this with their RO or

	<p>appraiser;</p> <ul style="list-style-type: none">d provided details of when and how they expect to be able to meet the requirements for revalidation. For example, through a Personal Development Plan agreed with their appraiser. <p>You may also wish to consider whether:</p> <ul style="list-style-type: none">■ the doctor has already been given additional time to meet the outstanding requirements of their revalidation? For example, a previous deferral of their submission date.■ there is evidence of previous non-engagement with revalidation (without a reasonable excuse).
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Making your decision

- 14** Having taken all the above factors into account has the doctor provided a reasonable excuse for not meeting one or more of the requirements of revalidation?

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