

Guidance for deciding whether a doctor has a 'reasonable excuse' for failing to take the revalidation 'step' at licence restoration (after licence withdrawal)

Purpose of the guidance

- 1 This guidance is for decision makers who are asked to consider whether a doctor has a 'reasonable excuse' for failing to take the required revalidation step as part of an application to restore their licence, after it was withdrawn for failing to meet the revalidation requirements.
- 2 If the step the doctor has failed to take relates to the revalidation assessment you should instead refer to our separate reasonable excuses guidance; [failure to undergo the revalidation assessment](#), or [failure to reach the required standard in the revalidation assessment](#).
- 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 [The General Medical Council \(Licence to Practise and Revalidation\) Regulations Order of Council 2012 \(as amended\)](#) ('the regulations') allow a doctor whose licence has been withdrawn for failing to meet the requirements of revalidation to subsequently make an application to restore their licence.* As part of this application the doctor must demonstrate they have taken the step that they failed to take for their revalidation, which led to their licence being withdrawn.†

* Regulation 5(1).

† Regulation 5(4)(a).

- 6 The Registrar may refuse the doctor's application if the doctor fails, without reasonable excuse, to demonstrate that they have taken this revalidation step.* Our separate [guidance describes the factors to consider in deciding whether the doctor has taken the necessary step in relation to their revalidation](#).

Factors to consider

- 7 Our [statutory guidance](#) describes the revalidation requirements for doctors. It is the doctor's responsibility to identify how they can meet these requirements and to obtain the information and evidence necessary.
- 8 In all cases you must consider whether there is robust evidence to support the doctor's reasons for not taking the step (except where the GMC is the third party preventing the doctor from taking the step), and whether this satisfies you that the doctor has a reasonable excuse.
- 9 You should consider what the doctor should reasonably be able to do, taking account of their individual circumstances. The doctor's reasonable excuse needs to apply at the time of the doctor's application to restore their licence.† If the doctor had a reasonable excuse for failing to meet the revalidation requirements when we withdrew their licence, but did not inform us of it at that time, it might not be considered a reasonable excuse at restoration unless it still applies.
- 10 The table below contains examples of reasonable excuses and factors to consider. The list contained within the table is not exhaustive and all decisions will be made case by case.
- 11 The following will not, in and of themselves, be considered reasonable excuses:
- a The doctor is working wholly outside the UK
 - b The doctor has not undertaken any practice since their licence was withdrawn
 - c The doctor is not holding a licence to practise in the UK
 - d The doctor has secured an offer of employment in the UK but has not had time to complete the step
 - e 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](#).

* Regulation 5(10) states that the Registrar may refuse the application if the doctor, without reasonable excuse, fails to satisfy the requirements of regulation 5(4) (which refers to taking the necessary step for revalidation).

† However, we will consider exceptional circumstances.

Examples of reasonable excuses and factors to consider	
1	<p>Has the doctor provided evidence to support their excuse for being unable to take the revalidation 'step'?</p> <ul style="list-style-type: none"> a Is the evidence from an objective source (for example, evidence from 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 requirement? 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>How have the actions of the third party prevented the doctor from taking the revalidation step, taking into consideration that the onus is on the doctor to take the step before making their application?</p> <p>Could the reason have been anticipated, or managed by the doctor (see factor 4)?</p>
3	<p>Does the doctor have a disability[*], illness or health condition that is preventing them from taking the required revalidation step?</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 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 taking the required step at restoration. The doctor should submit their application for licence restoration when they are able to participate in revalidation and undertake the step.[†]

^{*} 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.

[†] You should consider exceptional circumstances and whether the doctor is being treated unfavourably because of something related to their disability, that can't be objectively justified, in line with our responsibilities in the Equality Act 2010.

	<p>You may wish to consider:</p> <ul style="list-style-type: none"> a What are the implications of the doctor's current health condition on their ability to meet the requirements (on the basis of information from the doctor and/or any third-party)? b Has the doctor been unable to meet the requirements for a recent period of time related to their disability? For example, they may have been unable to collect certain supporting information while seeking treatment. c If their excuse applied when the doctor's licence was withdrawn, is there a clear reason why they were not able to present it to us at that time, related to their disability or health condition? d If the doctor does not have a connection, are there any reasonable adjustments we can make to allow them to take the step (for example to submit information to us, or sit the revalidation assessment)?
4	<p>Has the doctor has made every effort to take the revalidation step 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 take the step and/or explained why this has not been possible; b considered alternative ways to take the revalidation step; c sufficiently explained why the scope of their practice makes it more challenging to collect certain supporting information and provided evidence of having discussed this with their RO or appraiser; d where they can't take the step, provided details of when and how they expect to meet this requirement. For example, through a Personal Development Plan agreed with their appraiser.

Making your decision

- 12** Having taken all the above factors into account has the doctor provided a reasonable excuse for not taking the required revalidation step, as part of their application for restoration of their licence?

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