

# The GMC protocol for making revalidation recommendations:

**Guidance for responsible officers and suitable persons**

Fifth edition (March 2018)

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## About the protocol

This guidance helps responsible officers (ROs) and suitable persons make recommendations for doctors. You must follow and be familiar with it.

It focuses on your statutory responsibility to make recommendations for the revalidation of doctors, set out in the *Medical Profession (Responsible Officer) Regulations 2010* (as amended) and *Medical Profession (Responsible Officer) Regulations (NI) 2010*. While suitable persons aren't covered by the RO Regulations, all guidance, instructions, and statements about making revalidation recommendations apply to them, except where otherwise stated.

Doctors and designated bodies should also use the guidance to understand how you make your recommendations.

### *What is the protocol?*

The protocol focuses on:

- your statutory responsibility to evaluate your doctors fitness to practise
- your role in advising the GMC by making revalidation recommendations.

It outlines:

- the three different types of recommendations (revalidate, defer, non-engagement)
- criteria to help you decide which recommendation to make
- step-by-step information on making a recommendation.

It doesn't give general guidance about:

- revalidation, including local processes and systems to support revalidation
- the wider RO role, including appointment or specification of ROs
- GMC functions or information about a licence to practise
- using GMC Connect to submit your recommendations.

In this document we use the following abbreviations:

Responsible officer - RO, Employer Liaison Adviser - ELA, *The Medical Profession (Responsible Officer) Regulations 2010* (as amended) - RO Regulations, *The Medical Profession (Responsible Officers) Regulations (NI) 2010 – RO Regulations (NI)*.

## Summary

### As an RO you must:

- maintain an accurate list of all doctors with a prescribed connection to your organisation and keep your list in [GMC Connect](#) up to date
- make a recommendation for each doctor who has a 'prescribed connection' to your organisation, or for who you act as a suitable person, on or before their revalidation date (within the notice period)
- understand the criteria for each type of recommendation and the statements you must confirm when making your recommendation
- understand how you, or a delegated colleague, submit your recommendations via [GMC Connect](#)
- in making your recommendation, consider information about a doctor's fitness to practise from across their whole practice, including
  - supporting information
  - outputs from appraisals
  - information from clinical and corporate governance systems, from all places where the doctor works
- be alerted to any fitness to practise concerns
- confirm promptly to the doctor the recommendation you have made about them
- keep a record of how you have made a recommendation about a doctor and understand you are accountable for recommendations you make and that you cannot delegate decision making to others
- understand the GMC makes the decision about the doctor's revalidation, based on your recommendation and any other relevant information we hold.

## Section 1: Introduction

### 1.1 What is revalidation?

Revalidation is the process by which all licensed doctors demonstrate that they are up to date, fit to practise and able to provide a good level of care across their whole scope of practice.

We require licensed doctors with a connection to:

- collect and reflect on supporting information drawn from their whole practice, as outlined in the [Supporting information for appraisal and revalidation](#) guidance, on an ongoing basis
- engage with clinical governance processes, including participating in an annual appraisal process with *Good medical practice* as its focus.

A responsible officer or suitable person is required to make a recommendation to the GMC about whether a doctor connected to them should be revalidated, normally every five years.

The GMC decides whether a doctor should be revalidated. We make our decision based on your recommendation and any other information that we hold.

We may:

- confirm a doctor can continue to hold a licence
- defer a doctor's submission date to allow more time for your recommendation or our decision to be made
- withdraw a doctor's licence for failure to comply with the requirements of revalidation set out in our guidance.

### 1.2 Your role in revalidation

#### 1.2.1 Connections

You can only make recommendations for doctors you have a connection to.

For ROs, this means doctors that have a prescribed connection to your designated body. The RO Regulations, published by the Department of Health (England) and the Department of Health (Northern Ireland), clearly determine which designated body a doctor has a prescribed connection to. This means:

- Doctors cannot choose which RO to connect to
- ROs cannot choose whether to connect to a doctor.

For more information on prescribed connections, please refer to the RO Regulations and accompanying guidance published by the [Department of Health \(England\)](#) for England, Scotland and Wales, and the [Department of Health \(Northern Ireland\)](#) for Northern Ireland. We also have an [online connection tool](#).

For suitable persons, connected doctor(s) are those you have formally agreed with the GMC. [More information on the requirements for becoming a suitable person](#) is on our website.

### *1.2.2 Recommendations*

There are three types of revalidation recommendations you can make:

- Recommendation to revalidate
- Recommendation to defer
- Recommendation of non-engagement

### *1.2.3 Your duties when making recommendations*

You are responsible for:

- maintaining an accurate list of the doctors connected to you
- making sure that doctors with a connection to your designated body are regularly appraised on their whole practice
- all recommendations submitted in your name (even if someone else is delegated the task of submitting them through GMC Connect)
- maintaining records of how you decided which recommendation to make
- discussing reasons your recommendation with the doctor before it is submitted, particularly for a recommendation to defer or of non-engagement

- promptly confirming to the doctor the recommendation you have made about them.

To make recommendations that are fair, consistent and reliable you must:

- consider the outcomes of a doctor's appraisals and ensure that they cover their whole practice
- assure yourself of the completeness and quality of the doctors' supporting information and their reflections on it
- consider information about the doctor's whole practice from all settings and roles in which they work
- use information from clinical and corporate governance systems from across a doctor's whole scope of practice, to seek assurance about a doctor's fitness to practise
- contact your ELA if you:
  - need advice to help you reach a judgement,
  - plan to make a recommendation of non-engagement, or a second consecutive recommendation to defer,
  - are aware that a doctor has raised a public interest concern and you are considering a recommendation of non-engagement or deferral (see [Annex B](#) for further information about public interest concerns).



### 1.3 Other duties of responsible officers and suitable persons

As well as making recommendations, ROs and suitable persons must carry out additional duties outlined below:

<b>Responsible officers</b> <sup>*</sup>	<b>Suitable persons</b> <sup>†</sup>
<ul style="list-style-type: none"><li>■ make sure your designated body checks their doctors are completing annual appraisals</li><li>■ make sure there are adequate processes to investigate fitness to practise (FtP) concerns about your doctors</li><li>■ refer FtP concerns that meet the threshold to the GMC</li><li>■ monitor doctors' compliance with any GMC conditions imposed on doctors, or undertakings agreed with us</li><li>■ maintain records of FtP evaluations, including processes for responding to concerns and other local investigations</li><li>■ carry out wider clinical governance responsibilities set out in regulation 16 of the RO Regulations (this applies in England only).</li></ul>	<ul style="list-style-type: none"><li>■ check your connected doctors are having annual appraisals</li><li>■ make sure you are alerted if there are any FtP concerns about your doctors</li><li>■ refer FtP concerns that meet the threshold to the GMC</li><li>■ make sure compliance with any GMC conditions or undertakings is monitored, and you are alerted to any issues</li><li>■ make sure records of FtP evaluations, including processes for responding to concerns and other local investigations, are being maintained</li><li>■ ensure arrangements exist with other relevant organisations or persons, to access information you need to make recommendations about the whole scope of practice of doctors you are responsible for.</li></ul>

<sup>\*</sup> Regulation 11 and 13 of the RO Regulations and regulation 11 of the RO Regulations (NI).

<sup>†</sup> [GMC criteria for suitable persons](#).

## 1.4 The difference between revalidation and raising fitness to practise concerns

Revalidation does not replace or override existing procedures for dealing with concerns about doctors' fitness to practise:

- A recommendation should not be used as a way of raising concerns about a doctor's fitness to practise
- You should discuss any fitness to practise concerns with your ELA as soon as they arise, who will advise you on fitness to practise thresholds for referral to the GMC.

## 1.5 Sharing information between organisations

ROs must ensure that arrangements exist for timely and reliable information-sharing with other organisations about doctors' practice, for both those who are connected to you and also those who undertake work for you, for example locum doctors.

Good information-sharing is important in:

- helping doctors collate information for appraisals which reflects the whole of their practice
- supporting strong clinical and corporate governance (by raising awareness of serious incidents, complaints, fitness to practise concerns, non-engagement, time out of practice, remediation processes etc. amongst all relevant parties).
- ensuring recommendations are based on information about the doctor's whole practice, not only practice they undertake for your designated body.

The GMC has published a set of principles to govern sharing information of note about doctors [add link to webpages]

You need to ensure you can access clinical governance information from each organisation where the doctor works, or has worked since they last revalidated, to inform your recommendation. This could include:

- locum work
- voluntary work
- private practice
- NHS practice.

Your doctors must tell you about all the practice they undertake and the details of the RO at all organisations where they work (or if there isn't an RO the person responsible for clinical governance).

If there are doctors who work for the designated body for which you are the RO, but hold a prescribed connection elsewhere, you must make information about their practice available to these doctors' ROs.

If a doctor loses their prescribed connection to your designated body because, for example, they move employer, you must make relevant information available to their new RO or suitable person.

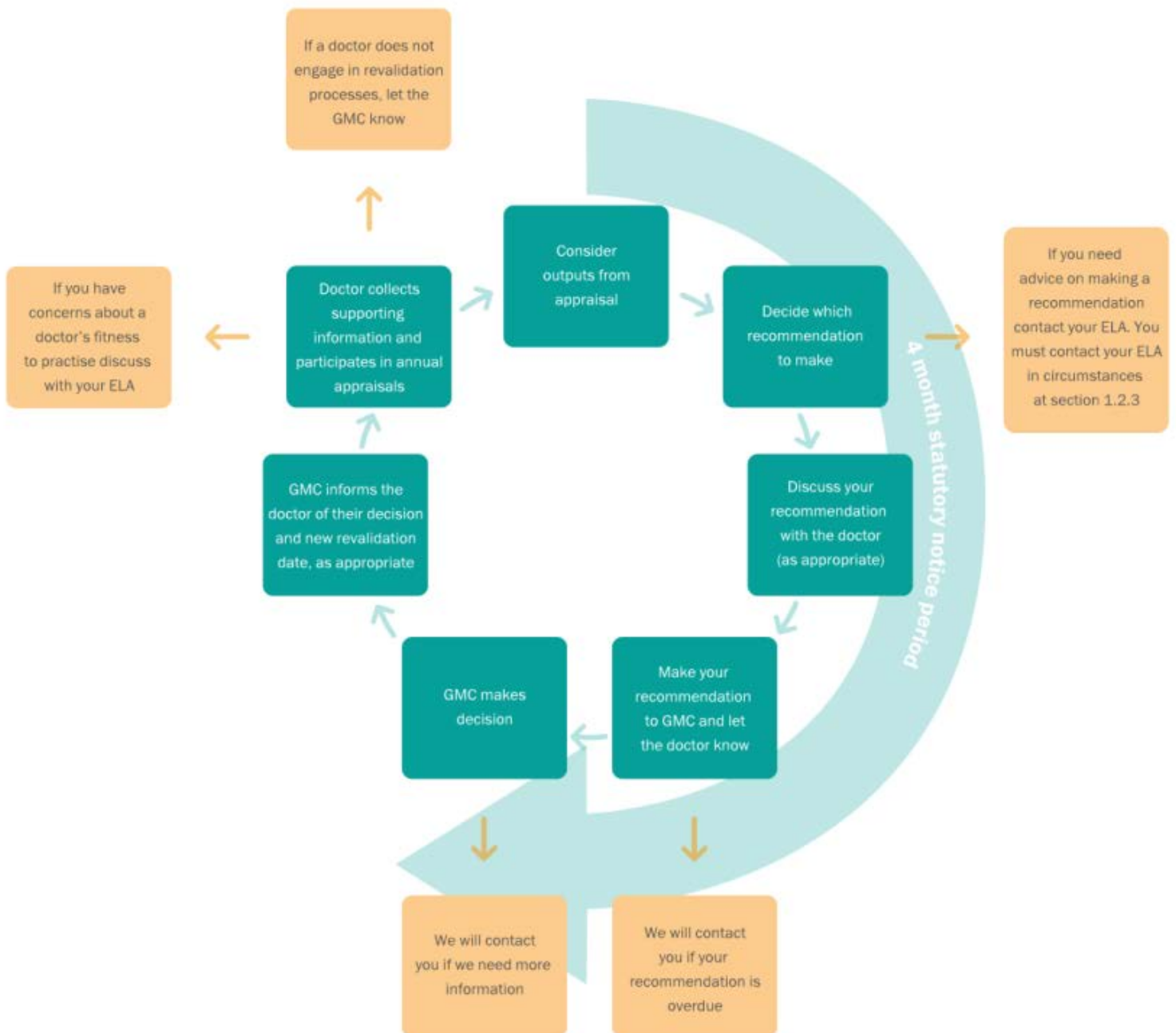
Whilst patient protection should be the key priority, consideration should be given to:

- data protection legislation
- freedom of information legislation
- relevant GMC guidance, including [\*Leadership and management for all doctors\*](#) and [\*Confidentiality\*](#).

The RO Regulations require you to maintain records of fitness to practise evaluations of doctors connected to your DB, including appraisals and any other investigations or assessments. There is no absolute requirement for how long this information should be kept under data protection legislation, but it should be kept only for as long as it remains relevant.

## Section 2: Making a recommendation about a doctor's revalidation

### 2.1 The recommendation process



You will usually make a revalidation recommendation for a doctor once every five years.

Recommendations are key to the revalidation process and based on your legal responsibilities under the RO Regulations. They must be made during the statutory notice period (the four months before the doctor's submission date) and based on:

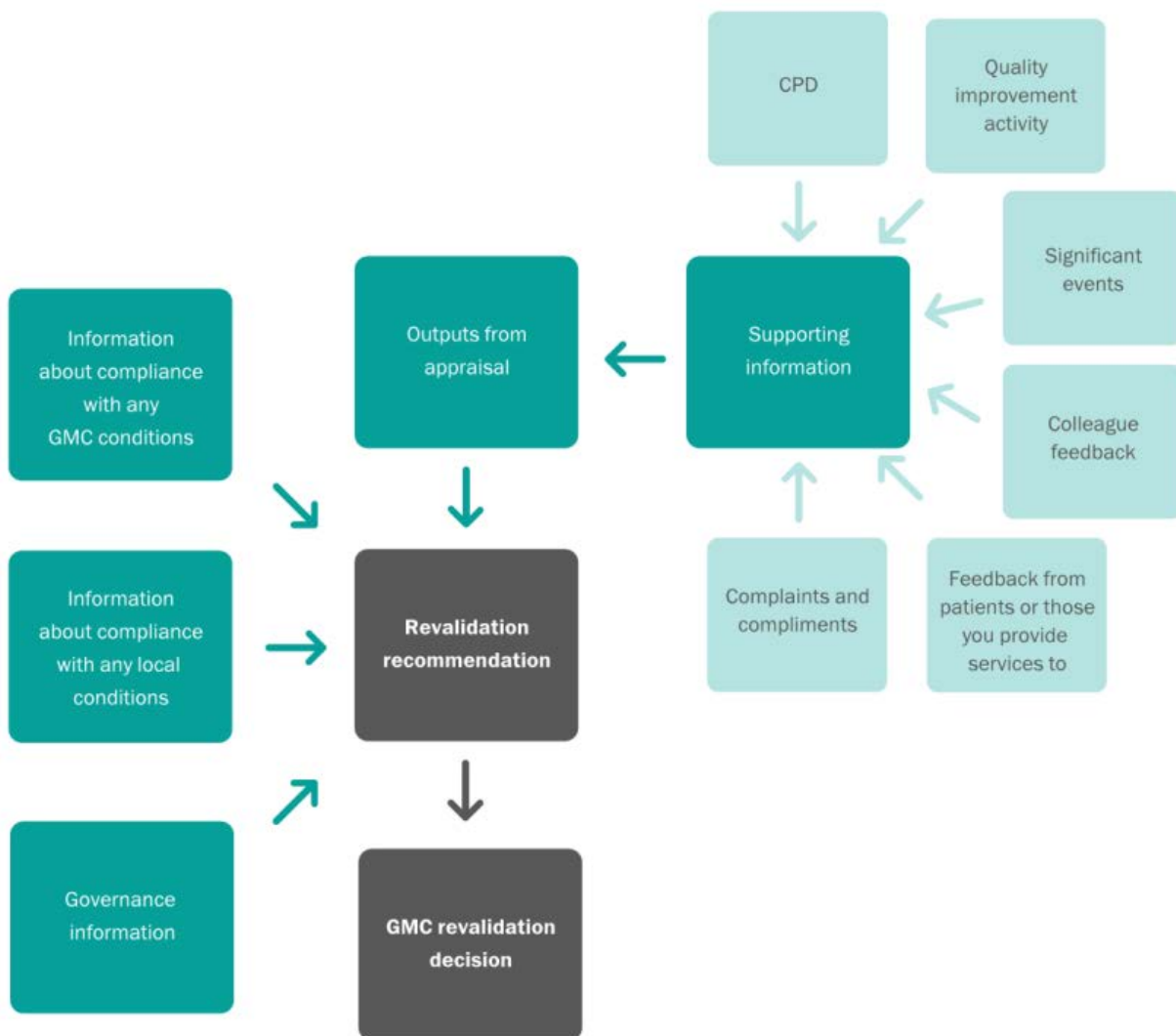
- the individual doctor's compliance with the GMC requirements
- a full understanding of, and agreement with, all criteria outlined in the relevant recommendation statements (see [Section 4](#) for recommendation to revalidate, [Section 5](#) for recommendation to defer and [Section 6](#) for recommendation of non-engagement)
- all information available to you about the doctor's whole practice from appraisal and other local assurance systems
- consistent and fair professional judgement.

If you are unsure which recommendation to make, please speak to the GMC or your ELA.

Following your recommendation, we will make a decision about the doctor's revalidation based on your recommendation and any other relevant information we hold. We will then set the doctor's next revalidation submission date where appropriate.

Information about the revalidation process for doctors in training is in [Section 3](#).

## 2.2 The range of information you should consider



You must use all of the information available to make your recommendation.

This includes:

- outputs from the doctor's annual appraisals, including their reflections on supporting information (if the doctor is in training the assessments and other curriculum requirements of their training programme)
- intelligence from other sources, such as clinical and corporate governance systems from all settings where the doctor works
- information about the doctor's compliance with any GMC conditions or undertakings that have applied to their registration during the current revalidation period

- information about the doctor's compliance with any locally agreed restrictions on their practice.

The information must, as far as possible, cover all aspects of the doctor's practice, in all settings and the entire time period under consideration. You should be assured that a doctor is fit to practise and that there are no unaddressed concerns about them.

If you have insufficient or incomplete information on which to base a recommendation to revalidate, you must decide whether it is appropriate to recommend a deferral, or to recommend that the doctor has not sufficiently engaged in revalidation (see [Section 5](#) and [Section 6](#)).

### *2.2.1 Considering the supporting information collected by the doctor*

#### Considering the whole of a doctor's practice

Doctors must identify their whole scope of practice and declare all places they have worked and all roles they have undertaken since their last appraisal. Their supporting information must cover all aspects of their work, for the entire period under consideration, including any work they've done in:

- clinical (including voluntary work) and non-clinical (including academic) roles
- NHS, independent sector and private work.

A doctor's appraiser can offer them advice on how they can meet the supporting information requirements and signpost appropriate resources. However, it is you who makes the decision as to whether the doctor has met all the requirements.

You should not need to look at every piece of the doctors supporting information, but you must be sure that:

- your recommendation is consistent and fair
- the doctor has met all GMC criteria for your recommendation.

If a doctor's supporting information does not reflect their whole practice, or meet the requirements in our supporting information guidance, you should consider whether it is appropriate to make a recommendation to defer (to allow them to collect any outstanding information), or a recommendation of non-engagement.

## Information from overseas practice or practice that does not require a licence

Revalidation assures patients and the public that doctors remain up to date and fit to practise, in line with the standards of practice required in the UK.

We expect doctors to collect their supporting information from the practice that they undertake in the UK, unless there are exceptional circumstances. For example a doctor in the military who is stationed overseas.

Only in exceptional circumstances would a doctor with supporting information drawn wholly or substantively overseas from practice be able to maintain their UK licence to practise.

If a doctor is working overseas only sporadically, as well as undertaking UK practice, there is no reason why they can't collect and reflect on some evidence from that practice as part of their appraisal.

You can use your judgement to decide whether or not to accept supporting information from practice that does not require a UK licence.

You may wish to consider:

- the relevance of the supporting information to the doctor's licensed UK practice
- what proportion of the doctor's supporting information it represents
- whether it is material to your evaluation of their fitness to practise.

If you decide the supporting information from overseas practice is not relevant, you should discuss with the doctor what alternative information they need to provide.

If a doctor is not undertaking any practice in the UK (or crown dependencies or Gibraltar) they do not need to hold or maintain a UK licence to practise. You should discuss with them whether they need to continue to hold their licence.

If you need further advice, you can discuss this with your ELA.



## 2.2.2 Outputs from appraisal

### The timing of appraisals

For the purposes of revalidation doctors must participate in an annual appraisal based on *Good medical practice*. A doctor's engagement in appraisal and the processes leading to it should be active and ongoing, and demonstrate that the doctor is meeting the criteria to revalidate.

A doctor does not need to have completed five appraisals to revalidate successfully. There may be legitimate reasons for a doctor to miss an appraisal including; breaks in practice, such as for parental leave, working or training overseas, ill-health, or caring responsibilities.

In addition, you may need to make a recommendation about a doctor less than five years since they last revalidated: for example, if the doctor's submission date has been brought forward, or we have given them an earlier date.

### Local appraisal requirements

Your organisation may set other appraisal requirements as part of a doctor's employment – for example, completion of health and safety training. This is a matter for employers and should be dealt with via local processes, such as disciplinary processes. Completion of additional local appraisal requirements should not influence the revalidation recommendation that you make.

If, in exceptional circumstances, you consider that significant failure to meet local requirements will impact on the recommendation you make, you would need to be satisfied (and satisfy us) that failure to meet local requirements means the doctor is not engaging with revalidation and is therefore failing to meet our requirements. You would need to specify which GMC requirements have not been met.

### Appraisal carried out by other organisations

If you make a recommendation based on appraisals carried out by other organisations, you must take reasonable steps to assure yourself that the appraisals are robust and provide you with the information you need.

If you have any concerns about a doctor's appraisal, you should raise your concerns with the RO of the organisation in question as soon as possible.

Appraisals can serve a number of purposes and may include local or organisational requirements. You only need to consider whether the doctor's appraisal meets the requirements for revalidation when making your recommendation.

### *2.2.3 Information from clinical and corporate governance systems*

You must consider information from clinical and corporate governance systems where your doctors work when making your recommendations.

Boards and governing bodies of healthcare providers are responsible for monitoring the effectiveness of organisational systems. The handbook [Effective governance to support medical revalidation](#) includes a checklist to support sound governance.

Revalidation is not a mechanism for resolving local employment or contractual disputes and does not replace mechanisms for dealing with such issues. However, when making your revalidation recommendation, you must consider whether the doctor is subject to an ongoing local process, such as:

- investigations into serious incidents
- disciplinary or other human resources processes
- processes that address a doctor's non-engagement with revalidation
- remediation programmes in which a doctor is participating
- occupational health or return to work programmes.

In such cases you may need to wait for the outcome of that process to be known before you can make a recommendation to revalidate for the doctor. See [Section 5](#) for guidance on recommendations to defer.

### *2.2.4 Information about the doctor's compliance with GMC conditions or undertakings*

Doctors practising with conditions or undertakings must participate in revalidation.

For doctors connected to you, you must make sure that systems are in place to monitor whether:

- they are complying with conditions or undertakings imposed by the GMC
- there are any fresh concerns about their fitness to practise.

Please contact your ELA to discuss any new or ongoing fitness to practise concerns.

If a doctor is complying with conditions or undertakings and you agree with all relevant criteria you should make a recommendation to revalidate (see [Section 4](#)).

### *2.2.5 Information about the doctor's compliance with locally agreed restrictions on their practice*

Organisations may enforce locally agreed conditions or restrictions on a doctor's practice. For example, where a concern about their practice is raised, or where reasonable adjustments need to be made on health grounds. Organisations may agree local conditions whether or not GMC conditions or undertakings are in place.

For the purpose of making revalidation recommendations, locally agreed conditions do not refer to other contractual or employment arrangements between an organisation and a doctor.

Doctors with locally agreed conditions or limitations must participate in revalidation.

If a doctor is complying with any locally agreed conditions and meeting the GMC's other criteria, you should be able to make a recommendation to revalidate.

If a doctor is not complying with locally agreed conditions on their practice, you should:

- report the doctor's failure to comply to the local organisation(s) in question
- consult the GMC's recommendation criteria in this guidance to decide whether it is appropriate to make a recommendation to defer or a recommendation of non-engagement
- contact your ELA for advice about whether the doctor's failure to comply with locally agreed conditions meets [the threshold for a fitness to practise referral to the GMC](#).

## **2.3 GMC fitness to practise proceedings**

### *2.3.1 Doctors who are the subject of an open fitness to practise investigation*

If a licensed doctor is the subject of an open GMC fitness to practise investigation when they are due to revalidate:

- they must continue to engage with revalidation, for example, by collecting supporting information and having appraisals, as far as is possible
- we will not issue notice or accept recommendations about their revalidation.

If a doctor becomes subject to a fitness to practise investigation after you have submitted your recommendation to us, but before we have made our decision, we will contact you.

If the doctor remains licensed at the conclusion of an investigation, and their revalidation date has passed during the investigation, we may write to you and the doctor advising of their new submission date. You can contact [our revalidation team](#) if you need to change this date.

## 2.4 If you make an incorrect recommendation

It is important that the recommendations you make are accurate and reliable.

However, it is possible that your recommendation may be incorrect due to:

- administrative errors
- new information coming to light after the recommendation was made.

The GMC does not have the power to correct or withdraw a decision following receiving an incorrect recommendation. However, we can bring forward the doctor's next submission date to allow you to make a new recommendation.

If an incorrect submission is made you **must**:

- contact [our revalidation team](#) as soon as possible to discuss next steps
- inform the doctor of the error
- review your systems and processes to mitigate the risk of this happening again.

## 2.5 Changing a doctor's submission date

You can ask the GMC to change a doctor's submission date, but this must be agreed by us before the doctor's submission date.

- If a doctor under notice needs more time to meet the revalidation requirements, and there are reasonable circumstances to account for this, you can make a recommendation to defer their submission date (see [Section 5](#)).
- In exceptional cases we may change a doctor's submission date to a later date when they are not under notice.

- If a doctor is failing to engage with revalidation you can ask us to bring forward their submission date at any time, to allow you to make a recommendation of non-engagement (see [Section 6](#)).
- If the doctor's submission date is within the next 12 months you can ask us to bring it forward for other reasons. For example, the doctor is leaving your organisation before their formal notice and you are able to revalidate them.

We will consider requests to move submission dates on a case by case basis.

## **2.6 Concerns about the reliability of recommendations**

If we are concerned about the reliability of your recommendations, we will use [our guidance on managing and responding to information about revalidation](#) to decide how to respond.

## Section 3: Recommendations for doctors in training

### 3.1 The revalidation process for doctors in training

The revalidation requirements are the same for doctors in training as they are for all licensed doctors, but doctors in training meet these requirements through engaging with their training programme and completing their Annual Review of Competence Progression (ARCP).

It is the individual responsibility of all licensed doctors to engage with revalidation by collecting and reflecting on information from the whole of their practice.

For doctors in training this is fulfilled through:

- participation in the assessments and curriculum requirements of their training programme and the collection of supporting information reflecting this
- reflecting on these requirements through assessments and regular meetings with their educational supervisor (including discussing any practice they undertake outside of their training programme)
- the existing ARCP processes or equivalent, which play the equivalent role of appraisal for doctors not in training.

#### *3.1.1 The range of information you should consider when revalidating doctors in training*

The recommendation to revalidate statements recognise that doctors in training are not expected to participate in additional whole practice appraisals or to collect supporting information that is not already a requirement of their training programme or curriculum.

Doctors in training are very likely to work in more than one organisation as part of their training programme. They might also undertake additional practice outside of their training programme, and must declare all additional practice, including locum work, as part of the supporting documentation for their ARCP.

Doctors in training must share any relevant information<sup>†</sup> from their whole practice with you (or with their educational supervisor on your behalf). This includes both from training posts and any additional practice outside their training programme. This should be reflected in the doctor's portfolio and reviewed at the ARCP.

When making your recommendation you should consider a doctor in training's fitness to practise across their whole practice using:

- outputs from the ARCP panel (ARCP panels may take account of additional clinical governance information and advise you on issues material to the revalidation recommendation)
- all relevant clinical governance information from the local education providers where the doctor undertakes their training placements
- any information available to you from outside formal assessments and curriculum requirements of training programmes, including any additional information you need from local education and training providers
- any clinical governance information available to you from any other place where the doctor has worked outside of their training programme (including appraisal outputs, if relevant).

A doctor's revalidation does not depend on successful progression in their training programme. Therefore, an adverse training outcome does not mean that you cannot make a recommendation to revalidate, provided they remain fit to practise within their scope of practice.

### **3.2 Timing of recommendations for doctors in training**

When you make a revalidation recommendation for a doctor in training depends on the length of their training programme:

- if it is less than five years this will be at the point of eligibility for their Certificate of Completion of Training (CCT).
- if it is more than five years, this will be both five years after they gain full registration with a licence, and at the point of eligibility for CCT.

<sup>†</sup> Including any fitness to practise concerns, complaints about them, or significant events they have been involved in.

The length of time between your first and second recommendation is determined by the length of their training programme. For example, if their training programme is eight years you will need to make a recommendation at year five and at year eight, with a three year gap in-between.

If a doctor is going to get their CCT before their revalidation date is due, and they are not yet under notice, you can ask us to bring forward their revalidation date via your GMC Connect account, to make your recommendation earlier.



## Section 4: Recommendations to revalidate

### 4.1 Making a recommendation to revalidate

A recommendation to revalidate is a formal declaration from you that a licensed doctor remains up to date and fit to practise.

#### *Criteria for recommendations to revalidate*

To make a recommendation to revalidate you must agree that the following criteria have been met:

- the doctor is engaging in clinical governance systems including participating in annual appraisal with *Good medical practice* as its focus
- the doctor has collected and reflected on supporting information drawn from across the whole of their practice as outlined in the [Supporting information for appraisal and revalidation](#) guidance

Or to make a recommendation to revalidate for a doctor in a postgraduate training programme, you must agree that the following two criteria have been met:

- the doctor has participated in the assessments and curriculum requirements of their training programme, reflecting the values and principles set out in *Good medical practice*
- the doctor has undertaken and discussed the assessments and curriculum requirements of their training programme, through the ARCP processes or equivalent.

For all licensed doctors you must also agree the following criteria have been met:

- you have considered relevant information from local clinical and corporate governance systems
- the doctor is complying with any locally or GMC agreed conditions or undertakings
- you do not require more time to consider the outputs of an ongoing or recently concluded local process
- based on the information available to you, there are no ongoing or outstanding concerns about the doctor's fitness to practise.

## 4.2 Recommendation: revalidate statements

### **Made pursuant to The Medical Profession (Responsible Officer) Regulations and The General Medical Council (Licence to Practise and Revalidation) Regulations**

I am the appointed or nominated responsible officer, or recognised suitable person, for each medical practitioner named below.

I have read the [criteria for recommendations to revalidate](#).

In determining my revalidation recommendation to the General Medical Council for the medical practitioners named below, it is my judgement that each has:

- participated in annual appraisal that considers the whole of their practice and reflects the requirements of the GMC's *GMP Framework for appraisal and revalidation*, or where the doctor is a trainee, participated in the assessments and curriculum requirements of their training programme; and
- presented and discussed appropriate supporting information at annual appraisals in accordance with the requirements of the GMC's [Supporting information for appraisal and revalidation](#), or where the doctor is a trainee, undertaken and discussed the assessments and curriculum requirements of their training programme.

Based on the outcomes of such appraisal or assessment, and any other information available to me from relevant clinical and corporate governance systems, I am satisfied that:

- where relevant, each of the named medical practitioners is practising in compliance with any conditions imposed by, or undertakings agreed with, the GMC
- where relevant, each of the named medical practitioners is practising in compliance with any conditions agreed locally
- there are no unaddressed concerns identified by the above systems and processes about the fitness to practise of any of the named medical practitioners.

**In accordance with my statutory duty to make recommendations about the fitness to practise of licensed doctors, I recommend that each of the named medical practitioners is fit to practise and consequently their licence to practise should be continued.**

## Section 5: Recommendations to defer

### 5.1 What is a recommendation to defer?

A recommendation to defer is a request for more time to make your revalidation recommendation.

#### *Criteria for a deferral*

To make a deferral recommendation you must be satisfied that the following criteria apply:

- the doctor is engaging, and will continue to engage with, the local processes that underpin revalidation
- an informed recommendation is not possible on the basis of the information currently available to you, when compared to the requirements of the [Supporting information for appraisal and revalidation](#) guidance
- there is a legitimate reason why the doctor needs additional time to provide the outstanding information or outcome
- you have identified the additional information or outcomes that you need in order to make an informed recommendation, and you have identified where and when this information will be obtained
- you are confident that the recommended period of deferral will allow you to consider the outstanding information and make a revalidation recommendation for the doctor.

Recommendations to defer can be made when a doctor is engaged in the systems and processes that support revalidation but:

- there is incomplete information on which to base a recommendation to revalidate
- they are participating in an ongoing local governance process, the outcome of which is material to your evaluation of the doctor's fitness to practise and your ability to make an informed recommendation.

Examples of reasonable circumstances that could account for a doctor having incomplete supporting information and needing more time to meet the requirements might include:

- parental leave
- sickness absence
- sabbatical or breaks in practice
- a doctor recently gained a connection to you, and is waiting for their supporting information to be transferred from their previous RO.

This list is not exhaustive. You must exercise your judgement in determining whether a doctor has engaged in the processes that support revalidation, and whether it's appropriate to recommend a deferral.

A recommendation to defer is **not**:

- A way to raise concerns about a doctor's fitness to practise with us: concerns must be raised through existing processes as soon as they arise.
- A way to request delaying your recommendation while a doctor is subject to a GMC fitness to practise investigation (in these cases we will postpone a doctor's revalidation pending the outcome of the investigation).

## 5.2 Making a recommendation to defer

You must exercise your judgement in determining whether a doctor has engaged in the local processes that support revalidation, and whether it is appropriate to make a recommendation to defer. You can seek advice from your ELA at any point before you submit your recommendation.

You must discuss the reasons for your deferral recommendation with the doctor and agree an action plan for how the doctor will meet the outstanding requirements by their new submission date.

Keep a record of any plans agreed with the doctor and monitor progress against it during the period of the deferral. Where you are unable to agree an action plan with the doctor because, for example, the doctor is absent from work, you should inform the doctor of the deferral recommendation and what they need to do by their next submission date.

To submit a recommendation to defer you must:

- confirm that all criteria for a recommendation to defer apply

- select the appropriate reason for your recommendation from the drop down menu in GMC Connect
- specify the period of time for which you wish to defer the doctor's submission date.

We may ask you for further information about your recommendation before making our decision. For example, if you have previously recommended a deferral of the doctor's submission date.

If we make a decision to defer the doctor's submission date, we will notify the doctor and tell them their new date. You will be able to see this date on GMC Connect.

### **5.3 Subsequent deferrals**

We do not expect you to submit a further recommendation to defer for a doctor unless there are exceptional circumstances.

Where a doctor's date has been deferred and they fail to provide the outstanding information in the timeframe you agreed, this is usually considered non-engagement. We only expect to receive another recommendation to defer if there were clear reasons why the doctor needed additional time.

You must agree with the doctor by when this outstanding information will be provided. If a date cannot be agreed it may be appropriate for the doctor to consider giving up their licence, or risk having it withdrawn for non-engagement.

If you think you might need to make a further recommendation to defer, you must discuss this with your ELA as soon as you become aware of it.

You can view any previous recommendations to defer the doctor in [GMC Connect](#).

#### 5.4 Recommendation: defer statements

##### **Made pursuant to The Medical Profession (Responsible Officer) Regulations and The General Medical Council (Licence to Practise and Revalidation) Regulations**

I am the appointed or nominated responsible officer, or recognised suitable person, for the medical practitioner to whom this deferral recommendation applies.

I have read the [criteria for a deferral](#) and I am satisfied that:

- the medical practitioner has engaged with the systems and processes that support revalidation
- there are no unaddressed concerns about the fitness to practise of the medical practitioner to whom this deferral request applies.

Where there is insufficient evidence to support a recommendation about the medical practitioner's fitness to practise:

- I have identified the outstanding evidence required for me to make an informed decision about the medical practitioner's fitness to practise
- I anticipate being able to make an informed recommendation about the medical practitioner's fitness to practise once the outstanding evidence has been collected.

Where the medical practitioner is participating in an ongoing process:

- I will consider the outcome of this process when making a recommendation about their fitness to practise.
- I anticipate being able to make an informed recommendation about the medical practitioner's fitness to practise once the process is concluded.

Please enter your requested submission date in dd/mm/yyyy format.

Your date must fall within 12 months.

Please select the option which best describes the reason for your deferral request:

- The doctor is subject to an on-going process
- Insufficient evidence for a recommendation to revalidate.

## Section 6: Recommendations of non-engagement

### 6.1 Making a recommendation of non-engagement

All licensed doctors must 'take reasonable steps' to arrange a recommendation about their revalidation.<sup>§</sup> If a doctor fails to engage with revalidation in line with our guidance, without reasonable excuse, we may withdraw their licence to practise.<sup>\*\*</sup>

If a doctor is not engaging with revalidation you must inform us, even if the doctor is not in their notice period. However, making a recommendation of non-engagement must only be used after all reasonable local processes have been exhausted in attempts to get the doctor to sufficiently engage.

#### *Criteria for non-engagement*

Non-engagement in revalidation is where all of the following criteria have been met:

- the doctor has been given sufficient opportunity and support to engage in appraisal or other activities designed to support a revalidation recommendation, but has failed to do so, or the level of engagement is insufficient to support a recommendation to revalidate
- you do not have, and do not anticipate having, sufficient information on which to base a recommendation about the doctor's revalidation
- you have assured yourself that the doctor does not meet the criteria for a recommendation to defer their submission date (see [Section 5](#)) and there are no reasonable grounds that account for the doctor's failure to sufficiently engage with revalidation and meet all the requirements
- all reasonable local processes have been exhausted in attempts to rectify the doctor's failure to engage
- where applicable, you have notified us of any unaddressed concerns about the fitness to practise of the doctor
- where applicable, you have discussed any public interest concerns raised by the doctor with your employer liaison adviser

<sup>§</sup> The GMC (Licence to Practise and Revalidation) Regulations, Regulation 6(5).

<sup>\*\*</sup> The GMC (Licence to Practise and Revalidation) Regulations, Regulation 4(3)(a).

- as a consequence of their non-engagement, you cannot envisage being able to make a recommendation by the doctor's submission date.

A non-engagement recommendation must not be used as a way of raising concerns about a doctor's fitness to practise. You must refer fitness to practise concerns that meet our threshold through our existing processes, as soon as those concerns arise.

## **6.2 Making a formal recommendation of non-engagement**

During a doctor's notice period (usually four months before their submission date), we would normally expect you tell us about a doctor's non-engagement by making a formal recommendation of non-engagement. A recommendation of non-engagement is you telling us that a doctor has not engaged in the systems and processes that support the revalidation process, or the level of engagement is insufficient to support a recommendation to revalidate.

Before making your recommendation of non-engagement, you must consider whether the doctor could meet the requirements by their submission date. If so you should contact us to discuss. It might not be appropriate to make the recommendation early in the doctor's notice period. However, your recommendation of non-engagement must reach us by the doctor's submission date.

If you are considering a recommendation of non-engagement, you must discuss this with your ELA or our revalidation team. In addition to making a recommendation of non-engagement, you should consider whether you have other governance levers, including disciplinary processes, when managing concerns about a failure to engage.

## **6.3 Informing us of non-engagement before notice is issued**

You must inform us if a doctor is not participating in the local processes that underpin revalidation outside the doctor's four month notice period. We will write to the doctor to remind them that they must participate in these processes to maintain their licence to practise.

If the doctor continues to fail to sufficiently engage with revalidation, and all local processes have been exhausted, you can ask us to bring forward their submission date and issue the doctor with notice. You can then make a formal recommendation of non-engagement.

If the doctor begins to engage with revalidation before you make your recommendation of non-engagement, you must decide whether it's now appropriate to make a recommendation to defer or a recommendation to revalidate, depending on the information available to you.



Contact your ELA if you need advice about this process.

#### **6.4 How do we respond to recommendations of non-engagement?**

A recommendation of non-engagement begins a regulatory process that can result in a doctor's licence to practise being withdrawn.

- We tell the doctor their licence is at risk for failing to meet the requirements of revalidation and that they have 28 days to tell us why we should not remove their licence. We may share any response from them with you and ask you for further information, before we make our decision.
- In a small number of cases, where we become aware that a doctor has raised public interest concerns we may ask you to provide additional information as part of our standard procedure. We may ask you to demonstrate that the recommendation you made to us is fair, and that the public interest concerns raised by the doctor have not had a bearing on the recommendation that has been submitted. This is to safeguard against your role as an RO, or our role as a regulator, being used inappropriately in response to a doctor raising concerns. See [Annex B](#) for further information.
- If we subsequently decide to remove the doctor's licence, we will give them notice and explain their right to appeal within 28 days of the notice. We'll also tell you the date we will be removing the doctor's licence, if they do not appeal. If the doctor does not appeal, we'll email you again on the day we remove their licence.
- If the doctor appeals, we will not remove their licence until the outcome of the appeal is known. Appeals are handled by an independent GMC team and can be lengthy. During this time, you must continue with any local processes.
- The doctor remains connected to you during the appeals process unless the connection breaks for another reason. The doctor's name will continue to appear in your list of 'Submitted Recommendations' on GMC Connect, and in your 'All Doctors list'. While the doctor remains connected to you they must have access to appraisal systems and supporting information.
- You may be asked to provide a witness statement or to attend a hearing as a witness.
- If the doctor's appeal is unsuccessful, we will remove their licence and let you know.

If the appeal is successful, the doctor will keep their licence and get a new revalidation submission date. We will inform you both of the new date.

- If you need further advice or information during this process you should contact your ELA.

## 6.5 Recommendation: non-engagement statements

### Made pursuant to The Medical Profession (Responsible Officer) Regulations and The General Medical Council (Licence to Practise and Revalidation) Regulations

I am the appointed or nominated responsible officer, or recognised suitable person, for the medical practitioner to whom this recommendation of non-engagement applies.

I have read the [criteria for non-engagement](#) and I confirm that:

- The medical practitioner has not engaged in appraisal or other activities required to support a recommendation to revalidate, or the level of engagement is insufficient to support a recommendation to revalidate.
- I do not have and do not anticipate having sufficient information on which to base a recommendation about the medical practitioner's fitness to practise. I have assured myself that the named medical practitioner does not meet the [criteria for a deferral of a recommendation](#) about their fitness to practise.
- The medical practitioner has been provided with sufficient opportunity and support to engage with revalidation, but has failed to do so. Based on the information available to me, there are no extenuating circumstances which account for their failure to engage.
- All reasonable local processes have been exhausted in attempts to rectify the medical practitioner's failure to engage in revalidation.
- Where applicable I have notified the GMC of any outstanding concerns about the fitness to practise of the named medical practitioner. I have notified the GMC in accordance with GMC guidance on raising concerns about doctors.
- Where applicable, to the best of my knowledge I have discussed any public interest concerns raised by the doctor with my employer liaison adviser and can confirm that these have had no bearing on the recommendation being submitted.

**Consequently I cannot recommend that the named medical practitioner is fit to practise.**

## Section 7: Help and advice

Please contact us if you have a query about carrying out your role as an RO in relation to revalidation.

Your ELA can provide advice about thresholds and procedures relating to revalidation. Their advice should form part of your overall considerations, but you are responsible for making the final decision.

Please contact your ELA if you're not sure which recommendation to make or if you are considering making a recommendation of non-engagement.

### General queries about the RO role

If your query relates to the other aspects of the RO role, or the RO Regulations, you should consider contacting:

- your own RO, as a first port of call
- NHS England (for ROs in England)
- the Department of Health (England) (for the regulations applying in England, Scotland and Wales)
- the Department of Health (Northern Ireland) (for the regulations applying in Northern Ireland).

### Information on our website

Along with this protocol, there is other [guidance about revalidation on our website](#).

### GMC fitness to practise processes

If you have a query about the thresholds for referring concerns about a doctor's fitness to practise to us, you can discuss these with your ELA. You may also wish to consult our [guidance on raising concerns about doctors](#).

### Systems and processes that support revalidation

We are not responsible for developing local systems and processes that support revalidation. Systems such as appraisal and clinical and corporate governance remain a local and organisational responsibility.

## Employment and remediation issues

If you have a query about remediation or employment issues that could affect a doctor's revalidation, contact the organisation responsible for the doctor's remediation or employment arrangements, where it is an organisation other than your own. You do not need to involve us unless the issue is not resolved and will impact on your ability to make a revalidation recommendation, when it is due.

## Approved practice settings

The Approved practice settings (APS) scheme requires all UK and international medical graduates, and those restoring to the register after a significant break, to work with appropriate supervision and appraisal arrangements (or assessments).

Doctors granted or restored to full registration in APS may only practice in the UK when they have a prescribed connection, until they revalidate for the first time. Our decision to revalidate a doctor is the trigger for lifting the APS requirement from a doctor's registration.

ROs do not have to take additional steps in relation to APS. Individual doctors are responsible for making sure that they meet our requirements for APS.

More [information about APS and our requirements is available on our website](#).

### *2.9.4 Specialty specific advice*

If you have a query about specialty specific information a doctor collects for revalidation, or about any aspect of their specialty work you may wish to consult organisations that can advise you on specialty specific issues.

Sources of information and advice include:

- the Academy of Medical Royal Colleges (who have produced specialty guidance)
- individual medical royal colleges and faculties
- specialty associations.

## Annex A: The legislation that supports revalidation

### The Medical Act 1983

The Act is the primary UK legislation that provides the legal basis for everything that the GMC does.

The Act gives the GMC specific powers and functions. Section 29A, part 5 states that “revalidation” means ‘the evaluation of a medical practitioner’s fitness to practise’.

Doctors’ fitness to practise is the focus of both revalidation and the GMC’s fitness to practise processes. Nevertheless they are separate processes with different aims:

- revalidation is the process through which a doctor’s fitness to practise is positively affirmed
- the GMC’s fitness to practise procedures, as described in Section 29 of the Medical Act, focus on dealing with concerns that are raised about a doctor’s fitness to practise.

Under the Act the GMC is able to make additional regulations that govern the way that the GMC works. These include the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*.

### The General Medical Council (Licence to Practise and Revalidation) Regulations 2012 (as amended)

The *General Medical Council (Licence to Practise and Revalidation) Regulations 2012* (as amended) were made by the GMC and agreed by the Department of Health and Privy Council. They include:

- the GMC’s powers to grant, withdraw, restore, or refuse to restore licences in a range of different circumstances
- additional powers that the GMC needs in order to maintain, withdraw, restore, or refuse to restore licences in the context of revalidation.

### The Medical Profession (Responsible Officers) Regulations 2013 (as amended)

The RO role was introduced in the UK by the *Medical Profession (Responsible Officers) Regulations 2010* and the *Medical Profession (Responsible Officers) (Northern Ireland) Regulations 2010*.

The RO Regulations that apply to England, Scotland and Wales were made by the Department of Health (England). The RO Regulations (Northern Ireland) were made by the Department of Health, Social Services and Public Safety.

### What the regulations describe

The RO regulations and accompanying guidance:

- create a statutory role in UK healthcare
- create relationships that overlay and transcend the existing structures and reporting arrangements within healthcare organisations
- describe the duties of ROs
- clarify who is eligible to undertake the RO role
- require you to make recommendations to the GMC 'about medical practitioners' fitness to practise.

You can only make recommendations about those doctors who have a prescribed connection to your designated body, as described by the RO regulations. If you are a suitable person, you can only make recommendations about doctors linked to you.

A set of amendments to the regulations, principally reflecting changes to the structure of the NHS in England in 2012 and adding new designated bodies, was published as the *Medical Profession (Responsible Officers) (Amendment) Regulations 2013*.

## Annex B: What do we mean by public interest concerns?

The term public interest concern is used to refer to instances where a doctor has raised concerns in the public interest, usually relating to patient safety, rather than for personal reasons (this is also sometimes referred to as 'whistleblowing'). This type of concern is distinct from a grievance or private complaint, for example a dispute about the employee's own employment position that has no public interest element.

Doctors have a duty to act when they believe patients' safety is at risk, or that patients' care or dignity are being compromised by the practice of colleagues or the systems, policies and procedures of the organisation in which they work. Our guidance for doctors [Raising and acting on concerns about patient safety \(2012\)](#) sets out our expectation that all doctors will, whatever their role, take appropriate action to raise and act on concerns about patient care, dignity and safety.

Further information about public interest concerns, including the relevant legislation that confers protection on workers who raise concerns, may be found on the website of the whistleblowing charity [Protect](#).

### Frequently asked questions

*1. Why should I contact my GMC Employer Liaison Adviser before submitting a recommendation for a doctor who has raised public interest concerns?*

Sir Anthony Hooper's report into the experience of whistleblowing doctors highlighted the potential for revalidation systems and processes to be used in a punitive or retaliatory fashion against doctors who have raised public interest concerns. As a safeguard against your role as an RO, or our role as a regulator, being used inappropriately in response to a doctor raising concerns, we require you to discuss any cases where you are aware that public interest concerns have been raised by the doctor, and you do not plan to submit a recommendation to revalidate the doctor.

Discussing such cases with your Employer Liaison Adviser (ELA) provides an opportunity to share information and gain advice and support on issues relating to GMC requirements for revalidation. It will also help to demonstrate that you have taken steps to be open and transparent should any issues later arise. You can discuss this issue with your ELA at any time and don't need to wait until you are due to submit a recommendation for the doctor.

You may also find it helpful to discuss public interest concern cases with your ELA where you plan to submit a recommendation to revalidate. This will help build up a



picture across the board of how doctors who have raised public interest concerns are participating in revalidation.

*2. What if I am unaware that a doctor has raised a public interest concern?*

*Of course, you can only discuss cases that you are aware of - and in many instances, we understand that concerns raised by a doctor, which are dealt with entirely separately from their revalidation, will not be brought to the attention of their RO. We don't expect you to create any extra systems for obtaining this information. However, if we become aware that a doctor has raised public interest concerns via another avenue (for example, they tell us as part of their written representations in response to a recommendation of non-engagement) we may ask you for further information to help inform our decision.*

*3. What information will you ask for and how will this be used?*

In a small number of cases we may ask for information that can help us to establish the context of the PIC and whether this has any relationship to the circumstances giving rise to the doctor's revalidation recommendation.

*4. What happens if new information comes to light after the recommendation has been made? For example, if I become aware that the doctor has raised concerns, but I wasn't aware of this when I made the recommendation?*

You should contact the Revalidation team or your ELA to discuss any new information.

Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

Website: [www.gmc-uk.org](http://www.gmc-uk.org)



Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

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**General  
Medical  
Council**