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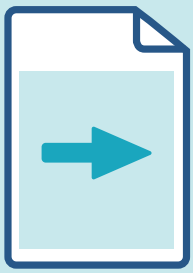

Guidance for doctors: requirements for revalidation and maintaining your licence

Working with doctors Working for patients

General Medical Council

Guidance for doctors: requirements for revalidation and maintaining your licence

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The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

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A summary of this guidance

Revalidation is an evaluation of your fitness to practise.* For the vast majority of doctors, revalidation is based on:

- annual whole practice appraisals
- information from systems of clinical governance
- a five yearly revalidation recommendation.

This guidance outlines your responsibilities in relation to revalidation. These include the need to:

- sufficiently engage with the revalidation process, to demonstrate that you practise in line with the principles and values set out in *Good medical practice*.
- identify your designated body and responsible officer, or suitable person. Or tell us if you don't have one.
- collect suitable information from the whole of your practice in line with our supporting information guidance.
- have an annual appraisal (or engage fully with your training programme if you are a doctor in training) which covers your whole scope of practice.
- reflect on, and discuss with your appraiser, the supporting information you have collected.
- if you do not have a responsible officer or suitable person, send us an annual return with the required supporting evidence and meet the required standard in a revalidation assessment.
- send us any information we ask for about your revalidation.

* Section 29A(5) of the *Medical Act 1983 (as amended)*.

Who is this guidance for

This guidance sets out the requirements for revalidation. It applies to all doctors who hold registration with a licence to practise in the UK (the crown dependencies and Gibraltar).*

It should be read alongside our other key revalidation guidance for doctors:

- *Good medical practice framework for appraisal and revalidation*
- *Supporting information for appraisal and revalidation*

Responsible officers and suitable persons should also be familiar with the content when making revalidation recommendations. However, this guidance does not cover the responsibilities of responsible officers. These are outlined in guidance on the responsible officer role, published by the Department of Health (England) for England, Scotland and Wales, and the Department of Health (Northern Ireland) for Northern Ireland.†

Responsible officers and suitable persons also need to refer to *The GMC protocol for making revalidation recommendations: Guidance for Responsible Officers and Suitable Persons.*

Why you need to read this guidance

This guidance lays out your legal obligations in relation to revalidation (this guidance is published under section 29G of the *Medical Act 1983 (as amended)* and the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*, as amended in 2014 and 2015).

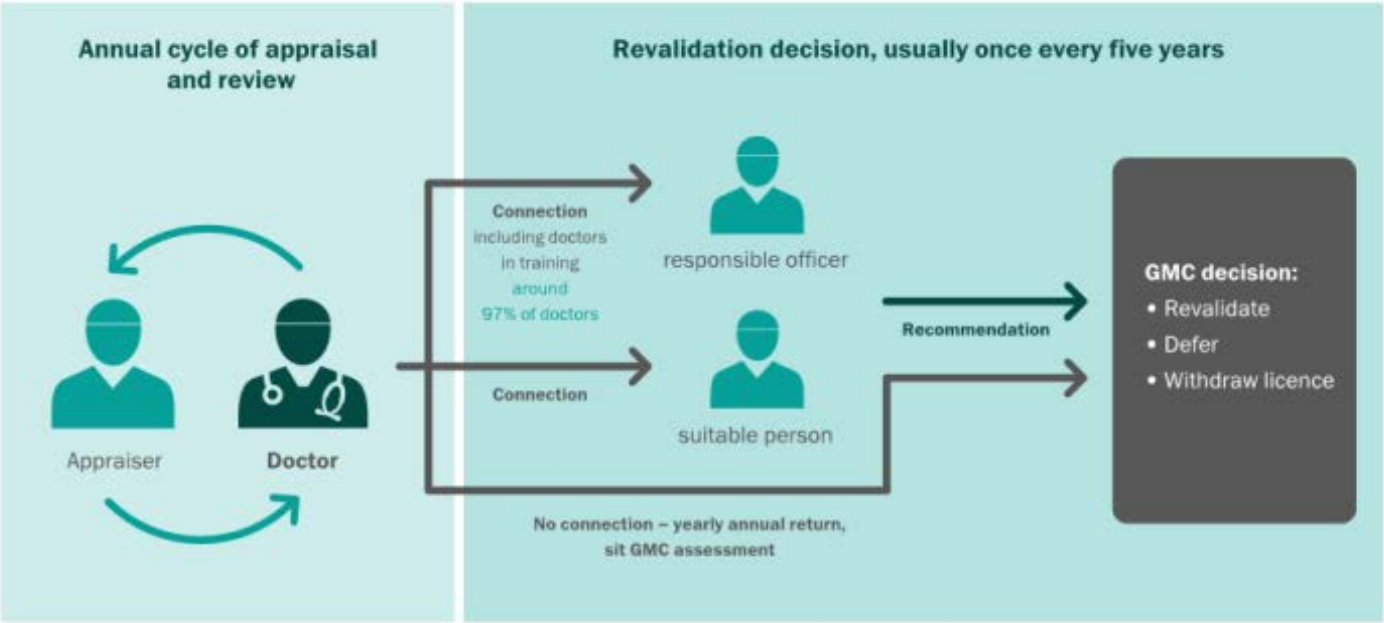
If you don't comply with this guidance, without reasonable excuse, we may withdraw your licence to practise.

* Apart from those registered under sections 18 (visiting medical practitioners from relevant European states), 18A (temporary registration with regard to emergencies) or 27A (temporary registration for visiting eminent specialists) – regulation 6(1).

† *The Medical Profession (Responsible Officers) Regulations 2010 regulation 15(b)* (as amended by *Medical Profession (Responsible Officers) (Amendment) Regulations 2013)* and *The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 regulation 13(b).*

Section 1: What is revalidation?

This section provides an overview of revalidation, registration and the licence to practise.



Doctor	Responsible for their own revalidation, including demonstrating that they are sufficiently reflecting on information from their practice, learning and making improvements.
Appraiser	Responsible for facilitating a whole practice appraisal with the doctor.
Responsible officer (RO)	Usually a senior doctor within a healthcare organisation – often the medical director. The role is set out in statute and includes making sure systems are in place to evaluate doctors' practice on an ongoing basis. This includes making sure their doctors are regularly appraised and that there are processes to investigate and refer any fitness to practise concerns to the GMC. They make recommendations to the GMC about each doctor's revalidation. They usually sit on the executive board of the organisation.
Designated body	For most doctors the organisation in which they undertake most or all of their practice. They range from large NHS trusts, private hospitals and membership organisations, to smaller independent healthcare providers. They must appoint and resource an RO.
GMC	The professional regulator of doctors, which is responsible for setting the national framework for revalidation and for making revalidation decisions about individual doctors.
Suitable person (SP)	A licensed doctor approved by the GMC as suitable to make a recommendation to the GMC about the revalidation of a doctor who does not have an RO.
Annual return	Allows doctors without a connection to provide us with evidence of their engagement with revalidation and their fitness to practise.
Revalidation assessment	Allows doctors without a connection to show they meet the required standard for a revalidation, in the absence of formal clinical governance arrangements.

1.1 What is revalidation?

Revalidation is an evaluation of your fitness to practise.*

This process:

- supports doctors in regularly reflecting on how they can develop or improve their practice
- gives patients confidence that doctors are up to date with their practice
- promotes improved quality of care by driving improvements in clinical governance.

Every doctor who holds a licence to practise in the UK must revalidate to show they are up to date and fit to practise:†

- Most doctors have a connection and revalidate through a process of annual appraisals based on *Good medical practice* and a five yearly recommendation from their responsible officer or suitable person. The recommendation is based on the outputs from their appraisals and clinical governance information. We make a revalidation decision based on this recommendation and other information available to us.
- Doctors without a connection to a responsible officer or suitable person revalidate through a process of annual appraisals based on *Good medical practice*, annual returns submitted to us and a five-yearly assessment. We make a revalidation decision based on the outcomes of these activities.
- Doctors in training revalidate by engaging in the requirements of their UK training programme. We make a revalidation decision based on a recommendation from the responsible officer of their training body.

If you fail to comply with the requirements of revalidation and to engage with the local processes that underpin it, including appraisal, this will put your licence to practise at risk. More information about how we decide whether you can continue to hold a licence is in section 6.

Revalidation is not a way to raise or address concerns about a doctor's practice. Concerns should be raised when they arise, through relevant local governance processes and not through appraisal. Where concerns are serious they should be referred to us through our existing fitness to practise processes.

* Section 29A(5) of the *Medical Act 1983 (as amended)*.

† Except for doctors registered under sections 18, 18A, or 27A of the *Medical Act* - Regulation 6(2).

All doctors have a duty to report serious concerns about the practice of another doctor, in line with:

- *Good medical practice*
- *Raising and acting on concerns about patient safety* (2012)
- their own workplace policy.

1.2 Revalidation, GMC registration and the licence to practise

Doctors who practise medicine in the UK must:

- be registered, and
- hold a licence to practise (licence) granted by the GMC.

Every licensed doctor must revalidate to show they are up to date and fit to practise.

Holding registration shows that a doctor has gained the appropriate qualifications or training to practise medicine. The licence gives a doctor the legal authority to do certain activities in the UK. For example:

- holding certain medical posts (such as working as a doctor in the NHS)
- prescribing medicines
- signing death certificates or other medical certificates including cremation forms.

This applies whether the doctor is working full time or part time, in the NHS or in the independent sector, employed or self-employed, or working as a locum.

If you are not practising medicine in the UK, but would like to be able to continue to show you are in good standing with the GMC, you can hold registration only.

Holding registration without a licence means you:

- must continue to follow the guidance in *Good medical practice*
- are still subject to our fitness to practise processes
- remain on the list of medical practitioners (the UK medical register).

It also means you:

- pay a lower annual retention fee
- do not have to revalidate.

You can restore your licence when you need it (more information about this can be found in section 7).

It is important that you are clear about your registration status with any organisations or individuals who wish to contract your services. It is a criminal offence in the UK to give the impression that you hold registration or a licence if you don't.

If you are not sure whether you need to hold a licence to practise, you should talk to the organisations or individuals who wish to contract your services, your medical defence organisation or your insurance and indemnity provider. You might also want to seek independent legal advice from a solicitor.

If you don't hold registration or a licence, you can still help out in emergencies or carry out so-called 'Good Samaritan' acts. However, you should talk to your medical defence organisation about whether this affects your insurance and indemnity.

1.3 Fitness to practise proceedings, licensing and revalidation

As long as you remain registered with a licence to practise, you must continue to engage with revalidation. While you are involved in proceedings* about your fitness to practise you should, as far as is possible, continue to collect and reflect on supporting information, and have your annual appraisal.

- If you are involved in proceedings about your fitness to practise, we are likely to wait until the conclusion of these proceedings before giving you notice of your revalidation submission date.†
- If you become involved in proceedings about your fitness to practise *after* we have given you notice of your revalidation submission date, we may wait for the outcome of the investigation before taking any further steps in relation to your revalidation.‡ We will formally confirm this with you.§
- If you have conditions on your registration or have agreed undertakings with us, you should comply with these and continue to engage with revalidation as set out in this guidance.
- If you are suspended or erased from the Register as a result of our fitness to practise processes you will no longer hold registration (or a licence) with us and will therefore no longer need to revalidate.

* 'Proceedings' has the same meaning as under the *General Medical Council (Fitness to Practise) Rules 2004.*
† Regulation 6(1)(b), 6(2)(b).
‡ Regulation 6(15).
§ Regulation 6(16).

For any other outcome of our fitness to practise processes, we may issue notice of a new revalidation submission date, or request a new recommendation or further information in respect of any pending revalidation recommendation.*

Read more information for doctors who have been referred to GMC fitness to practise procedures.

* Regulation 6(17)(a) and (b).

Section 2: Providing us with information for your revalidation

2.1 Confirming your connection

Most licensed doctors are supported with their appraisal and revalidation through a connection to a 'designated body'. Within that organisation, a 'responsible officer' oversees the process of revalidation and makes recommendations to us about whether we should revalidate a doctor. For most doctors their designated body is the organisation in which they undertake most or all of their practice and their responsible officer is a senior doctor within that organisation. The relationship between a doctor and their designated body and responsible officer is known as their 'connection details'.

You must make sure your connection details in your GMC Online account are up to date at all times. If your circumstances change, for example, you change or gain employment, you must update this information.

In some cases, we may ask for information about your prospective, current, or past employment to help us revalidate you.

If you do not send us this information, we may begin the process of withdrawing your licence.

How to identify your designated body

There are clear legal rules to determine whether you have a connection to a designated body.* You cannot choose which designated body to connect to and a designated body cannot decide whether to connect to you.

Our online tools should help you to identify whether you have a connection to a designated body:

- Online connection help tool
- List of designated bodies and responsible officers

* The Responsible Officer regulations made by the Secretary of State for Health for England, Scotland and Wales, and the Department of Health (Northern Ireland) for Northern Ireland.

Connection to a designated body

If you are connected to a designated body your responsible officer must:

- make sure you have access to appraisal systems and processes for collecting and holding information
- make a recommendation to us, usually every five years, which indicates whether you are up to date, fit to practise and should be revalidated.

If you are connected to a designated body you must:

- update your GMC Online account and inform your responsible officer
- comply with our requirements for revalidation in section 3 of this guidance (except doctors in training, who should comply with the requirements in section 5).

Connection to a suitable person

If you do not have a connection to a designated body (and so do not have a responsible officer), you may be able to identify a licensed doctor who can support you with revalidation and make a recommendation about you (a 'suitable person').

We must approve any suitable person before they can make a revalidation recommendation about you.* We approve suitable persons in line with our published criteria.

Typically a suitable person will be:

- a responsible officer or in a role with similar responsibilities
- responsible for the clinical governance and/or appraisal processes in your organisation
- the responsible officer of a designated body you work for but do not have a connection to
- the medical director of an organisation or membership body that supports doctors who do your particular type of work.

A former employer, mentor or supervisor who holds a post similar to a responsible officer may be suitable. However, they must have sufficient oversight of the environment in which you work, to be able to make an accurate assessment of your fitness to practise and to make sure you participate in revalidation.

* Regulation 6(7).

We have more information on our website about the role and how to apply.

If you have a connection to an approved suitable person, you must:

- ask them to add you to their list of doctors in GMC Connect (our online portal for responsible officers and suitable persons).
- comply with the requirements for revalidation set out in section 3 of this guidance.

Doctors without a responsible officer or a suitable person

If you do not have a connection to a designated body or a suitable person you must:

- tell us - you can do this by updating your GMC Online account
- comply with the requirements for revalidation set out in section 4 of this guidance.

2.2 Requests for other information

After considering any information we have, or a recommendation we have received about your revalidation, we may need to ask you for additional information or supporting evidence.*

You will normally need to provide any other information we ask for about your revalidation within 28 days. If you can't fully comply with this request, you must tell us and explain why.†

If you do not send this information by the given deadline, or give us a reasonable excuse why you can't, we can begin the process of withdrawing your licence to practise.‡

* Regulation 6(10).
† Regulation 6(13).
‡ Regulation 4(3).

Section 3: Revalidation requirements for doctors who have a responsible officer or approved suitable person

This section sets out the requirements for revalidation if you are a doctor with a responsible officer or suitable person, except for doctors in training who should comply with the requirements in section 5. If you do not have a responsible officer or approved suitable person, you need to comply with the revalidation requirements in section 4.

3.1 Engaging in processes that support revalidation

It is your responsibility to sufficiently engage with the processes that support revalidation and meet the requirements set out in this guidance.*

These requirements include:

- keeping your connection details up to date in your GMC Online account
- collecting and reflecting on supporting information that reflects the whole of your practice
- taking part in annual whole practice appraisals
- sending us further information if requested
- making sure your responsible officer or suitable person can make a recommendation about you
- familiarising yourself with this guidance and engaging with the processes that support revalidation.

Your responsible officer or suitable person can tell us at any time if you are not sufficiently engaging with revalidation.

If they tell us you are not engaging before you receive notice of your submission date, we may remind you that you are required to engage in order to continue to hold your licence to practise.

If you do not begin to sufficiently engage with the requirements for revalidation, we may bring forward your submission date to allow your responsible officer or suitable person to make a recommendation of non-engagement. Find out more about what happens when we receive a recommendation of non-engagement at section 3.7.3.

* Published under Section 29G(1)(a) of the *Medical Act 1983 (as amended)*.

3.2 Sharing information with your responsible officer or suitable person

You must tell your responsible officer or suitable person about all practice that you undertake that requires a licence to practise.

You may also need to provide details of the responsible officer at other places where you work (or where there is no responsible officer, the person responsible for clinical governance). This will allow your responsible officer or suitable person to get feedback on your work as a whole and gain assurance that you are fit to practise.

You must tell your responsible officer or suitable person if any of the following happen, at any of the places where you work:

- you're involved in a significant event
- a complaint is made about you
- there is a concern about your fitness to practise
- you are suspended or have restrictions placed on your practice (by an employer or the GMC). You must also inform any other organisations for which you undertake medical work and any patients you see independently.

If you have a new responsible officer or suitable person, you may be asked to share your recent appraisals and revalidation portfolio with them. Your new responsible officer or suitable person may also receive information about your practice directly from a previous responsible officer or suitable person.

3.3 Supporting information

During the course of your practice you must collect and reflect on the following supporting information and discuss it at your annual appraisal:

1 Continuing professional development

2 Quality improvement activity

3 Significant events

4 Feedback from your patients or those to whom you provide medical services

5 Feedback from your colleagues

6 Complaints and compliments.

Our Supporting information for appraisal and revalidation guidance tells you more about the amount and type of information you need to collect. You must read and be familiar with this guidance.

You must declare all the places you have worked and the roles you have undertaken as a doctor since your last appraisal. You must collect supporting information that covers the whole of your practice, which requires a licence. It's important you identify your whole scope of practice so you can make sure your supporting information covers all aspects of your work. Your supporting information must cover any work you undertake in:

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

You must reflect on your supporting information and what it says about your practice. You should focus on what you have learned and what changes you need to make. You will not meet our requirements by only collecting the information.

Not all types of supporting information have to be considered at every appraisal. But we expect you to have collected and reflected on all of the supporting information by the time your responsible officer or suitable person makes a revalidation recommendation about you.

We expect you to collect supporting information from practice you undertake in the UK. Only in exceptional circumstances would a doctor with supporting information drawn wholly or substantively from overseas practice be able to maintain their UK licence to practise. Responsible officers or suitable persons may decide to accept supporting information from overseas practice if they are satisfied that it meets the same standards as those expected in the UK and so gives them assurance about your continued fitness to practise. Speak to your responsible officer or suitable person if you intend to practise overseas while holding a UK licence to practise.

Your appraiser can offer advice on how you can meet the requirements for your revalidation and signpost appropriate resources to help you; however it is your responsible officer who makes the recommendation about whether or not you have met the requirements.

While you are responsible for collecting your supporting information, if you have a designated body they should help by giving you access to relevant information (for example, information about complaints and compliments).

The medical royal colleges, faculties and specialty associations give advice appropriate for particular specialties. Their guidance can help you understand how you can satisfy our requirements in relation to your professional practice.

3.4 Annual whole practice appraisal

It is your responsibility to have an annual appraisal which:

- has *Good medical practice* as its focus
- covers all of your medical practice.

Our guidance will help you understand what you need to do for appraisal. Our appraisal framework, based on *Good medical practice*, explains the professional values you need to demonstrate you are meeting in your appraisal.

If you have a designated body they will make sure you have an appraisal and your responsible officer will make your recommendation. You must use the appraisal system provided by your designated body, unless your responsible officer agrees alternative arrangements with you.

If you have a suitable person they will help you access an appraisal for your revalidation and will make your recommendation. You must have an appraisal that your suitable person has agreed is sufficient for your revalidation.

You should contact your responsible officer or suitable person if you are not sure whether your appraisal is sufficient for your revalidation, or to discuss the recommendation they are making about you.

You might want to consider keeping evidence of the supporting information you have discussed at all your appraisals since you last revalidated. You might be asked for evidence of this later by any new responsible officer, suitable person, or by us if you lose your connection, to verify you have met all requirements for revalidation.

3.5 When you will revalidate

Your responsible officer or suitable person will usually make a recommendation to us about you once every five years.

Your revalidation submission date will be:

- sent to you at least three months before the date*
- recorded in your GMC Online account
- communicated to your responsible officer or suitable person via GMC Connect.

* Regulation 6(3)(a).

Your responsible officer or suitable person must make their recommendation on or before your revalidation submission date, during the statutory notice period (usually from four months before your date).

You must take reasonable steps to arrange for a recommendation to be made about your revalidation by your responsible officer or suitable person by your revalidation submission date, by fully engaging in the processes that support revalidation.*

Changing your revalidation submission date

If we agree a recommendation to defer made by your responsible officer or suitable person, we will change your revalidation submission date to give you more time. More information about a recommendation to defer is in section 3.7.2.

If you do not sufficiently engage with revalidation, we may cancel your submission date and reissue you with notice of an earlier date, to allow your responsible officer or suitable person to make a recommendation of non-engagement (see section 3.7.3).

There may be exceptional circumstances where we need to change your submission date, or defer taking further steps in relation to your revalidation (such as delaying making a decision about your revalidation).† There may also be circumstances where we need to do this for a group of doctors.

If we change your submission date, or defer taking further steps in relation to your revalidation, we will give you at least three months' notice of this and explain why.‡

We might change your submission date after you have received formal notice of your date in exceptional circumstances, including if you are subject to a GMC fitness to practise investigation. To evaluate your fitness to practise for revalidation, we may need to defer your submission date until the outcome of the investigation is known (see section 1.3).

If you change employer, or your designated body changes, your revalidation submission date stays the same. Your new responsible officer or suitable person must submit a recommendation on or before that date, within the statutory notice period.

3.6 Making the recommendation to the GMC

Your responsible officer or suitable person will follow instructions set out in the GMC protocol for making revalidation recommendations when making their recommendation. This includes taking into account:

* Regulation 6(5).
† Regulation 6(1)(b), 6(15) and 6(17).
‡ Regulation 6(3)(a).

- the supporting information you have collected and reflected on
- your participation in annual appraisals
- the assessments and other curriculum requirements of your training programme, if you are a doctor in training
- the systems of clinical and corporate governance that are in place within your workplace(s)
- information from all organisations in which you have practised medicine
- your compliance with any GMC conditions or undertakings on your registration
- your compliance with any locally agreed conditions on your practice
- any outstanding concerns about your practice.

3.7 The recommendations

There are three recommendations your responsible officer or suitable person can make about your revalidation:

- recommendation to revalidate
- recommendation to defer
- recommendation of non-engagement.

We use this recommendation and other information to make our decision about your revalidation (see section 6).

3.7.1 A recommendation to revalidate

A recommendation to revalidate is a formal declaration from your responsible officer or suitable person that you are up to date and fit to practise. It confirms that you have:

- collected and reflected on the required supporting information for appraisal as outlined in the Supporting information for appraisal and revalidation guidance
- participated in the systems and processes to support revalidation, and
- met our requirements for revalidation in this guidance.

More information about what is required for a recommendation to revalidate is set out in our protocol for making revalidation recommendations.

If we accept a recommendation to revalidate, both you and your responsible officer or suitable person will receive confirmation of this and your next revalidation submission date.

3.7.2 A recommendation to defer

The purpose of a recommendation to defer is to provide flexibility where a doctor is sufficiently meeting the requirements for their revalidation, but their responsible officer or suitable person needs more time before they can make a recommendation to revalidate.*

A deferral of your revalidation submission date:

- is not a penalty
- does not imply any judgement about your fitness to practise
- does not affect your licence to practise
- is not publically available or published on our List of Registered Medical Practitioners (LRMP).

There are two reasons why we would accept a recommendation to defer.

- You have been unable to collect and reflect on all of the required supporting information by your revalidation submission date and there are reasonable circumstances to account for this. Examples of reasonable circumstances include parental or carers leave, a sabbatical, a break from practice, or sickness absence.
- You are participating in an ongoing local HR or disciplinary process and your responsible officer or suitable person needs that process to conclude before they can make a recommendation to revalidate.

More information about what is required for a recommendation to defer is set out in the GMC protocol for making revalidation recommendations.

Your responsible officer or suitable person must specify the period of time for which they need to defer your submission date and agree with you what you need to do by this new date. We expect you to meet these requirements by this date, unless you have a reasonable excuse. These requirements may include having another appropriate appraisal within the deferral period.

* Regulation 6(5)(c) and 6(6)(c).

If we accept a recommendation to defer we will notify you and your responsible officer or suitable person and confirm your new revalidation submission date, at least three months in advance.* Your responsible officer or suitable person will need to make a recommendation about your revalidation on or before that date, during the statutory notice period. We would not expect to receive a further recommendation to defer unless there were exceptional circumstances.

3.7.3 A recommendation of non-engagement

It is your responsibility to make sure you sufficiently engage with revalidation.

Your responsible officer or suitable person can make a recommendation of non-engagement if you have:

- not sufficiently engaged with the processes that support revalidation
- failed to comply with the requirements for revalidation (set out in this guidance).

Your responsible officer or suitable person can inform us of this at any time and does not need to wait until your formal notice period.

You can find more information about what is required for a recommendation of non-engagement in the GMC protocol for making revalidation recommendations.

If we accept a recommendation of non-engagement, we will begin the process of withdrawing your licence. We will:

- write to inform you that we have received a recommendation of non-engagement, stating that you have not been sufficiently engaging with the processes for your revalidation and that we are considering withdrawing your licence.
- give you the opportunity to make representations to us, explaining how you are meeting the requirements of revalidation, or the reasons why you have been unable to do so.
- if you provide representations, obtain further information from your responsible officer or suitable person as to whether, following your representations, they consider you are sufficiently engaging with revalidation.
- consider your representations and any other information available to us in deciding whether you have failed to meet the requirements of revalidation without reasonable excuse and to withdraw your licence.

* Regulation 6(16) and 6(17).

You can find more information about withdrawal of a licence in section 6.5.

If you begin to sufficiently engage with the revalidation process, we may decide not to withdraw your licence. Instead we may, for example, decide to defer your revalidation and issue you with a new revalidation submission date.

If we remove your licence for failing to comply with our revalidation requirements, you may continue to hold GMC registration without a licence. More information about holding registration without a licence is at section 1.2.

You can appeal a decision to withdraw your licence. More information about appeals is in section 8.

Section 4: Revalidation requirements for doctors who do not have a responsible officer or approved suitable person

This section explains the revalidation requirements if you do not have a responsible officer or suitable person and hold a licence to practise.

4.1 Engaging in processes that support revalidation

If you do not have a responsible officer or suitable person, there is nobody with the responsibility to oversee systems such as appraisal and clinical governance which support your revalidation, or to make a revalidation recommendation about you.

This means we must obtain assurance about your fitness to practise directly from you. You must comply with the requirements outlined in this guidance. This includes:

- keeping your connection information up to date in GMC Online (including informing us straightaway if you gain a connection to a designated body or a suitable person)
- collecting and reflecting sufficiently on supporting information that reflects the whole of your practice
- finding an appraiser who complies with the criteria and requirements set out below
- taking part in annual appraisals based on the values and principles in *Good medical practice,* where you discuss the supporting information that you have collected and reflected on
- sending us an annual return with all of the required evidence that demonstrates your engagement with revalidation and your fitness to practise
- meeting the required standard in an assessment to evaluate your fitness to practise if requested
- giving us further information if we ask for it.

If you do not complete any of these activities within the timeframes we specify without a reasonable excuse, we will begin the process of withdrawing your licence to practise.

4.2 Supporting information

During the course of your practice you must collect and reflect on the following supporting information, and discuss it at your annual appraisal, to show how you're meeting the professional values and principles set out in *Good medical practice*:

1 Continuing professional development

2 Quality improvement activity

3 Significant events

4 Feedback from your patients, or those to whom you provide medical services

5 Feedback from your colleagues

6 Review of complaints and compliments.

Our Supporting information for appraisal and revalidation guidance tells you more about the amount and type of information you need to collect. You must read and be familiar with this guidance.

You must declare all the places you have worked and the roles you have undertaken as a doctor since your last appraisal. You must collect supporting information that covers the whole of your practice, which requires a licence. It's important you identify your whole scope of practice so you can make sure your supporting information covers all aspects of your work. Your supporting information must cover work you undertake in:

a Clinical (including voluntary work) and non-clinical (including academic) roles

b NHS, independent sector and private work.

You must reflect on your supporting information and what is says about your practice. You should focus on what you have learned and what changes you need to make. You will not meet our requirements by simply collecting the information.

Not all types of supporting information have to be considered at every appraisal but it is your responsibility to make sure you meet all the supporting information requirements by your revalidation submission date.

We expect you to collect supporting information from practice you undertake in the UK. 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 you do not undertake any medical practice in the UK (or crown dependencies or Gibraltar) you do not need to hold or maintain a UK licence. We may decide to accept supporting information drawn from overseas practice if we are satisfied that it meets the same standards as those expected in the UK and provides assurance about your continued fitness to practise.

The medical royal colleges, faculties and specialty associations give advice appropriate to particular specialties. Their guidance can help you understand how you can satisfy our requirements in relation to your professional practice.

4.3 Finding an appraiser

Appraisals for doctors without a responsible officer or suitable person must be robust, consistent, and focus on the requirements for safe and effective practice in the UK.

The individual who conducts your appraisal must:

- hold GMC registration with a licence to practise (check the registration status of your appraiser on our List of Registered Medical Practitioners)
- have a prescribed connection to a designated body or a suitable person that we have approved (check your appraiser's connection on our List of Registered Medical Practitioners)
- be up to date with their appraiser training
- carry out appraisals for a designated body or suitable person
- have carried out at least five appraisals in the 12 months immediately before your appraisal
- be discussing and reflecting on their role as an appraiser as part of their own whole practice appraisal
- not have a conflict of interest with you
- understand the context, scope and nature of work you do
- not be in the process of having their licence withdrawn.

You need to provide a report on your appraisal, wholly completed and signed by your appraiser, as part of your annual return. We will verify the information in this report, and may contact your appraiser directly.

4.4 Annual whole practice appraisal

It is your responsibility to have an annual appraisal that:

- is carried out by a registered and licensed medical practitioner who meets our criteria
- has *Good medical practice* as its focus and complies with the *Good medical practice framework for appraisal and revalidation*
- covers and reflects on your whole practice and performance, as outlined in the *Supporting information for revalidation and appraisal* guidance
- is carried out with the appraiser and appraisee in the same room, or by video link, so that each is visible to the other
- is supported by appropriate systems and processes (eg to verify supporting information)
- is based on a structured appraisal form where you and your appraiser provide a summary of the appraisal discussion.

We will ask your appraiser to tell us if and why any supporting information is missing at your appraisal. If there is any outstanding information, you will need to explain to your appraiser your plans for collecting this.

You should retain the supporting information and appraisal forms used as part of your appraisals since your last revalidation. You may be asked for them by a new appraiser, responsible officer (or the GMC) to verify you have met all requirements for revalidation. If you previously had a connection, this may include information from appraisals carried out by a designated body.

4.5 Annual return

Sending us a complete and accurate annual return is an important part of the governance process for doctors without a connection to a responsible officer or suitable person.

Your annual return must include a range of evidence, including (but not limited to):

- your employment or practice history
- evidence of your good standing (for example, a certificate of good standing (CGS) if you work overseas, a statement of good standing from any previous employer)
- your declaration of fitness to practise

- details of your annual appraisals, to show your continuing engagement with revalidation.

We will usually ask you to submit an annual return once a year. We will give you at least three months' notice that your annual return is due.* Once you receive this notice, you can complete and submit your annual return at any time before, or on, the due date.

Please read our guidance on submitting an annual return before starting your application as it will take time to gather the evidence you need.

You must:

- submit your annual return through your GMC Online account by the date we specify
- complete all mandatory fields
- give a reasonable excuse if you are unable to give us any of the information we ask for
- contact us if you need help to use the online system
- pay a fee when you submit your annual return, to cover our costs in reviewing your evidence†
- send us any information we request from you or your appraiser (after we have considered your annual return) within 28 days of our request.‡ If you can't fully comply with our request within this timeframe, you must tell us and explain why§
- engage with all parts of the process and fulfil the requirements of revalidation.**

If you do not meet these requirements, and do not give us a reasonable excuse, we will begin the process of withdrawing your licence to practise.††

We:

- will take steps to verify the information in your annual return‡‡

* Regulation 6(3)(a).
† Regulation 6(14).
‡ Regulation 6(10).
§ Regulation 6(13).
** Regulation 4(3).
†† Regulation 4(3).
‡‡ Section 29E(3) of the *Medical Act 1983 (as amended)*.

- may contact you, your appraiser, your employer, or the medical regulatory authority in any other country in which you are currently registered
- may also carry out additional quality assurance of your appraisals.

It is important that you keep the information about your appraiser and appraisals, as we may need this before we can revalidate you.

In exceptional circumstances we may request that you submit more than one annual return in a year.* For example, if we consider that you have a reasonable excuse which explains why you have been unable to meet all of the requirements for your revalidation, it may be appropriate to allow you more time. In these circumstances we may ask you to send us another annual return in less than 12 months.

4.6 The revalidation assessment

As you do not have a responsible officer or suitable person, we require a degree of independent assurance about your fitness to practise that would normally be provided by the revalidation recommendation process. To gain this assurance we may ask you to take an assessment.† This is an important part of the governance process for doctors without a connection.

We will usually ask you to take this assessment in the year you are due to revalidate and will give you notice of this in writing.

You must book and pay for the assessment within the timeframe we set, unless you give us:

- evidence of a reasonable excuse for not being able to do so, or
- evidence of successful completion of an alternative assessment, approved by us as suitable for the purpose of evaluating your fitness to practise.

Completing an appropriate assessment is an important part of the governance process for doctors without a responsible officer or suitable person. You must:

- book your assessment within the timeframe we give
- take the assessment on the date that you have booked
- contact us as soon as possible if you are unable to attend your assessment to gain agreement on moving the date

* Regulation 6(1)(b).
† Regulation 6(8).

- meet the required standard in the assessment.

If you do not book your assessment in time to allow you to meet the revalidation requirements within the timeframe we give, we will begin the process of withdrawing your licence.*

You must meet the required standard in the assessment, which is designed to test minimum competence. If you don't and do not give us a reasonable excuse we may:

- begin the process of withdrawing your licence for failure to comply with revalidation requirements†
- carry out a fitness to practise investigation
- in exceptional circumstances, ask you to sit the assessment again, or to take another assessment designed to further investigate your fitness to practise (at your own expense).

4.7 When you will revalidate

Unless we tell you otherwise, you will usually revalidate once every five years.

There may be some circumstances where we have to change your revalidation submission date or defer taking further steps in relation to your revalidation. If we do this, we will tell you why. Examples of such circumstances include:

- if you are subject to a GMC fitness to practise investigation and we need to delay the revalidation process until the outcome of the investigation is known (see section 1.3), or
- if you do not sufficiently engage with the processes to support revalidation.

We will always give you at least three months' notice of any change to your revalidation submission date.

We will use the information we get from your annual returns, your assessment, and any other information we have requested from you about your revalidation when we make a decision about your revalidation.

If you achieve the required standard in the assessment and have met all the other requirements in section 4 of this guidance, you will be revalidated. If you do not fulfil all

* Regulation 4(3)(a).
† Regulation 4(3)(a).

these requirements we will decide if you need more time. You can find more information about our decision in section 6.

Section 5: Revalidation requirements for doctors in training

This section sets out the requirements for the revalidation for doctors in training.

5.1 Engaging in processes that support revalidation

If you are a doctor in training, you revalidate by engaging in your training programme.

This means you must:

- engage in and meet the assessment and curriculum requirements of your training programme
- discuss your progress and learning needs with your educational supervisors (including any practice you do outside of your training programme).

Your responsible officer is usually your postgraduate dean. They will usually make a revalidation recommendation to us every five years, confirming you are up to date and fit to practise. They base this recommendation on your participation in the Annual Review of Competence Progression (ARCP) process, or equivalent.

We do not expect you to participate in additional whole practice appraisals, or to collect additional supporting information that is not already a requirement of your training programme or curriculum.

If you do any additional practice that requires a licence, outside your training programme posts (for example, locum work or private practice), you must discuss this with your responsible officer (or educational supervisor on their behalf) and declare it as part of the documentation for your ARCP. You may also need to provide details of the responsible officers at other places where you work. This will allow your responsible officer to get feedback on your work as a whole and gain assurance that you are fit to practise.

You must inform your responsible officer of any fitness to practise concerns, complaints about you or significant events you're involved in from across your whole practice (this includes practice outside your training posts).

5.2 When you will revalidate

When you revalidate depends on how long your training lasts:

- If your training programme lasts less than five years, your first revalidation will be at the point of eligibility for CCT. Your revalidation date can be set up to 60 days after your CCT date.

- If your training programme lasts longer than five years, you will be revalidated five years after you gained full registration with a licence to practise, and again at the point of eligibility for CCT. This means your second revalidation may fall less than five years after your first. Your ARCP date and revalidation submission date do not need to align, and you can revalidate with fewer than five ARCPs.

Your revalidation submission date will be:

- sent to you at least three months before the date*
- recorded in your GMC Online account
- communicated to your responsible officer via GMC Connect.

Your responsible officer must make their recommendation on or before your revalidation submission date, during the statutory notice period (usually from four months before your date). You do not need to have received your CCT in order to revalidate.

If your CCT date moves forward, and you're not in your notice period, your responsible officer can ask us to bring forward your revalidation date.

5.3 The recommendations

Your responsible officer will be asked to confirm you are up to date and fit to practise. Their recommendation will be based on:

- your participation in the ARCP process
- any other relevant information from across your whole practice, including clinical governance information or feedback from employers.

Your revalidation does not depend on successful progression through training. Therefore, an adverse training outcome does not mean you won't be revalidated, provided you remain fit to practise within your scope of practice.

Your responsible officer will make one of the following recommendations:

A recommendation to revalidate

This shows that you are up to date and fit to practise.

* Regulation 6(3)(a).

A recommendation to defer

This provides flexibility where a doctor is meeting the requirements for their revalidation, but their responsible officer or suitable person needs more time to make a recommendation to revalidate.*

A deferral of your revalidation submission date:

- is not a penalty
- does not imply any judgement about your fitness to practise
- does not affect your licence to practise
- is not publically available or published on the medical register.

There are two reasons why we would accept a recommendation to defer:

- You have been unable to complete ARCP or provide the necessary full scope of practice information.
- You are participating in an ongoing local HR or disciplinary process and your responsible officer or suitable person needs that process to conclude before they can make a recommendation to revalidate.

There is more information about recommendations to defer in section 3.7.2.

A recommendation of non-engagement

Your responsible officer or suitable person can make a recommendation of non-engagement if you are:

- not sufficiently engaged with the processes that support revalidation
- failing to comply with the requirements for revalidation (in this guidance).

Your responsible officer or suitable person can inform us of this at any time.

More information about the recommendation process for doctors in training is in our protocol for making revalidation recommendations.

* Regulation 6(5)(c) and 6(6)(c).

5.4 The GMC decision

After receiving a recommendation from your responsible officer, the GMC will do a number of checks and then make a decision about your revalidation. We will send you formal notice of this decision. More about our decision is at section 6.

5.5 Taking a break from training

If you take an approved break from training and keep your national training number you remain connected to your training body and your postgraduate dean remains your responsible officer.

If you leave training and do not have a national training number, you will no longer have a connection to a training body. You must tell us if you have a new connection or not. You can use our connection tool to check this. You should update your details using your GMC Online account.

If you make a connection to another designated body, or a GMC approved suitable person (see section 2 for details), you must meet our revalidation requirements at section 3. If you do not make another connection, and continue to hold your licence, you must meet our revalidation requirements at section 4.

More information about how doctors in training revalidate is on our website.

5.6 What to do when you complete your training

When you complete your training you must update your connection details with us. You can do this using your GMC Online account.

If you make a connection to another designated body, or an approved suitable person (see section 2 for details), you must meet our revalidation requirements at section 3. If you do not make another connection, and continue to hold your licence, you must meet our revalidation requirements at section 4. You can use our online connection tool to find out your connection.

Section 6: The GMC decision for all doctors

The GMC decides whether you should be revalidated. We may:

- confirm that you should continue to hold your licence
- defer your revalidation submission date to allow more time for your recommendation or our decision to be made
- withdraw your licence for failure to comply with the requirements of revalidation set out in this guidance, or for any other failure set out in regulation 4(3). This includes failing to send us the information we have asked for, that we need to make our revalidation decision (section 3.7.3 and section 6.5).

6.1 Checks before making our decision

Once we have received a recommendation about your revalidation, or the information we need from your annual returns and revalidation assessment, we will do some further checks. For example, we will check:

- you are fully registered with a licence to practise
- the recommendation has come from the correct responsible officer and designated body, or suitable person if you have one
- your fitness to practise history for any current, or pending, investigations or considerations
- your revalidation and registration history
- any non-payment of your annual retention fee or failure to keep your registered address up to date
- that any other information we hold has been kept up to date.

If the checking process raises any significant issues, we may seek clarification from you, your responsible officer or suitable person, your appraiser or employer before we make a decision about your revalidation.*

There may be exceptional circumstances where we need to defer making a decision about your revalidation. In these circumstances we will let you know of this and explain why.†

* Section 29E(3) of the *Medical Act 1983 (as amended)* and Regulation 6(10).
† Regulation 6(15) and 6(16).

6.2 Factors we take into account in making the decision

The Registrar takes the following factors into account when deciding whether you should be revalidated and continue to hold a licence.

- Information provided by you, or your responsible officer or suitable person, in making their recommendation about your revalidation.
- Any other information about your revalidation that we have asked you for. For example an annual return.
- Any information we hold which is relevant to the evaluation of your fitness to practise.
- Whether you have complied with our guidance, including sufficiently engaging with appraisal and other processes that support your revalidation.
- Whether you have met the required standard in an assessment designed to evaluate your fitness to practise, if you do not have a responsible officer or suitable person and were asked to take such an assessment.

We will send you confirmation of our decision.

6.3 The decision to revalidate

Where we decide to revalidate you, this means that you have demonstrated you are fit to practise. There is no change to your licence or registration, and you may continue to practise as usual.

We will give you a new revalidation submission date, and you will be able to see this in your GMC Online account. Revalidation is an ongoing process, and you must continue to engage with processes such as annual appraisal, and to comply with the requirements of revalidation set out in this guidance.

6.4 The decision to defer your revalidation submission date

If we defer your submission date, you will continue to hold your licence and can practise as usual. We will give you a new submission date, which you will be able to see in your GMC Online account.

We will send you formal notification of your new submission date at least three months in advance of the new date.

We expect you to meet any outstanding revalidation requirements by your new revalidation submission date, unless you have a reasonable excuse.

6.5 The decision to withdraw a licence to practise

We may withdraw your licence if you fraudulently give us any evidence or information relevant to your revalidation.* Or if, without reasonable excuse, you fail to:

- comply with a requirement in this guidance†
- give us any evidence or information requested on or before your revalidation submission date‡
- undergo (or meet the required standard in) an assessment when requested (if you do not have a connection to a designated body or suitable person)§
- give us any evidence or information that we need about your employment, responsible officer or designated body**
- give any further information or evidence we reasonably request††
- pay a required fee.‡‡

We will:

- tell you that we are considering withdrawing your licence and explain our reasons§§
- invite you to make written representations to us within 28 days.***

Your written representations should explain why we should not withdraw your licence. For example, by telling us how you have been meeting the requirements for your revalidation, or the reasons why you have been unable to do so, or any other reason why we should not withdraw your licence. You should provide objective and, where possible, verifiable evidence to support your statements. If you cannot give us any information within 28 days you must tell us why. If you do not make any written representations within the given timeframe this may further evidence your failure to engage with revalidation and support a decision to withdraw your licence.

* Regulation 4(3)(f).
† Regulation 4(3)(a).
‡ Regulation 4(3)(b).
§ Regulation 4(3)(c)[/4(3)(a)].
** Regulation 4(3)(d).
†† Regulation 4(3)(e).
‡‡ Regulation 4(3)(g).
§§ Regulation 4(4)(a)(i) and (ii).
*** Regulation 4(4)(a)(iii).

We will consider whether to withdraw your licence. We will take into consideration any information or evidence you provide us with when making our decision.*

If you fail to comply with revalidation requirements we are not required to demonstrate your fitness to practise is impaired through a fitness to practise investigation or hearing. The withdrawal of your licence in these circumstances is based on the fact that you have failed to comply with the legal requirements for revalidation.

If we decide to withdraw your licence we will explain why in writing and tell you when your licence will be withdrawn.

There is a right of appeal to an appeals panel if we decide to withdraw your licence.† More information about appeals is in section 8.

Once we tell you your licence has been withdrawn you must immediately stop doing any practice in the UK that requires a licence to practise. This decision does not affect your registration with us and you can apply to have your licence restored.

When we notify you that your licence is withdrawn, we may advise you of any evidence or information that will be required if you apply to restore your licence.‡ If you apply to restore your licence, it is possible that we will need further information at that time. If so, we will tell you what you need to send us.§

More information about registration without a licence and restoring a licence is set out in section 7.

* Regulation 4(4)(b).
† Section 29F(1)(b) of the *Medical Act 1983* (as amended).
‡ Regulation 4(5).
§ Regulation 5(7)(a).

Section 7: Revalidation and restoring a licence to practise

If you give up your licence, or have it withdrawn for failure to meet the revalidation requirements, you may apply to have it restored.

If you gave up your licence, it's relatively straightforward to get it back. You will need to send us evidence, such as:

- statements from the organisations you have most recently provided medical services to
- certificates of good standing from any other regulators you've been registered with in the past five years.

We might ask you to attend an identity check. But we will tell you once we have granted your application, and you are registered with a licence to practise.

If your licence is restored, we will give you a new revalidation submission date. This date will depend on your previous registration and revalidation history.

You can find out more about how to apply for restoration of your licence and the evidence required.

7.1 Restoring a licence after withdrawal for failing to meet revalidation requirements

If we withdrew your licence because you failed, without a reasonable excuse, to meet our requirements for revalidation, you will need to meet those outstanding requirements before we can restore your licence. We will have told you which requirements you failed to meet when we withdrew your licence. You should consider if you have now met these requirements before you apply to restore your licence and provide this evidence.

7.2 Revalidating before licence restoration

In very limited circumstances, we may ask you to revalidate before deciding whether to restore your licence.* This is unlikely if you relinquished your licence due to parental leave, had a break in practice because of ill-health, or have been practising overseas. The circumstances where we may require this are if:

- you have not revalidated within the five years before you applied to restore your licence†
- the GMC Registrar has reasonable grounds to consider that you gave up and then restored your licence to avoid revalidation.‡

* Regulation 5(5).
† Regulation 5(6)(a).
‡ Regulation 5(6)(b).

Section 8: Appealing a decision about your licence

You can appeal a decision to:

- refuse to grant you a licence to practise
- withdraw your licence to practise
- refuse to restore your licence to practise

This is set out in the *Medical Act 1983 (as amended)*.*

If you want to appeal against a decision, you must do so within 28 days of the date of delivery of the decision. You will need to follow the instructions set out in our online guidance on appealing a licence to practise decision.

A decision by us to withdraw your licence or refuse to restore your licence does not take effect until you have had the opportunity to inform us that you wish to appeal the decision (within 28 days of being given notice of that decision). If an appeal is lodged, the decision does not take effect until the outcome of the appeal has been decided.

Appeals are considered by a registration appeals panel, and all members of this panel are independent of the GMC. Appeals are administered by our Appeals team. The Appeals team is independent of the registration and revalidation process and aims to give an impartial and fair service. If you are unhappy with the outcome of an appeal, you have the right of a further appeal to the county court.

* Section 29F and Schedule 3B.

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