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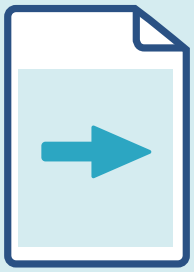


The GMC protocol for making revalidation recommendations:

Guidance for responsible officers and suitable persons

Fifth edition (March 2018)

Working with doctors Working for patients

Contents

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 section 2.4).

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:

Responsible officers*	**Suitable persons†**
■ make sure your designated body checks their doctors are completing annual appraisals ■ make sure there are adequate processes to investigate fitness to practise (FtP) concerns about your doctors ■ refer FtP concerns that meet the threshold to the GMC ■ monitor doctors' compliance with any GMC conditions imposed on doctors, or undertakings agreed with us ■ maintain records of FtP evaluations, including processes for responding to concerns and other local investigations ■ carry out wider clinical governance responsibilities set out in regulation 16 of the RO Regulations (this applies in England only).	■ check your connected doctors are having annual appraisals ■ make sure you are alerted if there are any FtP concerns about your doctors ■ refer FtP concerns that meet the threshold to the GMC ■ make sure compliance with any GMC conditions or undertakings is monitored, and you are alerted to any issues ■ make sure records of FtP evaluations, including processes for responding to concerns and other local investigations, are being maintained ■ 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.

* Regulation 11 and 13 of the RO Regulations and regulation 11 of the RO Regulations (NI).
† GMC criteria for suitable persons

1.4 The difference between revalidation and raising fitness to practice 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 Information sharing principles

Purpose and context

Timely sharing of information is an essential component of robust clinical governance. These principles are designed to support the development of common practice across the UK healthcare system in which information about doctors is shared consistently to ensure patient safety, to support the doctors involved and to promote public confidence. They have been prepared by the GMC with the support of partner organisations.

The principles:

- apply to all doctors – whatever the nature or location of their work – and to all organisations or individuals who contract with, or use the services of, doctors
- support responsible officers in their statutory duty to make sure that appraisal and revalidation processes take account of information covering a doctor's whole scope of practice*
- define minimum expectations, rather than exhaustive guidance, for sharing information when doctors work in multiple locations or move between roles.

* Section 11(3) of the Medical Profession (Responsible Officers) Regulations 2010, as amended, and Section 9(3) of the Medical Profession (Responsible Officers) Regulations (NI) 2010 place a duty on responsible officers to ensure that medical practitioners have regular appraisals which obtain and take account of all available information relating to the medical practitioner's fitness to practise in the work carried out for the designated body, and for any other body, during the appraisal period.

The principles

1. Patient safety is paramount when deciding whether to share information about doctors. Other considerations are maintaining public confidence in the medical profession and supporting doctors' health or wellbeing.

2. Doctors have a professional duty, set out in *Good medical practice*, to be honest and trustworthy in all communications with patients and colleagues. This includes being honest about their current roles and any restrictions on their practice.

3. Unless there are exceptional circumstances, a doctor should be made aware when information about them is being shared.

4. Information about doctors must be securely stored and handled, in line with the law and respecting the privacy of individual doctors.

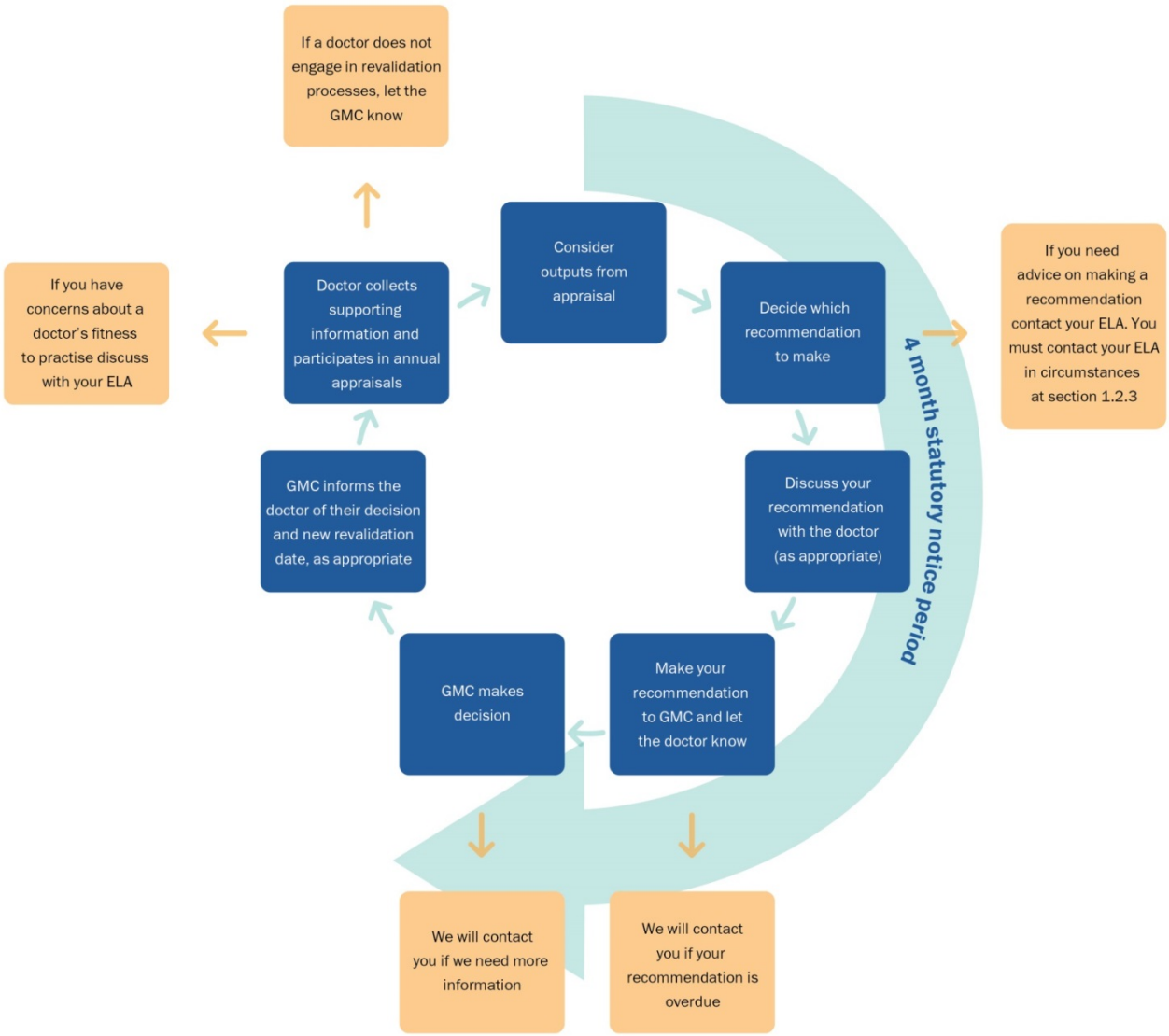
5. Individuals who have governance responsibility for doctors working in any setting have a duty to share any information of note about a doctor with that doctor's responsible officer.

6. Responsible officers* should act as hubs, receiving information about the practice of their connected doctors and sharing this with appropriate individuals in other places where the doctor works.

* All references to responsible officer should be taken to include suitable persons approved by the GMC.

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

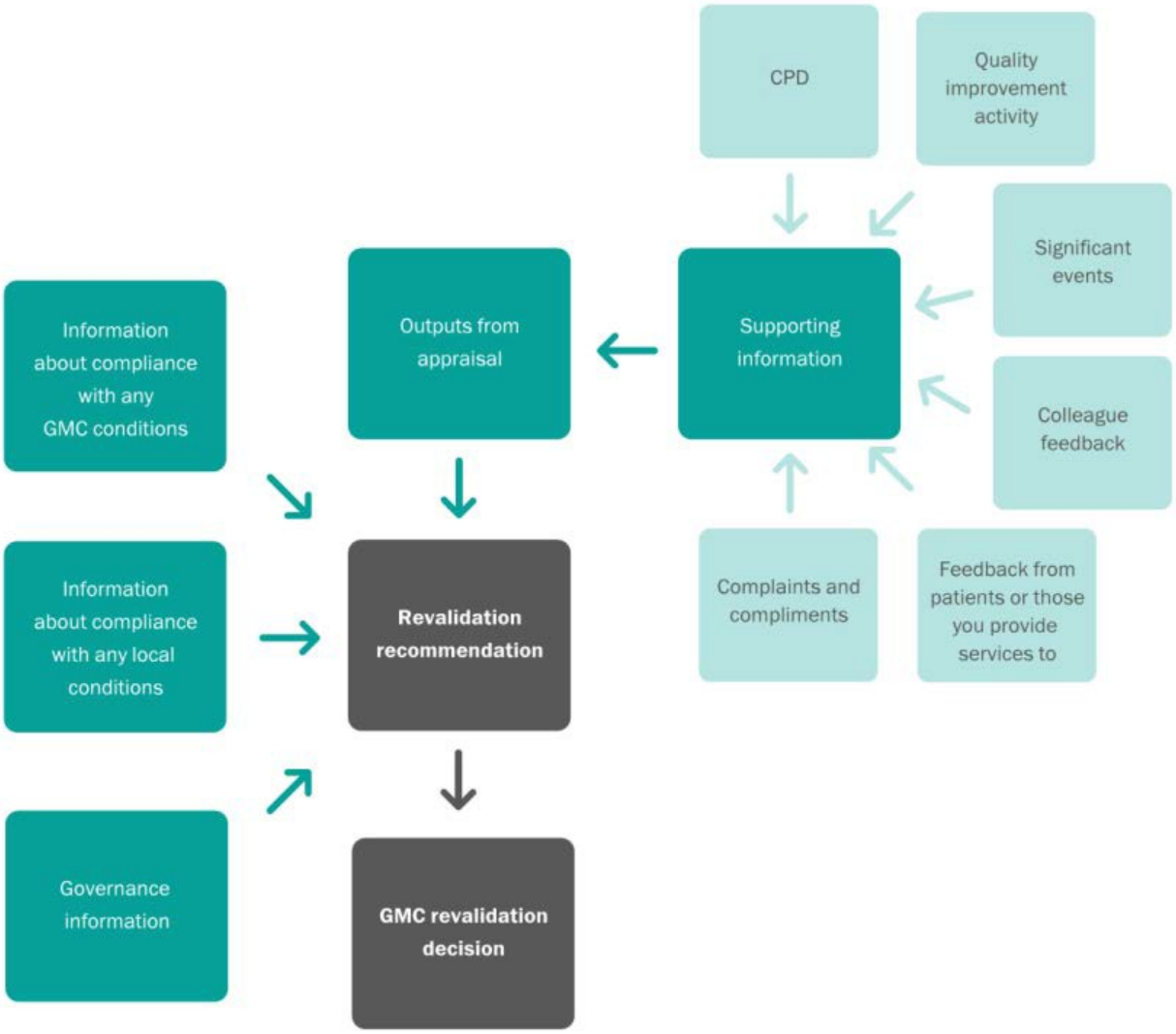
- a full understanding of, and agreement with, all criteria outlined in the relevant recommendation statements (see section 4 for recommendation to revalidate, section 5 for recommendation to defer and section 6 for recommendation of non-engagement)
- all information available to you about the doctor's 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 practice 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 Recommendations where a doctor has raised public interest concerns

Where a licensed doctor has raised public interest concerns (PICs), commonly known as 'whistleblowing', we have some additional requirements as part of the revalidation process. This is to give us assurance that revalidation recommendations have been made appropriately.

Where a doctor has raised PICs you should follow your organisation's local policies and processes for managing these situations. However, when making revalidation recommendations for a doctor who has raised PICs you must also follow the guidance below.

2.4.1 What we mean by public interest concerns (PICs)

The term 'public interest concern' is used to refer to instances where a doctor has raised concerns in the public interest (sometimes referred to as 'whistleblowing'), usually relating to patient safety, and not merely for personal reasons. 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.

2.4.2 Discussing the situation with your ELA

Where you are aware that a doctor has raised PICs you should contact your Employer Liaison Adviser (ELA) to discuss the situation before making any non-engagement or consecutive deferral recommendations for the doctor. You can discuss this with your ELA at any time and don't need to wait until you are due to submit your recommendation.

The discussion with your ELA will include:

- the nature of the doctor's PICs, including how they was raised and how they are being handled locally
- any potential conflict of interest between you and the doctor and whether advice should be sought from your higher-level or second tier responsible officer
- whether any ongoing processes relating to the doctor's PICs are creating challenges for you or the doctor in engaging with revalidation process.

The discussion will be recorded and the ELA will feed the information back to our revalidation team.

We understand that you may not always be aware that a doctor has raised PICs and so you will not be able to discuss this with us. We don't expect you to create extra systems for obtaining this information, but you may want to review existing systems to check you would be routinely informed of any PICs raised by your doctors.

2.4.3 Documentation

In addition to your normal record keeping for your recommendations you should keep a record of any information relating to PICs raised by the doctor, such as:

- When the doctor raised their PICs with your organisation and how they did this
- When you were informed about the doctor's PICs
- Any local processes or actions to respond to the PICs and specifically how they were handled in the context of the doctor engaging in revalidation
- Any identified conflict of interest between you and the doctor and whether the option of an alternative responsible officer or suitable person was considered, offered and granted
- Details of when you informed the doctor of your recommendation
- Details of any conversations or emails between you (or your support team) and the doctor about their revalidation, your recommendation and them having raised PICs.

You may find it helpful to have this information to hand when discussing these cases with your ELA.

2.4.4 Submitting your recommendation

You should submit your recommendation for the doctor in the usual way and do not need to provide any additional information, as you should have already discussed the situation with your ELA.

You will be required to confirm that you have had this discussion, and that the fact that the doctor has raised PICs has had no bearing on your recommendation.

2.4.5 Other information we might need

Where a doctor informs us that they have raised PICs and you were unaware of this, we will ask the doctor to tell us:

a. how they believe this has impacted on their ability to engage with clinical governance and appraisal as part of revalidation, and

b. whether they believe it has had a bearing on the recommendation you have submitted.

We may then need you to provide further information to help us understand the context of the doctor's PICs and whether it has affected their ability to meet the requirements for revalidation. We are not requesting this information to investigate, intervene or resolve the doctor's PICs locally.

Below are examples of additional information we may ask you for. This is not an exhaustive list:

a. Correspondence between your organisation and the doctor about:

   i. their appraisal and revalidation

   ii. any identified conflict of interest between you and the doctor, or any request by the doctor for an alternative responsible officer or suitable person.

b. Details of the doctor's outstanding revalidation requirements and why you believe these have not been met.

2.4.6 If new information comes to light after you have made your recommendation

If you become aware that a doctor has raised PICs after you have made your recommendation you should contact our revalidation team or your ELA to discuss this.

2.4.7 How we respond to a recommendation where a doctor has raised PICs

Recommendation to defer

If the doctor has raised PICs and you need to make a subsequent consecutive deferral recommendation (see section 5.3), you should discuss the situation with your ELA. We may seek further information from you about any on-going local process before processing the recommendation.

Recommendation of non-engagement

If you make a recommendation of non-engagement (see section 6), the doctor will be given the opportunity to respond to this before we make a decision about whether to withdraw their licence.

If they tell us that they have raised PICs and this has affected their ability to engage with revalidation we will usually share the doctor's response with you and, if required, ask you for further information. Any information you give us will be shared with the doctor.

2.4.8 Our decision

Once we have all the required information we will make a decision about the doctor's revalidation. We may decide to withdraw the doctor's licence, to defer their revalidation to give them more time to meet the requirements, or to revalidate them.

2.4.9 More advice and information about whistleblowing

The whistleblowing charity Protect can offer advice on the relevant law and the protection it gives to workers who raise PICs.

The national freedom to speak up guardian (NHS, England only) and local guardians can offer advice on your local processes for managing concerns.

Further information and support for doctors who have raised PICs is available from the BMA and we also have guidance for doctors who are whistleblowers.

2.5 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.

2.6 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.

2.7 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 revaliation 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* 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).

* Including any fitness to practise concerns, complaints about them, or significant events they have been involved in.

- 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.

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

- 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. If a doctor fails to engage with revalidation in line with our guidance, without reasonable excuse, we may withdraw their licence to practise.

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 (see section 2.4)
- 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 section 2.4).

- 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 (see Section 2.4).

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.

7.1 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 RO
- 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*.

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