
Implementing revalidation

3 Annex A

1. The GMC will begin revalidating doctors from December 2012, subject to the Secretary of State for Health's agreement to the commencement of legislation. In the future, the GMC will revalidate doctors on a periodic basis, normally every 5 years. In order to begin revalidating doctors for the first time, the first revalidation submission date for each doctor needs to be determined.

2. This document sets out how the GMC and four health departments will work with employers and doctors to implement revalidation. It explains the principles that drive implementation, the roles of the national and local bodies and the key steps we all need to take during 2012.

Principles

3. The GMC and the four health departments across the UK are agreed that the implementation of revalidation should be driven by the following principles:

a. Patient safety is the paramount consideration. Responsible Officers (ROs) should, as now, liaise with the GMC whenever they have concerns about the fitness to practise of any doctors.

b. Implementation planning should be driven by the service as ROs regionally and locally are best placed to understand and manage their population of doctors. The GMC will work with the four health departments across the UK to facilitate this planning.

c. The population of doctors having recommendations made about them by a given RO throughout the first cycle of revalidation should be representative of the medical workforce covered by that RO.

d. All ROs should be engaged with the revalidation process from the beginning, and we would expect all ROs to have begun making revalidation recommendations to the GMC by the end of March 2014 at the latest.

e. We think it will take up to five years before all doctors who currently hold a licence to practise to revalidate. However, our expectation is that the vast majority of doctors should have had a recommendation made to the GMC by end of March 2016.

f. Revalidation should be implemented in a fair, transparent and proportionate way based on consistent principles for all doctors. The 'readiness statement' at Appendix 1 specifies the minimum requirements that the GMC expects any doctor to meet in the first cycle of revalidation before a recommendation to revalidate can be made.

g. From commencement of the revalidation regulations, all doctors with a licence to practise should be engaged in the activities that will lead to a revalidation recommendation, whatever date is set for their recommendation.

h. The distribution of submission dates within each year and across the first cycle of revalidation should be manageable for the service and for the GMC.

4. There is an underlying professional, statutory and contractual context to these principles. Appraisal is already mandatory for all doctors working in the NHS, as it is a contractual obligation. Once the legislation is commenced, the process of revalidation becomes mandatory for all licensed doctors. Although revalidation will normally happen every five years, the GMC will have powers to set revalidation dates for doctors and to require any doctor to revalidate at a time of its choosing. Once revalidation is introduced, doctors who do not participate in the local processes that underpin revalidation could put the continuation of their licence to practise at risk.

Roles and responsibilities

5. All of the partners, locally and nationally, will play their part in getting ready for submitting recommendations on revalidation commencing in December 2012.

6. The GMC will:

a. Support overall implementation planning with the four health departments, Strategic Health Authorities (SHAs) and ROs and provide necessary guidance

b. Confirm with ROs a list of all doctors with a known prescribed connection to their designated body (DB)

c. Provide a means for ROs to confirm proposed submission dates for their doctors to the GMC

d. Record and confirm these submission dates to doctors and their ROs, including issuing formal notice to doctors

e. Review the national distribution of submission dates to ensure that it is within tolerances in relation to expected volumes of submissions.

7. The four health departments (and the NHS Revalidation Support Team in England) will:

a. Determine how they will apply the UK wide principles in their country, working with their respective revalidation delivery boards

- b. Drive the planning of their revalidation submission dates with ROs and DBs in their respective countries
 - c. Ensure that the distribution of submission dates in terms of volume and workforce is in line with the implementation principles and their national application
 - d. Support and coordinate ROs and DBs in confirming their lists of doctors and submission dates to the GMC.
8. ROs and DBs will:
- a. Work on planning with the relevant health department and structure in their country
 - b. When allocating submission dates, apply the implementation principles as agreed in their country with regard to volumes, workforce profiles and readiness
 - c. Confirm to the GMC which doctors have a prescribed connection to them and the dates for their revalidation.

Timelines

9. In order to begin revalidating doctors and to give them sufficient notice, the GMC will need to confirm first recommendation submission dates with ROs by September 2012.
10. By September 2012, ROs should plan to give the GMC their preferred recommendation submission dates for doctors who will be revalidated between December 2012 and March 2014.
11. The key dates for implementation planning are:
- | | |
|------------------|---|
| March 2012 | SHA clusters confirm implementation plans |
| April – May 2012 | Wales, Scotland and Northern Ireland confirm implementation approach |
| July 2012 | GMC supplies lists of doctors to ROs and a tool for ROs to confirm their doctors and submission dates |
| July - Aug 2012 | ROs review doctors and submission dates, and plan their dates with support from health departments |
| Sept 2012 | ROs confirm doctors and dates to GMC |
| Sept – Nov 2012 | GMC amends prescribed connections and adds confirmed submission dates |
| Dec 2012 | GMC issues first notices to doctors and their ROs |

How will responsible officers know which of their doctors are ready?

12. In order to contribute to planning implementation, ROs and others need to know what the GMC's expectations are, both in terms of the evidence doctors should bring to appraisal and what the RO will be affirming when they make a recommendation on revalidation.

13. In March 2011, the GMC issued guidance on the supporting information that should be brought to appraisal. Since then, a number of questions have been raised about how this applies in the first cycle of revalidation, including how many appraisals are required before a recommendation can be made and the relevance of existing evidence that doctors may have gathered. The attached readiness statement clarifies these points in order to provide consistency across ROs and for all doctors (Appendix 1)

14. Also attached at Appendix 2 are details of the 3 different types of recommendation that an RO will be able to make:

- a. Positive recommendation about the doctor's revalidation which confirms that a doctor's licence should be continued
- b. Deferral request
- c. Notification of non-engagement

Setting revalidation dates, now and in the future

15. The planning arrangements outlined above apply to those doctors who have a confirmed prescribed connection and who are licensed to practise before the legislation commences at the end of 2012.

16. Doctors who do not have an identified prescribed connection at the time of confirming first revalidation dates with ROs, will have their submission date allocated by the GMC.

17. Doctors in training will have their revalidation date set for five years after the issuing of their licence to practise, or to coincide with the issuing of their Certificate of Completion of Training where this comes sooner. The GMC will work with deaneries directly to manage the implementation of revalidation for doctors in training to ensure the process is simple and streamlined for doctors in training and for deans.

18. After the legislation commences, the GMC will normally allocate the revalidation submission date for all other licensed doctors at a date five years from when they achieve full registration with a licence to practise.

Appendix 1

How doctors can meet the GMC's requirements for revalidation in the first cycle

Readiness

In order to be ready to have a revalidation recommendation made about them, doctors will have to fulfil the following criteria:

- The doctor must be participating in an annual appraisal process which has [Good Medical Practice](#) as its focus and which covers all of their medical practice.
- The doctor must have completed at least one appraisal, with [Good Medical Practice](#) as its focus, which has been signed off by the doctor and their appraiser.
- The doctor must have demonstrated, through appraisal, that they have collected and reflected on the following information as outlined in the GMC's guidance [Supporting information for appraisal and revalidation](#):
 - Continuing professional development
 - Quality improvement activity
 - Significant events
 - Feedback from colleagues
 - Feedback from patients
 - Review of complaints and compliments

Minimum requirements for currency and relevance of supporting information

- Evidence of continuing professional development, review of significant events and review of complaints and compliments must relate to the twelve month period prior to the appraisal that precedes any revalidation recommendation.
- Evidence of regular participation in quality improvement activities that demonstrates the doctor reviews and evaluates the quality of their work must be considered at each appraisal. The activity should be relevant to the doctor's current scope of practice.
- Evidence of feedback from patients and colleagues must have been undertaken no earlier than five years prior to the first revalidation recommendation and be relevant to the doctor's current scope of practice.
- Feedback from patients and colleagues that does not fully meet the criteria set by the GMC may also be included but must have been:
 - Focused on the doctor, their practice and the quality of care delivered to patients
 - Gathered in a way that promotes objectivity and maintains confidentiality
- Team-based information may also meet the requirements where no individualised information is available for quality improvement activities, significant events or complaints and compliments - as long as the doctor has reflected on what this information means for their *individual* practice.

Appendix 2

Types of recommendation

At the point that a doctor needs to revalidate, their responsible officer can make one of three recommendations. They can:

- Make a positive recommendation that the doctor is up to date, fit to practise and should be revalidated
- Request a deferral because they need more information to make a recommendation about the doctor. This could be because the doctor has not had sufficient time to collect the supporting information or they may be in a local process (such as remediation) that needs to be completed before the RO is in a position to make a recommendation
- Notify us that the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation.

The three recommendations embody the RO's statutory duty to make recommendations about doctors' fitness to practise. They stipulate what ROs are confirming in making each type of recommendation. The GMC will publish detailed guidance for RO's in July 2012 which will provide bespoke guidance for ROs, focused on making recommendations. The protocol will explain the GMC's expectations for what will underpin recommendations, define the recommendation categories and underpinning criteria.

Positive recommendation statements

REVALIDATION RECOMMENDATION STATEMENT MADE BY:

RESPONSIBLE OFFICER DETAILS

[GMC REFERENCE NUMBER] [SURNAME OR FAMILY NAME] [FIRST NAME] [OTHER NAMES]

[NAME OF DESIGNATED BODY] [POSTAL ADDRESS OF DESIGNATED BODY] [EMAIL ADDRESS] [TELEPHONE NUMBER]

MADE PURSUANT TO THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS 2010 OR THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS (NORTHERN IRELAND) 2010, AND THE GENERAL MEDICAL COUNCIL (LICENCE TO PRACTISE AND REVALIDATION) REGULATIONS ORDER OF COUNCIL 2012

I am the appointed or nominated Responsible Officer for each medical practitioner named on the list below. In determining my revalidation recommendation to the General Medical Council for the named medical practitioners, 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 *Good Medical Practice 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 the named medical practitioners are:

- where relevant, practising in compliance with any conditions imposed by, or undertakings agreed with, the General Medical Council
- where relevant, practising in compliance with any conditions agreed locally
- not subject to any unaddressed concerns about their fitness to practise.

Accordingly, I recommend that each of the named medical practitioners is fit to practise and consequently their licence to practise should be continued.

Deferral request statements

REQUEST FOR THE DEFERRAL OF A REVALIDATION RECOMMENDATION MADE BY:

[RO GMC REFERENCE NUMBER] [SURNAME OR FAMILY NAME] [FIRST NAME] [OTHER NAMES] [NAME OF DESIGNATED BODY]
[POSTAL ADDRESS OF DESIGNATED BODY] [EMAIL ADDRESS] [TELEPHONE NUMBER]

MADE PURSUANT TO THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS 2010 OR THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS (NORTHERN IRELAND) 2010, AND THE GENERAL MEDICAL COUNCIL (LICENCE TO PRACTISE AND REVALIDATION) REGULATIONS ORDER OF COUNCIL 2012

I am the appointed or nominated Responsible Officer for the medical practitioner to whom this deferral request applies.

Based on the information currently available to me, I am satisfied that there are no unaddressed concerns about the medical practitioner's fitness to practise that should be raised with the GMC.

Part A: Please select the option which describes the reason for the deferral request

Option 1

I confirm that:

- The medical practitioner has engaged with processes that support revalidation but there is insufficient evidence to support a recommendation about their 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.

Option 2

- The medical practitioner has engaged with processes to support revalidation, but is participating in an ongoing process, the outcome of which I will consider when making a recommendation about their revalidation. I anticipate being able to make an informed recommendation about the medical practitioner's revalidation once the process is concluded.

The ongoing process in which the medical practitioner is participating is a (please select the appropriate category):

- Local or national remediation or performance-related process
- Local HR or investigation process
- Other (such as GMC fitness to practise process)

Part B: Please specify the length of the deferral you are requesting

- 3 to 6 months
- 6 to 9 months
- 9 to 12 months
- More than 12 months (please describe why this length of deferral is appropriate)

Notification of non-engagement statements

NOTIFICATION OF NON-ENGAGEMENT IN REVALIDATION MADE BY: RESPONSIBLE OFFICER DETAILS

[RO GMC REFERENCE NUMBER] [SURNAME OR FAMILY NAME] [FIRST NAME] [OTHER NAMES] [NAME OF DESIGNATED BODY]
[POSTAL ADDRESS OF DESIGNATED BODY] [EMAIL ADDRESS] [TELEPHONE NUMBER]

MADE PURSUANT TO THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS 2010 OR THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS (NORTHERN IRELAND) 2010, AND THE GENERAL MEDICAL COUNCIL (LICENCE TO PRACTISE AND REVALIDATION) REGULATIONS ORDER OF COUNCIL 2012

I am the appointed or nominated Responsible Officer for the medical practitioner to whom this notification of non-engagement applies.

I confirm that:

- The medical practitioner has not engaged in appraisal or other activities required to support a revalidation recommendation.
- I do not have, or do not anticipate having sufficient information on which to base a recommendation about the medical practitioner's revalidation. I have assured myself that the named medical practitioner does not meet the criteria for a deferral of a recommendation about their revalidation.
- The medical practitioner has been provided with sufficient opportunity and support to engage with revalidation, but has failed to do so. Based on 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.
- As a consequence of their non-engagement, I cannot envisage being able to recommend the named medical practitioner for revalidation by the date my recommendation is due.