Guidance for revalidation decision makers

Revalidation and fitness to practise

1. This guidance describes how we will make decisions about a doctor’s revalidation, when they are in our fitness to practise procedures at the point at which their revalidation submission date falls due.

2. Not all our fitness to practise procedures will affect a doctor’s revalidation. A doctor’s revalidation will only be affected when:

   a. a matter is subject to a full investigation
   b. a matter remains open when the GMC is due to serve notice on a doctor about their revalidation
   c. a doctor is found to have breached conditions imposed or undertakings that have been agreed on their registration.

3. Where a matter concludes with a doctor’s erasure or suspension from the medical register, they cannot revalidate as they do not hold a licence to practise.

4. Information for doctors who have been referred into our fitness to practise procedures is available on our website at www.gmc-uk.org/concerns/doctors_under_investigation.asp.

Doctors subject to our fitness to practise procedures

Putting a doctor’s revalidation ‘on hold’

5. The GMC (Licence to Practise and Revalidation) Regulations 2012 allow us to stop all activity relating to a doctor’s revalidation, where they are in our fitness to practise procedures.\(^1\) Where appropriate, we will put a doctor’s revalidation on hold until the outcome of the fitness to practise process is known.

6. When we put a doctor’s revalidation on hold because they are in our fitness to practise procedures, we will make one of the following two decisions:

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\(^1\) GMC (Licence to Practise and Revalidation) Regulations 2012, Reg (15); A guide for doctors to the Licence to Practise and Revalidation Regulations paragraphs 91-93.
a. delay issuing notice to the doctor until the outcome of the fitness to practise procedure is known, which will prevent an RO from being able to submit a recommendation.

b. postpone making a decision about a doctor’s revalidation when we have received a recommendation from their RO.

The impact of the outcomes of GMC fitness to practise procedures

7. Our fitness to practise procedures conclude with one of a range of outcomes. The nature of the outcome will determine the appropriate decision about a doctor’s revalidation.

8. Paragraphs 9 – 21 describe the effect of these outcomes when:

   a. we need to restart activity on a doctor’s revalidation when the outcome is known

   b. where the outcome is a sanction, it remains effective on a doctor’s registration when their submission date approaches.

No impairment

9. If a fitness to practise panel finds a doctor not impaired, we expect to receive a recommendation and make a decision about the doctor’s revalidation in the usual way.

10. However, if the submission date is less than 121 days from the conclusion of the case or has already passed we will:

   a. issue notice of a new submission date

   b. request any further information that we may need to consider in respect of a pending revalidation recommendation.

Warnings

11. Warnings are published on the List of Registered Medical Practitioners (LRMP) and are disclosed to any enquirer for a period of five years. After five years, the warning is no longer published on LRMP but it will be kept on record and disclosed to employers on request, indefinitely.

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2 Where a doctors is subject to GMC fitness to practise proceedings, and we do not think it possible to make a decision about their revalidation while they are subject to these proceedings, we are not required to provide notice to the doctor about their revalidation (GMC (Licence to Practise and Revalidation) Regulations 2012, Reg 6(2) (b)).

3 For example, our decision may be that we require a new recommendation from the doctor’s Responsible Officer, where the recommendation is over 12 months old.

4 In any event, if we have held a recommendation for longer than 12 months we will usually ask the RO for a new recommendation, by serving the doctor notice of a new submission date.
12. Warnings do not restrict doctors’ practice or alter their status as a registered and, where applicable, licensed medical practitioner. As such their revalidation proceeds as normal.

Impaired but no sanction imposed

13. If a doctor's fitness to practise is found to be impaired by a fitness to practise panel, but no sanction is applied, the doctor will be required to revalidate within 12 months. This means that we will make a decision to set a doctor's submission date at 12 months from the last date on which the finding can be appealed.\(^5\)

14. The requirement to revalidate within 12 months will apply to all doctors about whom there is a finding of impairment but no sanction has been imposed, regardless of whether their original submission date is more than 121 days in the future.

Appeals

15. If an appeal against a fitness to practise finding is launched by the Professional Standards Authority we will put the doctor's revalidation on hold until the result of the appeal is known. We will then make a decision about the doctor's revalidation based on the principles described at paragraph 10.

Conditions imposed or undertakings agreed

16. The existence of conditions or undertakings on a doctor’s registration does not prevent them from revalidating as long as they are complying with them. The recommendation statements ask ROs to confirm that they are satisfied that a doctor is complying with any effective conditions or undertakings attached to their registration.\(^6\)

17. As such, we will make one of the following two decisions about a doctor’s revalidation based on their compliance with effective conditions and undertakings:

   a. decide to revalidate the doctor in light of their compliance with conditions or undertakings

   b. decide to put the doctor’s revalidation on hold to investigate breaches of conditions or undertakings.

Erasure or suspension

18. If the outcome of a fitness to practise procedure is a doctor’s erasure or suspension from the medical register, they cannot revalidate as they no longer hold a licence to practise.

19. Following suspension or erasure, doctors can only revalidate if and when they

\(^5\) The doctor and the GMC respectively, can appeal a decision up to 28 days after the panel finding was made.

are restored to the register as a licensed and registered doctor.

20. Upon restoration to the register following erasure or suspension:
   a. if a doctor’s submission date remains at least 121 days in the future, it remains effective
   b. if the submission date has passed, or is less than 121 days in the future, we will set a new submission date.

21. Where we decide to set a new submission date we may also consider the period of time for which a doctor has been out of practice.

*The Fitness to Practise of ROs*

22. ROs are licensed doctors. They will need to revalidate in order to maintain their licence.

23. When an RO is in our fitness to practise procedures we will approach their revalidation in line with the principles described above for licensed doctors.

Accepting recommendations

24. When an RO is the subject of a GMC fitness to practise procedure, we may need to make decisions about the revalidation of the licensed doctors for whom they are responsible.

25. We will consider on a case by case basis whether to process revalidation recommendations from an RO who has an open fitness to practise investigation underway. It is likely that we will make one of the following two decisions about accepting recommendations from an RO in this circumstance.

   a. We will not accept recommendations from ROs who are subject to interim suspensions, suspended or removed from the medical register, and who, therefore, no longer meet the criteria for ROs set out in the RO regulations.

   b. Where an RO is in our fitness to practise procedures but remains a licensed registered medical practitioner, we will confirm whether their designated body and their RO are happy for us to continue making revalidation decisions based on their recommendations.

26. This does not preclude us from refusing to process recommendations from ROs who are not suspended but are in our fitness to practise procedures, where we think it appropriate e.g. where the RO’s leadership and management role has been called into question.

Appointing individuals to the RO role

27. Designated bodies have a duty to appoint and retain a suitable individual to
the RO role so that, amongst other things, the licensed doctors that have a prescribed connection to their organisation can be revalidated.

28. Concerns about an RO’s fitness to practise should not generally adversely affect the revalidation of the licensed doctors for whom they are responsible. It remains for designated bodies and the RO’s RO to decide whether an individual should remain in post as an RO, when they are the subject to our fitness to practise procedures.

29. Where an investigation about an RO’s fitness to practise has been opened we will inform the ROs RO and the designated body or bodies for whom they are the RO. Designated bodies may decide to appoint a different RO at any time.

30. If an RO is suspended from the register they no longer hold registration with a licence to practise and therefore do not fulfil the criteria for ROs described in the RO Regulations 2010. In this situation we will contact the designated body and the RO’s RO to advise them that they should appoint an alternative individual to the RO role, who meets the criteria set out in the RO regulations. We will also suspend their GMC Connect account until a new RO has been appointed. This will prevent submissions being made on behalf of the designated body when they do not have an appointed RO.

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