Guidance for deciding whether a doctor has a reasonable excuse for failing to meet the required minimum standard in the revalidation assessment

Purpose of the guidance

1 This guidance is for decision makers who are asked to consider whether a doctor has a reasonable excuse for failing to meet the required minimum standard in the revalidation assessment.

2 This guidance should be read in conjunction with the principles which apply to decision-making across all our registration and revalidation functions.

3 This guidance references the evidence and the legal powers decision makers use when they make their decisions.

4 There is separate guidance for considering whether a doctor has a reasonable excuse for failing to undergo the revalidation assessment.

When we consider reasonable excuses

5 The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012 (as amended) (‘the regulations’) require the Registrar to consider whether a doctor has a ‘reasonable excuse’ when considering whether to:

   a withdraw a doctor’s licence to practise (‘licence’)*, or

   b refuse a doctor’s application to restore their licence†, where it was previously withdrawn for failure to meet the requirements of revalidation.‡

* Under regulation 4(3).
† Under regulation 5(10)(a)(ii).
‡ Under regulation 4(3).
6 We must consider any reasons a doctor provides for failing to meet the required standard in the revalidation assessment, in order to decide whether they constitute a reasonable excuse, before we withdraw the doctor’s licence, or refuse their application for licence restoration on that basis.

7 Doctors must provide us, by their submission date, or another date we have specified, with any evidence or information relating to their revalidation required by guidance published by the General Council under section 29G (guidance)*.

8 The revalidation requirements for doctors without a connection to a Responsible Officer or Suitable Person, as stated in our Guide for doctors: Revalidation and maintaining your licence (published under Section 29G), include that doctors must, if requested, take† and meet the required standard in, an assessment designed to evaluate their fitness to practise; the revalidation assessment

Licence withdrawal

9 Where it is established to the satisfaction of the Registrar, that a doctor has failed to meet the required standard in the revalidation assessment, we may withdraw their licence. Withdrawal of the licence in these circumstances is on the grounds that the doctor has failed, without reasonable excuse, to comply with a requirement of our guidance published under section 29G‡.

Licence restoration

10 The regulations allow a doctor, whose licence has been withdrawn for failing to meet one or more of the requirements of revalidation, to make a subsequent application to restore their licence.§ As part of this application they must demonstrate that they have taken the step they failed to take for their revalidation, which resulted in the withdrawal of their licence.**

11 Therefore, where the doctor’s licence has been withdrawn for failing to meet the required minimum standard in the revalidation assessment, the Registrar may refuse their subsequent application to restore their licence, unless they demonstrate they have achieved the required standard in the assessment, or have provided a reasonable excuse.††

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* Regulation 6(4).
† Regulation 6(8).
‡ Regulation 4(3)(a).
§ Regulation 5(1).
** Regulation 5(4)(a).
†† Regulation 5(11).
Options for decision making

12 After considering all the relevant evidence we will decide whether the doctor has a reasonable excuse for failing to meet the required minimum standard in the revalidation assessment, and either:

a accept the doctor’s reasons and allow the doctor more time to resit, and meet the required minimum standard in, the revalidation assessment in a specialty of their choosing; or

b not accept the doctor’s reasons and proceed with the licence withdrawal process, or refuse their application to restore their licence; or

c request further information to determine whether withdrawing the licence, or refusing their application for licence restoration, is a reasonable and proportionate decision in the circumstances (for example, a doctor’s appraisal information or supporting information). In which case we may:

i request further information from the doctor, and/or

ii request further information from another doctor (for example an appraiser) or other individual (such as a Responsible Officer, Suitable Person or employer), which is relevant to allow you to decide whether to withdraw the doctor’s licence.*

13 We may ask the doctor for further information at any time, or we may refer a matter to a Registration Panel.*

14 A doctor may appeal against a decision to withdraw, or to refuse to restore, their licence to practise†.

What does not constitute a reasonable excuse?

15 The following will not be considered reasonable excuses, in and of themselves:

a the doctor is not currently practising, is not currently practising in UK, and/or does not currently hold a licence to practise

■ Doctors who are not currently practising or not practising in UK do not need a licence to practise in the UK, so can choose to relinquish it. If a doctor wants to hold a licence to practise they must be able to demonstrate that they are up to

* Section 29E(3) of the Medical Act 1983.
† Section 29F and Schedule 3B of the Medical Act 1983.
date and fit to practise through revalidation, so lack of recent practice in UK is not a reasonable excuse.

b the doctor has secured an offer of employment in the UK, and is seeking restoration of their licence, but has not had time to complete the required step

- Doctors must be able to demonstrate that they are up to date and fit to practise through meeting the requirements of revalidation. The doctor will have been advised at the point their licence was withdrawn, that they would need to meet the required standard in the revalidation assessment as part of any subsequent application for restoration of their licence.

c the revalidation assessment did not relate to the doctor’s specialty, or the doctor believes they choose the wrong specialty

- The assessments cover broad specialty areas of medical practice. It is up to each individual to choose the assessment which best matches their current or most recent specialty practice area. There is guidance online (including sample questions) to help doctors make an informed choice. Doctors who are not currently practising, or who do not fit any of the offered areas, can choose to sit the foundation assessment.

d the doctor’s failure to comply with the instructions provided for conduct at, and completion of, the assessment.

- For example if the doctor fails to write any, or all, of their answers on the answer sheet, they will not receive the marks. Clear guidance is given on the rules and procedures for the assessment. Candidates must ensure that they read and understand the instructions, and if they are unsure, ask for clarification from the invigilators who are available throughout the assessment.

e the doctor is subject to a GMC fitness to practise process.

- See our guidance on the impact of fitness to practise processes on a doctor’s revalidation.

Factors to consider

16 We have defined the revalidation requirements for doctors in our statutory guidance. We expect every licensed doctor to meet these requirements, as this is how they demonstrate that they remain up to date and fit to practise. As set out in this statutory guidance, it is the doctor’s responsibility to identify how they can meet the requirements and/or obtain the information and evidence necessary, and do so within the specified time.
The checklist below asks you to consider if the reasons the doctor has provided for their non-compliance are acceptable and that you are satisfied that they have been, and will continue to, meet their responsibilities with regards to revalidation as far as is reasonable.

In all cases the doctor must provide objective, robust and independent evidence. For example from an employer, appraiser, another regulator or the doctor’s GP. You should also consider whether the evidence has been primary source verified and, if not, whether it can be.

The factors in the table below will help you to make these decisions.

All decisions must be made on a case by case basis and will take into account the doctor’s scope of practice and individual circumstances.

### Checklist

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<th>1. Is the doctor’s reason an issue with a third party, which is beyond the control of the doctor?</th>
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<td>For example:</td>
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<td>• an incident on the day of the test which impacted on the doctor’s result</td>
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<td>(such as an evacuation of the building or other disruption to the test),</td>
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<td>which has been corroborated by the invigilators;</td>
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<td>• the doctor was late for the test, due to a third party, and on this occasion we permitted</td>
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<td>them to sit the test despite the delayed start.</td>
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<td>2. Were their extenuating circumstances which you are satisfied could have adversely</td>
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<td>impacted on the doctor’s performance?</td>
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<td>For example:</td>
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<td>• recent bereavement of a close family member.</td>
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<td>3. Are you satisfied that the doctor was ill during the taking of the test, but was unable</td>
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<td>to inform us of this on the day of the test?</td>
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<td>As per the website doctors should tell us on the day if they feel unwell. This would</td>
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<td>therefore only be where the doctor is unaware that they are ill, but afterwards can</td>
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<td>provide objective verifiable evidence that they were ill at the time of the test.</td>
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<td>If yes, are you satisfied that the doctor’s illness could have adversely impacted the</td>
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<td>doctor’s result?</td>
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4. Does the doctor have a disability which they failed to declare before the assessment?

If yes, are you satisfied that making reasonable adjustments for the doctor could have had a positive impact on the doctor’s result?

Last updated 14 February 2017.