Q&A: Doctors in difficulty

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QUESTIONS

What if there is a problem in me achieving revalidation?
It is anticipated that the vast majority of GPs will meet the standards required for revalidation. Some may do so after local support and remediation. For those GPs who do not meet the standards of revalidation, we understand that the GMC will assess them through its fitness to practise processes before their licence is put at risk. Support for GPs will be available throughout the revalidation cycle.

What do I do if I wish to appeal against an unsatisfactory appraisal?
You should appeal with your responsible officer.

SCENARIOS

I am suspended from the primary care organisation performers list whilst they investigate me. What do I do regarding my appraisals and revalidation?
This will be a difficult time for you and you should establish support (e.g. Local Medical Committee, your defence organisation, mentor etc). The overarching advice would be to continue your CPD and reflective practice and log it in your appraisal portfolio. Whilst on suspension, if your revalidation becomes due the Responsible Officer is likely to ‘defer’ your recommendation until the outcome of your investigation has been completed and dependant on any further actions required. Your local primary care organisation (designated body) will decide about whether actual appraisal should take place depending on their local policies.

I am the subject of a nasty complaint which is now under the auspices of the Ombudsman. Will this compromise my ability to be considered for revalidation?
Personal support will be important for you as this can be a very stressful time. All complaints need to be brought to your appraisal for review and in particular to explore your reflections and any learning that you have taken. Having a complaint in itself should not preclude a Responsible Officer’s decision to recommend revalidation, but if this is part of a wider picture of concerns you should already have had discussions with the professional support group. However the RO will need to consider each complaint that has been escalated (to the ombudsman or the primary care organisation-designated body, etc), to decide whether it impacts on your ability to maintain patient safety.

Often complaints go directly to the practice and are handled entirely by the practice, and therefore the designated body may be unaware of them, but they should be brought to appraisal.

I am undergoing a remediation plan with the primary care organisation, and my reviews are going well. Will this impact on my ability to be revalidated?
This will be an RO decision depending on the initial issues and your effective participation in remediation, and the outcomes of the remediation.
I have been referred to my local professional performance group and the chair is also the RO. Will this impact on their recommendation to the GMC about my revalidation?

The RO has a duty to ensure local professional performance policies are in place and enacted, and they often have a physical presence in these committees, although any decisions regarding your case will be made by the committee as a whole. The RO is obliged to be made aware of all concerns about a practitioner as well as their effective participation in annual appraisal before they make their recommendation.

I have had some professional support issues which are now dealt with and closed. Will the RO declare them to the GMC in the course of their recommendation regarding revalidation?

The RO has only three possible recommendations to the GMC. The first is to positively affirm a recommendation to revalidate based on all past and present information available. The second is to defer whilst more supporting information is established or an investigation is completed. This deferral category cannot be used if the case involves that which would be normally referred to the GMC anyway. This would normally not exceed 12 months. The third recommendation is to refer to the GMC for non engagement in the process. If your professional support issues have been resolved there would be no necessity for the RO to inform the GMC of this. However if in future there is a referral to the GMC, the GMC will ask for any past issues and this would then be shared.

I have had some difficulties which resulted in being referred to the Professional Support Group, and I disagreed with their recommendations and had an altercation with the RO over this. Will this affect their decision about recommendation for revalidation?

If you feel there is any conflict from the RO in terms of the altercation you can request an alternative RO to make the recommendation. However any RO will be privy to the full details of your professional performance issues and any dialogue regarding this. The second RO will be in the same position as the first RO in terms of the information available and their decision making.

The RO and I have had a long term dislike of each other, and I had to ask another member of the team to deal with some issues I have had some problems with. Can I request a different RO as I am concerned about their impartiality?

Primary care organisations (designated body) are likely to source an RO from another organisation where there is a conflict of interest or appearance of bias between that RO and the doctor. Further information is available in the guidance that accompanies the RO regulations:

Responsible officer regulations and guidance – England, Scotland and Wales
Responsible officer regulations and guidance – Northern Ireland
**I have been informed that the recommendation for revalidation has been deferred by the RO to the GMC, because I am undergoing remediation. What does this mean and does it mean I might not ultimately be revalidated?**

This means the RO has delayed his/her recommendation to the GMC while they gain extra information or investigate the issues described. Depending on the issues, and the participation in remediation the RO may or may not be able to recommend you for revalidation. We advise you keep in close contact with the professional support group lead and engage fully with the process and your remediation plan.

**I have been informed that the RO has referred me to the GMC for 'non engagement'. What does this mean?**

‘A doctor is not engaging in revalidation where, in the absence of reasonable circumstances, they:

- do not participate in the local processes and systems that support revalidation on an ongoing basis
- do not participate in the formal revalidation process.’

Taken from the GMC document *Making revalidation recommendations: the GMC Responsible Officer protocol. December 2012*

**Do I need to have discussed my performance issues at appraisal and how much information do I have to give my appraiser?**

Yes this would now be expected. We would recommend a précis of the case, any interventions, but most importantly what you have learnt and what you have changed as a result of the performance issues.

**Why would I be referred to local professional performance process if I don’t engage with the process for annual appraisal?**

It is a requirement to remain on the performers list that you engage effectively in annual appraisal. If you do not this it will prompt a referral to the professional support group for them to consider further actions. Annual appraisal is the cornerstone of revalidation, and will provide a review of the supporting information required by the GMC for the purposes of revalidation. Persistent non engagement will prompt the RO decision to refer to the GMC for ‘failure to engage’.
I am currently being investigated by the GMC. What do I do about my imminent revalidation date?

Taken from the GMC document *Making revalidation recommendations : the GMC Responsible Officer protocol. December 2012:*

‘Some doctors may be the subject of an open GMC Fitness to Practise investigation at the point when they are due to revalidate. In this circumstance the GMC defers all activity relating to the doctor’s revalidation until the doctor’s fitness to practise investigation has concluded.

The reactivation of a doctor’s revalidation cycle will only apply to doctors who remain licensed following the conclusion of the GMC fitness to practise investigation. A doctor who is erased from the medical register as a result of the GMC’s fitness to practise procedures no longer holds a licence to practise, and is not subject to revalidation.’