Revalidation – Frequently Asked Questions

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**What is revalidation?**

Revalidation is the process by which all licensed doctors have to demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise and complying with the relevant professional standards.

**What is the purpose of revalidation?**

The purpose of revalidation is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Revalidation is a way of regulating the medical profession that provides a focus for doctors' efforts to maintain and improve their practice; facilitate the organisations in which doctors work to support them in keeping their practice up to date; and encourage patients and the public to provide feedback about the medical care they receive from doctors. In these ways, revalidation will contribute to the ongoing improvement in the quality of medical care delivered to patients throughout the UK.

Revalidation will also serve as a process for identifying GPs, as far as is practicable, for whom there are significant concerns about their fitness to practise and to detect early signs of deteriorating performance. The RCGP works to ensure that GPs are supported at every stage during the revalidation cycle, particularly if they are experiencing difficulties.

**Does revalidation affect me?**

If you are a doctor holding registration with a licence to practise, you must participate in revalidation to continue your licence.

**What is the role of the RCGP?**

The RCGP is responsible, on behalf of all GPs, for describing the supporting information that GPs would be expected to collect to demonstrate that they are meeting the standards set by the GMC. The RCGP has worked closely with the other Medical Royal Colleges, the BMA and the GMC in the development of its supporting information, which it aims to be applicable to all GPs, regardless of their working context.

There is no requirement to be a member of the College for revalidation.
Does revalidation affect my place on the GMC register?

No. Revalidation is required only to maintain a licence to practise in the UK. It is not required to maintain GMC registration.

There is an option for doctors in some situations (e.g. working abroad) to relinquish their licence to practise (and therefore not revalidate), but remain registered with the GMC and maintain their entry in the generalist or specialist register. This provides confirmation that their qualifications have been recognised and that they are in good standing with the GMC. Licences can be reinstated if circumstances change.

The generalist and specialist registers are historical documents which record the specialties in which you have trained. If you no longer work in the specialty for which you were originally listed on the register you will not lose your registration if your revalidation is based on supporting information from practice in another field.

Revalidation is not about demonstrating that you are up to date in that registered specialty (in which you trained), but that you are up to date and fit to practise in your current fields and across your scope of work.

As a specialist or generalist, you will need to continue to meet the existing requirements and this will be evident through the detail of the supporting information that you provide at appraisal.

How does revalidation work?

Doctors must revalidate in order to maintain their licence to practise in the UK. The GMC is responsible for revalidating doctors and requires assurance that a doctor is up to date and fit to practise.

For doctors who are not in training, revalidation is based on evaluation of your practice through appraisal. You are expected to participate in annual appraisal covering the scope of your work as a doctor over a five-year revalidation cycle, and need to collate a portfolio of required supporting information to bring to your appraisal as a basis for discussion. The supporting information will demonstrate that you are keeping up to date and have met the requirements for Good Medical Practice.

The GMC has set out its generic requirements for medical practice and appraisal in three main documents. These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal. The RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here) is the first point resource for GPs, but you should ensure that you are familiar with the following documents:

- Good Medical Practice
- Good Medical Practice Framework for appraisal and revalidation
- Supporting information for appraisal and revalidation

You should also have regard for any guidance that your employing or contracting organisation may provide concerning local policies. Please see the Medical Appraisal Guide available from NHS England and equivalent guidance for doctors in the devolved countries.
A doctor will be recommended for revalidation to the GMC by their Responsible Officer (RO), normally every five years, based on:

- information provided from the five annual appraisals
- a completed portfolio of supporting information
- an absence of concerns about their practice raised through local clinical governance routes.

An RO will be able to make one of three statements to the GMC:

1. That the doctor is up to date, fit to practise and should be revalidated
2. That the recommendation should be deferred while more information is obtained - for example where a doctor has taken a career break
3. That the doctor has failed to engage with any of the local systems of processes (such as appraisal) that support revalidation.

In the last case the doctor will be referred to a fitness to practise (FtP) panel of the GMC for consideration of whether the licence to practise should be revoked. It is only the GMC that can give or remove the licence to practise.

Please note that if there were concerns arising about the doctor’s fitness to practise at any time preceding the revalidation date, those concerns should be raised with the GMC formally or informally – and this should take place at the time concerns arise, and not at the revalidation date.

Revalidation is not about ‘pass or fail’; it is a supportive and developmental process designed to provide assurance about a doctor’s fitness to practise, and will enable doctors to identify areas for improvement at an early stage within a structured approach to personal development. These areas should be addressed at appraisal through the Personal Development Plan each year.

**Do I have to pass an examination in order to revalidate?**

For practising doctors, the answer is “no”. That is because revalidation is about what doctors do in their actual practice. In most cases, an examination would not tell us about this. Instead, revalidation is based on annual appraisal covering the scope of your work as a doctor. It will require you to show, within the context of your practice, that you are meeting the appropriate professional standards.
Is my appraisal information confidential?

Information about appraisal is confidential and only those with a legitimate right should access it. In addition to your appraiser, this might include your appraisal lead, responsible officer and the GMC – as well primary care organisation (PCO) or Designated Body officers for administrative purposes, who should process that information in accordance with the Data Protection Act 1998.

The NHS England Medical Appraisal Guide states that the “confidential appraisal discussion remains at the heart of every effective appraisal process. The appraiser is in a unique position to support, guide and constructively challenge the doctor, having reviewed the supporting information and commentary provided.” However, the document goes on to say that “confidentiality is not absolute….and in a similar way to the doctor-patient relationship in a consultation, there will be situations in which the appraiser is obliged to share information gained in the appraisal discussion. This would clearly be the case should patient safety issues be identified. The appraiser should always act in a professional manner and should follow published local procedures where they exist. When in doubt the appraiser or the doctor may wish to discuss this with the appraisal lead, responsible officer or nominated deputy.”

What involvement do patients have?

To be effective, revalidation must have patient care as its focus and key organisations, including the RCGP, have sought to ensure patient representation on relevant boards and working groups.

The revalidation portfolio should contain the results of one patient survey. Patient surveys must seek the views of the patients actually consulting the GP – practice-based surveys of the registered population will not be acceptable. The College’s recommends that this survey should be carried out within the first three years of the cycle to allow time for a follow up survey to be undertaken if the first survey identifies issues. Doctors are encouraged to reflect on the results of their survey and identify any opportunities to improve their practice on the basis of the results, which are best discussed with a trained facilitator, who may be your appraiser.

Whilst it is recognised that some doctors do not see patients as part of their medical practice, the GMC recommends that they think broadly about what constitutes a “patient” in their practice (see your specialty’s guidance at: http://www.aomrc.org.uk/revalidation/speciality-frameworks-and-speciality-guidance.html).

The GMC has provided guidance on the principles and criteria for all survey tools for use in revalidation.
What is being done to ensure processes and procedures are in place to reflect the fact that GPs have diverse roles that don’t always match a standard template?

Revalidation must be proportionate and achievable for all GPs, regardless of their working context. The RCGP co-ordinated a number of pilots to determine how feasible it would be for certain groups of GPs, such as peripatetic locums, remote rural GPs and those who work in secure environments and the Defence Medical Services (DMS), to collect specific areas of supporting information. The pilots identified a range of alternative approaches and these have been incorporated into the RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here).

What notice will I be given that my revalidation is due?

All doctors should have received their first revalidation date from the GMC. A further GMC notification will be sent to doctors four months prior to the date their recommendation is due.

What if I wish to change my revalidation date?

You should speak to your responsible officer. They will need to be convinced that the reasons for changing your revalidation date are justifiable. In some circumstances, a responsible officer can recommend that a doctor’s revalidation date is deferred, usually by up to one year.

What should I be doing for revalidation?

Key Things to do now:

- Ensure that you have a responsible officer – if not, inform the GMC
- Ensure that your annual appraisals are conducted properly with Good Medical Practice as their focus
- Use an electronic portfolio or a Medical Appraisal Guide (MAG) Model Appraisal Form (for GPs based in England) to collect your supporting information for appraisal and revalidation
- Record your continuing professional development (CPD) and Personal Development Plan (PDP) objectives and outcomes
- If you haven’t participated in a Patient and/or or Colleague Feedback survey that is relevant to your current scope of practice within the five year period prior to your first revalidation date, plan to do them
- Ensure that you are participating in annual quality improvement activity, providing significant event analyses or individual case reviews each year
- If you haven’t completed a two cycle clinical audit or quality improvement project since April 2011, plan to do one.

Is there a required minimum number of clinical sessions that doctors must undertake in order to revalidate?

The revalidation process does not dictate a set number of hours or clinical sessions in any field; it is based on a doctor’s current practice. The RCGP would emphasise that consideration should be made at appraisal as to whether a doctor is up to date and fit to practise in all aspects of their work.
How do I get an appraisal?
Once you have confirmed your prescribed connection with a designated body, your Responsible Officer (RO) should advise you on how to access an appraisal, and should ensure that adequate systems are in place in your organisation.

Can I choose my own appraiser?
It is unlikely that you will have free rein to choose your appraiser. ROs are obliged to ensure that there are sufficient numbers of trained appraisers in place in their organisation, and that those appraisers have completed the training prescribed by the NHS Revalidation Support Team (or equivalent organisation). To satisfy themselves that you have an appraisal of the required standard for revalidation, your RO will ensure you are allocated an appraiser who has been through the necessary training. This fits with their obligations and responsibilities to quality-assure appraisal within their organisation.

Can I keep the same appraiser?
You should speak to your RO if you wish to enquire whether you can keep an existing appraiser. The RCGP would not recommend that GPs have the same appraiser for more than three consecutive years.

How do I confirm my prescribed connection to a designated body and Responsible Officer?
You can also find your designated body by using the GMC’s online tool: http://www.gmc-uk.org/doctors/revalidation/designated_body_tool.asp Once identified, your RO should help you to identify a suitable appraiser.

I have been unable to confirm a connection to a designated body, can I still revalidate?
Doctors working in the UK without a connection to a designated body will need to find a 'suitable person' to make their revalidation recommendation to the GMC. A 'suitable person' is licensed doctor with GMC approval to make a revalidation recommendation.

Information on this route to revalidation is available from the GMC website http://www.gmc-uk.org/doctors/revalidation/20386.asp

If you do not have a designated body and cannot find a suitable person to make a revalidation recommendation you will have to provide the GMC with evidence that you are up to date and fit to practise. Further information on this route to revalidation is also available from the GMC website http://www.gmc-uk.org/doctors/revalidation/23523.asp
Should appraisers be of the same specialty as the person being appraised?

In general, it would be advisable for an appraiser to be of the same specialty, if at all possible. However, this is not mandatory and will largely be dependent upon the decisions of the PCO or employer, and the availability of trained appraisers within that specialty. Please speak to your Responsible Officer; all appraisers will need to have received the appropriate training.

Any appraiser should ensure that they have sufficient information about you, your specialty, and specialty standards to complete the appraisal. Specialty information and advice is available to appraisers and appraisees, including through each specialty’s guidance: http://www.aomrc.org.uk/revalidation/speciality-frameworks-and-speciality-guidance.html

What forms do I have to fill in for appraisal?

It is very important that the inputs and outputs of your appraisal are accurately and effectively recorded over the revalidation cycle. In the first instance, you should speak to your appraiser or RO about your organisation’s forms or procedures for recording your supporting information and/or the appraisal discussion. The RO is responsible for providing an effective appraisal system – please confirm with him or her as to what is expect of you. NHS England also has forms available on its website http://www.england.nhs.uk/revalidation/appraisers/mag-mod/ and there will be different support in the devolved nations.

Many NHS Area Teams are using the Clarity & RCGP Appraisal toolkit for GPs as this contains nationally compliant forms for revalidation, including pre and post appraisal documentation. Likewise, GPs in Wales are expected to use the Medical Appraisal & Revalidation System for Wales and GPs in Scotland are expected to use the Scottish Online Appraisal Resource.

If I have relinquished my licence, what would I need to do to start practising in the UK again?

You would need to re-activate your licence with the GMC. More information about this process can be found here http://www.gmc-uk.org/doctors/registration_applications/restoration.asp. You would then need to establish a connection with a UK designated body and (if working in the NHS) gain entry onto a performers list. Your primary care organisation may indicate the need for you to participate in a period of induction, support or supervision in order to be re-entered onto the performers list. (See http://gprecruitment.hee.nhs.uk/Induction-Refresher)

Why can’t practising GPs be registered as a patient within their own practice?

The RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here) states that GPs are required to sign a standard statement on probity, health and use of health care confirming that ‘You are in a position to receive independent, impartial health care advice (for example you are not consulting a family member ) and that you access health care appropriately. Unless there is a good reason it is best practice for a general practitioner to be registered in a practice in which he or she does not work ’ The GMC in its Good Medical Practice says that doctors should be able to access ‘independent and objective medical care’ and the College fully supports this best practice measure.
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, 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.