Revalidation – Frequently Asked Questions

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I work part time. How does this affect my revalidation?

You are expected to revalidate in the same way as full time doctors, which includes participating in annual appraisal and collecting supporting information in relation to the practice that you do. Part time doctors need to collect the same amount of supporting information as their full time colleagues, since they have the same responsibility to keep up to date.

If I take a short career break (e.g. maternity leave), how will this affect my ability to revalidate?

Your ability to revalidate should not be affected if you take a short career break within a five year revalidation cycle. Our understanding from the GMC is that you will be expected to revalidate at the usual point in your five year cycle on the basis of the supporting information you have collected and appraisals that you have attended within this time period. If you have been unable to collect sufficient supporting information for your appraisal, your Responsible Officer (RO) may recommend a deferment of your revalidation to the GMC, in order to allow you to collect additional information.

It is expected that doctors will want to take career breaks within their revalidation cycle, and there is flexibility in the process to manage this. If you do plan a break you should manage your appraisals around that break as far as possible, so that you do not miss an appraisal prior to going on leave. A ‘return to work’ appraisal may also be required by your employer. Some of the supporting information is required over the five year cycle, not annually, so again this may be able to be managed around the career break. You should speak to your appraiser and RO to develop an agreed approach. If you can reasonably do so, it is advisable to try to keep your CPD in your clinical areas up to date even if not actively practising, i.e. by attending specialist meetings or using distance learning and utilising the RCGP Essential Knowledge Updates and similar resources.

How do I revalidate as a trainee?

If you are a trainee in England, your responsible officer is your postgraduate dean. If you are a trainee in Scotland, your responsible officer is the medical director for NHS Education for Scotland. If you are a trainee in Wales, your responsible officer is the postgraduate dean of the Wales Deanery. If you are a trainee in Northern Ireland, your responsible officer is the postgraduate dean of the Northern Ireland Medical and Dental Training Agency (NIMDTA).

You should already have an account with GMC Online. Your RO will base their recommendation on the way you are progressing through your training, which is currently assessed by an Annual Review of Competence Progression (ARCP) panel.

Trainees will only be expected to provide the supporting information required for revalidation where this is already covered by the requirements of their curriculum and training programme, and most trainees will already produce this as a matter of course during their training.

The GMC states that the point at which you revalidate as a doctor in training will depend on how long your training lasts.

- If less than five years elapse between the point of licensure and completion of training your first revalidation will be at the point of eligibility for CCT (technically 60 days afterwards).
If more than five years elapse between the point of licensure and completion of training, you will be revalidated five years after you gained full registration with a licence to practise, and again at the point of eligibility for CCT.

When you complete your training, your postgraduate deanery will no longer be your designated body. Your designated body will change to the organisation in which you spend most or all of your practice.

For full details, please visit the [GMC website](https://www.gmc-uk.org).

I’ve just completed my training but have just received notification that I am to revalidate in about two months’ time. How can I prepare my supporting information in that short amount of time?

Don’t worry. Whilst your first revalidation will be at the point of eligibility for CCT, a technicality means that you revalidate approximately 60 days after the point at which you complete your training.

I am a GP with a Special Interest (GPwSI). How does this affect my revalidation?

Many GPs have areas of special interest or extended role in which they deliver care. If the care is delivered to the practice’s own patients and is a common activity (e.g. practice lead for diabetes) no extra supporting information is required. If the special interest is delivered within an NHS contract (i.e. the GP is contracted by their PCO as a GP with Special Interests (GPwSI)), that GP will need to describe their role and provide a certificate of accreditation. If, however, the special interest is not within an NHS contract, supporting information of appropriate skills before starting, keeping up-to-date, and the quality of care provided will be need to be provided. If an extended role is delivered for the registered list of patients within a practice then supporting information needs to be provided to demonstrate that the GP is up to date and fit to practise in all the roles undertaken. Further information can be found in the “Providing Context to What You Do” section of the RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website [here](https://www.rcgp.org.uk)).

I work across two specialties (including GPs who also practise in other specialties). How does this affect my revalidation?

If you work across different specialties you will still ideally, where possible, have one appraisal based on Good Medical Practice, which covers all your roles as a doctor. This is known as a ‘whole practice appraisal’. The supporting information you bring to your appraisal should reflect the full extent of your work as a doctor and so if you work across different roles and specialties you should collect information to represent all aspects of your professional work.

Annual appraisal must cover the whole scope of your practice. Information and reviews from other areas in which you work should be presented as part of your annual appraisal for your RO (e.g. from another organisation where you do other pieces or types of work).

You may need to refer to the specialty specific guidance from different medical royal colleges or faculties; for example if you are working as a GP and as a specialist practitioner, you will need to take into account the requirements set out by both the Royal College of General Practitioners and the specialty specific royal colleges.
Practitioners and the specialist Royal College, and your revalidation portfolio and appraisal will need to cover both areas of work. If you are on the specialist register but are now working only in primary care you will not have to provide information in relation to your specialty practice if you are no longer actively practising in that field. As stated, you will need to provide evidence for your primary care work.

What counts as general practice?
A generalist works with un-selected patients and manages undifferentiated medical issues. A portfolio of practice should represent all the work that a doctor does nevertheless, even if that work is not generalist in nature.

Does out of hours work count as general practice?
Yes, this is un-selected, undifferentiated practice (see above), even if it may not be delivered in a conventional practice setting.

I work in private practice, and do no work within the NHS. How do I revalidate?
You will revalidate in the same way as doctors working within the NHS. You will have to participate in annual appraisal and will need to maintain a portfolio of supporting information to bring to your appraisals. You will also need to link to a Responsible Officer (RO) and will need to confirm with the GMC your prescribed connection to an RO.

Some independent organisations may not always conduct appraisals, in which case you should find alternative routes to an annual appraisal. The Independent Doctors Federation has appointed an RO for doctors without a prescribed connection to an NHS RO: www.idf.uk.net. The Federation of Independent Practitioner Organisations also offers an appraisal service www.fipo.org.

Also see question: What should I do if I can’t establish a connection with a designated body? In the General FAQ section.

If I change my specialty or field of practice mid-way through a revalidation cycle, will this affect my ability to revalidate?
Your licence to practise and the process of revalidation are generic and do not restrict you to working in a particular specialty or field of practice. Revalidation is not about demonstrating that you are up to date in a specific field, but that you are up to date and fit to practise in your current field(s) across your current scope of work.

It is expected that some doctors may change specialties within the five years, and revalidation will not be affected by this – the types of information will remain the same, but the detail of the supporting information will differ. You will need to discuss your practice changes at appraisal and start collecting supporting information in relation to your new area of practice.
How should I demonstrate that my skills and knowledge are up to date in my specialty?

Your College or Faculty should advise you on the standards required for your specialty, and you should follow the Specialty Guidance on supporting information for revalidation for your specialty (or specialties) in order to show that you are keeping up to date in your field(s) for the purposes of revalidation. Please refer to the relevant specialty guidance documents at: http://www.aomrc.org.uk/revalidation/speciality-frameworks-and-speciality-guidance.html. GPs should use the RCGP Guide to the Revalidation of General Practitioners (available online from the RCGP website here) as a first point resource.

Your employer may also have additional requirements as part of your employment contract, but these are not directly part of revalidation and will be managed as part of normal HR processes.

I am a clinical academic. How should I revalidate?

A doctor’s portfolio should cover all clinical and non-clinical activities (e.g. teaching, management and leadership, medico-legal work, medical and other academic activities) undertaken as a doctor and include details as to their nature (regular or occasional), organisations and locations for whom this work is undertaken and any indemnity arrangements in place.

If a doctor is unable to provide an element of the core supporting information, and wishes to bring alternative or additional information to their appraisal this will be evaluated by the appraiser and may be accepted, with the agreement of their Responsible Officer. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines or as medical educators, or as medical managers with little or no patient contact, but by definition substantial vicarious responsibility for the standard of patient care. Some supporting information will not be appropriate for every doctor (for example patient feedback for doctors who do not have direct patient contact).

Appraisals of clinical academic staff would normally be expected to follow the Follett principles (see: http://bma.org.uk/practical-support-at-work/contracts/academics-contracts/follett-review-principles)

For additional detail please see our Academic GP example portfolio. This is available from the Revalidation: Guidance for GPs page of our website.

I have retired from the NHS but continue to practise in a voluntary or independent capacity. Do I need to revalidate?

Retired doctors may continue to work in many different capacities (such as with pharmaceutical companies, providing advice, working with universities, in out of hours work). Whether you need to revalidate depends upon whether you require a licence to practise to undertake any or all of the work that you do. You should speak to the organisation that you are working or volunteering for to ascertain whether that organisation requires you to hold a licence to practise. If you continue to treat patients you will require a licence.

If you are retired from clinical practice, it may be that you would wish to relinquish your licence to practise but maintain your registration with the GMC. This means that you do not have to revalidate, and it will show that you remain in good standing with the GMC. This will depend on whether you undertake any activity post-retirement which requires a licence to practise (e.g. if you work directly with patients). If you do require a licence then you will have to
revalidate in the same way as all doctors, linking to a designated body and Responsible Officer, participating in annual appraisal and collating a portfolio of supporting information in relation to the work that you do.

Please see the GMC’s information on licensing for further information.

Also see question: What should I do if I can’t establish a connection with a designated body? in the General FAQ section.

I work in solely a non-clinical role / do not directly treat patients. How do I revalidate?

If you need a licence to practise, you must revalidate in the same way as doctors in clinical roles, and the supporting information you bring to appraisal will need to reflect your non-clinical role.

The GMC states that if you want to continue to hold a licence to practise, then you will need to revalidate like every other doctor who is licensed. However, you may not need a licence to practise if you don’t carry out any clinical practice. If this is the case, you have the option of giving up your licence but maintaining your registration with us. This will show you remain in good standing with us. You can apply to have your licence restored if you need it at some point in the future because your circumstances change. Please remember, though, that by giving up your licence you will not be able to exercise any of the privileges associated with it. These include writing prescriptions, and signing death or cremation certificates. See GMC website.

If the type of activity that you are involved in could be ‘related to patient care’, you will need to confirm with your employing organisation whether you require a licence to practise. The term ‘practice’ refers to your professional work, clinical or non-clinical. This may include work with little or no patient contact, for example:

- interaction by correspondence, such as giving advice by telephone, email or letter
- requests for insurance medicals
- medico-legal work
- review of articles for a medical/specialty journal
- clinical skills lecturer.
- For further information please see the GMC's information on licensing and relinquishing your licence.
- review of articles for a medical/specialty journal
- examiner
I am registered with the GMC and have a licence to practise, but I practise entirely abroad. How will I revalidate?

Doctors who are based exclusively overseas do not need a licence to practise in the UK. The licence to practise gives doctors legal rights and privileges in the UK that do not apply in any overseas country. Doctors who are based overseas must abide by whatever regulatory requirements exist in the country in which they practise. Non-UK organisations should therefore not require their doctors to hold a UK licence to practise. You can relinquish your licence to practise whilst working abroad and reinstate it on return to the UK. Once your licence is restored, you would need to link to a designated body, participate in annual appraisal in the UK and provide supporting information in line with guidance. Any relevant information gathered while working abroad, as well as evidence of ongoing CPD, should be brought to your first appraisal on return to the UK.

If you choose to continue to hold your licence while practising abroad, you will have to revalidate in the same way as doctors practising in the UK, and link to a UK designated body. If your employer or contractor is based within the UK it may be that they will be able to provide you with a link to a Responsible Officer, and you should discuss your revalidation with them at the earliest opportunity.

If you have not already done so, you should confirm your current circumstances with the GMC through your GMC online account, so that the GMC can provide you with appropriate advice. You can read more about relinquishing your licence.

Also see question: What should I do if I can’t establish a connection with a designated body? in the General FAQ section.

I plan to take up a post abroad (in a non UK designated body setting) but wish to maintain my licence to practise. What are my options?

In order to maintain your licence, you need to link to a UK designated body, participate in annual appraisal in the UK (or within a UK designated body) and provide supporting information in line with guidance. You have the option of relinquishing your licence with the GMC and reactivating it on your return. Your place on the GP register will indicate that you are in good standing with the GMC. The alternative is that you return to the UK at intervals to undertake appraisals and participate in appraisal. However, you will need to connect to a Responsible Officer and maintain your position on a performers list. Primary care organisations (PCOs) are likely to have specific requirements with regards to maintaining your position on the performers list so you should speak to your PCO in the first instance.

Also see question: What should I do if I can’t establish a connection with a designated body? in the General FAQ section.

I work in the Republic of Ireland but am also licensed with the GMC, how will revalidation affect me?

All doctors who wish to retain their UK licence to practise with the GMC will need to be revalidated.
If I maintain a connection to a UK designated body, can I be appraised for revalidation while I am overseas?
To count for revalidation, your appraisal would normally be delivered through a UK designated body. However, the GMC’s alternative route to revalidation allows for a doctor to be appraised by an appraiser who is a licensed doctor with a connection to a designated body or an approved suitable person, and is participating in revalidation themselves. Nevertheless, in most cases a doctor who is practising entirely outside the UK would be expected to relinquish their licence to practise.

I am an International Medical Graduate planning to work in the UK. Does revalidation affect me?
Once you have fulfilled all the requirements which allow you to work in the UK, revalidation is the same for all General Practitioners. The GMC will decide when your revalidation is due.

I am an overseas member of the College and I am not on the GP Register. Does revalidation affect my membership?
As long as you are fulfilling your membership requirements, revalidation will have no bearing on your membership.