GMC consultation on the Licence to Practise and Revalidation Regulations 2012

1. I write with regard to the GMC consultation on the Licence to Practise and Revalidation Regulations 2012.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. Please see below answers to the specific questions raised:

   **Question 1a: Are the principles upon which we have built the regulations, the right ones?**

   Yes, these principles are reasonable.

   **Question 2a: Are the arrangements set out in regulation 3 for withdrawing a licence to practise where a doctor has failed to co-operate with the revalidation process reasonable?**

   Not Sure.
Question 2b: If you answered ‘no’ or ‘not sure’ please give further details.

In principle it is appropriate to withdraw a licence for failure to co-operate with revalidation. However, if a doctor is to have their licence withdrawn for failure in some part of the revalidation process, rather than poor practice, it is our view that they should have more time (perhaps 3 months, rather than 28 days) to make representations to the Registrar.

Question 3a: Are the circumstances in which a doctor may be required to revalidate as a pre-requisite to restoring a licence to practise appropriate?

Yes/Not sure.

Question 3b: If you answered ‘no’ or ‘not sure’ please give further details.

We agree on the whole with this section, but wonder whether, in paragraph 32 of the consultation document, it should refer to a doctor being ‘out of UK practice for five or more years’ rather than just ‘out of practice for five or more years’.

Question 4a: Do you think that the powers in regulation 5(2) for the Registrar to vary a doctor’s revalidation date provide the right balance between flexibility to respond to doctors’ individual circumstances and the ability to respond to protect the public interest?

Yes/Not sure.

Question 4b: If you answered ‘no’ or ‘not sure’ please give further details.

Paragraph 36 of the consultation document may be misleading – ‘The regulation would also permit the early revalidation of groups of doctors working in circumstances where risks to patient safety have been identified’ might imply that individual doctors will be penalised for organisational failures.

Question 5a: Is the statutory minimum notice period of three months given to the doctor before a revalidation submission is due sufficient?

Not sure.

Question 5b: If you answered ‘no’ or ‘not sure’ please give further details.

While we understand that in most cases a doctor will be well aware of their revalidation submission date much further in advance, in situations where the submission date has been brought forward (‘where that is in the interests of the individual doctor or the wider public interest’), three months does not allow time for a doctor to re-audit and demonstrate change. There may be a risk of unfairness here, and perhaps six months may be more appropriate (especially since, as stated, interim suspension of registration is still available where protection of the public is at issue).

Question 6a: Do you think we should explore the possibility of allowing additional UK organisations to perform the functions a Responsible Officer in evaluating doctors’ fitness to practise and making recommendations to the GMC regarding doctors’ revalidation?
Yes, so long as the GMC is satisfied of the suitability of the organisation to carry out these functions to the required standard.

**Question 7a:** Are there other factors, besides those listed in regulation 5(15) which the Registrar should take into account when deciding whether a doctor should be revalidated?

No.

**Question 8a:** Can you think of any reason why there might be adverse consequences for a doctor in deferring their revalidation?

No – so long as it is entirely clear that this deferral will not have an impact on future decisions.

**Question 9a:** Do the regulations provide sufficient flexibility in the revalidation process to make it possible for all licensed doctors to demonstrate their continuing fitness to practise?

Yes.

**Question 10a:** Are there particular groups of doctors for whom the Regulations would have an unfair or disproportionate impact?

No.

4. We are aware that the Academy and Royal Colleges are developing a model of revalidation advice provision for Responsible Officers on specialty issues. We look forward to GMC guidance on this and assume that this is being taken into account for the outputs of this consultation.

5. We gratefully acknowledge the contributions of the College’s experts in revalidation in formulating this response

Yours sincerely

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Honorary Secretary of Council