

2012

➤ Ready for revalidation

# Making revalidation recommendations: the GMC responsible officer protocol

Guide for responsible officers

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

## ➤ Contents

➤ <b>Section 1: Introduction</b> .....	4
1.1 The purpose of the protocol .....	5
1.2 Background to revalidation .....	7
1.3 The revalidation recommendation process .....	11
1.4 The responsible officer's role in revalidation recommendations .....	14
➤ <b>Section 2: Considering your recommendation about a doctor's revalidation</b> .....	16
2.1 Responsible officer checklist: Before you consider your recommendation .....	17
2.2 What a responsible officer recommendation means .....	18
2.3 Considering information about a doctor's fitness to practise .....	20
2.4 The timing of responsible officer recommendations .....	31
2.5 Further advice about recommendations .....	34
➤ <b>Section 3: The recommendation statements</b> .....	37
3.1 Positive recommendations .....	38
3.2 Deferral requests .....	40
3.3 Notifications of non-engagement in revalidation .....	43
3.4 Criteria for responsible officer recommendations .....	46
➤ <b>Section 4: Criteria for responsible officer recommendations</b> .....	47
4.1 Responsible officer checklist: Before you decide on your recommendation .....	48
4.2 Criteria for positive recommendations .....	49
4.3 Criteria for deferral requests .....	51
4.4 Criteria for notifications of non-engagement .....	54
<b>Appendix: Revalidation recommendation statements</b> .....	58
Positive recommendation statements .....	59
Deferral request statements .....	60
Notification of non-engagement statements .....	61

## Executive Summary

1. This protocol is a GMC guide for responsible officers (ROs) about revalidation recommendations.
2. The protocol
  - > describes what revalidation recommendations are
  - > clarifies the roles and responsibilities of ROs and their delegates in making and sending recommendations
  - > sets out the GMC's expectations of what will underpin RO recommendations
  - > provides ROs with statements and criteria for the three recommendation categories.
3. The protocol will be a useful resource for ROs when they consider their recommendations about doctors' revalidation. ROs should consult the protocol when the regulations that are needed to introduce revalidation commence. We expect that the General Medical Council (Licence to Practise and Revalidation) Regulations 2012 will commence in December 2012.
4. We have published the protocol before the regulations commence, so that ROs, employers, doctors and others can familiarise themselves with what ROs will need to do in order to make recommendations.

### In this guidance

5. There are four main sections to the protocol. The sections include information about:
  - > the purpose of the protocol
  - > how ROs should consider their recommendations
  - > the recommendation categories and statements
  - > the criteria for each recommendation category.

The most up to date version of the protocol can always be found on the GMC's website. If you would like to check that you have downloaded the latest version, please visit the guidance page of our revalidation pages at <http://www.gmc-uk.org/doctors/revalidation/9611.asp>

## ➤ Section 1: Introduction

*In this section*

- The purpose of the protocol
- Background to revalidation
- The revalidation recommendation process
- The responsible officer's role in revalidation recommendations.

## 1.1 The purpose of the protocol

### What the protocol includes

This protocol is guidance for responsible officers (ROs) about how they should consider their recommendations about a doctor's revalidation.

This guide describes the GMC's expectations of how you, as an RO, fulfil your statutory role in making recommendations about the revalidation of doctors with a prescribed connection to your organisation. It reflects the legislation that underpins revalidation and the RO role.

This protocol supports you, as an RO, to make fair and robust recommendations by:

- > describing the three categories of recommendations that you will be able to submit
- > providing detailed criteria so that you can be confident that you are making recommendations that are consistent, fair and robust
- > outlining the practical steps that you should take when submitting your recommendations to the GMC.

### Who is the protocol for?

The protocol is guidance that the GMC has produced specifically for ROs. It focuses on your specific responsibility to make recommendations on the revalidation of your doctors.

Because this guidance explains how we expect that you will fulfil your statutory responsibility it may also be a useful resource for:

- > designated bodies, who are required to support you in your role under the Responsible Officer Regulations 2010, and
- > licensed doctors, about whom you will make recommendations.

## What the protocol does not include

The protocol is not general guidance about revalidation or the RO role. It focuses solely on your duty to make recommendations about the revalidation of your doctors.

The protocol explains how revalidation affects the existing regulatory system that the GMC operates. While the following issues are referenced in the protocol they are not explained in detail:

- > the RO role outside of making revalidation recommendations, including the person specification and appointment of ROs (this is described in the Responsible Officer Regulations 2010 and accompanying guidance)
- > processes and systems that support revalidation locally
- > guidance on revalidation for individual doctors, employers and patients and the public
- > information about the licence to practise, or GMC registration more widely
- > the GMC's core functions more generally

## 1.2 Background to revalidation

### What is revalidation?

The Medical Act 1983 (Section 29A, part 5) states that “revalidation” means ‘the evaluation of a medical practitioner’s fitness to practise.’

Revalidation is the process through which the GMC will confirm that a doctor’s licence to practise will continue. It is a GMC process based upon licensed doctors working within governed environments that have, at their core, regular appraisal of their practice based on the values and principles of *Good Medical Practice (GMP)*.

Revalidation confirms that the doctor continues to practise in accordance with those values and principles and the processes that underpin revalidation should provide a regular opportunity for doctors to reflect on their own performance and practice. More information on revalidation is available in the revalidation section of the GMC’s website.

### Revalidation and the GMC’s fitness to practise procedures

Doctors’ fitness to practise is the focus of both revalidation and the GMC’s fitness to practise processes. Nevertheless they are separate processes with different aims:

- > revalidation is the process through which a doctor’s fitness to practise is positively affirmed
- > the GMC’s fitness to practise procedures, as described in Section 29 of the Medical Act, focus on dealing with concerns that are raised about a doctor’s fitness to practise
- > revalidation affects a doctor’s licence to practise, whereas the GMC’s fitness to practise processes affects a doctor’s GMC registration.

Revalidation does not replace or override the GMC’s existing procedures for dealing with concerns about doctors’ fitness to practise.

Your recommendations about doctors’ revalidation are not a route for raising concerns about their fitness to practise with the GMC. Concerns about doctor’s fitness to practise must be referred to the GMC, through our existing processes for dealing with concerns about doctors, as soon as those concerns arise.

If, for example, you wish to request the deferral of your recommendation, this should not be because you have identified a concern about the doctor’s fitness to practise that should be referred to the GMC.

Further information about the GMC’s fitness to practise procedures is available at the GMC’s web pages on concerns about doctors.

## The purpose and effect of revalidation

The purpose of revalidation is to provide assurance for patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Revalidation should contribute to the provision of high quality healthcare in the UK by:

- > providing a focus for doctors' efforts to maintain and improve their practice
- > enabling the organisations in which doctors work to provide support to doctors in keeping their practice up to date
- > identifying concerns about doctors at an early stage so that these cases are more actively managed locally or, where required, referred to the GMC's fitness to practise process for investigation
- > encouraging patients and the public to provide feedback about the medical care they receive from doctors
- > acting as a driver for improving clinical governance at the local level, and ultimately, improving standards of patient care.

## How revalidation works

Revalidation is based on the local evaluation of a doctor's practice through annual appraisals that consider the whole of their practice.

For revalidation doctors must:

- > participate in annual appraisals that have *GMP* at their core, usually in the workplace, and
- > maintain a portfolio of supporting information to bring to their appraisals as a basis for discussion.

## What responsible officers will need to do

As a doctor's RO you are responsible for making a recommendation to the GMC about his or her revalidation, when it is due.

Your recommendation will be one of the three recommendation categories described in Section 3 and must align with the relevant statements and criteria.



To ensure that you can make recommendations that are fair, consistent and robust you will need to:

- > put mechanisms in place to support the revalidation of your doctors, including access to supporting information about their practice and to systems of annual appraisal
- > seek assurance about the doctor's fitness to practise from the systems of clinical and corporate governance that govern the doctor's workplace or workplaces (for example, clinical audits, board review and other systems of internal and external audit)
- > understand the outcomes of a doctor's appraisals, where they have presented and discussed information collected from the whole of their practice
- > be satisfied that, where appropriate, a doctor has collected information about their practice from all other settings in which they practise, and that it is of sufficient quality
- > reinforce the doctor's statutory responsibility to engage in the systems and processes that support revalidation.

Your recommendation will be submitted to the GMC via GMC Connect or via an Application Programming Interface (API).

The GMC will use your recommendation as the basis for its decision about the doctor's revalidation.

## The legislation that supports revalidation

### The Medical Act 1983

The Act is the primary UK legislation that provides the legal basis for everything that the GMC does.

The Act gives the GMC specific powers and functions. Under the Act the GMC is able to make additional regulations that govern the way that the GMC works. These include the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*.

### The General Medical Council (Licence to Practise and Revalidation) Regulations 2012

The General Medical Council (Licence to Practise and Revalidation) Regulations 2012 were made by the GMC and agreed by the Department of Health and Privy Council. They include:

- > the GMC's powers to grant, withdraw, restore, or refuse to restore licences in a range of different circumstances
- > additional powers that the GMC needs in order to maintain, withdraw, restore, or refuse to restore licences in the context of revalidation.

## The Medical Profession (Responsible Officer) Regulations 2010

The RO role was introduced in the UK by the *Medical Profession (Responsible Officers) Regulations 2010* and the *Medical Profession (Responsible Officers) (Northern Ireland) Regulations 2010*.

The RO regulations that apply to England, Scotland and Wales were made by the Department of Health (England). The RO regulations (Northern Ireland) were made by the Department of Health, Social Services and Public Safety.

### What the regulations describe

The RO regulations and accompanying guidance:

- > create a new statutory role in UK healthcare
- > create relationships that overlay and transcend the existing structures and reporting arrangements within healthcare organisations
- > describe the duties of ROs
- > clarify who is eligible to undertake the RO role
- > require you, as an RO, to make recommendations to the GMC 'about medical practitioners' fitness to practise'.

You can only make recommendations about those doctors who have a prescribed connection to your designated body, as described by the RO regulations.

### Your duties regarding revalidation

The RO regulations impose a number of duties that complement your role in making revalidation recommendations. These include:

- > ensuring that your designated body or bodies carries out robust and regular appraisals
- > establishing and implementing procedures to investigate concerns about a medical practitioner's fitness to practise
- > where appropriate, referring concerns about the doctor to the GMC
- > where appropriate, monitoring a doctor's compliance with conditions imposed by, or undertakings agreed with, the GMC
- > maintaining records of doctors' fitness to practise evaluations, including appraisals and any other investigations or assessments.

Under the RO regulations, the designated body (or bodies) for whom you are the RO is obliged to provide you with sufficient resources to carry out your role.

## 1.3 The revalidation recommendation process

### Recommendations in the revalidation cycle

Revalidation recommendations can be made once the GMC has served on a doctor, informing them that a recommendation about their revalidation is due.

Your recommendation will be one of the following three categories:

- > a positive recommendation that the doctor is up to date and fit to practise
- > a request to defer the date of your recommendation
- > a notification of the doctor's non-engagement in revalidation.

Your recommendation will be submitted after you have considered the information that is available to you about the doctor's revalidation. This information will have been generated by the doctor's regular participation in the local systems and processes that support revalidation, including:

- > the outputs of ongoing local processes that support revalidation including annual appraisal
- > the supporting information required for revalidation that is collected by doctors throughout a revalidation cycle
- > other relevant information generated by local systems (for example, early identification and, where possible, resolution of concerns about doctors' fitness to practise).

After your recommendation has been submitted, the GMC will make a decision about the doctor's revalidation based on your recommendation.

You cannot withdraw your recommendation once it has been submitted to the GMC. If you are concerned about a submitted recommendation you should contact the GMC as soon as you have identified an issue.

Where the GMC makes a positive decision about a doctor's revalidation, the doctor's next revalidation cycle begins. The GMC then confirms when the doctor is next due to revalidate.

## The steps to making a revalidation recommendation

As your recommendation is a formal submission to the GMC about a doctor's revalidation:

- > you must exercise your professional judgement when considering your recommendations
- > your recommendations should be made in good faith, based on the information that is available to you.

The revalidation process formally begins when the GMC issues notice to the doctor, stating that a recommendation about their revalidation is due. GMC Connect will allow you to filter doctors according to their submission date.

To prepare your recommendation you must take account of the information that is available to you about a doctor's revalidation, generated by the local systems and processes that support revalidation.

Section 2 describes the information that you should assess when you consider the recommendations that you make about doctors.

After considering the available information, you must decide which of the three categories of recommendation you will make:

- > Section 3 describes the categories of recommendation that you can make
- > Section 4 provides criteria for the three recommendation categories.

The submission of your recommendation is not the only time at which you can discuss a doctor's revalidation with the GMC.

You can discuss a doctor's revalidation at any point with the GMC's Employer Liaison Service (ELS) or the GMC Revalidation Decisions Team.

In particular, you may wish to contact the GMC to discuss deferring your recommendation, or notifying the GMC of a doctor's non-engagement in revalidation. Notifications of non-engagement can be submitted to the GMC at any point, provided that they meet the criteria in Section 4.

## Decisions about doctors' revalidation

You are not responsible for, or able to make a decision about a doctor's revalidation. Decisions about doctors' revalidation can only be made by the GMC.

In making a decision about a doctor's revalidation, the GMC considers your recommendation and any other relevant information, including:

- > previous deferral requests which you or another RO have made about the doctor in question
- > previous notifications of non-engagement which you or another RO have submitted about the doctor in question
- > whether the doctor is currently in a GMC process such as fitness to practise
- > any other information relating to the doctor's registration with the GMC such as current applications for erasure from the medical register.

## 1.4 The RO's role in revalidation recommendations

### Making a recommendation about a doctor's revalidation

The statutory responsibility of responsible officers (ROs) to make revalidation recommendations is distinct from their other duties as described in the RO regulations. Nevertheless, as the legislation that supports revalidation shows, ROs have other duties that complement their role in making revalidation recommendations.

As an RO you will fulfil your responsibility to make revalidation recommendations by submitting your recommendation to the GMC via GMC Connect or API.

Submitting your recommendations is a specific interaction with the GMC that stands apart from your other contact with the GMC (for example, discussing a doctor's fitness to practise case or revalidation with the GMC ELS).

### Delegating activities: support for responsible officers

The Responsible Officer regulations 2010 state that, as an RO, you are responsible for making recommendations about doctors' fitness to practise to the GMC.

Your responsibility to make recommendations about doctors' revalidation cannot be delegated. While you can, for example, delegate the task of sending recommendations to the GMC, you are responsible for the recommendations that are sent in your name.

Under the RO regulations, your responsibility to make recommendations includes the requirement that you maintain records of how you have made recommendations about doctors' revalidation.

## What responsible officers are not responsible for

ROs have a specific responsibility to consider and formulate revalidation recommendations.

As an RO you are not responsible for:

- > making decisions about doctors' revalidation - while decisions will be based on your recommendations, only the GMC can make a decision about a doctor's revalidation
- > putting in place local systems to support revalidation (designated bodies are required to put systems in place and as an RO you must ensure that these systems are sufficient robust to support revalidation)
- > making recommendations about doctors for whom you are not the RO.

The ways in which doctors can link to a designated body, and therefore an RO, are defined in the RO regulations. You cannot act as the RO for doctors that do not have a prescribed connection to your designated body, as defined in the RO regulations.

## ➤ Section 2: Considering your recommendation about a doctor's revalidation

*In this section*

- Checklist: Before you consider your recommendation
- What a responsible officer (RO) recommendation means
- Considering information about a doctor's fitness to practise
- The timing of RO recommendations
- Advice about recommendations



## 2.1 Checklist: Before you consider your recommendation

Check:

- > that the doctor has a prescribed connection to your designated body
- > how your designated body will submit recommendations (e.g. via GMC Connect)
- > that you have sufficient support and resources to enable you to prepare recommendations and send them to the GMC.

Make sure you are aware that:

- > while your team may complete recommendation submissions on your behalf, the accountability for making the recommendation and the decision to submit cannot be delegated to others
- > your recommendation may only be a positive recommendation, a deferral request, or a notification of non-engagement in revalidation
- > your recommendation is not a decision about a doctor's revalidation
- > your recommendation forms the basis of the GMC's decision about the doctor's revalidation
- > the GMC will follow up overdue recommendations.

Make sure you are aware of:

- > your statutory duty to make recommendations about doctors' fitness to practise, as described in the Responsible Officer regulations 2010.
- > the responsibilities of individual doctors to collect supporting information and participate in annual appraisal for revalidation
- > the content and key messages of this protocol.

## 2.2 What a responsible officer recommendation means

An RO recommendation is a formal submission to the GMC about a doctor's revalidation. An RO's recommendation can only involve one of the following categories:

- > a positive recommendation that a doctor is up to date and fit to practise
- > a request by the RO to defer the date of their recommendation submission
- > a notification of the doctor's non-engagement in revalidation.

### For responsible officers and designated bodies

In line with the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*, your recommendation will be used by the Registrar, on behalf of the GMC, to make a decision about whether a doctor's licence will be continued.

Your recommendation is a formal submission to the GMC about a doctor's revalidation. By sending a revalidation recommendation you are fulfilling your statutory duty, as described in the Responsible Officer regulations 2010 to 'make recommendations about the fitness to practise' of licensed doctors.

Your recommendation is distinct from your other contact with the GMC about a doctor's revalidation, such as discussions with the Employer Liaison Service (ELS) or the GMC Revalidation Decisions Team.

Your recommendation reflects your consideration of the information that is available to you about a doctor's revalidation, which has been drawn from across their revalidation cycle. This includes information collected by the doctor and the outputs of local systems and processes to support revalidation.

Later pages of this protocol provide further information about the information ROs should consider and where it is drawn from.

## For licensed doctors

Your recommendation represents your judgement about the fitness to practise of a licensed doctor. It is based on:

- > your assessment of whether a doctor has participated in all necessary processes and systems for revalidation, and
- > whether the doctor's participation has revealed any concerns about their fitness to practise.

Your recommendation is not a decision about whether a doctor should be revalidated. The GMC uses your recommendation to inform its decision about a doctor's revalidation.

## For the GMC

The formal revalidation process, as described in the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*, begins when the GMC issues notice to a doctor stating that they are due to revalidate.

Your recommendation will form the basis of the GMC's decision about a doctor's revalidation. It summarises your judgement about whether a doctor is up to date and fit to practise, and should continue to hold a licence to practise.

Your recommendations are a key part of the revalidation process. It is important that you take steps to ensure their quality and consistency, as described in Section 2 of this guidance.

## 2.3 Considering information about a doctor's fitness to practise

### Your responsibility to consider information

This section clarifies some important points about what information you should consider when you formulate a recommendation.

The scope of your statutory responsibility to make revalidation recommendations is defined in the *Responsible Officer regulations 2010* and the *Licence to Practise and Revalidation regulations 2012*.

To fulfil your statutory function of making revalidation recommendations to the GMC, you will need to consider a range of information, as described in this section.

You will need to consider the information available to you about a doctor's fitness to practise in order to inform your judgement about their revalidation. Your consideration of the available information will have one of three outcomes:

- > your recommendation that the doctor's licence to practise should be continued, based on your informed judgement that they are fit to practise
- > your request for the GMC to defer the date on which you are required to make a recommendation about the doctor's revalidation
- > your notification to the GMC, that a doctor has not engaged in systems and processes that support revalidation, and consequently, that you are unable to make a positive recommendation about their revalidation.

### The range of information you should consider

You will need to consider the following types and sources of information for every doctor about whom you make a recommendation:

- > a doctor's participation in annual appraisals, where the doctor is not in a training programme
- > the supporting information collected by the doctor
- > the assessments and other curriculum requirements of a doctor's training programme, where the doctor is in a training programme
- > the systems of clinical and corporate governance that are in place within the doctor's workplaces
- > information from all organisations in which the doctor has undertaken medical practice
- > the doctor's compliance with GMC conditions or undertakings that have been placed on their registration during the current revalidation cycle

- > the doctor's compliance with any locally agreed conditions on the doctor's practice
- > any unaddressed concerns about the doctor's practice.

When submitting your recommendation, the GMC expects that you agree with the totality of the statement that accompanies the recommendation that you are making. Section 3 and Section 4 describe the statements and criteria that apply to each type of recommendation.

### Information about a doctor's participation in systems of annual appraisal

All three recommendation categories require you to agree to statements relating to the doctor's participation in annual appraisal during the current revalidation cycle.

You must be satisfied that, within the designated bodies for which you are the RO, arrangements for doctors' appraisals provide you with reliable outputs.

The GMC does not require you, as an RO, to look at each individual piece of supporting information that a doctor collects for their revalidation. It is for you to judge the level of detailed information that you need to review when considering your recommendation.

#### *Reflecting the requirements of the GMC's Good Medical Practice Framework for appraisal and revalidation*

You will need to consider whether the annual appraisals that the doctor has participated in reflect the principles set out in the GMC's *Good Medical Practice (GMP) Framework for appraisal and revalidation*.

To recommend a doctor for revalidation your judgement must be that the doctor has participated in a system of annual appraisal reflecting the requirements of the *GMP Framework*.

You have an obligation to ensure that, within the designated bodies for which you are the RO, systems of medical appraisal comply with the principles set out in the *GMP Framework*.

#### *Appraisal systems outside of your designated body*

In some cases you will not have responsibility for the system of appraisal in which a doctor participates, but will remain the doctor's RO. In making a decision about a doctor's revalidation you must consider whether the doctor's appraisals meet the GMC's requirements as set out in the *GMP Framework*.

Regardless of whether you have responsibility for the appraisal system in which a doctor participates, you must take reasonable steps to ensure that a doctor's appraisals meet the GMC's requirements. This includes:

- > ensuring that local systems record information about all areas of a doctor's practice, and

- > working with appraisers and others who summarise and collate information about a doctor's appraisals.

You are not responsible for developing appraisal systems in organisations for which you are not the RO but you will need to consider whether the system is robust in making your recommendation about the doctor's revalidation.

You will need to make a professional judgement about whether the doctor's appraisal system complies with the principles outlined in the *GMP Framework*. Where you believe that a doctor's appraisal system does not meet the principles in the *GMP Framework*, you should raise your concerns with the organisation in question as soon as possible.

#### Appraisal for the purposes of revalidation

As appraisal serves a number of purposes, doctors may be required to participate in systems of appraisal for reasons other than revalidation. As such, local or organisational requirements may be incorporated into a doctor's appraisals.

When you consider your recommendation about a doctor's revalidation, you need only consider whether the doctor's appraisals meet the GMC's requirements for revalidation, as outlined in the *GMP Framework* and the GMC's guidance *Supporting information for appraisal and revalidation*.

#### Considering the whole of a doctor's practice

In making your recommendation you will need to make a judgement about whether the doctor's system of annual appraisal has enabled them to present and discuss information from across the whole of their practice.

To make a positive recommendation about a doctor's revalidation, your judgement will be that the whole of a doctor's practice has been considered at annual appraisal, in line with the principles of the *Good Medical Practice (GMP) Framework* for appraisal and revalidation.

Some doctors will undertake medical practice in more than one organisation. You will need to consider information from all organisations in which a doctor practices when making your recommendation.

This section provides more information about the transfer of information about a doctor's revalidation between organisations. Information about information sharing and other relevant issues is also included in the GMC's guidance on *Confidentiality* and *Leadership and Management for all doctors*.

#### A doctor's responsibility to participate in appraisal

Licensed doctors must participate in systems of appraisal that are robust for revalidation, as described in this section.

If you cannot state that the doctor's appraisal system reflects the principles of the *Good Medical Practice (GMP)* Framework for appraisal and revalidation, or considers the whole of the doctor's practice, you will need to consider whether this is due to the doctor's failure to engage with appraisal.

In this circumstance, you should refer to the GMC's criteria for deferral requests and criteria for notifications of non-engagement in revalidation to consider which recommendation category is appropriate.

## A doctor's presentation and discussion of appropriate supporting information

To make a positive recommendation about a doctor's revalidation you will need to be satisfied that the information the doctor has presented and discussed at annual appraisals meets the requirements of the GMC's guidance *Supporting information for appraisal and revalidation*. You should therefore consider whether:

- > the doctor has collected all six types of supporting information
- > this information has been drawn from the whole of the doctor's practice
- > the doctor has collected this information as frequently as specified in the *GMC's guidance Supporting information for appraisal and revalidation*.

The GMC does not require you, as an RO, to analyse each piece of a doctor's supporting information in order to make a judgement about their revalidation.

Depending on the scale and complexity of the designated bodies for which you are the RO, you will need to make arrangements for receiving information about a doctor's presentation and discussion of supporting information at appraisal.

## Information about doctors in training

The arrangements for the revalidation of doctors in training are principally the same as for all other doctors. Nevertheless, revalidation takes account of the existing systems and requirements of training programmes in which doctors participate.

The majority of supporting information required for revalidation is already collected by doctors as part of their training programmes. Where doctors do not routinely collect items of supporting information, they are not expected to go beyond the requirements of their training programme to collect it.

As part of their training programmes, doctors in training will work in more than one organisation. In making your recommendations, you should consider all relevant information from the local education providers in which doctors undertake training placements.

As an RO your recommendation about a doctor's revalidation represents your evaluation of their fitness to practise. You should ensure that you consider information about a doctor's fitness to practise that is available to you from outside the formal assessments and curriculum requirements of their training programme.

If you are the RO for doctors in training you will need to consider the following three factors in place of what this section describes for licensed doctors who are not in training. These factors are reflected in the wording of the positive recommendation statement.

#### Participation in the assessments and curriculum requirements of a doctor's training programme

Doctors in training are required to reflect on their practice by undertaking assessments, and through regular meetings with their educational supervisor.

These assessments and meetings reflect the requirement for all licensed doctors to collect and reflect on information drawn from the whole of their practice, as outlined in the *GMP Framework*.

Statement One of the positive recommendation statement:

- > acknowledges that doctors in training already work within systems that should enable them to meet the requirements to support their revalidation
- > clarifies that doctors in training are not required to participate in an annual appraisal process above and beyond the activities currently required as part of their training programme.

#### Undertaking and discussing the assessments and curriculum requirements of a doctor's training programme

As an RO you will need to make a judgement about whether a doctor in training has undertaken and discussed the assessments and curriculum requirements of their training programme in accordance with the requirements of the GMC's Guidance *Supporting information for appraisal and revalidation*.

Statement Two of the positive recommendation statement acknowledges that doctors in training already collect the majority of the supporting information required for revalidation as part of their training programme.

#### Information collected during the implementation of revalidation

During the implementation phase of revalidation, doctors in training are not required to collect all six types of supporting information as laid out in the GMC's guidance on the *Supporting information for appraisal and revalidation*, if this is not currently a requirement of their training programme or curriculum.



Arrangements for the revalidation of trainees will be linked to the existing Annual Review of Competence Progression (ARCP) processes or equivalent.

Regardless of whether you are part of the ARCP panel for a doctor in training about whom you make a recommendation, as a Responsible Officer you will use the outputs of the ARCP panel to inform your judgement.

ARCP panels will be required to consider additional clinical governance information, and to make a judgement on the revalidation recommendation as well as on progression through training.

### Information available to the responsible officer from relevant clinical and corporate governance systems

A doctor's collection of supporting information and participation in appraisal or assessment is an important source of information for your recommendation. You will also need to take account of other relevant information generated by the clinical and corporate governance systems in which the doctor works.

As an RO you should have regard for information generated by any local processes that inform your recommendation about a doctor's revalidation. These may include, but are not limited to:

- > disciplinary or other HR processes
- > processes that address a doctor's non-engagement with revalidation
- > remediation programmes in which a doctor has participated.

To make an informed recommendation, you may need to consider the outcome of an ongoing or recently concluded process. In this instance you should consult the GMC's criteria for deferral requests.

### Information for the purposes of revalidation

You must ensure that the information you take into account from clinical and corporate governance systems is relevant to your recommendation about whether a doctor remains fit to practise, and whether their licence to practise should be continued.

Revalidation is not a mechanism for resolving local employment or contractual disputes. It does not replace existing mechanisms for dealing with such issues.

You must not base your recommendation on information that does not inform your judgement about the doctor's fitness to practise and whether their licence to practise should be continued.

### Information sharing between organisations

As an RO you are responsible for ensuring that robust systems of clinical governance exist within your designated body or bodies. You will have access to a range of information from clinical and corporate governance systems including:

- > serious incidents
- > fitness to practise issues
- > time out of practice
- > remediation processes.

You should ensure that arrangements for the transfer of relevant information about a doctor's revalidation exist between all organisations in which a doctor works.

### The importance of information transfer

As revalidation is based on an evaluation of the whole of a doctor's practice, designated bodies and ROs may need to gather information from a range of sources. These include but are not limited to:

- > voluntary work
- > private practice
- > NHS organisations
- > locum work.

Facilitating the transfer of information from separate systems of clinical and corporate governance will allow doctors to collect and reflect on information drawn from the whole of their practice.

Effective systems of information transfer will enable organisations to:

- > collate information about a doctor's revalidation
- > transfer information to a doctor's designated body, and
- > help ROs to ensure that they can consider all available information when making a recommendation.

Designated bodies and ROs will need to ensure that information is exchanged appropriately between organisations. Particular consideration should be given to data protection and freedom of information legislation and relevant GMC guidance, including *Leadership and management for all doctors* and *Confidentiality*.

### Collating information about doctors in training

If you are the RO for doctors in training, you will need to consider clinical governance information that assures you about their fitness to practise, in order to make a recommendation to the GMC. This includes information from all organisations in which they have undertaken clinical placements.

The RO regulations require you to take 'reasonably practicable steps' to ensure that all available information about a doctor's fitness to practise can be collected and considered during their annual appraisals.

ROs are not, however, responsible for collecting supporting information on a doctor's behalf. The GMC's guidance *Supporting information for appraisal and revalidation* clarifies that licensed doctors remain responsible for collecting information from across their whole practice and for discussing this information at appraisal.

### Other relevant information

The majority of information that informs your recommendation will be generated by appraisal, supporting information, and corporate and clinical governance systems.

Nevertheless, you should take account of any other relevant information that you become aware of. This section refers to further sources of advice and information you may wish to consult in making your recommendations.

## Compliance with GMC conditions and undertakings

A number of doctors will be practising with GMC conditions or undertakings placed on their registration, at the time you are due to make a recommendation about their revalidation.

The existence of GMC conditions or undertakings on a doctor's registration does not preclude them from revalidating. Rather, you must monitor a doctor's compliance with any conditions imposed by or undertakings agreed with the GMC in accordance with the *Responsible Officer Regulations (2010)*.

You are responsible for ensuring that, within the organisations for which you are the RO

- > systems are in place to monitor doctors' compliance with existing conditions and undertakings
- > systems are in place to ensure that there are no fresh concerns about the fitness to practise of these doctors.

This should include maintaining regular contact with the GMC to discuss new and existing fitness to practise concerns about the doctors for whom you are responsible.

You should recommend a doctor for revalidation where they are complying with conditions imposed by, or undertakings agreed with the GMC, and you agree with all relevant GMC criteria for positive recommendations.

## Compliance with conditions agreed locally

Concerns about a doctor's fitness to practise should be referred to the GMC in line with our guidance on the threshold for referring concerns.

Nevertheless, organisations may feel it appropriate to agree conditions on a doctor's practice where a concern about their practice is raised, regardless of whether it meets the threshold for referral to the GMC, or whether the doctor is found to be impaired as the result of a GMC investigation.

### What are locally agreed conditions?

For the purposes of revalidation, locally agreed conditions refer only to conditions on a doctor's practice that are agreed in response to a concern about a doctor's fitness to practise locally. They do not refer to other contractual or employment arrangements between an organisation and a doctor.

The agreement of local conditions remains a matter for individual organisations. Organisations may agree conditions:

- > in addition to GMC conditions or undertakings
- > where there are no GMC conditions or undertakings on a doctor's registration.

### Taking account of local conditions in your recommendation

While the creation and management of locally agreed conditions remains a matter for organisations that contract or employ a doctor's services, as an RO you should consider a doctor's compliance with any locally agreed conditions when making your recommendation.

Compliance with locally agreed conditions is referred to in Statement Four of the positive recommendation statements.

If, in your judgement, a doctor is complying with conditions on their practice that have been agreed locally, you are able to recommend the doctor for revalidation, providing that you satisfy the GMC's other criteria for positive recommendations.

If, in your judgement, a doctor is not complying with locally agreed conditions on their practice, you should consult the GMC's recommendation criteria to determine whether it is appropriate to:

- > report the doctor's failure to comply, to the local organisation(s) in question
- > request the deferral of your recommendation or
- > notify the GMC of the doctor's non-engagement in revalidation.

You should also consider whether the doctor's failure to comply with locally agreed conditions meets the threshold for referral to the GMC.

### Unaddressed concerns about a doctor's fitness to practise

As an RO, you cannot make a positive recommendation about a doctor's revalidation, if you identify concerns about their fitness to practise that are not being addressed through local or national mechanisms.

To satisfy yourself that there are no unaddressed concerns about a doctor's fitness to practise you should consider the following sources of information:

- > outcomes of annual appraisal
- > supporting information
- > information drawn from relevant clinical and corporate governance systems.

You should not raise concerns about a doctor's fitness to practise via your recommendation. As soon as you identify a potential concern about a doctor's fitness to practise, you should consider the thresholds for referring concerns to the GMC fitness to practise procedures or consider what action you need to take locally.

### Insufficient information about a doctor's revalidation

You will need to consider whether you have sufficient information on which to base a positive recommendation about a doctor's revalidation.

If you have insufficient or incomplete information on which to base a positive recommendation, you must determine whether it is appropriate to request the deferral of your recommendation, or notify the GMC that the doctor has not engaged in revalidation.

You will have sufficient information about a doctor's revalidation if the doctor meets the GMC's minimum requirements for collecting and reflecting on supporting information, and participating in appraisal or training programme assessment. The GMC's requirements are outlined in

- > the *GMP Framework for appraisal and revalidation*
- > the GMC's guidance on the *Supporting information for appraisal and revalidation*
- > for the first cycle of revalidation doctors will have to fulfil the requirements set out in the GMC's *statement of readiness* as a minimum.

In making a recommendation about a doctor's revalidation, you are not benchmarking a doctor's engagement in revalidation against that of their peers. You are confirming that an individual doctor has met the minimum requirements for their revalidation as set out by the GMC.

## 2.4 The timing of RO recommendations

### When a recommendation is due

A recommendation about a doctor's revalidation is due towards the end of a revalidation cycle.

The typical length of a revalidation cycle is five years. Generally, we expect to receive a recommendation about a doctor's revalidation once every five years.

Typically, the following steps take place before the date by which the GMC expects to receive a recommendation (the 'submission date'):

- > Nine months before the submission date, the GMC invites the doctor to confirm their revalidation details (including the identity of their RO and designated body) on GMC Online.
- > Four months before the submission date the GMC issues notice to the doctor, informing them of the date by which we expect to receive a recommendation about their revalidation. We inform the RO that notice has been issued
- > After the GMC has issued notice the RO submits their recommendation to the GMC - this must be submitted on or before the submission date
- > After receiving an RO's recommendation, the GMC will consider the recommendation and make a decision about the doctor's revalidation.
- > The GMC notifies the Responsible Officer and the doctor when a decision is made.

You must submit your recommendations to the GMC on or before the submission date.

### When will the GMC accept and process a recommendation?

The GMC will accept and process a positive recommendation or a deferral request once it has issued formal notice to a doctor of their revalidation submission date, usually four months in advance of that date.

However, you can notify us at any point that a doctor is not engaging in revalidation, providing that the criteria for non-engagement are met.

More information about notifying the GMC of a doctor's non-engagement, before a recommendation is due, is provided elsewhere in Section 2 and in Section 4.

### Doctors in training

The principles of revalidation for doctors in training are the same as for all other licensed doctors.

Nevertheless, revalidation takes account of the environment in which doctors in training undertake medical practice. To this end, your recommendations about the revalidation of doctors in training are required at two points:

- > five years after a doctor in training has been awarded full registration with a licence to practise
- > when a doctor in training becomes eligible to apply for their Certificate of Completion of Training (CCT).

The period of time between the first and second recommendations for doctors in training will be determined by the length of their training programme.

For some doctors in training, therefore, the second revalidation cycle will be shorter than five years. For example, doctors whose training programmes are for eight years will have a three year gap between their first revalidation (at year five) and their second (at year eight).

## Changing the original submission date

The five-yearly revalidation cycle is not absolute. The duration of a doctor's revalidation cycle may vary in certain circumstances such as:

- > the initial roll out of revalidation (when recommendations may be made based on the readiness of individual doctors)
- > a doctor's absence from practices for a period of time as a result of a career break or maternity leave.

Under the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012* the GMC has the power to vary the timing of a doctor's revalidation.

In practical terms, this means that the GMC can alter the revalidation submission date. These alterations can be made in response to a request from you, the RO, but also directly by the GMC.

### Bringing a recommendation forward

#### Non-engagement in revalidation

The GMC may bring forward the date of a doctor's revalidation submission date where a doctor does not engage in the local processes that underpin revalidation. The statements that apply to non-engagement are in Sections Three, and the criteria for non-engagement are at Section 4.

If you inform the GMC that a doctor is failing to engage, the GMC can bring forward the doctor's revalidation submission date. The doctor will then receive the new submission date and, if the doctor continues to fail to engage, you can formally notify the GMC of that failure.



Under the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*, the GMC is required to issue notice to a doctor in order to receive a recommendation about their revalidation. Notice is usually issued four months before the GMC is due to receive a recommendation.

Whatever arrangements we reach with you about the date of the recommendation, it is important that you send in the recommendation within the agreed time period.

### Additional time for recommendations

#### Deferral requests

A doctor's revalidation cycle may run for more than five years. This is likely to be the result of an RO's successful request to defer a recommendation about a doctor's revalidation.

In this circumstance, the GMC would need to grant your deferral request and set an alternative date on which your recommendation is due.

The statements that apply to deferral requests are in Section 3, and the criteria for deferral requests are at Section 4.

#### GMC fitness to practise investigations

Where a doctor is the subject of a GMC fitness to practise investigation, the period between recommendations about their revalidation may be longer than five years.

Some doctors may be the subject of an open GMC fitness to practise investigation at the point where they are due to revalidate. In this circumstance, the GMC postpones all activity relating to the doctor's revalidation until the 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 a GMC fitness to practise investigation. A doctor who is erased from the medical register as a result of GMC fitness to practise processes no longer holds a licence to practise, and is not subject to revalidation.

## 2.5 Further advice about recommendations

### Before you submit a recommendation

You should feel free to contact the GMC for advice about your recommendations at any time on an informal basis.

Your recommendation is a formal submission to the GMC about a doctor's revalidation. By sending a revalidation recommendation you are fulfilling your statutory duty to 'make recommendations about the fitness to practise' of licensed doctors, as described in the Responsible Officer Regulations 2010.

To finalise your recommendation you may need to discuss a doctor's revalidation with the GMC. You can approach the GMC for advice, without making a formal recommendation. We will only take action on a doctor's revalidation after you have made a formal recommendation.

### Seeking the GMC's advice

You can ask the GMC for advice about your recommendations at any time. You can do this by contacting your local Employer Liaison Adviser (ELA) or the Revalidation Decisions Team.

In some circumstances, you will need to ask the GMC for advice about a recommendation. Examples of these are where:

- > you have insufficient information on which to base a positive recommendation
- > a doctor is not engaging with local systems that support revalidation.

### Informing the GMC of a doctor's non-engagement

You may wish to contact the GMC where you believe a doctor is not engaging with the local processes that underpin revalidation, before the GMC has issued notice, stating that a recommendation about a doctor's revalidation is due.

You can inform the GMC about a doctor's failure to engage in the local processes that support revalidation at any point.

Informing the GMC that a doctor is not engaging in the systems and processes that support revalidation confirms that:

- > a doctor has so far failed to engage in the local processes that support revalidation
- > consequently, you do not anticipate being able to make a positive recommendation about a doctor's revalidation when your recommendation is due.

If a doctor continues fail to engage in local process, you should submit a notification of non-engagement as your formal recommendation about their revalidation.

Further information about notifications of non-engagement is at Section 3 and Section 4.

## The thresholds for revalidation

The thresholds for revalidation are defined in the statements and criteria for each of the recommendation categories. You can read detailed information about these in Section 3.

If you have a query relating to the thresholds you need to apply when making a judgement about the revalidation of any licensed doctor, your first point of contact will be our ELAs. Further up to date information will be available in the revalidation section of the GMC website.

## Systems and processes that support revalidation

The GMC is not responsible for developing local systems and processes that support revalidation. Systems such as appraisal and clinical and corporate governance remain a local and organisational responsibility.

## Processes related to revalidation

### GMC fitness to practise processes

If you have a query about the thresholds for referring concerns about doctors to the GMC you can discuss this with the GMC ELS. You may also wish to consult our guidance on raising concerns about doctors.

### Employment and remediation processes

If you have a query about remediation or employment issues that could affect a doctor's revalidation, you should, in the first instance, contact the organisation responsible for the doctor's remediation or employment arrangements, if that is an organisation other than your own. You do not need to involve the GMC unless the issue is not resolved and will impact on your ability to make a revalidation recommendation, when it is due.

If you have a query about carrying out your role as a RO in relation to revalidation, you should contact the GMC.

If your query relates to the other aspects of the RO role, or the RO regulations, you should consider contacting

- > your RO, as a first port of call
- > the Revalidation Support Team (for ROs in England)
- > the Department of Health (England) (for the regulations applying in England, Scotland and Wales)
- > the Department of Health, Social Services and Public Safety (Northern Ireland) (for the regulations applying in Northern Ireland).

### Specialty specific advice

You may have a query about the specialty specific information that a doctor collects for revalidation, or indeed, about any aspect of their specialty work. As such you may wish to consult organisations that can advise you on specialty specific issues and who may have produced specialty advice.

Sources of information and advice include:

- > The Academy of Medical Royal Colleges and Faculties (who have recently produced specialty guidance)
- > individual medical Royal Colleges and faculties
- > specialty associations.

## ➤ Section 3: The recommendation statements

### *In this section*

This section describes the statements for each of the three recommendation categories.

The three sets of recommendation statements explain what a responsible officer (RO) is confirming when they submit a recommendation about a doctor's revalidation.

There is a separate set of statements for each of the following three recommendation categories:

- A positive recommendation that a doctor is up to date and fit to practise
- A request to defer the date of an RO's recommendation
- A notification of the doctor's non-engagement in revalidation.

## 3.1 Positive recommendations

### What is a positive recommendation?

A positive recommendation is a formal declaration from you, a responsible officer (RO), that a licensed doctor is up to date and fit to practise.

Making a positive recommendation confirms that you are able to make a positive judgement about the continuation of a doctor's licence to practise because they:

- > have met the GMC's requirements for revalidation
- > have participated in systems and processes to support revalidation
- > have collected the required supporting information for revalidation.

A positive recommendation also confirms that, in your judgement, there are no outstanding concerns about the doctor's fitness to practise.

Outstanding concerns do not include GMC conditions and undertakings that are active on a doctor's registration. Rather, unaddressed concerns are concerns that you are aware of, but that have not been referred to the GMC or addressed by the relevant body.

### What the recommendation statements ask you to confirm

The positive recommendation statement asks you, as an RO, to confirm that a doctor remains up to date and fit to practise, and that their licence to practise should be continued. The statements focus on:

- > a doctor's participation in appraisal or assessment
- > a doctor's collection of supporting information
- > any other information used to inform your recommendation
- > a doctor's compliance with any GMC conditions or undertakings
- > a doctor's compliance with locally agreed conditions on their practice
- > any unaddressed concerns about a doctor's fitness to practise.

## The positive recommendation statements

The recommendation statements describe what you, as an RO must agree to when you submit a recommendation. There is one set of recommendation statements for each of the three recommendation categories.

When you submit a positive recommendation to the GMC, you must agree with all of the positive recommendation statements.

## 3.2 Deferral requests

### What is a deferral request?

A deferral request is a request made by you, an RO for the GMC to provide you with more time in which to submit a recommendation.

A successful deferral request results in a revised submission date for your recommendation, that is later than the original revalidation submission date.

Deferral requests apply to doctors who are:

- > engaged in the systems and processes that support revalidation, but about whom there is incomplete information on which to base a positive recommendation (this will be where a doctor has not been able to gather all of the required supporting information by the time the revalidation submission date falls due)
- > participating in an ongoing local HR or disciplinary process, the outcome of which you will need to consider prior to making your recommendation.

A deferral request is not:

- > an RO's request for the GMC to delay making a decision about a doctor's revalidation after receiving a recommendation
- > a route to raising concerns about a doctor's fitness to practise with the GMC - these should be referred to the GMC via the existing processes for raising concerns, as soon as they arise
- > an RO's request to delay making a recommendation while a doctor is subject to an on-going GMC fitness to practise investigation (in these cases the GMC will postpone a doctor's revalidation pending the outcome of the investigation).

Deferral requests are appropriate only where a doctor has engaged with the systems and processes that support revalidation.

If you have insufficient information on which to base a positive recommendation and you are confident that the doctor has had sufficient opportunity to engage with these systems and processes, you should consider our criteria for notifications of non-engagement.



## What the statements ask you to confirm

The deferral request statements require you to confirm that a doctor has engaged with the systems and processes that support revalidation, and that there are no unaddressed concerns about their fitness to practise.

To submit a deferral request you must specify:

- > the reason for your request
- > the period of time for which you wish to defer submitting your recommendation to the GMC.

### The reason for your request

You must confirm the reason for your deferral request by selecting the appropriate reason. In GMC Connect this will require you to select one option from the drop down menu.

#### Insufficient information

You are able to submit a deferral request where the information collected by a doctor for revalidation is incomplete, despite the doctor's engagement with the systems and processes that support revalidation.

You must agree that you have identified the outstanding supporting information, and that you will be able to make an informed recommendation once this information has been collected.

You will not be asked to specify the circumstances that explain why a doctor has not been able to collect the required supporting information. Examples of these circumstances are given in Section 4.

#### The doctor is subject to an on-going process

You can submit a deferral request where you need to take account of the outcome of an ongoing local process in which a doctor is participating, in order to make your recommendation.

You must agree that you will consider the outcome of this process in your recommendation, and that you will be able to make an informed recommendation once the process concludes.

You will not be asked to specify the category of ongoing process in which the doctor is participating. Examples of these are given in Section 4.

### The length of your deferral

To submit a deferral request you must specify the length of time for which you wish to defer making a recommendation. In GMC Connect this will require you to input a calendar date within twelve months of the date on which your request is submitted.

### Submitting a deferral request via GMC Connect

To submit a deferral request via GMC Connect you will need to select a reason for your request by choosing the relevant option from a drop down menu.

In GMC Connect the two available reasons appear as short phrases. These are summaries of the relevant bullet points within the deferral request statements. They also appear on the GMC Connect page on which you will complete and submit your deferral request.

The abbreviated statements in GMC Connect do not change the GMC's expectations of what underpins your deferral request. When submitting a deferral request via GMC Connect you will be asked to confirm that you understand and agree with the criteria for deferral requests.

### The deferral request statements

The recommendation statements describe what you, as an RO must agree to when you submit a recommendation. There is one set of recommendation statements for each of the three recommendation categories.

### 3.3 Notifications of non-engagement in revalidation

#### What is non-engagement in revalidation?

A doctor engages in revalidation when they are:

- > participating in the local systems and processes that support revalidation, including annual appraisal,
- > participating in the formal revalidation process described in the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*.

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.

It is for you as an RO to determine whether there are reasonable circumstances that explain why a doctor has not engaged in the local processes that support revalidation.

If you are unsure about whether reasonable circumstances exist, you should consult the GMC's criteria for deferral requests.

#### What is a notification of non-engagement?

A notification of non-engagement in revalidation is a communication from you, an RO, to the GMC that states that a doctor has not engaged in the systems and processes that support revalidation.

You can inform the GMC about a doctor's failure to engage with the local processes that will underpin your recommendation at any point. You may want to contact the Employer Liaison Adviser (ELA) for your region, or discuss your recommendation with the Revalidation Decisions Team.

There are several steps to notifying the GMC about a doctor's failure to engage with the processes that support revalidation:

- > You can inform the GMC that a doctor is failing to participate in the local systems and processes that underpin revalidation at any time. You can do this by contacting the ELA for your region, or contacting the GMC directly

- > When informed of a doctor's failure to engage, the GMC will remind the doctor that they are obliged to participate in the processes that support revalidation, in order to maintain their licence to practise
- > If a doctor does not begin to engage with the processes that support revalidation, the GMC can bring forward the issue of notice to a doctor which will change the recommendation 'submission date'. In practise this means that a recommendation about a doctor's revalidation would be required sooner than the original date.
- > You may decide it is appropriate to submit a notification of non-engagement as your recommendation about the doctor's revalidation, when it is due. This is regardless of whether the doctor's submission date has been changed.

You cannot submit a notification of non-engagement before the doctor has been issued notice, stating that a recommendation about their revalidation is due.

The issue of notice is a legal requirement that kick starts the formal revalidation process. Consequently, when you inform the GMC of a doctor's failure to engage before notice has been served, it is not a formal recommendation about a doctor's revalidation.

### What the notification statements ask you to confirm

The notification statements focus on a doctor's failure to engage with the local systems and processes that support revalidation.

The notification statements ask you to confirm that you have incomplete information on which to base a positive recommendation, because a doctor has failed to engage with the systems and processes that support revalidation.

#### Non-engagement and deferral requests

Notifications of non-engagement and deferral requests both address circumstances where you have incomplete information on which to base a positive recommendation.

The notification statements ask you to confirm that

- > a doctor has had sufficient opportunity and support to collect the required supporting information and engage in the activities that are necessary for a positive recommendation
- > that, consequently, the criteria for a deferral request are not met.

#### Non-engagement and concerns about doctors' fitness to practise

The final notification statement asks you to confirm that you have raised any outstanding concerns about a doctor's fitness to practise with the GMC or the relevant body, as appropriate.

Notifications of non-engagement are not a mechanism through which concerns about doctors' fitness to practise can be raised with the GMC. If you become aware of concerns about a doctor's fitness to practise at any point in the revalidation cycle, these should be referred to the GMC through the existing processes for raising concerns.

### The statements for notifications of non-engagement in revalidation

The notification statements describe what you, as an RO must agree to when you submit a recommendation. There is one set of recommendation statements for each of the three recommendation categories.

'When you submit a notification of non-engagement to the GMC you must agree with all of the notification statements.

### 3.4 Criteria for responsible officer recommendations

The criteria in Section 4 distinguish the circumstances where it is appropriate for you, as a responsible officer to:

- > make positive recommendations
- > request the deferral of your recommendation, and
- > notify the GMC of a doctor's non-engagement in revalidation.

You should read all three sets of criteria before deciding on the category of recommendation you will submit.

If you remain unsure about your recommendation for any particular doctor you should discuss this with the GMC.

## ➤ Section 4: Criteria for revalidation recommendations

*In this section*

- Checklist: before you finalise your recommendation
- Criteria for positive recommendations
- Criteria for deferral requests
- Criteria for notifications of non-engagement

## 4.1 Checklist: Before you finalise your recommendation

As a responsible officer (RO), you should read through this checklist before finalising your recommendation about a doctor's revalidation.

### Your responsibility to make recommendations

You must make a recommendation about the revalidation of each doctor who has a prescribed connection to your organisation when their revalidation submission date falls due.

For each recommendation that you make, you are responsible for:

- > considering the information that is available to you about a doctor's fitness to practise (including the outputs of appraisal and other information from clinical and corporate governance systems)
- > seeking additional advice or information about your recommendations, from, for example, the GMC Employer Liaison Adviser (ELA) for your area
- > the nature of the recommendations you are making about doctors for whom you are the RO, regardless of whether you delegate any activity relating to your recommendations
- > ensuring that your recommendations are submitted to the GMC on or before the date they are due.

Make sure that you:

- > read and understand the definitions of the three recommendation categories
- > read and understand the statements for each of the three recommendation categories
- > read and apply the protocol guidance that we have provided
- > submit recommendations that align with our criteria for the relevant recommendation category
- > allow sufficient time to submit your recommendation to the GMC by the date that it is due
- > understand that you are responsible for the recommendations that you make, and that you cannot delegate responsibility for making a decision on which recommendation is appropriate.



## 4.2 Criteria for positive recommendations

These criteria describe the circumstances in which you, as an RO, can make a positive recommendation about a doctor's revalidation to the GMC.

These criteria apply only to the licensed doctors for whom you are the RO. You cannot make a recommendation about a doctor if you are not their RO.

The ways in which doctors will have a prescribed connection to a designated body are set out in the Responsible Officer regulations 2010.

### Criteria for doctors in training

The designated body for trainees is the postgraduate deanery or NHS Education for Scotland.

As an RO, when you make a positive recommendation for a doctor who is in a postgraduate training programme, you must agree that the following two criteria have been met. These are reflected in the statements that you must agree when you submit a positive recommendation to the GMC:

- > the doctor has participated in the assessments and curriculum requirements of their training programme reflecting the values and principles set out in *Good Medical Practice*
- > the doctor has presented and discussed appropriate supporting information at trainee assessments in accordance with the requirements of their training programme and the GMC's *Supporting Information for appraisal and revalidation*.

Doctors in training are not required to undertake additional activities outside of the requirements of their training programme.

### Criteria for all other licensed doctors

To make a positive recommendation about a doctor's revalidation, as an RO you must agree that the following criteria have been met. These criteria reflect the statements that you must agree when you submit a positive recommendation to the GMC:

- > the doctor is participating in an annual appraisal process with *Good Medical Practice* as its focus
- > the doctor has collected the required information for revalidation as outlined in the GMC's guidance *Supporting information for appraisal and revalidation*
- > in your judgement, the doctor has collected and reflected on supporting information drawn from across the whole of their practice

- > you have considered the relevant information from local clinical and corporate governance systems
- > based on the information available to you, there are no outstanding concerns about the doctor's fitness to practise that need to be raised with the GMC.

### When you should not make a positive recommendation

You should not make a positive recommendation if the following circumstances apply:

- > the doctor has not provided all of the required elements set out in the GMC's guidance *Supporting information for appraisal and revalidation*
- > you wish to consider the outputs of an ongoing or recently concluded local process
- > there are outstanding concerns about the doctor's fitness to practise
- > the doctor's fitness to practise is being investigated by the GMC
- > the doctor has not engaged in local processes that underpin revalidation.

At any point before you submit your recommendation, you can seek advice from the GMC ELA for your area.

### 4.3 Criteria for deferral requests

These criteria describe the circumstances in which you, as an RO, can request that the GMC defers the date by which you must submit a recommendation about a doctor's revalidation (the 'submission date').

These criteria apply only to the licensed doctors for whom you are the RO. You cannot make a recommendation about a doctor if you are not their RO.

The ways in which doctors will have a prescribed connection to a designated body are set out in the Responsible Officer regulations 2010.

#### Deferring a doctor's revalidation submission date

The process of deferring a doctor's revalidation submission date begins with an RO's deferral request. Successful deferral requests conclude with a revised submission date being placed on the doctor's record.

#### The criteria for responsible officer deferral requests

As an RO you should be satisfied that the following criteria apply when you request the deferral of your recommendation. These criteria reflect the statements that you must agree when you submit a deferral request to the GMC:

- > the doctor is engaging in local processes that support revalidation
- > you cannot make an informed recommendation about the doctor's revalidation on the basis of the information that is currently available to you, when compared to the requirements of the GMC's guidance *Supporting information for appraisal and revalidation*
- > you have identified the additional information or process outcomes that you require in order to make an informed recommendation
- > you have identified where and when this information will be obtained
- > you are confident that the requested deferral period will enable you to consider the outstanding information and make a revalidation recommendation
- > you are confident that the doctor is engaging, and will continue to engage with, the local processes that underpin revalidation.

At any point before you submit your recommendation you can seek advice from the GMC ELA for your area.

## When is a deferral request appropriate?

### Incomplete supporting information

Licensed doctors must collect the information outlined in the GMC's guidance *Supporting information for appraisal and revalidation*.

This information must be drawn from across the whole of their practice. Doctors will need to present and discuss this information at their annual appraisals.

Some doctors may not have been able to collect and reflect on all of the required supporting information by the time that their revalidation falls due.

Examples of the reasonable circumstances that could account for a doctor having incomplete supporting information might include

- > maternity leave
- > sabbatical or break from practice
- > periods of practice outside the UK
- > sick leave
- > where a doctor has recently gained a prescribed connection to your designated body, and is waiting for their supporting information to be transferred.

This list is not exhaustive. You must exercise your judgement in determining whether a doctor has engaged in the local processes that support revalidation, and whether it is appropriate to request a deferral. In these cases you may find it helpful to contact the GMC ELA in your area, for further discussion.

### Ongoing local investigation or disciplinary process

In some circumstances, as an RO you may need to request the deferral of your recommendation in order to consider the outcome of ongoing or recently concluded local disciplinary processes or investigation. These processes are likely to relate to a doctor's conduct or performance.

When you request a deferral on this basis, you should be satisfied that the following criteria apply:

- > you will not be in a position to consider the outcome of that local process by the date on which the revalidation recommendation is due
- > you expect that the outcome of that local process will enable you to make an informed recommendation about the doctor's revalidation
- > where appropriate, you are confident that any concerns about the doctor's fitness to practise do not meet the threshold for referral to the GMC's fitness to practise procedures (You should also consider discussing any such concerns with your GMC ELA).

## Deferral period

In your deferral request, you must specify the additional length of time that you need in order to make your recommendation about a doctor's revalidation.

If you submit your recommendation through GMC Connect you will be asked to specify a new date by which you expect to be able to submit your recommendation. This date must fall within the subsequent twelve months.

You should choose a submission date that reflects the length of time you think you need to receive and consider any outstanding information that may be relevant to the doctor's revalidation.

The GMC may ask you for further information about the deferral requests that you submit. This may be because, for example, you have already requested a deferral in respect of the same doctor.

At any point before you submit your recommendation, you can seek advice from the GMC Employer ELA for your area.

## 4.4 Criteria for notification of non-engagement

These criteria describe the circumstances in which you, as an RO, can notify the GMC of a doctor's failure to engage with revalidation.

These criteria apply only to the licensed doctors for whom you are the RO. You cannot make a recommendation about a doctor if you are not their RO.

The ways in which doctors will have a prescribed connection to a designated body are set out in the Responsible Officer regulations 2010.

To submit a notification of non-engagement in revalidation, you must be satisfied that the following criteria have been met. These are reflected in the statements that you must agree when you submit a notification of non-engagement to the GMC:

- > the doctor has not engaged in appraisal or other activities designed to support a revalidation recommendation
- > you do not have, and do not anticipate having, sufficient information on which to base a recommendation about the medical practitioner's revalidation
- > you have assured yourself that the doctor does not meet the criteria for a deferral of a recommendation about their revalidation
- > the doctor has been provided with sufficient opportunity and support to engage with revalidation, but has failed to do so - based on information available to you, you do not believe that there are extenuating circumstances which fully account for their failure to engage
- > all reasonable local processes have been exhausted in attempts to rectify the doctor's failure to engage
- > where applicable, you have notified the GMC of any outstanding concerns about the fitness to practise of the doctor
- > as a consequence of their non-engagement, you cannot envisage being able to recommend the doctor for revalidation by the date the recommendation is due.

### Informing the GMC of non-engagement

A notification of non-engagement is a formal recommendation to the GMC about a doctor's revalidation. As a recommendation, a notification forms the basis of the GMC's decision about a doctor's revalidation.

Notifications of non-engagement can only be made once the doctor has been issued notice, stating that a recommendation about their revalidation is due.

#### Informing the GMC before a recommendation is due

While notifications cannot be submitted before the GMC has issued notice, as an RO you can inform the GMC that a doctor has failed to participate in the local processes that underpin revalidation at any time.

If you inform the GMC that a doctor is failing to engage, before the doctor has been issued notice, this sits outside of the formal revalidation process as described in the *General Medical Council (Licence to Practise and Revalidation) Regulations 2012*.

Informing the GMC that a doctor is failing to engage in revalidation, before a recommendation is due, enable you as an RO to:

- > flag that a doctor has failed to engage in the local systems and processes that underpin revalidation,
- > consequently, you do not anticipate being able to make a positive recommendation about the doctor's revalidation when it is due.

#### How does the GMC respond to notifications of non-engagement?

In the protocol we describe what happens when you, as an RO informs the GMC that a doctor is failing to engage with the local processes that will underpin your recommendation about their revalidation.

A notification of non-engagement can potentially result in the GMC withdrawing a doctor's licence to practise, through the existing processes for administrative removal.

There are a number of steps involved from receipt of a notification of non-engagement, to a doctor's licence being withdrawn:

- > the RO submits notification of non-engagement as their recommendation on or before the submission date
- > the GMC begins the process of administratively removing the doctor's licence to practise (revalidation does not create a new process for removing a doctor's licence to practise - rather, failure to participate in revalidation provides an additional circumstance in which a doctor's licence can be administratively removed)
- > the doctor is informed that the GMC is minded to withdraw their licence to practise, and has 28 days in which to make representations to the GMC if they wish to appeal.

Before submitting a notification of non-engagement, you may wish to discuss any concerns that you have about a doctor's revalidation with the GMC Employer Liaison Adviser (ELA) for your area. This may be helpful where, for example, you would like clarification about the responsibilities of individual doctors in revalidation, and those of the RO.

### When is a notification appropriate?

It is for you to determine whether there are reasonable circumstances behind a doctor's failure to engage in local processes and systems that support revalidation, and whether it is appropriate to notify the GMC of his or her non-engagement.

You should refer to the GMC's criteria for deferral requests to ensure that your notifications of non-engagement are robust.

### Maintaining a prescribed connection

The *Licence to Practise and Revalidation Regulations 2012* state that doctors must 'take reasonable steps' to arrange a recommendation about their revalidation.

In practice this means that doctors must identify whether they have a prescribed connection to a designated body, and liaise with you, as their RO, when required for revalidation.

### Participation in systems and processes that support revalidation

For revalidation licensed doctors must:

- > participate in annual appraisals with *Good Medical Practice* at their core, which consider the whole of their practice
- > collect support information that meets the requirements of the GMC's guidance *Supporting information for appraisal and revalidation*.

If a doctor has not participated in annual appraisal or collected the required supporting information, you must make a judgement as to whether there are reasonable grounds that account for their failure to engage. These could include, but are not limited to, the examples provided in our criteria for deferral requests.

Where you have insufficient information on which to base a positive recommendation, you should consult the GMC's criteria for deferral requests to determine whether there are reasonable grounds that account for the missing information.



It will be appropriate for you to notify the GMC of a doctor's failure to engage in revalidation when:

- > there are no reasonable circumstances that account for a doctor's incomplete information or failure to participate in revalidation
- > you have provided sufficient and fair opportunities to support the doctor's participation in revalidation
- > the doctor has not acted on the opportunities available to them to collect information or participate in appraisals
- > you have exhausted all relevant local processes to address the doctor's failure to engage.

## Appendix: Revalidation recommendation statements

- Positive recommendation statements
- Deferral request statements
- Notification of non-engagement statements

## Positive recommendation statements

MADE PURSUANT TO THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS 2010 OR THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS (NORTHERN IRELAND) 2010, AND THE GENERAL MEDICAL COUNCIL (LICENCE TO PRACTISE AND REVALIDATION) REGULATIONS ORDER OF COUNCIL 2012

I am the appointed or nominated Responsible Officer for each medical practitioner named below.

In determining my revalidation recommendation to the General Medical Council for the medical practitioners named below, it is my judgement that each has:

- > participated in annual appraisal that considers the whole of their practice and reflects the requirements of the GMC's Good Medical Practice Framework for appraisal and revalidation, or where the doctor is a trainee, participated in the assessments and curriculum requirements of their training programme; and
- > presented and discussed appropriate supporting information at annual appraisals in accordance with the requirements of the GMC's Supporting information for appraisal and revalidation, or where the doctor is a trainee, undertaken and discussed the assessments and curriculum requirements of their training programme.

Based on the outcomes of such appraisal or assessment, and any other information available to me from relevant clinical and corporate governance systems, I am satisfied that:

- > where relevant, each of the named medical practitioners is practising in compliance with any conditions imposed by, or undertakings agreed with, the General Medical Council
- > where relevant, each of the named medical practitioners is practising in compliance with any conditions agreed locally
- > There are no unaddressed concerns identified by the above systems and processes about the fitness to practise of any of the named medical practitioners.

Accordingly, I recommend that each of the named medical practitioners is fit to practise and consequently their licence to practise should be continued.

## Deferral request statements

MADE PURSUANT TO THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS 2010 OR THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS (NORTHERN IRELAND) 2010, AND THE GENERAL MEDICAL COUNCIL (LICENCE TO PRACTISE AND REVALIDATION) REGULATIONS ORDER OF COUNCIL 2012

I am the appointed or nominated Responsible Officer for the medical practitioner to whom this deferral request applies.

I have read the criteria for deferrals and I am satisfied that

- > The medical practitioner has engaged with the systems and processes that support revalidation
- > There are no unaddressed concerns about the fitness to practise of the medical practitioner to whom this deferral request applies.

Where there is insufficient evidence to support a recommendation about the medical practitioner's fitness to practise.

- > I have identified the outstanding evidence required for me to make an informed decision about the medical practitioner's fitness to practise.
- > I anticipate being able to make an informed recommendation about the medical practitioner's fitness to practise once the outstanding evidence has been collected.

Where the medical practitioner is participating in an ongoing process

- > I will consider the outcome of this process when making a recommendation about their fitness to practise.
- > I anticipate being able to make an informed recommendation about the medical practitioner's fitness to practise once the process is concluded.

**Please enter your requested submission date in dd/mm/yyyy format**

Your date must fall within 12 months of the date on which you submit this request

**Please select the option which best describes the reason for your deferral request**

- > The doctor is subject to an on-going process
- > Insufficient evidence for a positive recommendation

## Notification of non-engagement statements

MADE PURSUANT TO THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS 2010 OR THE MEDICAL PROFESSION (RESPONSIBLE OFFICER) REGULATIONS (NORTHERN IRELAND) 2010, AND THE GENERAL MEDICAL COUNCIL (LICENCE TO PRACTISE AND REVALIDATION) REGULATIONS ORDER OF COUNCIL 2012

I am the appointed or nominated Responsible Officer for the medical practitioner to whom this notification of non-engagement applies.

I have read the criteria for non-engagement and I confirm that:

- > The medical practitioner has not engaged in appraisal or other activities required to support a revalidation recommendation.
- > I do not have and do not anticipate having sufficient information on which to base a recommendation about the medical practitioner's fitness to practise. I have assured myself that the named medical practitioner does not meet the criteria for a deferral of a recommendation about their fitness to practise.
- > The medical practitioner has been provided with sufficient opportunity and support to engage with revalidation, but has failed to do so. Based on the information available to me, there are no extenuating circumstances which account for their failure to engage.
- > All reasonable local processes have been exhausted in attempts to rectify the medical practitioner's failure to engage in revalidation.
- > Where applicable I have notified the GMC of any outstanding concerns about the fitness to practise of the named medical practitioner. I have notified the GMC in accordance with GMC guidance on raising concerns about doctors.

**Consequently I cannot recommend that the named medical practitioner is fit to practise.**



**Email: [revalidation@gmc-uk.org](mailto:revalidation@gmc-uk.org)**  
**Website: [www.gmc-uk.org/revalidation](http://www.gmc-uk.org/revalidation)**  
**Telephone: 0161 923 6277**

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**General  
Medical  
Council**

Regulating doctors  
Ensuring good medical practice