Factsheet

Revalidation

This factsheet outlines the proposed model for revalidation. It was updated in December 2004.

We are currently analysing responses to our consultation on the Regulations which will underpin the new framework for licensing and revalidation. If we make any changes as a result of the consultation (or otherwise) you will find the details on the GMC website (www.gmc-uk.org), which we keep under regular review. This factsheet is for guidance only; it does not carry legal force.

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1. Introduction

The systems for registering doctors in the UK are about to change. From 1 April 2005, doctors who wish to practise medicine in the UK will need to hold a licence to practise. To retain this licence, doctors will have to demonstrate, on a regular basis, that they remain up to date and fit to practise. This is the process known as revalidation.

The introduction of revalidation represents the most significant change to the regulation of doctors since the GMC was established in 1858. It is a massive and complex project,

with implications for every one of the more than 200,000 doctors registered with the GMC, for the NHS and other healthcare organisations, and for patients.

We are currently analysing responses to our consultation on the draft Licence to Practise and Revalidation Regulations. The Regulations, and the accompanying draft Licensing and Revalidation Formal Guidance for Doctors, which explains how we will interpret the regulations, will be finalised and published early in 2005.

2. Clinical governance

The main principles of clinical governance are: a coherent approach to quality improvement; clear lines of accountability for clinical quality systems; and effective processes for identifying and managing risk and addressing poor performance. These processes include performance monitoring of individual doctors and annual appraisal based on our guidance Good Medical Practice (GMP). This information about the work of individual doctors provides the foundation for the new system of revalidation.

3. Purpose of revalidation

The purpose of revalidation is to ensure that patients can have confidence that their doctors are up to date and fit to practise. In fulfilling this purpose, revalidation has three broad policy aims:

- To encourage all doctors to reflect meaningfully on their work, using evidence gathered through audit and in other ways.
- To update what being registered and being qualified means, by shifting the emphasis away from being qualified, to being up to date and fit to practise.
- To replace the 'management by exception' approach that has been in place since 1858, by introducing regular confirmation that there are no significant concerns about a doctor's practice and that the doctor is up to date and fit to practise.

Revalidation will be a condition of continued licensure with the GMC for all fully registered doctors.

4. What doctors need to do

Every fully registered doctor who holds a licence to practise will be required to participate in revalidation – normally once in every five years. If a doctor fails to participate in revalidation, the licence will be withdrawn.

All licensed doctors, regardless of specialty or type of practice, must:

- Keep a folder of information, drawn from their medical practice over the revalidation period.

- Reflect regularly on their medical practice.

- Satisfy the GMC that there are no unresolved significant local concerns about their fitness to practise.

All doctors will have to provide a description of their medical practice, including clinical and non-clinical activities, throughout their revalidation period.

GMC approved environments

The information we will expect doctors to provide will depend on whether they work in what we term a 'GMC approved environment'.

A GMC approved environment will be regarded as one, in the NHS or elsewhere, which:

a. Is subject to systems that provide:

i. Clear lines of responsibility and accountability for the quality of clinical care.

ii. Clear policies for managing risks.

iii. Procedures for all professional groups to identify and remedy poor performance.

iv. Appropriate supervision for doctors.

v. A comprehensive programme of quality improvement including, for example:

- Clinical guidelines / evidence-based practice
- Continuing professional development / life-long learning
- Clinical audit
- Effective monitoring of clinical care
- Research and development
- Security of patient information

b. Provides an annual appraisal or assessment, based on the principles of *Good Medical Practice*, for individual practitioners.

c. Is quality assured by an acceptable, independent UK-based body (for example, the Healthcare Commission in England).

Folder of evidence

The information doctors collect in their folders should show that they have been practising in accordance with the principles of competence, care and conduct set out in *Good Medical Practice* and, if relevant, elaborated by the appropriate medical Royal College or Faculty. These are:

- *Good clinical care* – doctors must provide good clinical care, must practise within the limits of their competence, and must ensure that patients are not put at unnecessary risk.

- *Maintaining good medical practice* – doctors must keep up to date and maintain their skills. Doctors must also work with colleagues to monitor and maintain the quality of the care they provide and maintain a high awareness of patient safety.

- *Relationships with patients* – doctors must develop and maintain appropriate relationships with their patients.

- *Working with colleagues* – doctors must work effectively with their colleagues.

- *Teaching and training* – where doctors have teaching responsibilities they must develop the skills, attitudes and practices of a competent teacher.

- *Probity* – doctors must be honest.

- *Health* – doctors must not allow their own ill health to endanger patients.

In collecting information about relationships with colleagues and, where applicable, patients, we recommend that doctors should use colleague and patient questionnaires to obtain direct feedback.

We do not intend to call for and scrutinise every doctor's folder. However, doctors may be required to submit the folder to us (either for decision-making or for quality assurance purposes). Doctors selected for further scrutiny as part of the decision-making process will be advised what further evidence to submit (including, where appropriate, the folder). Doctors will be given reasonable notice of the need to submit the folder or evidence. Failure to submit further evidence (including the folder) when asked to do so by the GMC will be regarded as non-participation, and may result in the doctor's licence being withdrawn.

Reflection on practice

We expect doctors to use their folders to reflect on their work. This reflection should take place in the context of a formal appraisal.

Appraisal toolkits for NHS doctors are available from the Department of Health's website (www.dh.gov.uk).

Doctors practising primarily in GMC approved environments

For doctors working primarily in GMC approved environments, evidence of suitability for revalidation should come from confirmation of their participation in appraisal and certification that there are no significant unresolved local concerns about their fitness to practise. The certification should be provided by an appropriately authorised person within the doctor's employing or contracting authority, for example, the clinical governance lead. We refer to this as 'local certification'.

Doctors working primarily in a GMC approved environment will be required to:

- Provide a description of their practice.
- Demonstrate participation in appraisal mapped against the headings of *Good Medical Practice* and completion of an agreed Personal Development Plan.
- Provide a statement declaring eligibility for local certification.
- Provide evidence of health and probity.
- Submit for greater scrutiny (if required to do so) a folder of information relating to the headings of *Good Medical Practice*.

We are currently working with the Departments of Health (for the NHS) and with other employers outside the NHS with a view to arranging the process for local certification.

Doctors practising wholly in the UK but outside GMC approved environments

Some doctors practise in the UK but primarily outside environments likely to be approved by the GMC. Many of these doctors will be able to provide evidence of their participation in appraisal, which fulfils the requirement that doctors should reflect regularly on their practice. To satisfy us, the appraisal must:

- Be based on *Good Medical Practice*.
- Be based on verifiable evidence.
- Have produced an agreed personal development plan.

- Be carried out by and signed off by an appraiser who is a licensed medical practitioner.

Doctors practising outside GMC approved environments will be unable to obtain local certification that there are no concerns regarding their fitness to practise. In the first instance we will expect these doctors to use questionnaire evidence (drawn from the use of specially designed GMC questionnaires) to provide evidence of their fitness to practise. We are developing colleague and patient questionnaires and expect to make them available by April 2005.

Doctors who practise primarily outside GMC approved environments in the UK will need to:

- Provide a description of their practice.

- Demonstrate participation in an appraisal which meets the criteria outlined above.

- Use questionnaires, which we will make available, to show that colleagues (and where applicable patients) have not identified any concerns about their practice.

- Provide evidence of health and probity.

- If required to do so, submit for greater scrutiny a folder of information relating to the headings of *Good Medical Practice*.

In exceptional circumstances, doctors unable to participate in an appropriate appraisal scheme, or to use the GMC questionnaires, may be able to submit a folder of information drawn from their medical practice as the principal evidence in support of revalidation.

Health and probity

All doctors will need to complete health and probity declarations. We will make appropriate forms of declaration available in due course.

5. Timing

Revalidation for doctors holding full registration on 31 March 2005 and who opt to hold a licence from 1 April 2005

The year doctors holding full registration and a licence on 1 April 2005 will be called for their first revalidation will depend upon the penultimate digit of their GMC number, as set out in the table below. For example, if the penultimate digit is ‘0’, the submission year will fall between July 2005 and June 2006.

Submission year for doctors holding full registration and a licence on 1 April 2005

Penultimate digit of the doctor's GMC number	Submission year
0	July 2005 – June 2006
1 and 6	July 2006 – June 2007
2 and 7	July 2007 – June 2008
3 and 8	July 2008 – June 2009
4, 5 and 9	July 2009 – June 2010

Revalidation for doctors granted full registration for the first time, or restored to the full register, after 1 April 2005

Doctors granted full registration and a licence for the first time after 1 April 2005 (including, for example, those moving from provisional or limited registration), and those restored to the full register after 1 April 2005, will be informed of their revalidation submission date when they are granted full registration or restored.

6. Contact us

For more information, please visit our website: www.gmc-uk.org.

You can also contact us using the details below.

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