

**REVALIDATION**

# Get up to date with relicensing

**Dr Paul Myers** answers some frequently asked questions in his continuing series on appraisal and revalidation for doctors with a private practice

**I don't like my appraiser and want to change. Do the regulations permit this?**

This depends on the agreed appraisal process adopted by your designated body (DB) and Responsible Officer (RO). Generally, it is thought best practice to have the same appraiser for two to three consecutive appraisals, in the interests of consistency, ideally with two appraisers covering a five-year cycle.

If there are good reasons to change appraisers, your DB should consider this, but would be wary of changing for other reasons to prevent a doctor attempting to cover up relevant information – for example, issues relating to fitness to practise.

**I have a revalidation date but am changing jobs. Will I have a new date and a new DB?**

No, your revalidation date is constant, but you may have to change ROs if you have to change your DB.

**I do not agree with appraisals and revalidation. How else can I stay licensed?**

If you are practising in the UK, you need a licence to practice, and the only way you can keep this is by being revalidated.

The system is very structured and prescriptive, and there is no way you can avoid the revalidation process mediated through a DB as described in earlier articles.

The GMC has said categorically that it will have no hesitation

in withdrawing the licence of doctors who are not 'engaging' with the appraisal process described.

**What is the difference between appraisal and revalidation?**

Revalidation is the name for the process, enshrined in law, which medically qualified doctors have to go through to be relicensed by the GMC to enable them to continue to practise medicine in the UK.

It occurs every five years on the revalidation date designated by the GMC. This is the date given to doctors seeking relicensing, at which time the Responsible Officer of the Designated Body to which the doctor has a 'prescribed connection' decides whether to recommend to the GMC that the doctor be relicensed.

This decision is based on a range of information including 'clinical governance' data available within the DB, as well as the five consecutive previous appraisal reports.

An appraisal is also a GMC obligatory process, but refers to the annual system whereby a UK doctor meets with an approved trained appraiser for an appraisal interview meeting, having provided 'supporting information' to show that he or she is keeping up to date, reflecting on their clinical work and practising in accordance with the GMC's recommendations for good practice.

This results in a report for the RO to help him or her make the decision regarding relicensing.

**What is the difference between being licensed and being registered with the GMC?**

Up to a few years ago, once you completed your registration year, and were registered with the GMC, you would stay registered for life, unless the registration was removed by the GMC, perhaps following fitness-to-practise issues being raised.

There would be no assessment of your skills as a doctor throughout your professional life. This all changed when the concept of licensing was introduced. The GMC issued every UK-registered doctor with a licence, which by law is required to practise medicine in this country.

However, unlike registration, the licence lasts only five years or



less and can only be renewed by revalidation. Some doctors who are not providing clinical services will choose to remain registered, but relinquish their licence.

Such doctors maintain a registration to show that they are in good standing with the GMC, can refer to themselves as medical doctors, but crucially are not providing clinical services.

**I don't like using computers and have poor IT skills. How can I keep my licence by using paper-based systems?**

The simple answer is you cannot avoid using modern technology to stay licensed as a doctor, aside from the needs of your clinical or management work.

An example of this is registering with GMC online. Some DBs still use paper-based systems, but this is reducing as organisations are realising that the RO needs to see the same supporting information as the appraiser undertaking the appraisal.

The easiest way of fulfilling this condition is to have easily available supporting information visible to both the appraisee, the appraiser and the RO.

**What if I practise most of the time abroad?**

This is something of a grey area with respect to recommendations relating to the length of time practising overseas.

The actual minimum period that a doctor practises in the UK that the GMC would accept for them to be licensed has not been defined at the time of writing.

However, if, for example, the GMC became aware of the case of a doctor that perhaps only practises for a few days a year in the UK, it may express concern that they could not fulfil the obligations of appraisal and revalidation, and such doctors may be encouraged to forgo the licence until such time that they were practising medicine substantially in the UK.

In such a case, they could not work in the UK, as they would not have a licence. Every case, of course, is different and doctors would be recommended, if there are issues of this sort, to discuss this first with their RO and the GMC itself.

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**What if I don't agree with the appraiser's conclusions?**

Areas of disagreement may emerge during the appraisal interview and would usually be discussed at that time, but often an appraisal form may be completed by the appraiser subsequent to the appraisal and forwarded to the appraisee for comments.

If the appraiser and the appraisee cannot agree with the conclusions drawn – for example, in the output statements that the appraiser has written – then there is always a mediation system within the organisation that can be used.

Often, alongside such a mediation system, a discussion between the RO, the appraiser and the doctor will resolve outstanding issues.

**Is the appraisal a way of checking up on my practice?**

The purpose of the appraisal is not to check up on the doctor or his practice or to judge the doctor himself. It is designed to confirm they are keeping up to date, reflecting on their practice and to design a personal development plan for the following year.

It is true that, if major issues arise during the appraisal process that gives the appraiser a concern about the doctor's fitness to practise, this would have to be escalated to the RO/GMC.

However, this would be a very rare eventuality. A crucial point here is that this would be no different whatsoever from any UK doctor discovering that a colleague was practising in an inappropriate manner, and he would require referral too, whether it was an appraisal or not.

**I have lots of documents relating to my practice. Do I have to upload them all?**

As this is a time when appraisals have just become mandatory, there may be some flexibility in the early years about the collection and recording of supporting information for the appraisal.

However, this is dependent on the appraisal system, the designated body and, ultimately, the views of the RO. As stated elsewhere, the RO will need to see all the supporting information that the appraiser will have viewed themselves during the appraisals.

In practice, the RO will not wish to have to hunt through massive paper portfolios, and so there is a definite trend towards everything being recorded electronically and being present by being embedded within the appraisal form.

I tell my appraisees that, analogous to the view that 'if it is not in the medical records, it didn't happen', then similarly 'if it's not in the appraisal portfolio, it is not supporting information'.

**My revalidation date isn't until 2015, and I plan to retire then. Does that mean I don't necessarily have to have an appraisal?**

In view of the large number of doctors requiring revalidation, many will not have a revalidation date for several years from now.

There may be a temptation to try to avoid arranging an appraisal and, as doctors in the independent sector are sometimes less regulated than those in the NHS, there may be opportunities to stay 'below the radar'.

But the GMC has been very clear about the new legal obligation for UK doctors to have an approved annual appraisal.

If you miss one, then there are two problems. Firstly, in the event of you coming to the attention of the GMC for any reason, it could remove your licence to practise if you cannot demonstrate a history of annual appraisals.

If there are concerns about your fitness to practise, you will need to defend yourself with evidence of good practice.

This is provided through your annual appraisal showing, for example, that you are keeping up to date. If you had no appraisal, this would then put you in a vulnerable position.

Finally, for those doctors who come to their revalidation date, the RO may have difficulty in recommending you to be relicensed if you cannot demonstrate yearly appraisals.

**I have a route to revalidation with a designated body but have left the job and have a different career path. Can I stay with that DB?**

You can only be linked to the DB to which you have a contractual relationship, such as a membership of the organisation or having a contract of employment with the DB. You need to notify the GMC of your change and, usually, you will be linked to the new DB.

**I have worked my way through the GMC flowchart to find my DB and can't find a connection that applies.**

This is an unusual situation, as more than 90% of doctors will be able to find a connection through the GMC website. However, for the minority of doctors who have problems, you need to discuss your precise situation with the GMC helpline.

In many cases an appropriate connection can be made, but, unusually, the GMC may have to link you to a 'suitable person' or, rarely, devise a separate method where you can be revalidated. Details of these unusual circumstances are yet to be published. ■

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