

**GMC Consultation on the Licence to Practise and
Revalidation Regulations 2012**

Response Form

October 2011 – January 2012

Thank you for your interest in our consultation. We value the comments you are making and the views we receive will help inform the development of our proposals.

You can print off this form and return it by post to the following address:

Revalidation Regulations Consultation
Revalidation Team
Continued Practice and Revalidation Directorate
General Medical Council
Regents Place
350 Euston Road
London
NW1 3JN

You can also return the form electronically to revalidation@gmc-uk.org
Indicate your answer to multiple choice questions by placing X by your selection. Please save the completed form on your computer then attach it to the email.

If you have a question about the consultation or need help completing this form, please email revalidation@gmc-uk.org or call 0161 923 6602.

Our consultation ends on **Tuesday 17 January 2012**. Please ensure we have received your response by this date.

Our consultation document is available at www.gmc-uk.org/doctors/revalidation/10707.asp

Other formats

Our consultations are also available, on request, in alternative formats such as large print or audio. If you would like to receive a copy of a consultation in an alternative format please contact us to discuss your specific requirements in more detail.

Freedom of information

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to, for example, information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box below. We will take this into account if a request for your response is made under the Freedom of Information Act 2000.

Please tick if you want us to treat your response as confidential

Data protection

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

Consultation questions

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

Yes with a language caveat.

Question 1b: If you answered 'no' or 'not sure' please give further details.

The use of “minimalism” as a principle could be negatively interpreted by the public unintentionally; revalidation is important for patient safety and professional standards.

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

Not sure.

Question 2b: If you answered 'no' or 'not sure' please give further details.

Regulation 3 (15) d creates an obligation on all doctors seeking to revalidate to participate in a scheme of appraisal that meets the requirements set out in guidance published by the General Council. This has not yet fully settled and in particular doctors require confidence that local appraisal systems will be subjected to independent Quality Assurance (QA) and which has yet to be determined. Appraisal has become a high stakes activity and QA arrangements must be finalised before revalidation commences.

It is unclear how the GMC will identify doctors not participating in appraisal other than through an absence of positive recommendation from the Responsible Officer (RO). Regulation 4 alludes to the nature of the recommendation likely to be required of ROs – should confirmation of participation in appraisal be an explicit requirement laid down in regulations rather than subsumed in the range of reasons provided for in 5(4) b?

The regulations as worded imply that more doctors may be facing fitness to practice procedures through, for example, failure of local systems and such escalation may be disproportionate and unfair to some doctors.

The guidance to be developed by the GMC should make it clear to doctors that the Registrar is obliged to give written notice only and to the most recently notified postal address to alert doctors to the risk of missing such important correspondence.

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

No.

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

A doctor returning to work after 5 years would find it difficult to revalidate without returning to work as a licensed practitioner, so some allowance needs to be made to provide doctors in that situation with an opportunity to have refresher training, potentially including medical practice under supervision and then to use evidence from that re-training for revalidation. Requiring an objective assessment alone may be neither fair nor effective.

It is unclear who has responsibility for paying for an “objective assessment” and who will be authorised to undertake such an assessment (eg general or specialist level).

It is also important to make a very clear distinction between doctors seeking restoration after a legitimate period of absence from those suspected of “gaming”.

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

No.

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

This gives the Registrar much greater power than he has at present with the only constraint being the provision of a reason. Doctors will be reassured if the Registrar is empowered to defer revalidation decisions on patient safety grounds only when they can be attributed to the performance of an individual doctor rather than the system within which he/she works.

The flexibility to vary the revalidation period is helpful for doctors anticipating or returning from a career break but blurs the distinction between routine revalidation and fitness to practice in situations of patient risk. Also the level of variation is unclear eg could the Registrar require an annual revalidation?

Doctors who are practising in circumstances where risks to patient safety have been identified should be assessed through existing local systems and/or fitness to practice procedures according to the nature of the risk. This alternative third way for doctors in difficulty will add confusion. Revalidation should be suspended until such concerns have been investigated.

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

Not in all circumstances.

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

Where doctors are revalidated in the normal cycle the GMC has indicated they will be reminded 9 months in advance and in any case should be aware of this from their previous revalidation date. Therefore the 3 month statutory minimum notice is likely only to be invoked under unusual circumstances and with significantly less lead time. This may be impractical for ROs and doctors and could be particularly unfair to those working less than full time. It is also unclear how much notice in practice will be given to doctors seeking to revalidate for the first time.

Similarly, requiring a 28 day turnaround for information (regulations 5 (9) and (10)) may be challenging if notice is deemed to have been served on the date of posting from the GMC eg for those on extended leave or a sabbatical.

Question 6a: Do you think we should explore the possibility of allowing additional UK organisations to perform the functions a Responsible Officer in evaluating doctors' fitness to practise and making recommendations to the GMC regarding doctors' revalidation?

Not Sure.

Question 6b: If you answered 'no' or 'not sure' please give further details.

Designated organisations have been specified in RO regulations, and it is important that any additional organisations have the relevant capacity and are required to deliver to the same standards as the mainstream designated bodies.

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

No

Question 7b: If you answered 'yes' or 'not sure' please give further details.

“Any other relevant information” should cover most circumstances, but the 28 day turnaround could prove challenging (see response to Q5b above).

However, the College points out that the exact information requirements of revalidation have not yet been agreed and will necessarily differ between specialties making the consistent and fair application of this power difficult.

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

Not sure.

. Question 8b: If you answered 'yes' or 'not' sure' please give further details and say how any adverse consequences might be avoided.

It is important to understand the timeframes involved to avoid undue uncertainty – both for the confidence of doctors and the public. If there is discretion to defer there must be clear principles established to ensure consistency across the UK.

If there is a patient safety issue implicating an individual doctor then this must be handled in line with normal local and GMC procedures and not delayed through undue deferral. In addition, doctors so deferred must not be stigmatised in any way through different treatment and/or public information on the GMC website.

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

Not sure.

Question 9b: If you answered 'no' or 'not sure' please give further details.

The regulations are confusing for doctors with little or no clinical practice seeking to revalidate and retain a licence to practise.

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

Yes

Question 10b: If you answered 'yes' please give further details and say how that impact might be mitigated.

Locum doctors are among those where revalidation is of particular importance and where it is most difficult to ensure that it is carried out. They may not easily find a Responsible Officer and so would have to bear the cost of making alternative arrangements themselves, perhaps directly with the GMC.

Doctors returning after a long career break or after periods of service overseas (including those working for charitable foundations) may find revalidation difficult.

Less than full time doctors and staff and associate specialist grade doctors may find compiling supporting information difficult within the time available in their job plans/contracts.

Newly completed trainees who will have been extensively monitored throughout their training should not normally require formal revalidation within 5 years of certification.

Doctors working in units with poorly functioning appraisal and clinical governance systems could find themselves at greater risk of failing to revalidate through no fault of their own.

Finally, those revalidating early may find the process more difficult due to a lack of supporting information and poorly embedded local appraisal processes.

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Would you like to be contacted about GMC consultations in the future?

Yes.

If you would like to know about upcoming GMC consultations, please let us know which areas of the GMC's work you are interested in:

- Education Yes.
- Standards and Ethics Yes.
- Fitness to Practise Yes.
- Registration Yes.
- Licensing and revalidation Yes.

Data protection

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Responding as an individual

Are you are responding as an individual?

No.

Responding as an organisation

Are you are responding on behalf of an organisation?

Yes.

If yes, please complete the following questions. If not, please complete the 'responding as an individual' section above.

Which of the following categories best describes your organisation?

Body representing doctors Yes.

Body representing patients
or public

Government department

Independent healthcare provider

Medical School (undergraduate)

Postgraduate medical institution Yes.

NHS/HSC organisation

Regulatory body

Other (please give details)

In which country is your organisation based?

UK wide Yes.

England

Scotland

Northern Ireland

Wales

Other (European and
Economic Area)

Other (rest of the world)

In our consultation reports we often include quotes from respondents. Are you content for the comments you submit to be attributed to your organisation in our consultation reports?

Yes.