FAQs on Revalidation for Doctors in Training

1. **What is revalidation?**
2. **Do I need to do it?**
3. **How often will I be revalidated?**
4. **When does it start?**
5. **Who is my Responsible Officer?**
6. **What is my Designated Body?**
7. **When is my revalidation date?**
8. **What is fitness to practise?**
9. **What is a SUI / Significant Event?**
10. **What evidence do I need to collect?**
11. **What forms do I need to fill in?**
12. **What are collective exit and exception reports?**
13. **Is the ARCP sufficient to revalidate?**
14. **Can I still revalidate if my ARCP is adverse?**
15. **What is a deferral?**
16. **What happens if I am Out of Programme?**
17. **What happens if I move LETBs (deaneries)?**
18. **What happens if I am on maternity leave?**
19. **What happens if I am on long term Sick leave or career break?**
20. **I am on the Medical Training Initiative (MTI). Do I need to revalidate?**
21. **I am on an academic programme. What should I do?**
22. **Who should I contact if I have questions?**

1) Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor’s licence to practise in the UK. The aim is to support doctors in their professional development, helping to improve quality, patient safety and public confidence in the profession. It ensures that doctors are up to date and maintaining their fitness to practise.

2) All fully registered doctors with a licence to practise now need to revalidate regularly. This includes doctors in foundation year two and specialty training.

3) Revalidation takes place once every 5 years and during a 4-month period around your CCT.

4) Revalidation started on the 1\textsuperscript{st} April 2013 for all trainees.

5) Your Responsible Officer, (RO) as a trainee, will be the Postgraduate Dean at your local education provider (LETB), in this case Dr Michael Bannon. Each doctor is linked to a RO who will make the recommendations to the GMC about whether that doctor should be revalidated. The RO is also responsible for ensuring that systems of clinical governance and appraisal in his or her organisation are ready and appropriate for revalidation.

6) Your Designated Body is Health Education Thames Valley (previously known as the Oxford Deanery). This will be the body that you should be linked with through GMC Online.
7) For the first 5-year cycle, trainees will ONLY revalidate at the time of CCT. Only when trainees start after 31st March 2013 will you also need to revalidate at 5 years after full registration. You can view your revalidation date by logging into your GMC Online account. 

8) The GMC has produced guidance in regards to fitness to practise which can be accessed here. It is important to understand that the revalidation process is a confirmation that there are NO concerns about practice. If there were to be concerns then a referral to the GMC would be done through a different process.

9) See our guidance on revalidation definitions here. 

10) Revalidation will be based on the evidence you are providing every year at your ARCP/RITA process. Therefore each year, there will be an assessment of readiness for revalidation at your ARCP/RITA. Revalidation encompasses the full scope of a doctor’s work, which includes any other work carried out, including locum work, voluntary work etc as a doctor. Therefore you need to provide evidence in all the domains of GMC Good Medical Practice in all your work.

11) The forms to be completed before the ARCP/RITA are –

- Form R - This now includes a self-declaration covering your extended scope of practice and asks about health, probity, complaints, significant events, serious untoward incidents, complaints and compliments received. For definitions of these see here
- Wider scope of practice form – this needs to be completed if you have listed any other medical work on your Form R apart from locum in your own specialty in your own trust. This needs to be signed by your Educational Supervisor so that they are aware that you are doing other work and can check that you are providing evidence about that work.
- Educational Supervisor annual training report

12) Health Education Thames Valley will send a Collective Exit and Exception reports to your employing organisation for completion. The trust (Area Team for primary care) that you work in is required to provide information about any complaints, serious untoward incidents (SUIs) and investigations that you are involved in to your RO. They do this every 6 months through a collective exit report which details all trainees and whether there are any concerns. If there is an investigation in progress, then an exception report is provided about an individual trainee, a summary of the investigation and an estimate as to when it will have concluded. This extra information is important to enable the RO to make the revalidation recommendation.

13) No the ARCP/RITA alone is not sufficient for the purposes of revalidation. It will be a core element of the revalidation process but additional evidence is required. The main element of good practice is reflection and learning from significant events and you should make sure that evidence of this is provided in your portfolio.
14) Yes. The ARCP/RITA and revalidation are two distinct processes. Revalidation is about your maintaining your licence to practise as a doctor whereas the ARCP is your progression in the training programme as per college curriculum. **It is important to note that an Outcome 5 will be given if you do not provide your Form R prior to an ARCP/RITA panel.** Go to top

15) The Responsible officer can make 3 possible recommendations for the purposes of Revalidation:

- Positive
- Defer
- Non engagement

It is important to remember that deferral is a neutral process. This will generally be recommended because a CCT date has changed; if there is an investigation of an incident or complaint in progress, which has not yet been completed. Rarely it may be used if a trainee is on a career break or long-term sick leave. In either case, it merely provides the trainee with some extra time to be supported by the training programme in collecting the right evidence. Go to top

16) When you are out of programme, the 5 year revalidation cycle will continue. You will be expected to provide evidence about ALL aspects of your work. For further information, see our guidance ‘Out of Programme and Revalidation’. Go to top

17) If you move from a LETB/deanery the responsible officer will also change. You should update your GMC Online account with details of your new designated body. Transfer of information will be provided to the new organisation through your most recent ARCP outcome form. Go to top

18) During a period of maternity leave the 5 year revalidation cycle continues and your revalidation takes place in line with your CCT date. Go to top

19) During a period of long-term sickness or career break the 5 year revalidation cycle continues. Your revalidation takes place in line with your CCT date and at 5 yearly intervals. There is an option for the RO to defer the revalidation until you return to work and can demonstrate fitness to practise, and this may be used occasionally if a trainee has been out of practice for some time. Go to top

The deferral period can be for 3 months up to an initial maximum period of 12 months. Further deferral is discretionary as per GMC guidelines. Go to top

20) Doctors who are on the MTI (Medical Training Initiative) will probably not be required to revalidate as they will not be in the country for 5 years, but will still be required to engage in the annual appraisal and revalidation process. Doctors on MTI programmes are the responsibility of the employing trust and not the LETB and therefore their RO is likely to be the Trust’s Medical Director. However you will still be having at least 6 monthly educational supervision meetings with completion of training forms. Go to top

21) The fact that you are on an academic programme makes no difference to the revalidation process. Further information can be found in the Academic ARCP
policy. More information about revalidation during a period of research can be found in our guidance ‘Out of Programme and Revalidation’ Go to top

22) Branwen Thomas, Revalidation Manager, 01865 741608
   Branwen.thomas@thamesvalley.hee.nhs.uk

Dr Julie Edge, Interim Associate Dean for Revalidation
   Julie.edge@thamesvalley.hee.nhs.uk

Dr Omar Ghazanfar, Revalidation Fellow
   Omar.Ghazanfar@thamesvalley.hee.nhs.uk

Go to top