



Revalidation - the basics

Revalidation was introduced in December 2012.

The GMC has set out the requirements for revalidation for all GPs.

The RCGP set out what it considers best practice and GPs should be working toward this but they must meet the GMC standards.

Revalidation is based on the GMC guidance Good Medical Practice and these documents are published on the GMC website.

Revalidation is designed to reassure patient and the public that all doctors keep up to date and are fit to practice.

GMC's domains for revalidation

The GMC has defined the four areas that all doctors need to ensure they can demonstrate through appraisals that they address their needs and provide supporting information to demonstrate this.

The domains are:

Knowledge, skill and performance

Safety and quality

Communication, partnership and teamwork

Maintaining trust

What do you need to do to be revalidated?

You need to participate in an annual appraisal which meets the requirements as defined by the GMC.

The supporting information that is required for revalidation can be divided into the following areas:

General information - providing context about what you do in all aspects of your work

Keeping up to date - how you maintain and enhance the quality of your professional work

Review of your practice - how you evaluate the quality of your professional work

Feedback on your practice - how others perceive the quality of your professional work

The six areas for revalidation are:

Continuing professional development (CPD) - required annually

Quality improvement activity - required annually

Significant events - required annually

Feedback from colleagues - required once every 5 years

Feedback from patients - required once every 5 years

Review of complaints and compliments - required annually

Once every 5 years, at a time decided by the GMC the Responsible Officer will need to make a recommendation to the GMC about an individual doctor.

The RO will check that you have completed the annual appraisals to the required standard.

They will ensure a colleague and patient feedback process has been completed.

They will then triangulate this with any outstanding performance issues with the GMC or through the local procedures and ensure there are no other local concerns.

The RO will not decide if you will receive a license to practice just make one of the following 3 recommendations:

There is no reason know that this individual doctor should not be issued with a license to practice.

The renewal of the license to practice should be deferred this is a neutral act the only people who will know this has happened will be the GMC the RO and yourself. The deferral could be for 3, 6 or 12 months. This would allow time for completion of one or more elements required for revalidation. It could have resulted from a period of sick leave, maternity leave and in the first year could be due to a patient or colleague feedback had been completed but had not been discussed at an appraisal because the revalidation date fell before your next appraisal. This will not be used for those who simply can't be bothered to participate in the process.

Failure to engage - if the RO believes that despite their best efforts you are not engaging in the process they can refer this to the GMC for their investigation or action. The RO therefore cannot fail a doctor and remove their license to practice.

Thank you to Wessex LMC who kindly agreed to share this information with us.