



## Revalidation Frequently Asked Questions (FAQs)

Keep checking this page as it will continue to be updated with more FAQs.

Who is my Responsible Officer (RO)?

If you are on a Performers List your RO will be your NCB Area Team RO. See [here](#) for a list. If you are moving NCB areas in London to work, you will change your RO.

I am planning to retire in June, after which I may do a few locum sessions. Do I have to revalidate?

If you intend to go on working as a doctor you will require a Licence to Practise. Retaining your licence implies a willingness to engage in annual appraisal whatever your professional role and to revalidate in a five year cycle. If you intend to work in NHS general practice you will need to stay on the Performers List, and as such you will be subject to the NHS Performers List Regulations (England) 2013

Your responsible officer will be your NCB Area Team Responsible Officer. See [here](#) for a list. If you resign from the performers list and therefore do not work in NHS general practice, use the GMC website to find your new RO.

The GMC have sent me a revalidation date for July 2014. I have just returned to practice following six months' sick leave and I missed my 2012-13 appraisal. I am wondering whether there would be any possibility of postponing my revalidation up to October 2014.

We would advise you to make contact with your local GP appraisal lead initially, to discuss any issues you are facing. The RO may recommend to the GMC that your appraisal date is deferred for up to one year. Please see [here](#) for more information.

I have a revalidation date for September. What do I have to do?

You should ensure that you have your appraisal in good time and we suggest that this takes place at least three months before your revalidation date. In advance of your appraisal you will need to consider what supporting information you will provide at the appraisal and be prepared to offer reflection on that supporting information. Further information about the types of supporting information you can provide at your appraisals can be found on the GMC website.

I cannot find all my previous appraisal documentation on my Clarity Toolkit – what do I do?

It may be that you need to arrange for your previous appraisal documentation to be migrated to the current Clarity Toolkit. In such circumstances please call the Appraisal Clarity Toolkit Customer Service Team on 0845 1137 111. Office hours are 9 am to 5 pm, Monday to Fridays

What do I have to record on my CPD record?

All GPs should ensure that they record their CPD including their reflections on how this has or will change their practice. If you are concerned about your CPD record, we recommend that you discuss this with your appraiser before submitting the material for your appraisal.

Is Child Protection training/retraining a mandatory requirement for revalidation?

Training is not a mandatory requirement; however you will need to take note of the following extract from the GPC guidance 0-18 years:

‘If you work with children or young people, you should have the knowledge and skills to identify abuse and neglect. You should be aware of the use of frameworks for assessing children and young people’s needs, the work of Local Safeguarding Children’s Boards and Child Protection Committees, and policies, procedures and organisations that work to protect children and promote their welfare.’

I work as a locum and rarely work in the same practice twice. I cannot do an audit of my clinical work, nor can I get access to any carried out in the practices where I work. What do I do?

The GMC recognises that traditional clinical audit may not be possible for many doctors depending on their work situation. The GMC requires doctors to demonstrate that they are taking part in quality improvement activity: that is that they regularly review all aspects of their professional work and reflect on lessons learnt from this, so that they can improve their practice.

Alternative examples of clinical quality improvement activity are Significant Event Analyses, or critical case reviews. You could also review your own referrals against accepted best practice criteria, or an aspect of your prescribing. If you plan this in advance you can keep a log of relevant cases. For more details on this see the BMA Guidance Revalidation for NHS GPs, March 2013 and the RCGP Supporting information for appraisal and revalidation: guidance for GPs:

Your employers should make specific clinical records available to you to carry out such a review. They should also let you know if you have been the subject of a complaint. Remember that all information presented at appraisal must be anonymised. You are advised not to take copies of clinical records away from the practice.

You might also consider joining or setting up a local sessional doctors group where you could discuss such cases with peers and record your learning from such discussions.

I work mainly in prison medicine and cannot carry out a patient questionnaire.

The GMC recognises that in some circumstances it may be impossible for questionnaires to be distributed by a third party. In this case you could hand it out yourself and set up a deposit box for responses. More information on selecting and using an appropriate tool can be found on the GMC website.