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REVALIDATION FOR DOCTORS EMPLOYED IN NON-CLINICAL POSTS

Specific guidance has been sought from the GMC regarding how revalidation will work for doctors who are employed in wholly non-clinical roles. The GMC response is as follows:

All licensed doctors will basically revalidate in the same way - there isn't a specific or separate route to revalidation for medical managers. Whatever the nature or extent of a doctor's professional activities, they will collect supporting information about all their work and bring this information to an annual appraisal. It is on this basis that a recommendation will be made, normally once every five years, about the doctor's revalidation.

The GMC is not prescribing specific arrangements for appraisal, as doctors' work and circumstances vary widely. Our only stipulations are that appraisal should conform to our guidance and have Good Medical Practice as its focus. In this connection, I would refer you to our 'Framework for revalidation and appraisal', which can be found at the following webpage:

http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Our guidance is not meant to be overly prescriptive - it will be necessary for doctors to discuss with their appraiser/Responsible Officer how the guidance can be best applied to their situation. This will include deciding exactly what supporting information and appraisal procedures are suitable, taking into account the doctor's work and role.

I want to emphasise that revalidation will be based on the work a doctor is doing from day to day. This applies equally to doctors whose names are on the GP and Specialist Registers, whether or not they continue to be engaged in those practice areas. As long as they revalidate successfully on the basis of their day to day work, these doctors will not only retain their licence to practise but will also keep their entry in the GP/Specialist Register. It was originally envisaged that revalidation would include an additional component called 'recertification', requiring doctors on those registers to demonstrate that they had kept up to date with their knowledge and skills in the relevant areas. But the revalidation model was subsequently streamlined to focus on doctors' actual practice. This was partly because it was recognised that many doctors move into different and varied areas of practice during the course of their careers (including, of course, medical management).

This can be summarised as follows:

For an individual who currently holds a license to practice and is on the GP register or a specialist register but who is not undertaking any clinical practice:

- a. they appraise, and therefore revalidate, in the role which they are currently in
- b. as long as they revalidate successfully, they retain their license to practice, even though there is no clinical component to their appraisal portfolio or revalidation
- c. as long as they revalidate successfully, they also remain on any specialist register which they are on, even though there is no clinical component etc etc

So, an individual who has a licence to practise, is on a specialist register but does not do any clinical work will, as long as they revalidate successfully, retain both licence to practice and listing on specialist register, regardless of how long it is since they have done any clinical work.