

# REVALIDATION OF DOCTORS IN THE DEFENCE MEDICAL SERVICES AND MINISTRY OF DEFENCE

## Introduction

1. Medical revalidation is the process by which all doctors who are licensed with the General Medical Council (GMC) regularly demonstrate that they are up to date and fit to practise. It provides assurance that licensed doctors are practising to the appropriate professional standards. Revalidation is required every 5 years in order to retain a licence to practise and is linked to the completion of annual professional appraisals.

## Aim

2. The aim of this policy leaflet is to detail the doctor's revalidation process in the Ministry of Defence (MOD) and clarify areas of the process that are unique to the military environment in order to avoid confusion and facilitate the revalidation process.

## Scope

3. This policy applies to all doctors working within the Defence Medical Services (DMS), regardless of the role in which they are employed, as they are required by the Surgeon General (SG) to retain their licence to practise<sup>1</sup> and they will, therefore, need to revalidate. Additionally, it applies to those doctors employed by the MOD who do not work for or within the DMS but who are required to maintain their licence to practise for their role.

4. The GMC sets the statutory requirements that licensed doctors must meet in order that they successfully revalidate and this policy is to be read in conjunction with the relevant information from the GMC<sup>2</sup>.

5. Appraisal in the MOD is covered in detail in [JSP 950 Leaflet 10-2-1: Appraisal of Medical Officers](#) and is therefore outside the scope of this policy.

## Background

6. In order to revalidate all doctors must:

a. Participate in an annual appraisal process which has [Good Medical Practice](#) as its focus and which covers all aspects of their medical practice.

b. Demonstrate through appraisal that they have collected, maintained and reflected on a portfolio of [Supporting Information for Appraisal and Revalidation](#) to demonstrate the maintenance of their clinical and professional standards and, where applicable, their specialist skills. The key components of this information are listed below:

- (1) Continuing professional development.
- (2) Quality improvement activity.
- (3) Significant events.
- (4) Colleague feedback.

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<sup>1</sup> Any doctors who have voluntarily relinquished their Licence to Practise must therefore take appropriate action to have it reinstated. Guidance is available at [GMC \(Restoration following Administrative Erasure\) Regulations Order of Council 2004](#) and [GMC \(Restoration following Administrative Erasure\) \(Amendment\) Order of Council 2009](#).

<sup>2</sup> There are several useful guides on the [revalidation part of the GMC website](#).

- (5) Patient feedback (where applicable).
- (6) Review of complaints and compliments.

7. Each doctor is assigned to a Designated Body (DB) and each DB has a designated Responsible Officer (RO). It is the RO who will make a recommendation to the GMC for revalidation or otherwise for the individual doctor based on the outcome of the appraisals<sup>3</sup>, the supporting information and also information from clinical governance systems<sup>4</sup>.

### Designated Bodies within the MOD

8. [The Medical Profession \(Responsible Officer\) Regulations 2010](#) (The Regulations) make special provision for the Armed Forces and direct that the MOD, 3 single Services (sS) and Deanery are all DBs under the provisions of these Regulations.

### Responsible Officers

9. The Regulations also mandate that the DBs must appoint or nominate an RO and the DB must provide the RO with sufficient funds and resources to enable them to fully carry out their role as RO. This includes the allocation of sufficient time, staff and administrative support in order for them to be able to fully discharge their statutory obligations in accordance with the Regulations.

10. The RO must be a licensed medical practitioner. The RO plays a crucial role in the revalidation process by ensuring that the GMC's standards are met by licensed doctors within their DB. The RO will evaluate and make recommendations to the GMC about individual doctor's fitness to practise based on the supporting information that is presented to them. This is done via a secure system called [GMC Connect](#).

11. The RO is also responsible for ensuring that governance systems and appraisal in their organisation are working and are appropriate for revalidation.

12. More information about the role and responsibilities of ROs is contained in the Department of Health (DH) publication [The Role of Responsible Officer: Closing the Gap in Medical Regulation- Responsible Officer Guidance and The GMC's Responsible Officer Protocol](#). It is to be noted that this includes details on the necessary knowledge of English for doctors to communicate effectively so that patient safety is not put at risk<sup>5</sup>.

### Defence Responsible Officers

13. The ROs for the Defence DBs and a brief summary of who they are responsible for is as follows:

- a. **sS ROs.** The 3 sS Directors of Medical Services (or a doctor nominated by the sS) will be the RO for all uniformed doctors within their organisation including General Duty Medical Officers (GDMOs) who are not trainees.
- b. **Deanery.** The Defence Healthcare Education and Training (DHET) Dean (or a doctor nominated by the Dean if the Dean is not a doctor) is the RO for all uniformed doctors in training.

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<sup>3</sup> [JSP 950 Lft 10-2-1 Appraisal of Medical Officers](#).

<sup>4</sup> [JSP 950 Lft 5-1-4 Healthcare Governance and Assurance in the Defence Medical Services](#).

<sup>5</sup> [http://www.gmc-uk.org/doctors/registration\\_applications/language\\_proficiency.asp](http://www.gmc-uk.org/doctors/registration_applications/language_proficiency.asp).

c. **MOD.** The RO for all CMPs and for doctors employed by the MOD who do not work within the DMS (eg Defence Business Service Veterans (DBS Vets)) will be an appropriate doctor appointed by the SG.

14. Every doctor is required to connect on their [GMC account](#) to a DB and an algorithm to assist in identifying the correct Defence RO is at Annex A.

### **Scheduling of Doctors for Revalidation**

15. The GMC will allocate a revalidation date for doctors and give a minimum of 3 months notice prior to their revalidation submission date. The date allocated is the latest date at which the RO can submit their recommendation regarding whether a doctor should be revalidated. The recommendation can be submitted at any time within the preceding 4 months.

16. Doctors in training will have their revalidation date set for 5 years after the issue of their licence to practise or to coincide with the issuing of their Certificate of Completion of Training, whichever comes sooner.

### **Revalidation Recommendations**

17. ROs can make one of 3 recommendations to the GMC about the doctors they are responsible for:

- a. Make a positive recommendation that the doctor is up to date, fit to practise and should be revalidated.
- b. Request a deferral because they need more time or more information to make a recommendation about a doctor. For example, this might happen if a doctor has taken an extended break from their practice or if the doctor is the subject of an ongoing process such as an internal investigation. The licence to practise is unaffected by deferral.
- c. Notify the GMC that a doctor has failed to engage with appraisal or any other local systems or processes that support revalidation.

18. If the RO makes a recommendation that a doctor should be revalidated and this is accepted by the GMC, the GMC will notify both doctor and RO of their decision and set the doctor's next revalidation submission date.

19. A recommendation for revalidation from an RO may be rejected by the GMC if it is made too early. In these cases, the recommendations are returned to the RO, who may seek further guidance from the GMC.

20. If a recommendation is made for a doctor who is undergoing a fitness to practise review, then the GMC will conduct a review of the recommendation once the review is completed.

### **Deferral Request**

21. If it is predicted that there will be difficulties making the revalidation date that has been set by the GMC this should, in the first instance, be discussed between the doctor, the appraiser and the RO. There is flexibility within the system and the RO can recommend deferment to the GMC. The deferment can be up to 12 months and the GMC must agree any such action.

22. If the deferral request is accepted by the GMC, a new revalidation submission date will be notified by the GMC to the doctor and their RO. If the request is rejected by the GMC then the original revalidation date must be adhered to.

23. If a deferral request is made for a doctor who is undergoing a fitness to practise investigation, then the doctor's revalidation will be put on hold until the investigation is complete.

### **Notification of Non-Engagement**

24. Notification of non-engagement can take place at any point in the 5 year cycle as a result of non-engagement in the appraisal process either by declaring non-participation or by non-response to 3 reminders sent by the Revalidation Administration Cell.

25. The RO should only be making a notification of non-engagement to the GMC following discussion with the doctor, their appraiser and the appropriate GMC Employer Liaison Adviser.

26. Depending on the situation, the GMC may:

- a. Reject the notification.
- b. Issue a warning letter to the doctor.
- c. Change the doctor's submission date.
- d. Accept the notification, in which case withdrawal of licence action will be instigated.

### **Withdrawal of Licence to Practise**

27. A doctor can only lose their licence to practise as a result of positive action taken by the GMC; licences do not lapse accidentally.

28. In the case of a doctor missing their submission date or having a notification of non-engagement made about them, the GMC will attempt to get in touch with the doctor (28 day notification of intention to take action to withdraw licence). If the doctor does not respond within 28 days the GMC will issue a notification of withdrawal of licence; if the doctor does not appeal within 28 days of this notification being issued, their licence to practise will be withdrawn<sup>6</sup>.

29. If the doctor responds to the GMC's notifications or makes an appeal against the withdrawal of their licence to practise then action to withdraw their licence is halted until the situation is resolved.

30. Once a doctor has had their licence to practise withdrawn, they will not be able to undertake any of the activities legally restricted to doctors who are licensed<sup>7</sup>.

31. The RO will need to ensure that the employer of any doctor who loses their licence to practise is made aware that this has happened as the continued employment of that doctor will need to be reviewed. They are also to ensure that the HQ SG Revalidation and Appraisal Support Manager is notified of any cases where a doctor is having or has had their licence to practise withdrawn at the time this occurs.

### **Declaration of Absence of Concerns**

32. The RO may request a Declaration of Absence of Concerns from the doctor's line management if there has been a significant gap between the last appraisal of the doctor and the doctor's revalidation due date. The declaration may also be requested from each of the doctor's employers if a doctor has multiple employers. The declaration can be found at Annex B.

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<sup>6</sup> [GMC Revalidation Regulations 2012](#).

<sup>7</sup> These include but are not limited to prescribing and signing death and cremation certificates. They will still be registered with the GMC, entitled to call themselves 'Doctor' and may perform acts that are not legally dependent upon their status with the GMC, such as signing passport photographs.

## Revalidation of Doctors in Secondary Healthcare (SHC)

33. A large number of Armed Forces SHC doctors work within National Health Service (NHS) Trusts throughout the United Kingdom, either as part of a Ministry of Defence Hospital Unit (MDHU)<sup>8</sup> or in singleton posts. Whilst they may be working within an NHS Trust they are deemed to be employed by the military and under the appropriate sS RO and this may cause confusion regarding their correct DB and RO affiliations. These doctors will continue to operate under local Trust arrangements for annual appraisal; the record of completion of any appraisal will need to be forwarded to their respective sS RO for the purposes of revalidation.

## Revalidation of Doctors in Medical Leadership and Management Posts

34. Individuals who are not undertaking any clinical practice are required to produce supporting evidence and be appraised on their comprehensive scope of practice during the appraisal period and therefore revalidate, in the role which they are currently in.

35. As long as they revalidate successfully, they retain their licence to practise and remain on any specialist register, regardless of how long it is since they have done any clinical work.

36. However, if they wish to return to clinical practice they will be required to undertake an appropriate return to practice programme<sup>9</sup>.

## Revalidation of Trainees

37. Trainees, as registered and licensed doctors, will need an annual appraisal. This will take the form of the Annual Review of Competency Progression (ARCP). Mandatory evidence that is required for annual appraisal of all doctors needs to be submitted for the ARCP in order that the ARCP Panel may make a judgement based on the full evidence mandated for appraisal by the GMC. This will be in the form of the portfolio review, Form R Exit Report and, where required, an Exception Report.

38. Additionally, the Educational Supervisor and Clinical Supervisors will make a statement in their reports detailing any concerns or investigations or the lack thereof.

39. For most trainees, this evidence will be submitted at the time of the annual progression from one training year to the next. For those who have a break in the training programme, for whatever reason (pregnancy, approved training experiences or career breaks) or who are extended in training, this information still needs to be submitted annually from the point of entering training and then annually from the point of re-engagement with the training programme. This may result in the need for 2 assessments in one year. On award of the final Certificate of Completion of Training, the trainee will be revalidated.

## Revalidation of Reserves

40. Registered doctors who are members of the UK Military Reserve Organisations are deemed to work predominantly for their civilian employer and will therefore link to their employing Trust or Primary Care organisation for their DB and RO affiliation. There is, however, a requirement for the DMS to support them in compiling evidence to support their appraisal in order to ensure that all aspects of their practice are covered.

41. If the revalidation submission date for a Reservist falls within a period during which they are mobilised then the onus is on the individual doctor to discuss with their RO how this is to be

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<sup>8</sup> MDHUs will be renamed as Defence Medical Group (DMG) Units from 1 Aug 15.

<sup>9</sup> [JSP 950 Leaflet 4-1-4 Returning to Clinical Practice.](#)

managed. However, there is a potential window of 16 months for revalidation that should permit management of revalidation for Reservists without requiring them to change their RO as:

- a. The RO can make a recommendation about revalidation of an individual doctor at any point in the 4 months prior to the revalidation submission date.
- b. The RO can make a request to the GMC to defer the revalidation submission date by up to 12 months in order to give time to gather more evidence on which to base their recommendation.

42. If any concerns about a Reserve are raised in the period during which they are mobilised then these must be appropriately addressed at the time they are identified and the RO of their parent sS informed. The sS RO must notify the RO of the individual's DB of any concerns about their practice.

43. Should the Reserve have the MOD as their main employer for 12 or more months it may be appropriate to connect to the relevant sS RO. This should be discussed with the relevant RO on a case by case basis.

### **Revalidation of Locums**

44. The RO for a locum will normally be the Locum Agency for which they work. There is, however, a requirement for the DMS to support them in compiling evidence for their appraisal in order to ensure that all aspects of their practice are covered. In addition there is a responsibility to notify the locum's RO of any concerns about their practice.

### **Management of Conflict of Interest/Appearance of Bias (CIAB)**

45. The RO regulations<sup>10</sup> require each DB to appoint one RO (except for NHS England which may appoint several). However, where a CIAB exists between the RO and one of the doctors, an alternative RO must be nominated or appointed. In deciding whether to appoint an alternative RO, DBs will need to demonstrate that:

- a. They have complied with the RO regulations.
- b. Doctors have been treated fairly and equitably.

46. The [Responsible Officer Conflict of Interest or Appearance of Bias Briefing](#) explains the process to be used by DBs in England where a CIAB exists between a RO and a doctor.

47. Head of Medical Strategy and Policy will be the Senior Neutral Person (SNP) to whom doctors and the RO can raise CIAB concerns if they occur. The [Application Form for the Appointment of an Alternative Responsible Officer on Grounds of Conflict of Interest or Appearance of Bias](#) should be completed and submitted to the SNP<sup>11</sup> for consideration. If the SNP, RO and doctor agree that there is a CIAB issue then this issue should be discussed with the Level 2 RO<sup>12, 13</sup>.

48. If a second RO is appointed, the individual doctor's DB does not change. It is the responsibility of the DB to confirm in writing the responsibilities of the various parties in the new arrangement, including the sharing of information with the second RO. The doctor is responsible for informing their DB when they have been revalidated or if there are any issues that will delay

<sup>10</sup> <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>.

<sup>11</sup> [SGACDSSStratPol-Hd@mod.uk](mailto:SGACDSSStratPol-Hd@mod.uk).

<sup>12</sup> [Part 2 Para 6 Responsible Officer Regulations 2010](#).

<sup>13</sup> The Level 2 RO is the RO's RO. For example the Department of Health RO is the RO for the MOD RO, while the sS ROs have their RO in NHS England South Region.

their revalidation. The doctor's appraiser has a responsibility to inform both ROs if there is any cause for concern or if a patient safety issue is identified.

### **Retention of Documents**

49. A copy of the appraisal supporting documentation is the information that underpins revalidation and must be retained by the doctor and the revalidation administration cell on behalf of the RO for 7 years following the revalidation recommendation to which it refers.

### **Transfer of Information between ROs**

50. If a doctor changes DB either within Defence or to a NHS or private organisation the Template for Transfer of Information between Responsible Officers at Annex C should be used.

### **Quality Assurance and Governance of Revalidation**

51. To ensure the highest level of quality assurance the DMS is to use the [Framework of Quality Assurance for ROs and Revalidation \(Department of Health and NHS England\) 4 Apr 14](#) as the framework for revalidation.

52. Under [The Medical Profession \(Responsible Officer\) Regulations 2010](#), ROs are accountable for ensuring that the systems for appraisal, clinical governance and for gathering and retaining other local relevant supporting information are in place and are effective. They are responsible for ensuring that systems are in place to record and collate all the necessary information, including a record of any practice undertaken by the doctor outside of the organisation<sup>14</sup>.

53. The Revalidation and Appraisal Assurance Steering Group (RAASG) will meet biannually to discuss strategic best practice and ensure that adequate and up to date assurance processes are being followed in the DMS. The Revalidation and Appraisal Assurance Working Group (RAAWG) will meet biannually to discuss best practice for the Revalidation Administration Cells.

54. ROs are required to submit NHS England Annual Organisational Audits to their higher level RO, or to Health Education England for the Defence Deanery, and to provide a copy to HQ SG.

55. The GMC will refer complaints that they do not need to investigate, for example isolated incidents, to the doctor's RO<sup>15</sup>. There is also a requirement to appropriately address any concerns about a doctor's practice at the time these are identified<sup>16</sup>.

56. Revalidation Strategic Performance Indicators (SPIs) are included in the Pan DMS Assurance Portfolio (PDAP) which ensure that revalidation is reviewed at the executive level via the Defence Medical Services Management Board (DMSMB).

### **Annexes:**

- A. A Guide to Identifying your Responsible Officer.
- B. Declaration of Absence of Concerns.
- C. Template for Transfer of Information between Responsible Officers.

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<sup>14</sup> Guidance can be found in [JSP 950 Leaflet 10-1-2 Employment outside of official duties for Healthcare Staff](#).

<sup>15</sup> [Complaints that do not need investigation](#).

<sup>16</sup> [JSP 950 Leaflet 5-2-4 Management of Poorly Performing Doctors and Dentists in the Defence Medical Services](#).