A guide for doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012
Section 1 – Introduction
1.1 Background
1.2 Scope of this guide

Section 2 – An overview of revalidation
2.1 An overview of revalidation
2.2 Key summary of actions for doctors
2.3 Dealing with concerns identified about a doctor’s practice

Section 3 – Participation in revalidation for doctors who have a responsible officer
3.1 Participation in the processes that support revalidation
3.2 Trainee doctors and participation in revalidation
3.3 Information requested by the GMC
3.4 When you will revalidate

Section 4 – Participation in revalidation for doctors who do not have a responsible officer
4.1 Confirming a connection to a designated body
4.2 Considering whether it is necessary for you to hold a licence to practise
4.3 Identifying a suitable person
4.4 The non-recommendation route
4.5 Doctors working in the Crown Dependencies

Section 5 – The recommendation to the GMC
5.1 The Responsible Officer
5.2 Suitable person
5.3 Making the recommendation to the GMC
5.4 Recommendation options
5.5 A positive recommendation to revalidate
5.6 A request for a deferral of the recommendation
5.7 A notification of non-engagement
5.8 Dealing with concerns identified about a doctor’s practice

Section 6 – The GMC decision
6.1 Making the decision
6.2 The decision to revalidate a doctor
6.3 The decision to defer your submission date
6.4 The decision to withdraw a licence to practise

Section 7 – The licence to practise
7.1 The licence to practise
7.2 GMC registration without a licence to practise
7.3 Revalidation and withdrawal of a licence to practise
7.4 Revalidation and restoring a licence to practise

Section 8 – Appealing a decision about the licence to practise

Section 9 – Further information
Section 1 - Introduction

1 This guidance is published under section 29G of the Medical Act 1983. It sets out requirements that doctors need to meet in order to revalidate and maintain a licence to practise. The GMC has the power to withdraw a doctor’s licence where he or she fails, without reasonable excuse, to comply with the requirements set out in this guidance.

2 This guidance accompanies the General Medical Council (Licence to Practise and Revalidation) Regulations 2012.

1.1 Background

3 All licensed doctors need to demonstrate to the GMC, on a regular basis, that they remain up to date and fit to practise. This process is called revalidation, and all licensed doctors need to participate as a condition of keeping their licence to practise.

4 Revalidation is based on a continuing evaluation of a doctor’s fitness to practise, through regular annual appraisal that is based on our core guidance for doctors, Good medical practice.

5 Revalidation will support doctors in maintaining and improving their practice throughout their career, by ensuring that they have the opportunity to reflect regularly on their practice and how it could be improved. Over time, it will give patients greater confidence that doctors are up to date in the areas in which they practise and should promote improved quality of care for patients by driving improvements in clinical governance.

1.2 Scope of this guide

6 This guide applies to all doctors who hold UK registration and a licence to practise. It should be read in conjunction with other guidance we have produced for doctors, including:

- Good medical practice framework for appraisal and revalidation
- Supporting information for appraisal and revalidation

7 Trainee doctors should refer to our webpage about revalidation for doctors in training.
8 Responsible officers must have regard to this guidance in discharging their responsibilities.¹

9 If you are a responsible officer, you also need to refer to our guide for responsible officers – the RO Protocol.

10 This guide does not deal directly with the procedure for initial registration with the GMC. Details about applying for initial GMC registration are available on our website at www.gmc-uk.org.

11 This guide does not deal directly with the responsibilities of the responsible officer. Guidance on the role of responsible officers has been published by the Department of Health (England) for England, Scotland and Wales, and the Department of Health, Social Services and Public Safety for Northern Ireland.

¹ The Medical Profession (Responsible Officers) Regulations 2010 reg 15(b) (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013) and The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 reg 13(b)
Section 2 – An overview of revalidation

2.1 An overview of revalidation

Revalidation is an evaluation of your fitness to practise. For the vast majority of doctors, this is based on a continuing evaluation of your fitness to practise in the workplace. Figure 1 provides an overview of the key components of revalidation.

Figure 1

12 If you are a fully registered doctor with a licence to practise, you will be required to demonstrate that you are fit to practise to continue to hold your licence. You will do this through participation in the processes that support revalidation.

13 Doctors who hold temporary registration under sections 18, 18A or 27A of the Medical Act are exempt from revalidation.

14 Every licensed doctor must engage in an annual appraisal process. During your appraisals, you must discuss the whole of your practice with your appraiser and use supporting information to demonstrate that you are continuing to meet the values and principles set out in our core guidance for doctors, Good medical practice. More information about your participation in revalidation is in section 3 and section 4.

15 Doctors in training will revalidate through participation in their training programme. More information about revalidation for doctors in training is in section 3 and on our website.

2 Medical Act 1983 Section 29A(5)
3 General Medical Council (Licence to Practise and Revalidation) Regulations 2012, reg 6(2)(a)
17 In most circumstances, you will have a link to a senior licensed doctor appointed as a responsible officer. The responsible officer is responsible for ensuring that systems of appraisal and processes for collecting and holding information are in place. Further information for doctors who do not have a responsible officer is available in section 4.

18 Every five years, your responsible officer will make a recommendation to the GMC about your revalidation. The responsible officer will draw on the outcome of your annual appraisals, combined with any available information from the clinical governance systems of organisations in which you practise. More information about the responsible officer’s recommendation is in section 5. If you are a responsible officer, please refer to the RO Protocol for information on making recommendations.

19 It is for the GMC to decide in each case whether you may continue to hold your licence to practise. More information about how we will make this decision is in section 6.

20 Failure to participate in revalidation, and the appraisal process that underpins it, will put your licence to practise at risk.

21 The remainder of this guidance sets out the process in more detail.

2.2 Key summary of requirements for doctors

- Identify your responsible officer or tell us if you don’t have one
- Participate in annual appraisals (or training programme if you are a doctor in training)
- Reflect and discuss with your appraiser the supporting information you have collected from your work
- Provide information that we request about your revalidation

2.3 Dealing with concerns identified about a doctor’s practice

22 Revalidation does not create a new way to raise or address concerns about the practice of a doctor. All doctors have a duty to report serious concerns about the practice of another doctor, in line with our guidance and your workplace policy.

23 Any concerns about a doctor’s practice should be identified as early as possible and, where possible, addressed through relevant local clinical governance or human resources processes. Early action at a local level will reduce the risk of problems escalating and of harm to patients.

24 Action on known concerns should not wait until a responsible officer is due to make a recommendation. Where serious concerns about a doctor’s fitness to practise are brought to our attention they will be investigated through our existing fitness to practise procedures.
Section 3: Participation in revalidation for doctors who have a responsible officer

25 This section sets out the requirements that apply to doctors who have a responsible officer. If you do not have a responsible officer, you need to comply with the requirements set out in section 4 of this guidance.

3.1 Participation in processes that support revalidation

26 You must participate in the processes that support revalidation. This means that you meet the requirements set out in the following paragraphs.

A. Annual appraisal

27 You must participate in an annual appraisal process which has Good medical practice as its focus and which covers all of your medical practice. The organisation that is supporting you with revalidation – your ‘designated body’ – will need to provide you with an appraisal. However, it is your responsibility to participate in your appraisal.

B. Supporting information

28 You must collect the following supporting information for your appraisal to help you show how you’re meeting the professional values and principles set out in Good medical practice.

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

29 Your appraisal must cover the whole of your practice. If you practise in more than one organisation or setting, for example an NHS doctor with sessions in a private clinic or who works as a locum doctor, you will need to collect and reflect on

---

4 A ‘designated body’ is an organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officers) Regulations 2010 (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013) or The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010.
supporting information that covers your practice in each of those places and provide it for discussion at your appraisal.

30 You are responsible for taking reasonable steps to collect this supporting information. Your employer or organisation supporting you with revalidation should help you by giving you access to relevant information (for example, information about complaints and compliments).

31 Our guidance will help you understand what you need to do for your appraisal.

- Our appraisal framework, which is based on Good medical practice, tells you about the professional values that you need to demonstrate you are meeting in your appraisal.
- Our supporting information guidance tells you what information you need to collect about your practice.

32 The medical royal colleges, faculties and specialty associations can also give you advice and guidance about how you can meet our requirements in particular specialties, including general practice.

C. Arrange for a revalidation recommendation to be made about you

33 You must take reasonable steps to arrange for a recommendation to be made to support your revalidation. In practice, this means that you must identify whether you have a prescribed connection to a designated body. If so, you must identify your responsible officer and inform us, on request, of this information. You must also ensure that this information is correct and up to date on your GMC Online account. More detail about information that we may request from you is in section 3.

34 We have provided some online tools based on these regulations to help you identify whether you have a prescribed connection to a designated body. These tools include:

- Case studies
- Online tool
- A list of designated bodies

35 Your responsible officer can inform us at any point if you are not participating in the local processes that support revalidation. More information is in section 5.

---

5 Reg 6(5)
6 A ‘designated body’ is an organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officers) Regulations 2010 (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013) or The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010.
36 Any failure to engage with appraisal, or to collect and discuss supporting information at your appraisal, without reasonable excuse, could put your licence at risk.

3.2 Trainee doctors and participation in revalidation

37 Every doctor who is registered with a licence to practise will need to revalidate. This includes doctors in foundation year two and specialty training. If you are a doctor in foundation year two or specialty training, you will revalidate through participation in your training programme. This means that you are required to:

- engage in and meet the assessment and curriculum requirements of your training programme
- discuss your progress and learning needs with your supervisors.

38 Your responsible officer will usually be your postgraduate dean who will make a recommendation to us that you are up to date and fit to practise and should be revalidated.

39 More information about the revalidation of trainees is available online.

3.3 Information requested by the GMC

40 Prior to your submission date, we will ask you to confirm or provide information to facilitate your revalidation. For most doctors, this will be limited to:

- confirmation of your contact details
- confirmation of whether or not you have a connection to a designated body, the name and contact details of that body and your responsible officer.

41 For some doctors, we may need information about your prospective, current or past employment to assist in determining when and how to revalidate you.

42 On or before your submission date, we will require a recommendation about your revalidation from your responsible officer. At this point, we will not require any information from you directly.

43 After considering any information or recommendation we have received, we may need to ask you for further information or supporting evidence.

44 Any information we request about your revalidation will need to be supplied within 28 days. If you are not able to wholly comply with this request for information...

\[7\text{ Reg 6(9)(b)}\]
\[8\text{ Reg 6(9)(a)}\]
\[9\text{ Reg 6(4)}\]
\[10\text{ Reg 6(10)}\]
within the specified timeframe, you must tell us and explain why you are not able to provide the information within 28 days.\(^{11}\)

\textbf{45} Failure to provide this information, or give a reason for your failure to provide this information, could result in the withdrawal of your licence.\(^{12}\)

\section*{3.4 When you will revalidate}

\textbf{46} Unless you are notified otherwise, your responsible officer will make a recommendation to us once every five years confirming that you have participated in revalidation and that there are no outstanding concerns about your fitness to practise. More information about the recommendation is in section 5.

\textbf{47} Your responsible officer will need to make this recommendation on or before the submission date that we have set. You will know when this date is because:

- it will be recorded on your GMC Online account
- you will receive notice of the submission date at least three months in advance of the date by which your responsible officer needs to make their recommendation.\(^{13}\) We will send your formal notice in writing to your registered address.

\textbf{48} We will also inform your responsible officer of your submission date.

\textbf{49} However, there may be some exceptional circumstances that require us to change your submission date or defer taking further steps in relation to your revalidation.\(^{14}\) There may also be circumstances where we will need to do this for a group of doctors.

\textbf{50} If we change your submission date or defer taking further steps in relation to your revalidation, you will always be informed of this and provided with reasons. You will always be provided with at least three months’ notice of any change to your revalidation date.\(^{15}\)

\textbf{51} The sort of exceptional circumstances in which we might do this when you have already received formal notice of your submission date are:

- if you are subject to a GMC fitness to practise investigation, we may need to defer the submission date and decision until the outcome of the investigation is known (see section 5)

\(^{11}\) Reg 6(13)
\(^{12}\) Reg 4(3)
\(^{13}\) Reg 6(3)(a)
\(^{14}\) Reg 6(1)(b), 6(15) and 6(17)
\(^{15}\) Reg 6(3)(a)
- if you have not engaged with the processes to support revalidation (see section 3).

52 In some circumstances, you may need to revalidate more frequently than every five years:

- upon the restoration of a licence if you had your licence removed due to a failure to participate in revalidation (see section 7)
- if you have repeatedly relinquished and restored your licence, with the result that you have not revalidated at any point in the previous five years.

53 We will also change a submission date where a deferral of the submission date has been agreed at your responsible officer’s request. More information about requests for deferrals is in section 5.

54 If you move employers or your designated body16 changes, your submission date stays the same. Your new responsible officer will be required to submit a recommendation on or before that date.

---

16 A ‘designated body’ is an organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officer) Regulations 2010 (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013), or The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010
Section 4: Participation in revalidation for doctors who do not have a responsible officer

55 This section sets out the options for doctors who do not have a connection to a responsible officer, and the requirements for each option. This does not apply to doctors whose responsible officer is absent for an extended period, for example, due to illness. In these circumstances, your designated body must appoint or nominate an alternative responsible officer.

56 To assist in determining when and how to revalidate you, we may request information about your prospective, current or past employment. We will also ask you to confirm whether or not you have a prescribed connection to a designated body.

57 Any information we request about your revalidation will need to be supplied within 28 days. If you are not able to wholly comply with this request for information within the specified timeframe, you must tell us and explain why you are not able to provide the information within that 28-day timeframe.

58 Failure to provide this information, or give a reason for your failure to provide this information, could result in the withdrawal of your licence.

4.1 Confirming a connection to a designated body

59 There is a clear set of rules that determines whether you have a connection to a designated body. For most doctors, this is quite straightforward because their designated body will be the organisation in which they undertake most or all of their practice.

60 These rules come from the regulations for responsible officers that were made by the Department of Health (England) for England, Scotland and Wales, and the Department of Health, Social Services and Public Safety (Northern Ireland) for Northern Ireland. We have provided some online tools based on these regulations to help you identify whether you have a prescribed connection to a designated body. These tools include:

- Case studies
- Online tool

---

17 Reg 6(9)(a)
18 Reg 6(9)(b)
19 Reg 6(13)
20 Reg 4(3)
21 The Medical Profession (Responsible Officers) Regulations 2010, regs 10 and 12 (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013) and The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 regs 8 and 10
61 If you identify a prescribed connection, you will need to update your GMC Online account and inform your responsible officer. You will then need to comply with the requirements set out in section 3 of this guidance.

4.2 Considering whether it is necessary for you to hold a licence

62 You should consider whether you need to hold a licence to practise, in which case revalidation no longer applies to you.

63 Holding full registration with a licence to practise allows you to exercise certain privileges in the UK, for example to work as a doctor in the NHS or independent sector, sign death certificates and write prescriptions. If your role does not require you to exercise these privileges, or you work wholly outside of the UK, then you may not need a licence. You can continue to hold registration without a licence. More information about the licence to practise is available online and in section 7.

64 Full registration without a licence carries significant benefits in itself:

- acknowledgement that your primary medical qualification allowed you to gain entry to the medical register in the UK
- the ability to provide evidence of good standing with the GMC
- the ability to restore the licence when it is required
- reduced annual retention fee.

65 Restoration of your licence in the future is relatively straightforward.

66 Further information on relinquishing and restoring your licence is available on our website.

4.3 Identifying a suitable person

67 If you have no connection to a designated body (and so to a responsible officer), we are able to recognise another person identified by you, who is suitable to make revalidation recommendations about individual doctors. The GMC must approve any suitable person before a revalidation recommendation can be made.

68 You need to consider whether there is anyone suitable who could support you with your revalidation and make a recommendation about you. This might be the person that has responsibility for clinical governance and appraisal in your organisation. Or, it might be the responsible officer of a designated body that you undertake work for but do not have a prescribed connection to. Further information is online.

22 Reg 6(6) and (7)
69 If a suitable person agrees to support you with your revalidation and to make a recommendation about you, we will need to approve this arrangement. Approval of such persons is in accordance with published criteria, which ensures consistency with the arrangements that apply for doctors who have a responsible officer.

70 The requirements for doctors who have an approved suitable person are the same as the requirements for doctors with a responsible officer set out in section 3. For clarity, these are repeated below.

A. Annual appraisal

71 You must participate in an annual appraisal process which has Good medical practice as its focus and which covers all of your medical practice. You should discuss how you can access an annual appraisal with your approved suitable person. However, it is your responsibility to participate in appraisal.

B. Supporting information

72 You must collect the following supporting information for your appraisal to help you show how you’re meeting the professional values and principles set out in Good medical practice.

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

73 Your appraisal will need to cover the whole of your practice. If you practise in more than one organisation or setting, (for example in a private clinic or as a locum doctor), you will need to collect supporting information that covers your practice in each of those places.

74 You are responsible for taking reasonable steps to collect this supporting information. Our guidance will help you understand what you need to do for your appraisal.

- Our appraisal framework, which is based on Good medical practice, tells you about the professional values that you need to demonstrate you are meeting in your appraisal.
- Our supporting information guidance tells you the information you need to collect about your practice.
The medical royal colleges, faculties and specialty associations can also give you advice and guidance about how you can meet our requirements in particular specialties, including general practice.

C. Arrange for a revalidation recommendation to be made about you

You must take reasonable steps to arrange for a recommendation to be made to support your revalidation.\(^{23}\) In practice, this means that you must identify your approved suitable person and tell us, on request, of this information. You must also ensure that this information is correct and up to date on your GMC Online account.

Your approved suitable person can inform us at any point if you are not participating in the processes that support revalidation. More information is in section 5.

Any failure to engage with appraisal, or to collect and discuss supporting information at your appraisal, without reasonable excuse, could put your licence at risk.

D. Provision of information required by the GMC

On or before your submission date, we will require a recommendation about your revalidation from your approved suitable person. Once we have given you formal notice of your submission date (usually four months in advance) the recommendation may be submitted at any time up to and including the submission date. At this point, we will not require any information from you directly.\(^{24}\)

After considering any information or recommendation we have received, we may need to ask you for further information or supporting evidence.\(^{25}\)

Any information we request about your revalidation will need to be supplied within 28 days. If you are not able to fully comply with this request for information within the specified timeframe, you must tell us and explain why you are not able to provide the information within 28 days.\(^{26}\) Failure to provide this information, or give a reason for your failure to provide this information, could result in the withdrawal of your licence.\(^{27}\)

E. When you will revalidate

Unless you are notified otherwise, once every five years, your approved suitable person will make a recommendation to us confirming that you have

---

\(^{23}\) Reg 6(6)  
\(^{24}\) Reg 6(4)  
\(^{25}\) Reg 6(10)  
\(^{26}\) Reg 6(13)  
\(^{27}\) Reg 4(3)
participated in revalidation and that there are no outstanding concerns about your fitness to practise. More information about the recommendation is in section 5.

83 Your approved suitable person will need to make this recommendation on or before the submission date that we have set. You will know when this date is because:

- it will be recorded on your GMC Online account
- you will receive notice of the submission date at least three months in advance of the date by which your approved suitable person needs to make their recommendation.\(^{28}\) We will send your formal notice to your registered address.

84 We will also inform your approved suitable person of your submission date.

85 However, there may be some exceptional circumstances that require us to change your submission date or defer taking further steps in relation to your revalidation.\(^ {29}\) There may also be circumstances where we will need to do this for a group of doctors.

86 If we change your submission date you will always be informed of this and provided with reasons for the change. You will always be provided with at least three months’ notice of any change.\(^{30}\)

87 The sort of exceptional circumstances in which we might do this when you have already received formal notice of your submission date are:

- if you are subject to a GMC fitness to practise investigation, we may need to defer the submission date and decision until the outcome of the investigation is known (see section 5)
- if you have not engaged with the processes to support revalidation as set out in this section.

In some circumstances, you may need to revalidate more frequently than every five years:

- upon the restoration of a licence if you had your licence removed due to a failure to participate in revalidation (see section 7)
- if you have repeatedly relinquished and restored your licence, with the result that you have not revalidated at any point in the previous five years.

88 We will also change a submission date where a deferral of the submission date has been agreed. More information about requests for deferrals is in section 5.

\(^{28}\) Reg 6(3)(a)
\(^{29}\) Reg 6(1)(b), 6(15), 6(17)
\(^{30}\) Reg 6(3)(a)
89 If your approved suitable person changes, or your employment status changes and you have a responsible officer, your submission date stays the same. Your new approved suitable person or responsible officer will be required to submit a recommendation on or before that date.

90 If you no longer have a suitable person you will need to update your GMC Online account and contact the GMC to arrange your participation in the non-recommendation route.

4.4 The non-recommendation route

91 The following section sets out the route to revalidation for doctors who do not have a responsible officer or an approved suitable person and who choose to retain their licence to practise.

92 We are required to evaluate the fitness to practise of all doctors who hold a licence to practise. This includes doctors for whom there is no responsible officer or suitable person to make a recommendation about their revalidation. As there is no person with a statutory responsibility to make a revalidation recommendation and to oversee the quality of systems supporting your revalidation, such as appraisal and clinical governance systems, the GMC must obtain assurance directly about the fitness to practise of such doctors. There are four key requirements that all doctors who do not have a responsible officer or an approved suitable person must comply with to maintain their licence to practise.

- Annual submission of information and evidence to the GMC on or before a specified date. You will be given a notice period of at least three months to comply with this request.
- Provision of further information, on request, to clarify any details provided as part of the annual submission or otherwise relevant to your revalidation.
- Collection and discussion of supporting information at an annual appraisal.
- Undertaking and passing an assessment designed to evaluate your fitness to practise, if requested to do so by the GMC.

A. Annual submission

93 You will need to make an annual submission to the GMC to support your revalidation. You will need to provide a range of evidence and information as part of this submission. This information is set out on the annual submission form and includes, but is not limited to:

- employment or practice history
- evidence of your good standing (for example, a certificate of good standing if you work overseas)

31 Reg 6(4)
• honesty, integrity and personal health declarations

• fitness to practise declarations

• confirmation of your continuing engagement with revalidation, including details of your annual appraisals

• evidence that you have undertaken and passed an assessment, if you have been requested to do so.

94 You can access guidance to completing the revalidation annual submission form online. We will set an annual date by which we require this information.\(^{32}\) This will be your annual submission date, and you will need to complete your form and submit it to the GMC on or before that date together with any supporting information or evidence.

95 Each year, we will give you at least three months’ notice in advance of your date to remind you.\(^{33}\)

96 Failure to provide this information on or before your annual submission date, without reasonable excuse, could result in the withdrawal of your licence.\(^{34}\)

97 You will have to pay a fee to cover the costs of our reviewing and confirming the statements and evidence you submit annually.\(^{35}\) We will notify you of the fee.

98 Once we receive your annual submission, we will verify the information you have provided.\(^{36}\) This may include obtaining further information from you or your appraiser.

99 Once we are satisfied that you have provided all the required evidence we will notify you of your new submission date.

\textit{B. Provision of further information}

100 After considering any evidence we have received, we may need to ask you for further information.\(^{37}\) For example, we may need to clarify information you have provided, or seek further information about your appraisal or supporting evidence from you or your appraiser.

101 Any further information we request will need to be supplied within 28 days. If you are not able to wholly comply with this request for information within the

\footnotesize{\textsuperscript{32} Reg 6(1)(b)\hspace{1cm} \textsuperscript{33} Reg 6(3)(a)\hspace{1cm} \textsuperscript{34} Reg 4(3)\hspace{1cm} \textsuperscript{35} Reg 6(14)\hspace{1cm} \textsuperscript{36} Medical Act 1983 Section 29E(3)\hspace{1cm} \textsuperscript{37} Reg 6(10)}}
specified timeframe, you must tell us and explain why you are not able to provide the information within that 28-day timeframe.\textsuperscript{38}

\textbf{102} Failure to provide this information, or give a reason for your failure to provide this information, could result in the withdrawal of your licence.\textsuperscript{39}

\textit{C. Annual Appraisal}

\textbf{103} You must participate in an annual appraisal process which has \textit{Good medical practice} as its focus and which covers all of your medical practice.

\textbf{104} Your appraisal must meet \textbf{all} of the following criteria:

- be carried out by a registered and licensed medical practitioner who meets the criteria set out in paragraph 105 of this guidance
- comply with the \textit{Good medical practice framework for appraisal and revalidation}
- cover and reflect upon your whole practice and performance as outlined in the \textit{Supporting information for revalidation and appraisal} guidance
- involve a face-to-face discussion\textsuperscript{40}
- be supported by appropriate systems and processes, and adequate resources (including time and finance)\textsuperscript{41}
- be able to be verified as having taken place.

\textbf{105} Your appraiser must hold registration and a licence to practise with the GMC and be able to provide evidence that they meet \textbf{all} of the following criteria. They must:

- have a prescribed connection to a designated body (or have identified a suitable person approved by the GMC) and be participating in revalidation
- be trained in the knowledge and skills required to carry out medical appraisals in the UK for the purposes of revalidation. This training should be recent and up to date\textsuperscript{42}
- understand the context, scope and nature of work the appraisee doctor undertakes
- have recent\textsuperscript{43} experience of UK practice or recent experience of appraising medical practice in the UK

\textsuperscript{38} Reg 6(13)
\textsuperscript{39} Reg 4(3)
\textsuperscript{40} Face-to-face may include video conference or telephone calls. At least one appraisal should be carried out in person, usually the first one with any new appraiser.
\textsuperscript{41} For example systems to verify appraisal documentation or a fee structure.
\textsuperscript{42} By ‘recent and up to date’ we mean that you have had training or refresher training since the introduction of revalidation in December 2012 and you continue to keep up to date as an appraiser as appropriate.
\textsuperscript{43} Recent experience is defined as experience gained since the introduction of the revised version of \textit{Good medical practice} in 2006 (refreshed in 2013).
• understand the professional obligations placed on doctors by the GMC's guidance *Good medical practice*
• have procedures to verify the supporting information that doctors bring to their appraisal
• have procedures for referring doctors to the GMC if they have concerns about the doctor’s fitness to practise, for example the doctor’s actions have put patients in danger or they have concerns about their honesty.

106 These criteria are designed to ensure that appraisals are robust and tailored towards the requirements for safe and effective practice in the UK. In the absence of a responsible officer (or suitable person) with a statutory responsibility to oversee the quality of the appraisal and clinical governance systems supporting the doctor’s revalidation, and to provide an objective recommendation to the GMC about their fitness to practise, the requirement for the appraiser to be registered and licensed ensures we have jurisdiction over their role.

107 We require the appraiser to have a connection to a responsible officer or suitable person because this provides assurance that the appraiser is participating in revalidation and working within a governed environment.

108 You are responsible for ensuring that your appraisal and appraiser comply with these criteria. You will be asked to confirm this on your annual submission form, and to provide a separate declaration from your appraiser. We may verify this information, and may contact your appraiser directly.44

109 You must collect the following *supporting information* for your appraisal:

• continuing professional development

• quality improvement activity

• significant events

• feedback from colleagues

• feedback from patients

• review of complaints and compliments.

110 These will help you show how you’re meeting the professional values and principles set out in *Good medical practice*. Our *supporting information guidance* provides further guidance on collecting this information and reflecting on it for your appraisal.

---

44 *Medical Act 1983* Section 29E(3)
D. Fitness to practise assessment

111 Where it appears reasonable to do so, we will ask you to take an assessment designed to evaluate your fitness to practise.45

112 We are likely to think it reasonable to ask you to undergo an assessment where:

- there is no responsible officer in place (given that they have statutory functions in the UK to provide us with an objective recommendation about your fitness to practise and to oversee the quality of systems supporting your revalidation, such as appraisal and clinical governance systems), or

- there is no suitable person approved to make a recommendation about you, in lieu of a responsible officer with a statutory function in the UK to do this, or

- you cannot provide evidence of having undertaken an alternative assessment which we consider suitable for the purposes of revalidation.

113 If these circumstances apply to you, it is likely that we will ask you to undergo an assessment as part of your revalidation. This assessment will be at your own cost, and will either be conducted by the GMC, or will have been accepted by the GMC as suitable for the purpose of evaluating your fitness to practise.

114 The assessment will be an independent assessment of your medical knowledge and skills, covering domains of Good medical practise conducted by the GMC in the UK. You are responsible for meeting the cost of this assessment.

115 Before you undertake an assessment that is not conducted by the GMC, you should contact us to ensure that the assessment is accepted as suitable for the purpose of your revalidation.

116 If we request that you undergo an assessment, we will give you notice in writing and will provide a timeframe within which we expect you to have undertaken the assessment.

E. When you will revalidate

117 You are required to make a submission to the GMC on an annual basis. Once we have received your submission, we will consider the information you have provided, whether we need any further information from you and whether you need to undertake an assessment.46 You will only be asked to undertake an assessment once in each revalidation cycle (usually once every five years).

---

45 Reg 6(8)
46 Reg 6(15) and (17)
A revalidation submission date will be set for you on an annual basis but you will only be revalidated once you have submitted all of the evidence and information we have requested, including the outcome of any assessment, and we are satisfied that you have met all of the requirements. Your licence will continue throughout this period, subject to any fitness to practise concerns.

Failure to provide the information or evidence we request will put your licence to practise at risk.

Failure to pass an assessment will lead to a fitness to practise investigation by the GMC which will put both your registration and licence to practise at risk. More information about dealing with fitness to practise concerns is in section 5.

4.5 Doctors working in the Crown Dependencies

The Crown Dependencies consist of Guernsey (including Alderney and Sark), Jersey and the Isle of Man. All three jurisdictions run independent healthcare systems, although all require their doctors to be fully registered and licensed with the GMC.

Doctors working solely in the Crown Dependencies do not have a connection to a designated body or responsible officer. This is because the regulations made by the Department of Health (England) and the Department of Health, Social Services and Public Safety (Northern Ireland) only make provision for responsible officers in the UK.

If you are a doctor in a Crown Dependency, you can get more information about who will make your revalidation recommendation, as a suitable person, from your health department.
Section 5: The recommendation to the GMC

124 You must participate in local processes that underpin revalidation on an ongoing basis, through your annual appraisal. However, every five years your responsible officer or approved suitable person, if you have one, will make a recommendation to us about your revalidation. You can view online the recommendation statements that your responsible officer or approved suitable person will be asked to make about you.

125 The RO Protocol, a detailed guide for responsible officers on how to make a recommendation, is also available online.

5.1 The Responsible Officer

126 The role of responsible officer is a statutory position, introduced in Northern Ireland on 1 October 2010 and in the rest of the UK on 1 January 2011.47

127 A wide range of healthcare and other organisations are required by law to appoint responsible officers. These organisations are referred to as ‘designated bodies’.

128 Detailed guidance on the responsible officer role in England, Scotland and Wales is available on the Department of Health (England) website. Guidance on responsible officers for Northern Ireland is available on the Department of Health, Social Services and Public Safety website.

129 If you are not sure whether you have a connection to a designated body, you should review the information on the GMC website, which includes case studies and an online tool to help you find your designated body.

130 If you have a responsible officer, you must take reasonable steps to arrange a recommendation about your revalidation.48 In practice this means that you must identify whether you have a prescribed connection to a designated body. If so, you must identify your responsible officer and inform the GMC, on request, of this information. You must also ensure that this information is correct and up to date on your GMC Online account. If you are unable to identify a prescribed connection, you should contact us.

5.2 Suitable person

131 Where there is no connection between a doctor and a designated body, we are able to recognise another person identified by you, who is suitable to make

---

47 The Medical Profession (Responsible Officers) Regulations 2010 (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013) and The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010

48 Reg 6(5)
revalidation recommendations about individual doctors. The GMC must approve any suitable person before a revalidation recommendation can be made.

A suitable person will make recommendations to the GMC about a doctor’s fitness to practise in exactly the same way as a responsible officer.

If you have an approved suitable person, you must ‘take reasonable steps’ to arrange a recommendation about your revalidation. In practice this means that you must identify your approved suitable person and tell the GMC, on request, this information. You must also ensure that this information is correct and up to date on your GMC Online account.

The requirements for doctors with an approved suitable person are set out in section 4.

5.3 **Making the recommendation to the GMC**

Your responsible officer or a suitable person approved by the GMC will follow the instructions set out in the RO Protocol when making their recommendation about your revalidation. This includes taking into account:

- your participation in annual appraisals, if you are not in a training programme
- the supporting information you have collected
- the assessments and other curriculum requirements of your training programme, if you are a doctor in a training programme
- the systems of clinical and corporate governance that are in place within your workplace(s)
- information from all organisations in which you have undertaken medical practice
- your compliance with any GMC conditions or undertakings that have been placed on your registration during the current revalidation cycle
- your compliance with any locally agreed conditions on your practice
- any outstanding concerns about your practice.

If you are a doctor in a training programme, your revalidation does not depend on successful progression. Therefore, an adverse training outcome does not mean you won’t be revalidated, provided you remain fit to practise within your scope of practice.

5.4 **Recommendation options**

There are three options that your responsible officer or approved suitable person can choose when making a recommendation about your revalidation:

- a **positive recommendation to revalidate**

---

49 Reg 6(6) and (7)
50 Reg 6(6)
• a request for deferral of the recommendation

• a notification of non-engagement. 51

138 The three recommendation statements are available online.

139 The responsible officer or approved suitable person is responsible for making a recommendation to us about your revalidation, but we make the decision. More information about our decision is in section 6.

5.5 A positive recommendation to revalidate

140 A positive recommendation is a formal declaration from your responsible officer or approved suitable person that you are up to date and fit to practise. It confirms you have met our requirements for revalidation: you have participated in the systems and processes to support revalidation and have collected the required supporting information for revalidation.

141 More information about a positive recommendation is set out in the RO Protocol.

5.6 A request for a deferral of the recommendation

142 A responsible officer or approved suitable person may ask us if they can defer making their submission about your revalidation until a later date. 52

143 The purpose of allowing deferrals is to provide greater flexibility.

144 There are two reasons why we would consider it appropriate to grant this request.

• You may not have been able to collect and reflect on all of the required supporting information by the time your revalidation falls due. Reasonable circumstances that could account for you having incomplete supporting information might include parental leave, a sabbatical, a break from practice or sick leave.

• You may be participating in an ongoing local HR or disciplinary process and your responsible officer needs to let the process conclude before making a recommendation.

145 If we grant a deferral, both you and your responsible officer or approved suitable person will receive confirmation of the revised date for submission of your revalidation recommendation. 53 Your responsible officer or approved suitable person

51 Reg 6(5) and (6)
52 Reg 6(5)(c) and 6(6)(c)
53 Reg 6(16) and (17)
will need to make a recommendation about your revalidation on or before that revised submission date.

146 We have set guidance for responsible officers and approved suitable persons to request a deferral of your recommendation and the length of time they can request. More information is available in the RO Protocol.

Deferral has no effect on your licence or registration

147 A deferral of your submission date is not a penalty. It does not imply any judgement about your fitness to practise. It will not affect your licence to practise and we will not publish the fact that your revalidation has been deferred.

148 A deferral simply recognises that there are legitimate reasons that a responsible officer or approved suitable person is not able to make a recommendation at that time.

5.7 A notification of non-engagement

149 Your responsible officer or approved suitable person can formally notify us that you have not participated in the processes that support revalidation. This is called a ‘notification of non-engagement’. More information is in the RO Protocol.

150 If you fail to participate in the processes that support revalidation, we may withdraw your licence to practise. Your responsible officer or approved suitable person can tell us this at any point in the revalidation cycle.

• If your responsible officer or approved suitable person tells us of your failure to participate, we will remind you that you are required to participate in the processes that support revalidation to continue to hold your licence to practise.

• If you do not begin to participate with the processes that support revalidation, we may bring forward your submission date and request a recommendation about your fitness to practise.

• It will be for your responsible officer or approved suitable person to decide whether it is appropriate to submit a notification of non-engagement as their recommendation about your revalidation.

• On receipt of this recommendation, we will begin the process of withdrawing your licence to practise. We will write to inform you that this process has commenced. You will then have 28 days to make representations or provide us with further information.

54 Reg 4(3)
After considering the information provided to us, we will make a decision about whether to withdraw your licence. In this circumstance, we are not required to demonstrate that your fitness to practise is impaired through a fitness to practise investigation or hearing. This will be an administrative process based on the fact that you have not engaged in the revalidation process and on information from you and your responsible officer or approved suitable person.

151 If you begin to participate at any point, we will not withdraw your licence. Your revalidation cycle will continue as normal, although we may vary your next revalidation submission date to make it sooner than the usual five year period.

152 If your licence is removed through failure to participate in revalidation, you may continue to hold GMC registration without a licence. You can appeal a decision to withdraw your licence. More information about appeals is available at section 8.

153 More information about the withdrawal of a licence is available in section 7.

Applying to restore your licence to practise

154 The action to withdraw your licence to practise will not affect your registration. You may retain your registration with the GMC, and may subsequently apply to have your licence restored. However you must immediately stop undertaking any practice that requires a licence in the UK. More information about registration without a licence is set out in section 7.

155 If your licence is withdrawn because you have failed to participate in revalidation and we subsequently agree to restore your licence, your next revalidation submission date may be sooner than the usual five year period. This is because we will require assurance about your commitment to participate in appraisal and revalidation.

156 More information about restoring a licence is set out in section 7.

5.8 Dealing with concerns identified about a doctor’s practice

157 Revalidation is an evaluation of your fitness to practise. Your revalidation will confirm that you remain fit to practise. As part of this overall process for ensuring doctors’ continuing fitness to practise, responsible officers are required to establish and implement procedures to investigate concerns about doctors’ fitness to practise, and refer concerns to the GMC where this is appropriate. Approved suitable persons should also have arrangements in place to assure themselves that there are no unaddressed concerns about the fitness to practise of the doctors they make recommendations about.

55 The Medical Profession (Responsible Officers) Regulations 2010, reg 11(2) (b) and (c) (as amended by Medical Profession (Responsible Officers) (Amendment) Regulations 2013) and The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 reg 9(2)(b) and (c)
Referral to fitness to practise procedures will only occur where concerns about your practice are sufficiently serious as to call into question your continuing registration and licence with the GMC. The introduction of revalidation does not change the thresholds for referring a doctor to the GMC. Any concerns that do not meet this threshold should be dealt with through local disciplinary processes or remediation programmes.

GMC fitness to practise procedures, rather than revalidation, are the appropriate route for dealing with serious concerns about a doctor. Responsible officers and approved suitable persons should refer any serious concerns to the GMC as and when they arise, and not wait until the revalidation recommendation is due. Guidance for how and when referrals should be made is available online.

However, there may be cases where the issues only come to light at the point of the recommendation.

**Doctors subject to fitness to practise proceedings**

If you are subject to fitness to practise proceedings, we are likely to wait until the conclusion of the proceedings before giving you notice of your submission date.\(^{56,57}\)

If you become subject to proceedings about your fitness to practise after we have served notice of your submission date, we may await the outcome of the investigation before taking any further steps in relation to your revalidation.\(^{58}\) We will formally confirm this with you.\(^{59}\)

Information for doctors who have been referred to GMC fitness to practise procedures is available online.

**The outcome of a GMC fitness to practise investigation and revalidation**

If the outcome of the GMC fitness to practise process results in erasure or suspension, then you cannot revalidate as you will no longer hold a licence to practise.

Where no impairment is found, or where conditions are imposed, we may issue notice of a new submission date or request a new recommendation or further information in respect of any pending revalidation recommendation.\(^{60}\)

---

\(^{56}\) Reg 6(1)(b), 6(2)(b)

\(^{57}\) Proceedings is defined in the [General Medical Council (Fitness to Practise) Rules 2004](https://www.gmc-uk.org/guidance/rule-and-regulation/rules-and-regulations)

\(^{58}\) Reg 6(15)

\(^{59}\) Reg 6(16)

\(^{60}\) Reg 6(17)(a), (b)
Section 6: The GMC decision

166 Although your responsible officer or approved suitable person will make the recommendation, it is for the GMC’s Registrar to decide whether you should be revalidated. The Registrar has three options:

- to confirm that you should continue to hold your licence
- to defer your submission date to allow more time for your recommendation to be made
- to withdraw your licence for failure to engage with the requirements of revalidation set out in this guidance (section 3 and section 4) or failure to provide information that the GMC has requested of you which we need to support your revalidation (section 3 and section 4).

6.1 Making the decision

Checks on receipt of a recommendation

167 On receipt of the recommendation from your responsible officer or approved suitable person, we will cross check the recommendation against other information that we hold about you. For example, we will check:

- that you are fully registered with a licence to practise
- that the recommendation has come from the appropriate responsible officer and designated body, or a suitable person approved to make a recommendation about your revalidation
- your fitness to practise history to ensure that there are no current investigations
- your revalidation and registration history, for example, reassuring ourselves that there has been no pattern of relinquishing your licence to practise in order to avoid revalidation
- any open or pending consideration of fitness to practise considerations, such as erasure for non-payment of your annual retention fee or keeping your registered address up to date
- that any other information we hold has been kept up to date.

168 If the cross-checking process raises any significant issues, we may need to seek clarification from you or your responsible officer or approved suitable person before we make a decision about your revalidation.61

169 There may be exceptional circumstances where we need to defer taking any further steps in relation to your revalidation. In these circumstances we will inform you of this and provide you with reasons for the delay.62

61 Reg 6(10)
62 Reg 6(15) and 6(16)
170 If you are revalidating through the non-recommendation route, we may verify some or all of the information you have provided in your annual submission. This may include obtaining information from you or your appraiser.

**Factors that we will take into account in making the decision**

171 The Registrar will take the following factors into account when deciding whether you should continue to hold a licence:

- the information provided by your responsible officer or approved suitable person in making their recommendation about your revalidation
- any information that we have requested from you about your revalidation
- any information we already hold which is relevant to the evaluation of your fitness to practise
- the results of any test or objective evaluation you participated in if you do not have an responsible officer or approved suitable person
- whether you have complied with our guidance including having participated in appraisal or other processes that support your revalidation

172 We will provide you with formal confirmation of the decision.

**6.2 The decision to revalidate a doctor**

173 Where we decide to revalidate you, it means that you have positively demonstrated that you are fit to practise. You will continue to hold your licence to practise and will continue practising as usual with no change to your licence or registration.

**6.3 The decision to defer your submission date**

174 Where we agree to defer your submission date, it means that you will have a new submission date set in your [GMC Online account](https://www.gmc-uk.org). Your responsible officer or approved suitable person will need to make your revalidation recommendation on or before this date. We will remind you and your responsible officer or approved suitable person of this date at least three months in advance.

**6.4 The decision to withdraw a licence to practise**

175 This may happen if we receive formal notification from your responsible officer or suitable person that you have not participated in local processes that support revalidation, or you have failed to provide information that we have requested from you and which we need to support your revalidation.

176 If you are revalidating through the non-recommendation route, this may happen if you fail to comply with the requirements set out in section 4 of this

---

63 Medical Act 1983 Section 29E(3)
document, or you fail to provide information that we have requested from you which we need to support your revalidation.

- We will give you notice that we are considering withdrawing your licence and the reasons why we are proposing to withdraw your licence.
- We will invite you to make written representations to the Registrar within 28 days.
- Any representations you make will be taken into account by the Registrar in making their decision.\(^{64}\)

177 There is a right of appeal to a Registration Appeals Panel if your licence is withdrawn.\(^{65}\) More information about appeals is available in section 8.

178 The action to withdraw your licence to practise will not affect your registration with the GMC. You may retain registration with the GMC, and may subsequently apply to have your licence restored. However you must immediately stop undertaking any practice that requires a licence in the UK. More information about registration without a licence and restoring a licence is set out in section 7.

179 More information about the withdrawal of a licence is available in section 7.

\(^{64}\) Reg 4(4)  
\(^{65}\) Medical Act 1983 s29F
Section 7 - The licence to practise

180 The current licence to practise regulations came into force in 2009. These regulations set out our powers in relation to granting, withdrawing, restoring and refusing to restore a licence to practise.

181 We changed those regulations in 2012 to make provision for the introduction of revalidation. As well as including provisions for revalidation, we also included provisions in relation to withdrawing, restoring and refusing to restore a licence to practise in the context of revalidation.

7.1 The licence to practise

182 Holding full registration alone provides recognition of your qualifications and the ability to demonstrate you are in good standing with the GMC. However it is the licence to practise that allows you to exercise certain privileges in the UK.

183 There are several hundred privileges that are restricted by law to doctors who hold both registration and a licence. Any doctor whose medical practice involves any of these activities will not be able to practise legally in the UK unless they are registered with the GMC and hold a licence. This applies regardless of whether you are working full time, part time or as a locum, whether in private practice, the independent sector or in the NHS.

7.2 GMC registration without a licence to practise

184 You might not be required to hold a licence to practise to undertake the work that you do. Doctors who are retired from clinical practice, working wholly overseas or taking a significant career break are unlikely to require a licence. These doctors may want to consider relinquishing their licence.

185 If you are not required to hold a licence to practise, you can still maintain your registration with the GMC.

186 Full registration without a licence carries significant benefits in itself:

- acknowledgement that your primary medical qualification allowed you to gain entry to the medical register in the UK
- the ability to provide evidence of good standing with the GMC
- ability to restore the licence when it is required
- a reduced annual retention fee.

187 You can restore a licence to practise if you require one at some point in the future by applying to restore your licence to practise. This is relatively straightforward. Information on applying to restore your licence can be found online.

188 If you are registered with the GMC but do not hold a licence to practise, then you are not required to revalidate. However, you are still required to follow the
guidance in *Good medical practice* and are subject to our fitness to practise procedures.

189 We cannot advise you on whether you need a licence to practise for the work that you do. In most cases the requirement to have registration with a licence to practise is set out in *legislation*. If in doubt, you should review our licensing information online and check the position with your employer or other relevant body. You may need to seek legal advice if you are not sure.

190 Doctors who retain their licence to practise but do not participate in revalidation may have their licence (but not their registration) removed.

### 7.3 Revalidation and withdrawal of a licence to practise

191 If your registration is withdrawn, your licence will also automatically be withdrawn. Your registration can be withdrawn for a number of reasons, for example, failure to pay the annual retention fee or to maintain a registered address. You can also relinquish your licence but retain your registration.66

192 There are circumstances directly related to revalidation where we can withdraw your licence, but not your registration.

   a. If you fail, without reasonable excuse, to comply with a requirement set out in this guide.67
   b. If you fail, without reasonable excuse, to provide any evidence or information requested by the Registrar on or before your submission date (see *section 3* and *section 4*).68
   c. If you do not have a prescribed connection to a designated body or a connection to a suitable person, and you fail, without reasonable excuse, to undergo an assessment required by the Registrar (see *section 4*).69
   d. If you fail, without reasonable excuse, to provide any evidence or information required by the Registrar about your employment, responsible officer or designated body (see *section 3* and *section 4*).70
   e. If you fail, without reasonable excuse, to provide any further information or evidence reasonably requested by the Registrar (see *section 3* and *section 4*).71
   f. If you fraudulently provide evidence or information relevant to revalidation to the Registrar.72
   g. If you fail, without reasonable excuse, to pay a required fee.73

---

66 Reg 4(1)(a)
67 Reg 4(3)(a)
68 Reg 4(3)(b)
69 Reg 4(3)(c)
70 Reg 4(3)(d)
71 Reg 4(3)(e)
72 Reg 4(3)(f)
73 Reg 4(3)(g)
If your licence to practise is withdrawn for any reason, you will not be able to exercise any of the legal privileges associated with the licence and must immediately stop any practice that requires a licence in the UK.

**Procedure for withdrawing a licence to practise**

The process that we must follow for withdrawing a licence is set out in the following paragraphs. This process does not apply where a licence is automatically withdrawn following the withdrawal of registration, or where you have requested us to withdraw your licence.

- We will give you notice that we are considering withdrawing your licence and the reasons why we are proposing to withdraw your licence.
- We will invite you to make written representations to us within 28 days, or to undertake the action you failed to take, such as provide the required information.
- Any representations you provide will be taken into account by the Registrar in making their decision.
- There is a right of appeal to a Registration Appeals Panel if your licence is withdrawn. More information about appeals is available in section 8.

If your licence is withdrawn, the Registrar may advise you of any evidence or information that will be required should you subsequently apply to restore your licence. Please note that when you apply to restore your licence it is possible that further information will be needed at that time. If so, we will tell you what you need to provide.

7.4 **Revalidation and restoring a licence to practise**

If you relinquish your licence, or have it withdrawn for any reason, you can apply to restore your licence. The process is relatively straightforward, although you will be required to make an application and in some cases attend an identity check. Information about how to apply is available online.

There is no fee for restoring a licence. However, you will need to pay the difference between the cost of holding registration with a licence and registration without a licence. Information about registration fees is available online.

---

74 Reg 4(4)
75 Medical Act 1983 s29F
76 Reg 4(5)
77 Reg 4(4)
198 In some circumstances, we may agree to restore your licence and set your next revalidation submission date sooner than the usual five year period.\textsuperscript{78} For example:

- if you have previously failed to participate in revalidation
- if you have relinquished and restored your licence a number of times, with the result that you have not revalidated at any point in the previous five years
- after a significant period of absence from practice.

199 In very limited circumstances, we may require you to revalidate by successfully completing an assessment or evaluation of your fitness to practise prior to the restoration of your licence.\textsuperscript{79}

200 An example of when this might be appropriate is where a doctor stops practising for an extended period of time (a minimum of five years) and then seeks restoration of their licence. However, other than in exceptional circumstances, it is unlikely to apply to doctors who have simply taken maternity leave, had a break in practice because of ill-health, have been practising overseas or undertaking voluntary work as a doctor.\textsuperscript{80}

201 Another example of when this will be appropriate is if a doctor is considered to have relinquished and then restored their licence in order to avoid revalidation.\textsuperscript{81}

\textsuperscript{78} Reg 6((1)(b)
\textsuperscript{79} Reg 5(5) and (6)
\textsuperscript{80} Reg 5(6)(a)
\textsuperscript{81} Reg 5(6)(b)
Section 8 - Appealing a decision about your licence

202 The Medical Act 1983 sets out when you can appeal a decision made about your licence to practise. You can appeal a decision:

- to refuse to grant you a licence to practise
- to withdraw your licence to practise
- to refuse to restore your licence to practise

203 Appeals are handled by the GMC Appeals team. The Appeals team is independent of the registration process and aims to provide an impartial and fair service.

204 If you want to appeal against the decision, you must do so within 28 days of the date of delivery of the decision. You will need to read our online guidance on appealing a licence to practise decision and follow the instructions set out in that guidance.

205 Where there has been a decision by the GMC to refuse, withdraw or refuse to restore your licence, that decision will not come into effect until you have had the opportunity to appeal the decision and the outcome of any appeal you have made has been decided. If you are unhappy with the outcome of an appeal you have the right to appeal to a County court.

82 Medical Act 1983 s29F and Schedule 3B
Section 9 – Further information

Responsible officer guidance and legislation

More information about which organisations are required to nominate or appoint responsible officers and how doctors can identify their responsible officer can be found at on the Department of Health (England) website.

The Department of Health, Social Services and Public Safety has published the regulations and guidance that apply to responsible officers in Northern Ireland.

English guidance on revalidation and appraisal

- The NHS Revalidation Support Team website: www.revalidationsupport.nhs.uk (England)

Welsh guidance on revalidation and appraisal

- The Health in Wales website: www.wales.nhs.uk (Wales)

Scottish guidance on revalidation and appraisal

- The Scotland NHS website: www.show.scot.nhs.uk (Scotland)

Northern Ireland guidance on revalidation and appraisal

- The Health and Social care in Northern Ireland website: www.n-i.nhs.uk (Northern Ireland)

The Academy of Medical Royal Colleges

The role of the Academy in revalidation is to facilitate the work of the Colleges and Faculties and to encourage them to share their experience, skills and knowledge around the development of methods for revalidation. More information about the Academy’s work on revalidation is available online.

Medical royal colleges and faculties

The medical royal colleges and faculties have published advice to help doctors in all the main specialties (including primary care) provide supporting information for appraisal. This guidance can be found on the Academy of Medical Royal Colleges’ website.