

**Guidelines for
deferral of a
revalidation
recommendation**



Guidelines for Deferral of a Revalidation Recommendation

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Prepared by: James Fisher, Programme Director (Revalidation)

england.revalidation-pmo@nhs.net

“Equality and diversity are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.”

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Background

In this transitional phase at the introduction of revalidation for doctors, it is inevitable that there will be a divergence of practice in how long to make a deferral recommendation when one is required. The deferral period needs to be carefully considered in order to avoid a second deferral but it is not appropriate to automatically default to the maximum period

The GMC guidance is provided at <http://www.gmc-uk.org/doctors/revalidation/13695.asp>

Whilst a body of custom and practice is accumulated, the following is a description of the norms that are emerging, as gleaned from the conference of NHS England responsible officers on 31 January 2014, responsible officer networks and from discussion between regional revalidation leads at the Responsible Officer Calibration and Operational Network (ROCON) on 25 February 2014 and 20th March 2014.

Deferral decisions and action planning

Doctors should only be deferred after being made aware of the decision in advance by the responsible officer with an explanation of the reasons why. A deferral decision should be supported by an explicit written action plan that makes clear the requirements the doctor needs to meet to permit a recommendation decision to be made at the new recommendation date.

Missing supporting information / incomplete portfolio

In the majority of cases the default position should be to defer for the minimum possible period of 4 months (This is the minimum period required by the GMC to notify the doctor of a new revalidation date). In most circumstances it should provide sufficient time for a doctor who is engaged with the process to gather any missing items of supporting information.

The exception may be when there is a requirement to reflect on the information at annual appraisal. In this case a deferral that takes into account the appraisal month for the doctor may be appropriate. An alternative approach may be to agree to bring forward the appraisal date to allow a shorter deferral period.

Exceptional circumstances, such as maternity leave, prolonged sick leave or sabbatical

In the majority of cases the doctor should be fully engaged with the designated body and there should be a clear audit trail explaining the exceptional circumstances, on the basis of which agreement to postpone an annual appraisal has been made in advance. In such cases, the appropriate period for deferral should be decided upon based on the circumstances of the case and the proposed return to work date.

It should be noted that if previous appraisals are satisfactory and all the GMC requirements are already met, legitimate postponement of an appraisal until after the recommendation date (e.g. for a period of sickness absence delaying the annual appraisal) does not automatically imply a need to defer a doctor's recommendation. A positive revalidation recommendation should normally be made.

Very rarely, the doctor may be genuinely unable to engage with the designated body, through exceptional circumstances (such as particularly severe illness). In such cases the responsible officer must establish the facts and make an appropriate deferral recommendation.

Doctors under Investigation

The responsible officer will be aware of all doctors who are not in a position to have a positive revalidation recommendation because they are the subject of an active investigation. In such cases the appropriate period for deferral should be decided upon based on the circumstances of the case (and may be set by the GMC at the conclusion of a GMC investigation).

Doctors who have not engaged with the appraisal process

It is not appropriate to use the deferral recommendation for doctors who have not participated in the appraisal process, where postponement of appraisal has not been properly agreed. In such cases the responsible officer should enact the non-participation process described in the NHS England Medical Appraisal Policy, and notify the GMC of failure to engage at the end of this process as necessary.

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Target audience:

NHS England responsible officers and their teams.

Of note for:

Responsible officers of other designated bodies in England