

# Revalidation

## Frequently Asked Questions for Doctors in Postgraduate Training

### **What is the purpose of revalidation?**

Revalidation is the General Medical Council's process for regulating licensed doctors to assure patients and the public that licensed doctors are up to date and fit to practise. Revalidation commenced in December 2012 and every doctor who is fully registered with a licence to practise, including doctors who are in training, are required to participate in revalidation. The aim is to support doctors in their professional development, helping to improve quality, patient safety and public confidence in the profession. Licensed doctors have to revalidate approximately every five years. In addition, doctors in postgraduate training also revalidate when they receive their Certificate of Completion of Training (CCT).

### **What is a Responsible Officer?**

A Responsible Officer is a senior clinician in a Designated Body who ensures that the doctors for whom they act in this nominated capacity, continue to practice safely and are properly supported and managed in maintaining their professional standards. NIMDTA's Medical Director is the Responsible Officer (RO).

### **What is a Designated Body?**

This is the organisation that a licenced doctor has a professional, educational or employment connection with that provides them with support for revalidation. NIMDTA is the Designated Body (DB) for all doctors in training in Northern Ireland.

### **How can I find out further information?**

The GMC have information on their [website](#).

### **What do I need to do for this process?**

If you are a doctor in training, you revalidate by engaging in your training programme. This means you must:

- Engage in and meet the assessment and curriculum requirements of your training programme.
- Discuss your progress and learning needs with your educational supervisors (including any practice you do outside of your training programme).

They will usually make a revalidation recommendation to the GMC every five years, confirming you are up to date and fit to practice. In addition, doctors in postgraduate training also revalidate when they receive their Certificate of Completion of Training (CCT). They base this recommendation on your participation in the Annual Review of Competence Progression (ARCP) process, or equivalent. You will already produce much or all of the evidence required for revalidation as a matter of course during your training, through meeting the requirements of your curriculum and periodic discussions with your educational supervisor. All trainees will need to complete a Form R. The Form R is the document that all trainees sign annually, and this enhanced version requires you to answer questions about whether you have been involved in any complaints or investigated serious incidents / significant events over the last year. You will need to send this form back to the appropriate Deanery person when you first enter the training program and prior to ARCP each year.

**The Form R asks for my revalidation date, what should I enter?**

You can find your current revalidation date via your [GMC Online account](#).

**The Form R asks for the last revalidation date but I have not had a revalidation previously, what should I enter?**

This field is to capture those trainees who have already revalidated previously and will not be used until your first revalidation has taken place with the GMC. Until that time you should leave this blank.

**How often will my revalidation take place?**

Your revalidation date is set by the GMC at 5 years after full registration. Doctors in postgraduate training also revalidate when they receive their Certificate of Completion of Training (CCT). You will find further information on how often your revalidation should take place here: [GMC - Your Revalidation](#)

**In relation to completing the Form R, what is a significant event?**

[GMC explanation of a significant event](#) (*also known as an untoward or critical incident*)

It is an expectation that all doctors as part of the requirements for revalidation are required to record and reflect on significant events in their work with the focus on what they have learnt as a result of the event/s.

Any significant or recurrent breaches of, or failures to meet, expectations of professionalism or conduct as outlined by GMC Good Medical Practice guidelines should be considered a cause for concern about a doctor.

**What role does my LEP (Trusts/GP practice) have in my revalidation?**

Your LEP will supply information to NIMDTA in order to inform the revalidation process. This may include information on:

- Conduct/capability investigation
- Serious Untoward Incident/Significant Event investigation
- Complaints

If you know you have been involved in a complaint you should have discussed it with your educational supervisor and reflected on the outcome in your portfolio as part of the normal educational appraisal process. You should declare it on your Form R.

**How often will my LEP (Trusts/GP practice) be asked for this information?**

Information will be collected on a live reporting basis.

**How will I know if I have been recommended or not for revalidation?**

NIMDTA will notify you by email when a recommendation has been made to the GMC by your Responsible Officer. After the GMC receives a recommendation from your Responsible Officer, they will complete a number of checks and then make a decision about your revalidation. You will then receive a formal notification of your revalidation decision from the GMC.

**Who is NIMDTA for?**

NIMDTA is only responsible for Trainees in GMC approved Deanery training programmes and posts. This will include LATs and trainees who are currently out of programme. NIMDTA is NOT responsible for any locums including LASs, Trust Grade and Staff Grade posts and other non-training grade posts.

**If I get an outcome other than a 1 in my ARCP does that mean I will not get a revalidation recommendation?**

Not at all. It is quite possible to get an outcome 3 or 4 for failure to pass key exams, but unless there are other problems (e.g. conduct or health) it would have no effect on your revalidation decision.

**What happens if I am absent for a period of time or have a break from my training programme e.g. for maternity leave or out of programme experience; what effect will this have on my revalidation?**

If you are absent or take a break from the training programme which is approved by the deanery (meaning that you do not give up your training number), then your revalidation date and prescribed connection will remain the same, and you do not need to do anything else. This might include taking up an out of programme training or research post, or going on maternity or long term sick leave. If your revalidation date happens to fall whilst you are out of training, your Responsible Officer will have the option to defer your revalidation. Deferral of the revalidation recommendation does not have any impact on your licence to practise, and is not a detrimental judgment.

**As part of my training I have developed competencies in other specialty areas. When I revalidate will I be revalidated to take account of these additional areas?**

Yes, as a trainee you will revalidate in accordance with the requirements for the specialty that you are training. The Responsible Officer, will base their recommendation on your participation in the Annual Review of Competence Progression (ARCP). However, the recommendation won't specifically consider competences developed in other areas. It will consider progression within the specialty appointed to and any reports in relation to concerns or issues in training posts or reported from any other work.

Once you have completed training your revalidation will be based on annual appraisals that reflect your full scope of practice. At that point many doctor's careers spread out to cover areas beyond the specialty they trained in and this in turn will define their revalidation to affirm that they remain up-to-date and fit-for-purpose for their role(s).