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MEDICAL PROFESSIONALISM, MEDICAL REGULATION, REVALIDATION

Revalidation – myths and misconceptions



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December 2022 marks 10 years since the introduction of revalidation, the process by which doctors demonstrate they remain up-to-date and fit to practise. For most doctors it has become part of 'business as usual', but misconceptions remain. Michael Anderson, the GMC's Head of Licensing and Revalidation, separates fact from fiction:

Every licensed doctor who practices medicine must revalidate. Since late 2012 more than 400,000 doctors have done so, many more than once as it's an ongoing process with a five-year cycle.

It has improved the oversight, scrutiny and support doctors can expect at work. The overwhelming majority of doctors are engaging well with the process, but we know it's not universally popular and that some myths remain.

Myth

Revalidation makes no difference.

Fact

Revalidation was not designed as, and never could be, a single solution to problems with governance of the medical workforce. It was introduced as part of wider reforms including the creation of the Responsible Officer (RO) role.

But revalidation does play an important role in delivering assurance on doctors' practice.

Prior to revalidation, and in the absence of any serious concerns coming to light, a doctor could practise medicine from the start of their career to retirement without any regulatory checks. Revalidation has significantly improved oversight and scrutiny.

The number of fitness to practise referrals from employers has fallen from 1,282 in 2012 to just 195 in 2021. How much of this is the influence of revalidation is unquantifiable, but there's little doubt that better systems of governance, including revalidation, are a major driver.

It also provides an opportunity to identify fitness to practise concerns at an early stage, so they can be dealt with before they escalate.

Revalidation has also had a positive impact on doctors' access to appraisals and to continuing professional development (CPD). Appraisals became a contractual requirement for most doctors in the early 2000s, but access for many remained limited until revalidation began in 2012. Access to CPD has improved similarly, driven by the requirement to demonstrate CPD at each appraisal.

Since 2012 almost 6,000 doctors have had their licence to practise withdrawn, at least once, for not complying with revalidation requirements. Previously, these doctors would have still been able to practice in the UK.



Myth

Revalidation is inflexible and a burden.

Fact

Revalidation requirements reflect pre-existing good practice and are readily achievable for most doctors. The only new activity introduced for revalidation was patient feedback, and that is required just once per cycle.

ROs have always been able to defer a doctor's revalidation recommendation if more time is needed. When this happens there is no impact on the doctor's licence.

We encourage employers to support their workforce as much as they can, for example by reviewing their own appraisal requirements and, where possible, by automating the provision of supporting information.

Myth

Revalidation happens every five years.

Fact

Revalidation is a continuous process and not a point in time assessment. Doctors are required to engage continuously with the local clinical governance systems that underpin revalidation, including appraisal, complaints and incidents reporting.

The supporting information requirements include an annual discussion of complaints, incidents and CPD as part of a doctor's regular appraisal. Patient and colleague feedback, and a quality improvement activity, is required at least once per revalidation cycle.

ROs usually make a revalidation recommendation to us once every five years, but they can notify us if a doctor is failing to engage at any time.

Myth

Appraisal and revalidation are the same.

Fact

Appraisal and revalidation are often conflated and thought of as synonymous, but the two are not the same.

We require doctors to engage in an annual appraisal as one element of revalidation but, in most cases, they are a local contractual requirement. Appraisals were introduced about 10 years before revalidation.

Myth

The GMC sets requirements for appraisals.

Fact

Appraisal is not only distinct from revalidation, but the GMC does not determine what is covered. We don't specify any number of CPD points, nor any mandatory training requirements.

All we ask is that supporting information required for revalidation, such as patient and colleague feedback, is reflected on and discussed with the appraiser. Anything else is down to local or employer requirements.

Myth

Royal colleges also set evidence requirements for revalidation.

Fact

The GMC is the only body that can mandate requirements for revalidation. Medical royal colleges provide advice to their members on meeting them, alongside resources to support good practice, learning and reflection for their specialties, but they do not set the requirements for revalidation.

Myth

Doctors must make up appraisals they have missed if they have been away from work.

Fact

Doctors should be in an annual cycle of appraisal, but if they have been away for a long time, for example on maternity leave, there is no requirement for them to make up the number of appraisals they have missed.

Providing they meet our other requirements they can still revalidate even if they have missed an appraisal.

Myth

The GMC is responsible for defining clinical governance.

Fact

The GMC has worked with partners to publish guidance for healthcare providers that outlines core principles of good clinical governance that underpin revalidation – the clinical governance handbook (CGH).. Within the CGH we provide advice for boards on supporting their ROs to manage their medical workforce, but the actual requirements are set out in the RO regulations.

Myth

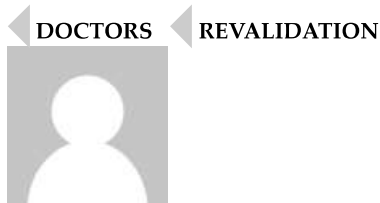
The GMC determines RO responsibilities in the regulations.

Fact

We are a source of expertise in the RO regulations because we work closely with ROs, but we are not the authority on them. They are 'owned' by the Department of Health and Social Care, in England, Scotland and Wales, and, in Northern Ireland, by the Northern Ireland Department of Health.

The regulations set out the statutory obligations on healthcare providers and ROs to put in place and monitor clinical governance systems. Specifically, that includes having systems in place to support the ongoing 'evaluation of a medical practitioner's fitness to practise'. The regulations also set out the hierarchy for doctors to connect to an RO. Yet revalidation itself is not mentioned in the RO regulations.

So, after 10 years revalidation has bedded in and is here to stay. No system will be perfect for everyone, and we are always looking for ways to improve things and to support doctors and ROs as much as we can. We really appreciate the commitment and hard work doctors and ROs put in to make revalidation happen, and to make it effective. For more information, please visit our webpage [here](#).



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