

Name of Document	Revalidation
Category	Standard Operating Procedure (SOP) This SOP is applicable to doctors in training within NHS England.
Purpose	This document is one of a suite of Standard Operating Procedures to support the management of trainees across England. This SOP is aligned to the principles of 'A Reference Guide for Postgraduate Foundation and Specialty Training in the UK' (The Gold Guide). Please refer to the most recent versions. Since 2020, Foundation Training is embedded within the Gold Guide. Therefore, the NHS England suite of SOPs applies to all doctors in training, including Foundation, unless specified otherwise. Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the Postgraduate Dean or their nominated representative who will be responsible for managing the process on their behalf. Throughout the document, unless otherwise stated, the term 'trainee' refers to postgraduate doctors in training and public health trainees with a medical or non-medical qualification. This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of training, there will be occasions where Postgraduate Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer). Local offices should ensure they review the associated Process Alignment Group (PAG) document with regards to Trainee Information System (TIS) implications. English Deans are committed to equality, diversity and inclusion (EDI), with a duty to eliminate discrimination, promote equality and ensure inclusive opportunities are available to all with regards to age, disability, gender, ethnicity, sexual orientation, religion or belief in the design and delivery of all our services. English Deans aim to meet and exceed their statutory obligations under the Equality Act 2010 by adopting a continuous improvement approach. This suite of SOPs will be routinely screened against relevant Equality and Diversity documentation.
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7	17/10/2024	English Deans	Document signed off at PGMDE Operational Oversight Group
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Related Documents

- *Gold Guide 10th Edition: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK:*
<https://www.copmed.org.uk/publications/gold-guide>
- *COPMeD guidance on medical revalidation processes relating to “Cause for Concern” arising in a doctor in postgraduate training:*
https://www.copmed.org.uk/images/docs/revalidation/COPMeD_guidance_on_medical_revalidation_processes_relating_to_Cause_for_Concern.pdf
- *Standard Operating Procedures - Annual Review of Competence Progression (ARCP) Process and Out of Programme (OOP) Guidance*

1. Introduction

Revalidation is the General Medical Council's (GMC) way of regulating licensed doctors. Revalidation is the process by which all licensed doctors are required to demonstrate that they are up to date and fit to practise in their chosen field and across their whole scope of practice. All doctors have a professional responsibility to meet the professional standards set by the GMC and for trainees, the specialist standards set by the Medical Royal Colleges and Faculties. Licensed doctors must revalidate usually every five years, providing the evidence through the annual Medical Appraisal process based on the core guidance for doctors, [Good Medical Practice](#).

The GMC has stated that the ARCP process, in combination with evidence obtained from clinical governance systems, performs the function of the full scope of practice appraisal and therefore trainees do not require a Medical Appraisal in addition to the ARCP. The ARCP is the mechanism by which trainees will revalidate. This is because, it provides the required supporting information to inform the revalidation recommendation by the Postgraduate Dean as Responsible Officer. Therefore, the annual ARCP is considered as the appraisal for revalidation purposes for trainees. The majority of this information is already included in the training curricula which are approved by the GMC. Where this may not be the case, for example patient feedback, there is no requirement to obtain this at this stage.

The responsibility for ensuring that a doctor engages with the statutory processes for revalidation to continue to hold their licence to practise sits with the doctor themselves, whatever the career grade or stage.

Where information is required from local education providers' (LEPs) clinical governance systems, i.e. involvement in significant events and complaints/compliments received, the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD) Revalidation Steering Group have worked with the Revalidation Support Team, GMC and Department of Health to develop a streamlined, proportionate and pragmatic approach to capture this information in a confidential manner. As such, wherever possible existing documentation has been adapted.

2. Documentation considered as part of annual appraisal and revalidation:

- Clinical/Educational Supervisor report - *Clinical/Educational Supervisor completes*
- Form R Part A and Part B – *Doctor in training completes***
- ARCP outcome form - *ARCP panel chair ensures is accurately completed*
- Information from 'exception reporting' logs where available

- All reasonable steps to check if any GMC restrictions affecting fitness to practice

** Every doctor is responsible for ensuring that they are appraised annually on their full scope of practice. For trainees the GMC have approved the ARCP as the full scope of practice appraisal. It is their personal responsibility to complete the Form R Part B accurately, capturing the necessary information to cover their full scope of practice, including locum shifts or any other work (whether paid or voluntary) that requires a licence to practice, statutory leave and OOP since their last appraisal / ARCP, within the timeframe given. Failure to do so may necessitate notification to the GMC by the Responsible Officer (RO) of the trainee's failure to engage in the revalidation process. An ARCP outcome 5 is to be awarded for either the non-return of, or the late submission outside of the two-week deadline of the Form R Part B before the ARCP panel. It is important that the declaration on the Form R Part B includes involvement in any complaints/investigations in any organisation with which the trainee has undertaken a role as a licenced doctor (voluntary or paid) since the last Form R/appraisal/ARCP and a contact name/address in the event that the RO needs to seek further information.

The Revalidation process for trainees is aimed at ensuring that employers, LEPs, and educational/clinical supervisors have a process to share information when needed, so that trainees can be best supported in their revalidation process. However, to be effective this information must be discussed with the individual or with clinical/educational supervisor(s) at review meetings, with reflection undertaken as required.

3. Legal Responsibilities

- [The Medical Profession \(Responsible Officers\) Regulations 2010](#) created a new statutory role in UK healthcare; the Responsible Officer (RO). The main duties of the RO are;
 - To make recommendations to the GMC via GMC Connect or other agreed system (TIS Revalidation Module) as to whether a doctor should be revalidated (this relates to doctors with a prescribed connection to the designated body).
 - To ensure that the Designated Body's systems of clinical governance and appraisal are sufficiently robust to support revalidation.
 - Every Postgraduate Dean, as the RO (Responsible Officer) is therefore required to put into place systems to support revalidation, and has a duty, under the statutory instrument, to ensure that these systems are sufficiently robust.
- It is essential that throughout the education and employment process there is clear, concise documentation to support decisions made and actions taken.
- The RO should be made aware of all investigations carried out by the employer.
- The following steps describe what will enable the RO and Designated Body to meet the statutory requirements:

- i. To ensure that the Designated Body carries out regular ARCPs on trainees;
 - ii. Management of investigated incidents and concerns;
 - iii. The Postgraduate Dean's Revalidation Team will maintain a confidential database of involvement in investigated incidents/complaints;
 - iv. All incidents will be notified to the Revalidation Team by local education providers, copied to the trainee (where this is not possible the Postgraduate Dean should be alerted by the LEP and will attempt to contact the trainee on behalf of the LEP);
 - v. For incidents that are deemed to have patient safety issues or risk to the trainee these must be reported to the Responsible Officer immediately.
- e. It is the Postgraduate Dean's responsibility to ensure that there is educational support provided to any trainee facing an investigation. Support should also be provided by the employer as appropriate.
- f. The Revalidation Team will maintain confidential records relating to potential fitness to practice concerns to facilitate the revalidation process across the 5-year cycle, including trainee involvement in complaints/significant incidents and records of investigations. This information will be held on a restricted access secure repository which is securely protected.
- g. The Revalidation Team will answer all queries generated from the GMC using the revalidation repository as source data.
- h. All concerns regarding the meaning of fitness to practise should be assessed against the GMC's meaning of fitness to practise.

4. Out of Programme (OOP) and statutory leave and revalidation

SOPs should be referred to with respect to the management of OOP. For trainees who are absent due to sickness, maternity, who temporarily leave the training programme for an approved research or training post or take a pause from their training programme, the revalidation date and prescribed connection will remain the same. To enable the RO to make a recommendation, to ensure consistency across the programme, the following submission will be required;

- a. The OOP annual return form reviewed by ARCP panel. This will include a Clinical/Educational supervisor declaration indicating whether the supervisor is aware of the trainee's involvement in any conduct, capability, or serious untoward incidents/significant event investigation or named in any complaint and whether this has been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct.
- b. The trainee must complete an annual Form R Part A and Part B including a self-declaration of any significant events, compliments or complaints arising from any work across their full scope of practise.

- c. It is a requirement for foundation and specialty training that trainees maintain their GMC registration and licence to practise throughout their training including during periods OOP overseas. In terms of revalidation the RO will (upon granting approval for OOP) agree that the relevant Designated Body will remain the prescribed link for revalidation, however the above documentation must be received.
- d. Reference should be made to the SOP for managing OOP deferrals and the [Former HEE Guidance for trainees planning to volunteer or work overseas](#) as appropriate.

5. Revalidation Standard Operating Procedures

5.1. Responsibilities of the Postgraduate Dean's Revalidation Team

Ensure all trainees provide their most recent ARCP / appraisal outcome information or an equivalent self-declaration statement, for example the Form R Part B, to enable the RO to be sighted on any unresolved concerns

5.1.1 GMC Connect responsibilities:

- a. Monitor and update the Connected Doctors list on GMC Connect on a regular basis with removal of leavers and addition of new starters; please see current GMC guidance;
- b. Ensure all trainees who have obtained an Outcome 6 have their revalidation submission date brought forward where appropriate to ensure a submission can be made;
- c. Delegated authority for processing revalidation submissions and adherence to the [COPMeD guidance](#);
- d. The RO / Postgraduate Dean should be informed of any trainee who has an ongoing unresolved concern that calls into question their fitness to practise identified at ARCP.

5.1.2. Management of Incident notifications:

- a. The Revalidation Team will log all received Incident notification. The incident information will be shared with the RO and appropriately recorded. For serious and significant events and incidents that are deemed to have patient safety issues or risk to the trainee, these must be reported to the RO immediately. Please see the COPMeD [guidance for managing a cause for concern](#).

5.1.3. Providing information to ARCP panels:

- a. Only open incidents or those closed within the last ARCP cycle should be fed in.
- b. Following the ARCP panel, if there has been a revalidation concern noted by the panel, this should be discussed with the RO and logged accordingly.
- c. If no Form R Part B has been received in advance of the ARCP panel, the ARCP admin team should provide guidance in terms of whether there are any concerns with respect to the trainee. Please see Appendix A of Annual Review of Competence Progression (ARCP) SOP.

5.1.4. Management of incidents on revalidation repository:

- a. Revalidation team to meet with the RO on a regular basis to review significant incidents and complaints.
- b. Revalidation team to regularly review all open incident cases.

5.1.5. Sharing of investigation information with Postgraduate Schools and Employer:

- a. The fact that a trainee is undergoing an investigation must be shared with clinician overseeing the relevant programme e.g., relevant Head of school/senior manager to enable the provision of educational support. If not already known, all cases will also be shared as soon as possible after receipt, with the employer to enable employment support to be provided to the trainee, if necessary. This is particularly important for areas where there is a Lead Employer arrangement.

5.1.6. Quality management / audit of revalidation processes:

- a. The Revalidation Team will conduct quality management and self-audit activities to assess the functioning of key processes relating to revalidation on a regular basis. Areas to be addressed will include the following:
 - i. Revalidation information presented to ARCP panels
 - ii. Statistics of trainees declaring incidents
 - iii. Statistics of trainees declaring full scope of practice
 - iv. Completion of Form R Part Bs
 - v. Any instances of when an ARCP did not take place
 - vi. Participation of any NHS England national work as required
 - vii. Protected characteristics of doctors in training referred to the GMC
- b. The Revalidation Team will contribute to NHS England's national Quality Assurance Report and any related request.

5.1.7. Responding to GMC queries:

- a. The Revalidation Team will log the GMC correspondence and create a new record on the revalidation repository.
- b. An information request will be sent to the relevant Postgraduate School and the incidents repository will be checked for any previously reported information relating to the individual.
- c. Once the response is received from the School, the Revalidation Team will write a response letter (from the RO) and send this to the GMC.
- d. For GMC information requests pertaining to Trainers/TPDs, the request for further information will be issued to the relevant School who will then approach the appropriate contact (HoS or TPD – to maintain confidentiality). Information will be requested in relation to their educational role only.

5.1.8. GMC restrictions/conditions/suspensions against practice:

Responsible officers and their revalidation teams are able to log into GMC connect to view the current decisions about doctors' fitness to practice. NHS Resolution also send out healthcare professional alert notices about health professionals who may pose significant risk of harm to patient staff or public. The Revalidation Team will check whether this contains trainee names linked to the RO, update the revalidation database with any relevant information and then send this to the related postgraduate school and employer as necessary.

5.1.9. Revalidation pre-employment checks:

- a. When a request is received for a revalidation reference i.e. the last ARCP outcome, or Transfer of Information the request should be referred to the trainee to provide the necessary information.
- b. When a doctor has a new employer the doctor may be required to provide a ARCP form or MPIT form but this must be provided once the employment offer is made.
- c. If additional information needs to be shared relating to fitness to practice, then an 'RO to RO' communication (conversation or written) should be set up with the trainee's new RO.

5.1.10. Fitness to Practice referrals to the GMC:

- a. RO regulations state it is good practice and referrals to the GMC should usually be done via the RO therefore fitness to practise concerns should be discussed with the RO prior to referral.
- b. ROs making fitness to practise referrals to the GMC are now required to undertake an impartial review of the referral and confirm the process on the referral form before it is submitted.

- c. As part of English Deans EDI Quality Improvement Plan Postgraduate Deans and their teams are required to keep a record of EDI data and the reason for the referral (health, conduct or capability).

5.1.11 Making a revalidation recommendation for a doctor in postgraduate training:

- a. When a trainee is due a revalidation recommendation their Postgraduate Dean should base their decision on the most recent ARCP / appraisal, any current governance information they hold about the individual in relation to any unresolved fitness to practise concerns and, when it is more than 15 months since the last ARCP, a statement of good standing covering full scope of practice from the trainee.
- b. All trainees under notice/ outcome 6/ CCT, should be revalidated at the appropriate point/ as soon as reasonably possible.
- c. If a recommendation for a trainee under notice or has recently been recommended for a CCT and remains connected, is missed this must be completed at the earliest opportunity.
- d. If a recommendation has been made for a trainee who has CCT and disconnected, the trainee must not be reconnected and contact must be made with the new Responsible Officer advising what recommendation would have been made.
- e. Wherever possible the RO should ensure that they have the necessary information available to enable a recommendation to revalidate, as outlined by the GMCs '*Range of information you should consider when revalidating doctors in training*' <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/making-a-recommendation-about-a-doctors-revalidation/recommendations-for-doctors-in-training>
- f. A decision to recommend deferral of revalidation on grounds of insufficient information when there is no ARCP / appraisal / self-declaration providing the necessary full scope of practice information the period of deferral should normally be limited to 2 months after it is anticipated that the information will be available.
- g. When the decision is to defer because the trainee is part of an on-going process that calls into question their fitness to practise, the RO should ensure that the trainee has access to any necessary support and remediation, consider seeking the advice and support of their GMC ELA, satisfy themselves that there are no risks to patient safety and consider in parallel any action necessary in relation to the trainee's NTN and training progression. The period of deferral should be in accordance with the anticipated resolution date for the process(es) underway.

5.2 Responsibilities of the Postgraduate Dean's ARCP and Revalidation Teams in relation to Revalidation

- a. Postgraduate Deans and their teams should ensure that ARCP panels are in possession of all relevant revalidation and fitness to practice matters. This would usually be checked through review of the Form R (part A&B).
- b. If additional employment declared within full scope of practice, forward copy of Form R Part B to Revalidation Team. Further action to be decided by the RO or nominated Deputy.

5.3 Responsibilities of the trainee

- a. The trainee must ensure they are connected to the correct Designated Body for revalidation on the GMC Connect system for the duration of their training. See '[Find your connection for revalidation](#)'
- b. The trainee should only disconnect from the training designated body once the programme is completed and the O6 has been awarded and the revalidation recommendation has been made.
- c. F2 doctors must complete Form R (Gold Guide 10 Appendix 1) or SOAR. F1 doctors are also expected to complete Form R. F1 doctors are limited to provisional GMC registration and therefore are not subject to the GMC revalidation requirement. For F2 doctors and specialty trainees, their Postgraduate Dean will become their Responsible Officer for revalidation purposes.
- d. Provide their most recent ARCP appraisal information when they commence their programme supported by a self-declaration of no on-going concerns if necessary, e.g. more than 15 months since their last ARCP / appraisal.
- e. Engage in the ARCP process.
- f. Trainee completes the Form R Part B across their full scope of practice in accordance with COPMeD guidance to the best of their knowledge and discusses involvement in investigated incidents/complaints with their Educational Supervisor regarding full scope of practice.
- g. The trainee should complete the Form R Part B on TIS self-service a minimum of 2 weeks prior to ARCP panel. Failure to do so may necessitate notification to the GMC by the RO of the failure to engage.
- h. If a trainee receives an Outcome 4 which is undisputed or is upheld following an appeal, there needs to be a discussion around the timing of disconnection with the trainee.

5.4 Responsibilities of the Clinical/Educational Supervisor

- a. Refer to LEP and local policy and procedures for clinical/educational supervision.
- b. Discuss educational progress with the trainee.
- c. Ask the trainee if they are aware if they have been involved in any investigated incidents or have been subject to complaint(s) in full scope of practice.

- d. Ask the trainee if they are being adequately supported during any investigation.
- e. Document discussion.
- f. Complete the revalidation question on clinical/educational supervisor report.

5.5 Responsibilities of the Local Education Provider (LEP)

- a. Advise the Revalidation Team of any trainee's involvement in investigated significant incidents/concerns using the Incident Notification Form using appropriate exception reporting processes.
- b. Advise the Revalidation Team of the outcome of any investigation(s).

5.6 Responsibilities of the ARCP Panel

- a. Panel Chairs to make sure they have adequately reviewed form Rs, full scope of practice when doing revalidation. If this has not been received, a review of the portfolio/ARCP outcome form should be arranged to determine whether there are any overall causes for concern. Advise the Revalidation Team if there is a concern and the Revalidation Team will then discuss with the RO and share with the employer if appropriate.
- b. Review Clinical/Educational Supervisor reports and e-Portfolio as appropriate.
- c. Review information submitted from the Revalidation Team.
- d. Panels should address any serious incidents/complaints/investigations and cross-check with the trainee's self-declarations on Form R Part B to see if the individual has declared. The ARCP Panel and relevant School should then pursue any discrepancies with the trainee where required and highlight to the relevant Teams including the RO.
- e. The ARCP panel then should note on the ARCP outcome form if there is a discrepancy between incidents declared by the trainee and those reported by the Revalidation Team and state if there are any outstanding concerns.
- f. If there are any unresolved concerns the revalidation team needs to be notified.