



## Revalidation FAQs: specialty practice and non-clinical roles

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### **Is there a required minimum number of clinical sessions that doctors must undertake in order to revalidate?**

No. The revalidation process does not dictate a set number of hours or clinical sessions in any field; it is based on a doctor's current practice. Appraisal and revalidation will take into account all areas of a doctor's professional work in the revalidation cycle, however small any one element may be. The appraiser should ensure that the breadth of supporting information supplied by the doctor represents the doctor's whole practice.

### **I work in a specialty, do I need to include general medicine for revalidation?**

General medicine is a physician specialty like any other, and if it forms any part of your practice then you will need to provide supporting information that demonstrates you are up to date and fit to practice in general medicine. Many elements of the supporting information are common to all physician specialties and so do not need to be duplicated for different fields of practice.

The revalidation process does not set a minimum amount of practice a doctor should do in general medicine or any other field; it is based on the existing scope of your current professional work.

### **I am retired and no longer treat patients. My practice is limited to writing medico-legal reports as an expert medical witness. Do I need to revalidate?**

There are different types of medico-legal report. Courts, tribunals, insurance companies and others may require that doctors they instruct do have a licence, and that they demonstrate that they are up-to-date in the relevant field by engaging in revalidation. These are matters that you should check with the organisations involved.

The Faculty for Forensic and Legal Medicine provides [further information on this issue](#).

### **I have retired from the NHS but continue to work in an independent/or voluntary capacity. Do I need to revalidate?**

Retired doctors may continue to work in many different capacities (such as advising pharmaceutical companies or legal firms, or carrying out voluntary work) and it depends upon whether you require a licence to practise to undertake any or all of the work that you do. You should speak to the organisation that you are working or volunteering for to ascertain whether that organisation requires you to hold a licence to practise. If you continue to treat patients you will require a licence.

If you do require a licence then you will have to revalidate in the same way as all doctors, linking to a designated body and responsible officer, participating in annual appraisal and collating a portfolio of

supporting information in relation to the work that you do. Maintaining CPD only will not be sufficient for revalidation.

If you are retired from medical practice completely, you can relinquish your licence to practise but maintain your registration with the GMC. This means that you do not have to revalidate, and it will show that you remain in good standing with the GMC.

Please see the GMC's [information on licensing](#) for further information.

**Please also see the question on non-clinical practice.**

**If I change specialty or start a new specialty mid-way through a revalidation cycle, will this affect my revalidation?**

Your licence to practise and the process of revalidation are generic and do not restrict you to working in a particular specialty or field of practice. Revalidation is about demonstrating that you are up to date and fit to practice in your current field(s) and across your full scope of work.

It is expected that some doctors may change the nature of their specialty work within the five years, and revalidation will not be affected by this. The types of information will remain the same but the detail of the supporting information will differ. You will need to provide detail of your practice changes and discuss these at your appraisal and start collecting supporting information in relation to your new area of practice.

If you wish to change or extend your scope of clinical practice, or return to a previous area of clinical practice then you may need to demonstrate that you are up to date in that field on re-entry. You should liaise with your responsible officer and appraiser; depending on the length of time you were away your employer may require some re-training and/or supervised practice upon your re-entry.

**How do I demonstrate that my skills and knowledge are up to date in my specialty?**

You should follow the [Supporting information for appraisal and revalidation: guidance for physicians](#) in order to show that you are keeping up to date in your practice for the purposes of revalidation.

Additional [revalidation resource guides](#) have also been developed for some physician specialties.

Your employer may have additional requirements as part of your employment contract, but these are not part of revalidation and will be managed as part of normal HR processes. However, this information may still be discussed at appraisal.

**I work across different specialties. How will revalidation work for me?**

If you work across different specialties you should still have one annual appraisal for revalidation which covers all your roles as a doctor. This is known as a 'whole practice appraisal' and will normally be undertaken through your designated body. The supporting information you bring to your appraisal should

reflect the full extent of your work as a doctor and so if you work across different roles and specialties you should collect information to represent all aspects of your professional work.

Please refer to the [Supporting information for appraisal and revalidation: guidance for physicians](#), which is applicable for all physicians regardless of specialty. The type of information required is the same for all areas of practice, however the detail of the supporting information will differ to reflect the context of the different specialties.

If you also work in a non-physician specialty you should also refer to the guidance from different medical royal colleges or faculties (although these share a common, core content). If you are working as a GP and as a specialist practitioner, for example, you will need to take into account the specialty-specific elements of the guidance set out by both the RCP and the RCGP, and your revalidation portfolio and appraisal will need to cover both areas of work.

If you are on the specialist register but are now working only in general practice you will not have to provide information in relation to your specialty practice if you are no longer actively practising in that field.

#### **I work in a management/leadership role. What should I do for revalidation?**

Your supporting information should cover all aspects of your professional work. For doctors working partly or wholly as a medical manager or leader, the Faculty of Medical Leadership and Management (FMLM) has produced [guidance on supporting information](#), in line with other royal college and faculty specialty guidance.

#### **I work in a non-clinical role / do not directly treat patients. How do I revalidate?**

If you hold a licence to practise, you will revalidate in the same way as doctors in clinical roles, and the supporting information you bring to appraisal will reflect your non-clinical role.

The GMC states that: *If you want to continue to hold a licence to practise, then you will need to revalidate like every other doctor who is licensed. However, you may not need a licence to practise if you don't carry out any clinical practice. If this is the case, you have the option of giving up your licence but maintaining your registration with us. This will show you remain in good standing with us. You can apply to have your licence restored if you need it at some point in the future because your circumstances change. Please remember, though, that by giving up your licence you will not be able to exercise any of the privileges associated with it. These include writing prescriptions, and signing death or cremation certificates. See [GMC website](#).*

If the type of activity that you are involved in could be related to patient care, you will need to confirm with your employing organisation whether you require a licence to practise. The term 'practice' refers to your professional work, clinical or non-clinical. This may include work with little or no patient contact, for example:

- interaction by correspondence, such as giving advice by telephone, email or letter
- requests for insurance medicals
- review of articles for a medical/specialty journal

- clinical skills lecturer
- exams.

While you may not be legally required to hold a licence in order to undertake certain practice, some organisations may insist that doctors working for them should revalidate, and you should check whether this is the case. It may also be advisable to check with your medical insurer or indemnifier if relevant, to see if you will need to be licensed in order to remain covered by them.

For further information please see the GMC's [information on licensing](#) and [relinquishing your licence](#).

### **I am planning to undertake a research/academic project. How will this affect my revalidation?**

If you wish to maintain your licence to practise while you undertake your project, you will need to revalidate. If you continue in clinical practice to any extent during this research, you should maintain your licence to practise.

You may choose to temporarily relinquish your licence to practise if you are not undertaking clinical work, and if you are not required by your employer to hold one to undertake your research. In this case you will still remain on the GMC register and can pick up your licence on return to clinical work. For further information please see the [GMC website](#).

The Universities and Colleges Employers Association (UCEA) has published [appraisal guidance for clinical academics](#).

Doctors undertaking revalidation in relation to research or other academic activity should follow the principles set out in the report by Professor Sir Brian Follett and Michael Paulson-Ellis, also known as [the Follett principles](#).

Recommendations from the report that relate to appraisal and revalidation include:

- Universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants, to meet the needs of both partners. The process should:
  - involve a decision on whether single or joint appraisal is appropriate for every senior NHS and university staff member with academic and clinical duties
  - ensure joint appraisal for clinical academics holding honorary consultant contracts and for NHS staff undertaking substantial roles in universities
  - define joint appraisal as two appraisers, one from the university and one from the NHS, working with one appraisee on a single occasion
  - require a structured input from the other partner where a single appraiser acts
  - be based on a single set of documents
  - start with a joint induction for those who will be jointly appraised.
- Associated universities and NHS bodies should jointly prepare a formal agreement on the procedures for the management of poor performance and for discipline to be followed for senior

NHS and university staff members with academic and clinical duties. As a minimum, these procedures should:

- ensure joint working in the process from the time implementation of it is first contemplated
- specify which body is to take the lead in different types of cases
- ensure suitable cross membership of disciplinary bodies
- be expeditious.

**I practise in sport and exercise medicine but do not connect to a designated body. How do I revalidate?**

Please see question under 'revalidation' on 'I do not have a designated body'.

The Faculty of Sport and Exercise (FSEM) medicine provides [appraisal services](#), and information on supporting information and CPD. There is a charge for non-members to access appraisals.