



Revalidation FAQs: independent, locum and part-time practice

I work both in the NHS and an independent hospital. Which is my designated body and how do I revalidate?

If you are employed in both and a majority of your practice is the NHS organisation, then your designated body is the NHS hospital. If you work for a majority of the time in an independent hospital, then your designated body is the independent hospital. The GMC states that if you are an employee of both organisations your connection will be with the organisation where you spend the majority of your practice.

If you are employed as a consultant in the NHS and also have practising privileges with a private hospital, your designated body is the NHS organisation. While you work in two organisations, a contract of employment takes priority over your practising privileges for the purposes of your connection for revalidation.

See [GMC website](#).

Please note that you are responsible for obtaining and presenting supporting information in relation to your minority areas of practice for discussion at appraisal with your majority employer.

The Independent Healthcare Advisory Services has produced [guidance on whole practice appraisal](#).

I am a palliative medicine specialist in the NHS but spend some of my time working for an independent hospice. What is my prescribed connection?

Each doctor can only have one prescribed connection. In the majority of circumstances, the prescribed connection is where the doctor does most of their clinical work. However, if you are employed by an NHS organisation, and work for the hospice for contracted sessions, your prescribed link will be to the NHS organisation and its responsible officer (RO), even if your hospice work constitutes the majority of your time.

Virtually all independent hospices will be classified as designated bodies and are thereby obliged to appoint an RO. If you are not contracted by an NHS organisation, the hospice RO will be responsible for your revalidation. You should contact them at the earliest opportunity.

Wherever you hold your appraisal, you should ensure that your whole practice is comprehensively described in your scope of work information and catalogues the time you spend on NHS work and hospice work. You will be required to ensure that information is available to your appraiser from both your places of work.

www.helpthehospices.org.uk

I work in the independent health sector/private practice. How do I revalidate?

You will revalidate in the same way as doctors working within the NHS. You will need to have a prescribed connection to a designated body and responsible officer, participate in annual appraisal with a suitably trained appraiser, and collate a portfolio of supporting information to bring to your appraisals.

Some independent organisations might not conduct appraisals. You should find alternative routes to an annual appraisal but this may incur a fee.

The Independent Doctors Federation has appointed a Responsible Officer for doctors without a prescribed connection to an NHS RO:

[Visit the Independent Doctors Federation](#)

The Federation of Independent Practitioner Organisations also offers an appraisal service:

[Access The Federation of Independent Practitioner Organisations \(FIPO\) website](#)

Doctors working in both the NHS and independent sector need to ensure that their appraisal for revalidation covers all areas of practice. The Independent Healthcare Advisory Services has produced guidance on [whole practice appraisal](#) for doctors working in the independent sector.

I am a locum doctor and work in different settings. How do I revalidate?

Annual appraisal for locum doctors will be carried out by the organisation assigned as your designated body, with which you have a prescribed connection (eg locum agency, NHS organisation or other healthcare provider) and will cover your 'whole practice'.

Responsible officer regulations specify that a locum doctor registered at more than one agency (but without an NHS employer) has a prescribed connection to the agency with which they have done the most work in the previous calendar year. If you are employed by the NHS and also as a locum you should confirm that your designated body is with the NHS organisation, depending on your contract of employment.

For those working outside the NHS, a number of independent healthcare providers and locum agencies are designated bodies and some provide appraisal services, though not all. A full list of current [designated bodies](#) is available on the GMC website.

The Revalidation Support Team has produced a short [Briefing for Locum Doctors](#), to advise locum doctors on:

- how to find a responsible officer
- how their appraisals should be conducted
- how to collect appropriate supporting information
- arrangements for locum doctors working or living abroad.

If you work within a number of organisations, you will need to bring supporting information to your revalidation appraisal that covers all areas of your practice, including comprehensive details of each role. You are the person responsible for collecting this information and bringing it to your appraisal for discussion. See the Independent Healthcare Advisory Services guidance on [whole practice appraisal](#).

NHS Employers has encouraged all employers to provide data in relation to their locums' practice. It is your responsibility to ensure that information is transferred between organisations appropriately, and ROs should work with the agencies and independent doctors to agree local arrangements for information sharing. Locum doctors will be issued a revalidation date by the GMC and will carry this with them into every organisation they work for. See the [NHS Employers Revalidation FAQs](#) for further information on working across organisations.

In Scotland there is ongoing discussion with ROs to identify a robust process whereby locum doctors can provide supporting evidence from their locum appointments. This may include asking the locum doctor to obtain sign-off from the employer confirming that there have been no untoward events or incidents involving the doctor.

If I take a short career break (for example maternity leave), how will this affect my ability to revalidate?

Your ability to revalidate should not be affected if you take a short career break within a five year revalidation cycle. Our understanding from the GMC is that you will be expected to revalidate at the usual point in your five year cycle on the basis of the supporting information you have collected and appraisals that you have attended within this time period. If you have been unable to collect sufficient supporting information for your appraisal, your responsible officer (RO) may recommend a deferment of your revalidation to the GMC, in order to allow you to collect additional information.

It is expected that doctors will want to take career breaks within their revalidation cycle, and there is flexibility in the process to manage this. If you do plan a break you should manage your appraisals around that break as far as possible, so that you do not miss an appraisal prior to going on leave. A 'return to work' appraisal may also be required by your employer. Some of the supporting information is required over the five year cycle, not annually, so again this may be able to be managed around the career break. You should speak to your appraiser and RO to develop an agreed approach. It is advisable to try to keep your CPD in your clinical areas up to date even if not actively practising, ie by attending specialist meetings or using distance learning.

The Academy of Medical Royal Colleges has now drawn on various sources to produce guidance on return to practice, [access the Academy of Medical Royal Colleges' guidance](#).