

F2 Doctors not entering a higher training programme

Introduction

This revalidation guidance is aimed at F2 doctors who are choosing not to enter the training workforce (e.g. GPVTS, Speciality), but choosing instead to remain in the UK, perhaps working for locum agencies for a period, or working for Higher Educational Institutions (HEIs) full time. Those doctors who choose to work as Clinical or Teaching Fellows employed directly by Acute Trusts would generally fall under the employer's appraisal processes.

Revalidation Requirements

This applies to ALL UK doctors.

In order to remain on the GMC register as a practicing doctor, over the five-year revalidation cycle, a doctor must demonstrate that:

1. There has been an annual appraisal that covers whole scope of practice;
2. The doctor has engaged in and reflected upon CPD relevant to their current practice at a volume appropriate to them (generally regarded as c.50 hours per annum, though the GMC does not specify a minimum nor a maximum – what is regarded as reasonable, both in terms of content and volume, is for you and your appraiser to agree)
3. The doctor has undertaken at least one quality improvement activity (a completed audit cycle is an example) in the 5 years since previous revalidation;
4. The doctor has completed at least one 360-degree peer feedback in the 5 years since previous revalidation
5. The doctor has completed at least one patient feedback in the past 5 years since revalidation (unless you are a trainee on a recognized training programme, in which case you are exempt)
6. The doctor has reflected upon any serious untoward events (defined by the GMC as any event that may have caused, or had the potential to cause, harm to a patient). The GMC's current recommendations on reflection, agreed with COPMeD and AoMRC, may be accessed here.
7. The doctor has reflected upon any complaints and/or compliments.

Designated Bodies (DBs) and Responsible Officers (ROs)

Every doctor wishing to practice in the UK must link to a DB. This is generally the employer for whom they work the most. So, if you are employed by the Trust, it will be the Trust, and your RO will be (usually) the Trust's Medical Director. If a locum agency, then the agency's RO (usually the Medical Director). ROs have statutory requirements defined by the GMC and must be medically qualified. It is up to you to link to the appropriate DB. The GMC website shows the hierarchy of linking, and may be accessed here <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/introduction-to-revalidation>

If you are working as a Clinical Teaching Fellow for Newcastle University, we have agreed a special working relationship where you will link with HEE NE, and your RO will be the Postgraduate Dean, currently Professor Kumar.

Revalidation Cycles

As an F2 doctor, you are currently linked to HEE NE as your DB. Your RO is Professor Kumar. This occurred automatically when you transitioned to full registration (completion of F1). Therefore, you have completed one year of your next five-year cycle, and all things being equal, your next revalidation date will be four years hence. When your F2 contract finishes, unless you start run through training in HEE NE, you will automatically be disconnected from HEE NE, and you will need to reconnect to an appropriate DB.

Appraisal

Your appraisal should cover the following six domains:

1. CPD
2. QIA
3. Colleague Feedback
4. Patient Feedback
5. Serious untoward incidents
6. Complaints and compliments.

QIA, colleague and patient feedback only need to be completed once per five years Colleague feedback is usually an annual part of all training schemes (as is QIA), the ARCP process substituting for appraisal. Patient feedback is part of some training curricula, but not all. If you are part of a recognised training programme, the GMC only expect you to participate fully in ARCP, and do not expect additional material to be submitted solely for the purposes of revalidation.

The GMC and NHS England have an agreed appraisal form, termed the MAG-4, which has been developed for ad hoc use, is self-explanatory and accepted by all ROs for the purpose for which it has been developed. It may be accessed [here](#). It is free to download and use. Your appraisal should be undertaken by a trained appraiser, usually a senior doctor, who will need to sign the document. You may have to pay for this, a fee of up to £500 per appraisal is fairly standard in the private sector you may be able to find a trained appraiser who will do it for free as a professional courtesy. You should keep a copy and be able to produce it if asked to do so by your next employer or RO. Failure to produce it may result in the RO being unable to make a revalidation recommendation.

Revalidation Recommendations

An RO makes one of three recommendations, based on a view formed from five years of appraisal outputs, to the GMC. It is the GMC who revalidates:

1. Recommend revalidation
2. Defer
3. Non-engagement

Deferral is a neutral act. It means the RO has insufficient information on which to make a revalidation decision. For instance, appraisals may be missing. Or the doctor has not provided evidence of patient feedback, which is a statutory requirement unless you are exempt. Deferral allows additional time for the doctor to acquire and provide the required information.

Non-engagement is where the doctor has failed to engage with the appraisal and revalidation process, such that the RO does not have the information to make a recommendation. This will generally follow a period of deferral where the doctor has persistently failed to engage. Clearly it may lead to loss of licence. This only happens rarely.

Whole Scope of Practice

Your appraisal should cover your whole scope of practice, which includes any area of work, including paid, unpaid, charity, volunteering, where you use your medical degree. In each of these roles you should provide evidence that you are fit to practice. Your appraiser should explore each of these roles with you and ask to see the evidence you have provided. If you cannot provide it, this may become one of your learning outcomes for the year ahead.

Summary of what you need to do:

1. Link with your DB
2. Undertake annual appraisal. Use the MAG-4 form if you are not signed up to a system provided by your employer
3. Keep the appraisal outputs
4. Be able to produce the appraisal outputs if asked to do so by your next employer.