REVALIDATION **GUIDE FOR SURGERY**

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Federation of Surgical Specialty Associations | The Royal College of Surgeons of Edinburgh
The Royal College of Surgeons of England | The Royal College of Physicians and Surgeons of Glasgow

This document brings together key information on current revalidation requirements and processes in all four nations of the United Kingdom and aims to answer some of the most frequently asked questions about surgical revalidation. The guide presents the requirements of revalidation (at the time of publication) and will be subject to change as the GMC, the Department of Health, the surgical royal colleges and other partners update and amend their guidance.

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1. What is revalidation?

Revalidation is the process by which licensed doctors demonstrate to the GMC that they remain up to date and fit to practise. This process normally takes place every five years.

The purpose of revalidation is to improve the quality of patient care and support patient safety. It is also intended to encourage and strengthen continuous professional development and reinforce systems that identify doctors who encounter difficulties and require support.

Revalidation is underpinned by dedicated legislation, called the Medical Profession (Responsible Officers) Regulations 2010. The regulations came into effect in January 2011 and were amended in 2012 to reflect system changes introduced by the Health and Social Care Bill. The regulations were approved by the Secretary of State for Health in October 2012 who then authorised the revalidation process to begin in December 2012.

2. Who needs to be revalidated?

All doctors holding a licence to practise will need to be revalidated every five years in order to retain their licence.

3. Revalidation process

The renewal of a doctor's licence will happen every five years but the process of revalidation is one of continual activity revolving around annual appraisal. Annual appraisal is overseen by a senior doctor in each trust, called the responsible officer. At the end of the five-year cycle, the responsible officer will take into account the information from the previous five appraisals and make a recommendation to the GMC about whether the doctor should be revalidated or not. The final decision for revalidation lies with the GMC.

4. Designated bodies

What is a designated body?

Every surgeon should have a prescribed connection to a trust or an organisation that will provide a responsible officer and will support them with their appraisal and revalidation. Such organisations are designated bodies.

According to the Medical Profession (Responsible Officers) Regulations 2010, designated bodies can be broadly summarised as: organisations that provide healthcare, organisations that set standards and policy for the delivery of healthcare, and some

specialist organisations that employ or contract with doctors. All designated bodies are expected to have a responsible officer in place.

The designated body is responsible for:

- appointing a responsible officer who will make revalidation recommendations for all doctors with a prescribed connection to that designated body
- appointing adequate numbers of trained appraisers
- providing effective appraisal systems and processes
- ensuring that annual appraisals are taking place
- ensuring that there is access, storage and transfer of appropriate information for doctors and between organisations and external bodies involved in the doctor's appraisal
- having a policy in place for raising and responding to concerns around doctors' clinical performance that might jeopardise patient safety.

How do I find my designated body?

For surgeons, the designated body is normally the organisation where they are employed or contracted.

- If you are employed by an NHS organisation, your designated body will be your employer.
- If you are employed by an NHS organisation and an independent organisation your connection will be with the organisation where you spend the majority of your practice.
- If you are employed by an NHS organisation and a university, your designated body will be your NHS employer. Universities are not designated bodies, but NHS organisations are.
- If you are a locum surgeon in England employed by an agency that is part of the Government Procurement Service framework, your designated body will be your agency.
- If you are a locum surgeon in England employed by a non-Government Procurement Service framework agency, your designated body will be the nearest NHS England area team [NB See section 11 of this guide for more information on locums.]
- If you are a locum surgeon in Scotland or Wales, your designated body is the health board that covers the geographical area of your registered address.
- If you are a locum surgeon in Northern Ireland, your designated body is the health and social care trust in which you hold a contract of employment.
- If you are employed entirely in independent practice, the Federation of Independent Practitioner Organisations and the Independent Doctors Federation have appointed a responsible officer for doctors without a prescribed connection and offer appraisal services against a fee. The GMC can also accept recommendations for doctors made by 'suitable persons' on behalf of doctors who do not have a responsible officer [NB. See section 6 of this guide on the role of the Suitable Person].

- If you are a doctor in training in England your designated body is your Local Education and Training Board (LETB) unless your training programme is managed by the Defence Postgraduate Medical Deanery – then your designated body will be that deanery. If you are a doctor in training in Wales, your designated body is the Wales Deanery, if you are in Scotland it is NHS Education for Scotland (NES), and in Northern Ireland it is the Northern Ireland Medical and Dental Training Agency [NB. See also section 12 of this guide for more information on Trainees].

The GMC has contacted all licensed doctors with an information pack to help them find and confirm their designated body. If you have not been contacted, please contact the GMC (contact details are provided in section 14 of this guide). In case you are unsure of your designated body, the GMC has also provided an online tool that can serve as a guide.

5. Appraisal

Good appraisal

A good appraisal for the purposes of revalidation is underpinned by the following principles:

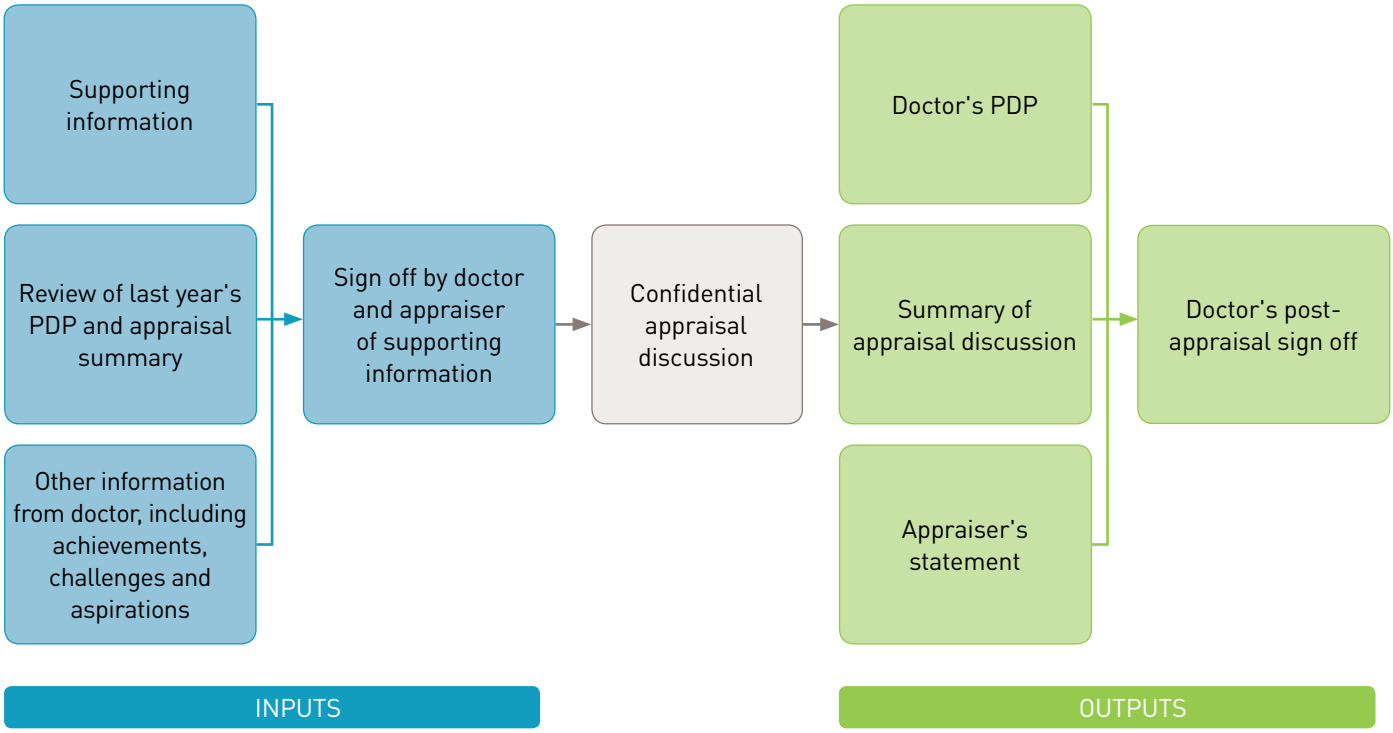
- It is annual
- It takes into account and discusses the following six types of supporting information collected by the surgeon:
  1. Continuing professional development (CPD)
  2. Quality improvement activity
  3. Significant events
  4. Feedback from colleagues
  5. Feedback from patients
  6. Review of complaints and compliments

NB. The required content for the above types of supporting information is set out in the GMC's guidance Supporting Information for Appraisal and Revalidation. This guidance has been specified for the needs of surgery by the surgical royal colleges and specialty associations in Surgery Guidance on Supporting Information.

- It meets the standards of the GMC's Good Medical Practice Framework for Appraisal and Revalidation.
- It includes both a formative element, revolving around the surgeon's professional development, and a summative element, assessing the performance of the surgeon since the last appraisal.
- It takes account of a doctor's whole practice and conduct. If a surgeon provides services in more than one organisation, e.g. NHS, independent practice or a university, then a single appraisal should be carried out. This appraisal will need to cover all aspects of the surgeon's practice.

Appraisal process

The NHS Revalidation Support Team in England has summarised the appraisal process in the diagram below.



National variations in appraisal

Appraisal systems have been developed on a country-by-country basis through the national revalidation delivery boards, rather than centrally by the GMC.

- In England, appraisal systems vary based on trusts' local arrangements but are all underpinned by the Medical Appraisal Guide developed by the NHS Revalidation Support Team.
- In Scotland, all NHS Scotland Health Boards are using the Scottish Online Appraisal Resource (SOAR), a uniform online system for appraisal.
- In Wales, the majority of Health Boards are using the Medical Appraisal Revalidation System (MARS), which is well established in primary care and has been adapted for the purposes of secondary care.
- In Northern Ireland the Department of Health, Social Services and Public Safety provides information on appraisal and appraisal forms.

Appraisers

Appraisers are appointed by designated bodies based on a set of core competencies, such as the ones set out in the NHS Revalidation Support Team's guidance Quality Assurance of Medical Appraisers.

Appraisers also need to be trained by designated bodies against a set training specification, such as the Training Specification for Medical Appraisers in England from the NHS Revalidation Support Team. In Scotland, appraiser training has been delivered by NHS Education Scotland (NES).

Appraisers can be doctors of any non-training grade or medical specialty. This means that a surgeon may be appraised by an SAS surgeon or by a doctor of a different medical specialty, although it is expected that the specialty of the appraiser and the appraisee will be matched wherever possible. It is, however, essential that the appraiser is properly trained and understands the requirements of supporting information for surgical appraisal.

6. Responsible officer

The role of the responsible officer

The responsible officer is a senior clinician employed by a designated body whose main responsibility is that of making revalidation recommendations at the end of a five-year revalidation cycle for all doctors who have a prescribed connection to them.

Other responsibilities of responsible officers are:

- ensuring that appraisal systems are in place and are carried out regularly
- ensuring that a process for responding to concerns is in place in their designated body and that proper action is taken when concerns arise
- ensuring that doctors comply with potential conditions imposed by the GMC.

In England, the responsible officer has the following additional responsibilities:

- ensuring that doctors have appropriate qualifications and references upon their entry into employment in their designated body
- added responsibilities around checking doctors' language competence.

Like any other doctor with a licence to practise, the responsible officer also needs to be revalidated every five years.

Who will be my responsible officer?

Your responsible officer will be identified through the designated body to which you are connected.

In most designated bodies, the responsible officer is the medical director. The NHS Revalidation Support Team has confirmed that when the surgeon has concerns over appearance of bias from the responsible officer that may prevent an impartial or objective evaluation, a second responsible officer will be appointed.

Responsible officer recommendations

The GMC guidance Making revalidation recommendations: the GMC responsible officer protocol describes that responsible officers have the ability to make three types of recommendation at the point when a doctor's revalidation is due:

1. A positive recommendation that a doctor should be revalidated.
2. A request for a doctor's revalidation date to be deferred (eg, when the doctor needs more time to collect supporting information). The guidance allows for only one deferral per doctor in each revalidation cycle. If a further deferral is deemed necessary, this would have to be discussed with the GMC.
3. A notification for non-engagement, which can result in the GMC withdrawing a doctor's licence to practise through existing processes for administrative removal. The doctor will have 28 days in which to appeal once notified of the GMC's intention.

Responsible officers who become aware of concerns about a doctor's fitness to practise at any point in the revalidation cycle are required to follow existing GMC processes for raising concerns.

A set of template statements and criteria for the three recommendation categories is also provided in Making revalidation recommendations: the GMC responsible officer protocol.

The role of the 'suitable person'

A small number of doctors who practise in the UK will not have a statutory connection to a designated body or responsible officer (eg surgeons who are involved exclusively in private practice but their practice or organisation does not meet the criteria of a designated body). So far the route for revalidation for most of the doctors has been through the Independent Doctors Federation or the Federation of Independent Practitioner Organisations.

In addition to these two options, the GMC has introduced a new role in revalidation called a 'suitable person' with the responsibility of making recommendations for those doctors without a responsible officer. According to GMC regulations a suitable person can be either an existing responsible officer or a person who holds a post in an organisation which includes responsibilities similar to that of a responsible officer. The GMC will need to approve anyone acting as a suitable person through an application process and set criteria, even if they are an existing responsible officer. Suitable persons will need to be

approved for each new connection to a doctor on a case by case basis. All guidance and instructions for responsible officers also apply to suitable persons.
The GMC has provided information on how to find a suitable person and have produced a list of GMC approved suitable persons for specific groups of doctors (http://www.gmc-uk.org/doctors/revalidation/20386.asp).

7. Revalidation standards

General revalidation standards

Doctors will be revalidated based on what they do in their current practice, which may not necessarily be in the specialty that they registered with the GMC.

The GMC expects all doctors, regardless of grade or specialty, to be assessed against one generic framework of revalidation standards, called the Good Medical Practice Framework for Revalidation and Appraisal. The framework is based on the GMC document Good Medical Practice and will be applied as necessary to the individual doctor.

Any variance between medical specialties will be reflected in different sets of supporting information for revalidation. The generic supporting information for all doctors is set out in the GMC's Supporting Information for Appraisal and Revalidation. The supporting information for surgeons can be found in Surgery Guidance on Supporting Information.

Standards for doctors who will be revalidated for the first time

In the first revalidation cycle, which launched in December 2012, doctors will be asked to be revalidated before the completion of the full five years of a normal revalidation cycle.

Recognising that during this first cycle doctors may not have the opportunity to collect supporting information spanning more than one or two years, the GMC has developed guidance, How doctors can meet the GMC's requirements for revalidation in the first cycle, which allows a revalidation recommendation to be made based on a proportionate amount of supporting information arising from at least one appraisal which had Good Medical Practice at its focus, covered all medical practice of the doctor and was conducted in the previous 12 months before the revalidation recommendation.

8. Supporting information for surgical revalidation

The GMC has set basic guidance on Supporting Information for Appraisal and Revalidation. Many types of information set out in the guidance are generic and apply to all doctors, eg probity and health statement. However, information relating to continuing professional development (CPD) and quality improvement activities are different for each medical

specialty and need supplementary guidance. For those types of information the royal surgical colleges have worked with the Academy of Medical Royal Colleges and surgical specialty associations to produce specialty-specific Surgery Guidance on Supporting Information.

A process and mechanism for conducting colleague and patient feedback exercises should be organised by the employer. The GMC has developed a set of Colleague and Patient Feedback Questionnaires with instructions on how to administer the questionnaires and how to interpret results. The surgical royal colleges and specialty associations have written Guidance on Colleague and Patient Feedback which outlines the key requirements and support available.

Continuing professional development

The surgical royal colleges and specialty associations have written a CPD Summary Guide for Surgery which includes a CPD checklist which can be used as an aid during appraisal discussions. Surgeons should record the CPD they do in a consistent and structured way and meet some minimum requirements:

- You should collect a minimum of 50 credits per year = 250 credits every 5 years
- 1 credit = 1 hour of CPD
- CPD programme should be set and reviewed at appraisal.
- CPD should be recorded against the following categories. No minima or maxima will be applied in any category but CPD should be balanced.

	Internal	External	Personal
Clinical			
Academic			
Professional (including managerial)			

Every surgeon's practice is different and you will need to undertake your own programme of CPD as described in your personal development plan. It is your professional responsibility to undertake CPD and you will need to plan a balanced programme with your appraiser.

You do not need to submit your CPD records to the College for certification but instead discuss what you did with your appraiser. You can do this by using the Surgeons' Portfolio to record and report on your CPD activity.

Outcomes

The measurement of clinical outcomes of care is complex with several different methods available:

- National clinical audits specifying your outcomes
- Outcomes derived from routinely collected data, eg hospital episode statistics

- National clinical audits specifying the surgical team/unit's outcomes
- Local audit of outcomes
- Structured peer review of outcomes

The surgical specialty associations have written Outcomes Framework Guidance for Revalidation for each specialty to provide guidance on how outcomes should be measured in each specialist area of practice. Some of these measures depend on robust data systems and processes by Trusts which are not always available. For these cases, the Framework Guidance provides alternative ways for collecting and demonstrating surgical outcomes at appraisal. The surgical royal colleges are working with the NHS Information Centre to improve trusts' systems to allow access to data and correct attribution but, in the meantime, wherever those data are available they should be taken into account in your appraisal. The Surgeon's Portfolio also contains a logbook which can serve as a way of manually collecting data on your activity.

9. Revalidation timeline

Launch of Revalidation

Following the Secretary of State's decision for the enactment of the revalidation legislation in October 2012, revalidation began in December 2012. This means that every doctor has a legal duty to participate in the revalidation process in order to retain their licence to practise.

When will I be revalidated for the first time?

Surgeons will normally be revalidated at the end of a five year cycle, but in the introductory phase of revalidation, some surgeons will be required to revalidate sooner.

Revalidation implementation schedule
April –September 2012: The GMC contacted all licensed doctors with an information pack to help them find and confirm their designated body by opening a GMC Online Account.
December 2012: Revalidation began.
March 2013 (year 0): Most responsible officers were revalidated, and most licensed doctors should have received notice of the date of their first revalidation by the GMC.
March 2014 (year 1): At least 20% of doctors will be revalidated with all designated bodies to have begun the revalidation process.
March 2016 (year 3): All licensed doctors to have been revalidated for the first time (ie approximately 40% per year for years 2 and 3).
March 2018 (year 5): End of the first revalidation cycle.

Surgeons will be notified by the GMC approximately 6 months in advance of when their revalidation date is due (and no later than 3 months in advance for the first cohort of doctors to be revalidated).

10. What do I need to do?

- If you have not already done so, confirm your contact details with the GMC through the contact number in section 14 of this guide, or by setting up a GMC Online Account. This will allow you to confirm your designated body and responsible officer and check that your details are correct.
- Identify your appraiser and familiarise yourself with the local appraisal systems and processes, and schedule an appraisal.
- Familiarise yourself with the GMC's How doctors can meet the GMC's requirements for revalidation in the first cycle, Surgery Guidance on Supporting Information and Surgical Revalidation Checklist.
- Check that relevant supporting information is in your files (eg CPD for all areas of your activity, outcomes and audit data where those are available, compliments, complaints). You can use the Surgeons' Portfolio to store all of your supporting information.
- Collect information in support of any other clinical work you may have undertaken (eg independent practice) as well as information in support of any non-clinical work you may have undertaken (eg management or research).
- Undertake a colleague and patient feedback exercise. Your employer should be able to organise this for you. The surgical royal colleges and specialty associations have written Guidance on Colleague and Patient Feedback which outlines the key requirements and support available.
- Review your appraisal documentation from the last year:
  a. If there are elements from your personal development plan (PDP) which have not been achieved, identify reasons for this and record them.
  b. If there are changes to your job plan or professional work you need to document them and confirm that you have undertaken some CPD in those areas.

11. Surgeons with various types of clinical practice

Working abroad

If surgeons continue to hold a licence to practise while practising abroad, they need to be revalidated as every other surgeon working in the UK. This means that they need to connect to a UK organisation and responsible officer to support them with their appraisal and revalidation.

However, the GMC suggests that if doctors practise entirely outside of the UK they may not need a UK licence to practise and may decide to give it up. In this case, doctors will maintain their registration without a licence, which will indicate that they are in good standing with the GMC. Doctors can apply to have their licence restored if they need it in the future. More information about giving up and restoring licence is available on the GMC's website under Applying for restoration to the register

Independent practice

Surgeons who work solely in independent practice need to be revalidated in the same way as surgeons working in the NHS. They will have to maintain a portfolio of supporting information and participate in annual appraisal. Surgeons who work in independent practice have a responsibility to arrange their appraisals. They also need to link to a responsible officer and confirm to the GMC their prescribed connection if they are not part of an NHS organisation or other designated body.

Surgeons who work in independent practices/organisations that do not have the status of a designated body and do not conduct appraisals, can contact the Independent Doctors Federation (www.idf.uk.net) and the Federation of Independent Practitioner Organisations (www.fipo.org), which have appointed a responsible officer for doctors without a prescribed connection and offer appraisal services against a fee. They can also contact an eligible 'suitable person' approved by the GMC [see section 6 of this guide].

Mixed NHS and independent practice

Each surgeon can only have one prescribed connection to a designated body and responsible officer. In the majority of circumstances, the prescribed connection is where the surgeon does most of their clinical work. If a surgeon is an employee of both the NHS and an independent practice their connection will be with the organisation where they spend the majority of their practice. If a surgeon works in both the NHS and independent practice but only has an employment contract with the NHS, the NHS trust will be their designated body. Wherever the appraisal is carried out, it should be comprehensive and account for the surgeon's whole practice, including both independent and NHS work. Surgeons are required to ensure that information is available to their appraiser from both places of work.

Surgeons involved in managerial roles

Surgeons who are involved in senior management roles in their trust but still maintain a limited amount of clinical work should be revalidated based on what they currently do in the whole of their surgical practice, both clinical and non-clinical. The GMC confirms that in such cases, surgeons who undertake a limited amount of clinical work need to be able to show that they are meeting the standards of Good Medical Practice across the breadth of the clinical work that they do.

Academic clinicians

Surgeons who work in both academic and clinical roles need to be revalidated based on supporting information from all aspects of their work, both academic and clinical, and show that they are meeting the Good Medical Practice standards across the breadth of the work that they do. Academic clinicians will be required to have a joint appraisal between the organisation where they hold an honorary contract and the employing medical school, covering the full spectrum of the work that they do. The designated body for academic clinicians is their NHS employer.

Non-clinical practice

Surgeons who want to continue to hold a licence to practise need to be revalidated like every other doctor who is licensed. However, the GMC emphasises that doctors may not need a licence to practise if they don't carry out any clinical practice. If this is the case, they have the option to give up their licence but maintain their registration. A licence can be restored later in the future if a doctor's circumstances change. Surgeons need to keep in mind that by giving up their licence they will not be able to exercise any of the privileges associated with it, including writing prescriptions and signing death or cremation certificates. More information on relinquishing and restoring a doctor's licence to practise is available through the GMC website, as indicated in the reference section of this document.

Medico-legal work

All surgeons who want to continue to hold a licence to practise need to be revalidated like every other doctor who is licensed. The GMC advises that doctors who carry out exclusively medico-legal work should check the requirement for holding a licence to practise with those who instruct them. There is no legal requirement for doctors to hold a licence in order to provide medico-legal advice. However, it may be part of a contractual requirement and even if there is no contractual requirement, insurers, organisations and patients may still want doctors to have a licence to show that they are up to date.

Portfolio careers/multiple types of practice

Many surgeons have portfolio careers. It is important that revalidation covers all components of their work, both clinical and non-clinical, and across all organisations where they may be working.

Staff and associate specialist surgeons

Whether or not a surgeon is on the specialist register, the revalidation process and standards will be the same as for all surgeons. Therefore, SAS surgeons are required to demonstrate that they are practising to the standards set by the GMC in the Good Medical Practice Framework for Appraisal and Revalidation. Revalidation for all doctors is rooted in the evidence of their actual practice, and the information they provide will reflect what they actually do as a surgeon. The surgical colleges and specialty association have written a Revalidation Guidance for SAS surgeons. This guidance identifies the key challenges for SAS surgeons in revalidation and brings together relevant policy, guidance and tools to assist SAS surgeons with their revalidation.

Locum surgeons

In England, locum agencies on the Government Procurement Service framework are identified as designated bodies under the responsible officer regulations. These agencies need to appoint a responsible officer and provide appraisal services. Locum surgeons who are employed by such an agency should be revalidated through their agency. For those who are employed by more than one agency which is part of the above framework, the designated body is the agency where they carried out most of their clinical work during the previous calendar year. The small number of locum surgeons who are not employed through an agency on the framework, should be revalidated through the NHS England area team which is the shortest distance from their GMC registered address. In Scotland and Wales, the designated body for locum surgeons is the health board which covers the geographical area of their registered address. In Northern Ireland, the designated body for locum surgeons is the health and social care trust in which they hold a contract of employment.

The nature of locum work may require the surgeon to work in a number of different organisations during the revalidation cycle. Appraisal and revalidation need to be based on surgeons' whole practice, which means that the locum surgeon has to collect supporting information that covers all areas of practice in the organisations he or she has worked for during the revalidation cycle. The NHS Revalidation Support Team has written a Briefing for Locum Doctors which explains how locums can collect appropriate supporting information and how their appraisals should be conducted.

Part-time work

Surgeons who work part time still need to produce a full portfolio of supporting information and fulfil the same CPD requirements as full-time colleagues.

12. Trainees

Revalidation requirements for trainees

The recommendation for trainees' revalidation is based on the annual review of competence progression (ARCP), and will include an exit report confirming that the trainee has not been involved in any serious untoward incident investigation, or named in a complaint. The supporting information required for revalidation is covered as part of the surgical curriculum and training programme, which trainees produce as a matter of course during their training. It is important to note that trainees do not need to collect CPD credits for revalidation as their training is, by nature, developmental.

Revalidation timing

The point at which trainees are revalidated will depend on how long their training lasts. If it lasts less than five years, then their first revalidation will be at the point they become eligible for CCT. If their training lasts longer than five years, their first revalidation will be five years after they gained full registration with a licence to practise.

The GMC confirmed the schedule for trainees' first revalidation as follows:

CCT status	First time to be revalidated
Expected between 1 April 2013 and 31 March 2018	At point of eligibility of CCT
Expected after 31 March 2018, or expected CCT date not specified	Between 1 April 2016 and 31 March 2018 (the RO can bring forward the revalidation date to align with the expected CCT if required)

Responsible officer for trainees

If you are a doctor in training in England your designated body is your Local Education and Training Board (LETB) unless your training programme is managed by the Defence Postgraduate Medical Deanery then your designated body will be the deanery. In Scotland, the designated body will be NHS Education for Scotland (NES), and the responsible officer will be the NES medical director. In Wales, the responsible officer is the postgraduate dean of the Wales Deanery. In Northern Ireland, the responsible officer is the postgraduate dean of the Northern Medical and Dental Training Agency (NIMDTA).

13. Special circumstances

When things go wrong

Most problems identified during the appraisal process will be minor and should be dealt with locally, starting with a discussion between the surgeon and the appraiser and followed by the development of an action plan and a review at the next appraisal or sooner if required. If the problem is persistent then more formal remedial action may be required. If a serious issue arises this could be referred straight to the GMC's fitness-to-practise processes.

Employers are expected to have local remediation policies and procedures in place for dealing with concerns about doctors' practice. These are aimed at early intervention to ensure patient safety and avoid more formal disciplinary or regulatory action where appropriate. It is the responsibility of the responsible officer to ensure that such procedures are established and implemented in each organisation. The GMC has published the guidance document Raising and Acting on Concerns about Patient Safety which sets out its expectations about the appropriate actions in response to concerns about patient safety. The NHS Revalidation Support Team and NHS Employers have published the guidance documents Supporting Doctors to Provide Safer Healthcare, and Staying on course: supporting doctors in difficulty through early and effective action to help responsible officers and employers enact their statutory duty.

Return to practice after a period of absence for reasons other than performance concerns

There are circumstances when a surgeon may be away from clinical practice for a period of time not because of performance concerns but instead due to a career break, sickness or maternity leave, or a desire to change his or her scope of practice. If the period of absence is not significant, surgeons will normally be expected to collect the required supporting information over the remainder of the five-year revalidation cycle.

Surgeons that have been away from clinical practice for a considerable amount of time (usually more than three months), or wish to change the scope of their practice, need to demonstrate that they are up to date in their field of entry/re-entry. Surgeons should discuss any shortfalls in their skills and knowledge with their employer upon their return, and work with their appraiser to develop an action plan to support them in updating their skills and knowledge. The Academy of Medical Royal Colleges has published Return to Practice to assist doctors and employers with evaluating doctors' skills and set up an action plan for returning to clinical work.

14. Contact details

GMC contact
0161 923 6277 (or +44 161 923 6277 from outside the UK)
revalidation@gmc-uk.org

Surgery helpdesk contacts
The Royal College of Surgeons of Edinburgh
revalidation@rcsed.ac.uk

The Royal College of Surgeons of England
revalidation@rcseng.ac.uk

The Royal College of Physicians and Surgeons of Glasgow
revalidation@rcpsg.ac.uk

15. References

Colleague and Patient Feedback: a summary of guidance for surgery
http://www.rcsed.ac.uk/education/revalidation.aspx
http://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/guidance

CPD Summary Guide for Surgery
http://www.rcsed.ac.uk/education/revalidation/revalidation-checklist-for-surgeons.aspx
http://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/cpd

Outcomes Framework Guidance for Revalidation
http://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/guidance

Revalidation for SAS surgeons
http://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/guidance

Surgical Revalidation Checklist
http://www.rcsed.ac.uk/education/revalidation.aspx
http://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/guidance

Surgery Guidance on Supporting Information:
http://www.rcsed.ac.uk/education/revalidation.aspx
http://www.rcseng.ac.uk/surgeons/surgical-standards/revalidation/guidance
http://www.rcpsg.ac.uk/membership/supporting-your-career/revalidation.aspx

Surgeons' Portfolio
www.surgeonsportfolio.org

Return to Practice. Academy of Medical Royal Colleges
http://aomrc.org.uk/item/academy-reports-and-resources.html

Medical Profession (Responsible Officers) Regulations 2010
http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Federation of Independent Practitioner Organisations
www.fipo.org

Independent Doctors Federation
www.idf.uk.net

Scottish Online Appraisal Resource:
http://seccare.appraisal.nes.scot.nhs.uk

Welsh Medical Appraisal Revalidation System
https://nhswalesappraisal.org.uk/

General Medical Council

Designated Body Online Tool
http://www.gmc-uk.org/doctors/revalidation/designated_body_tool.asp

Supporting Information for Appraisal and Revalidation:
http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

Colleague and Patient questionnaires
http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback_resources.asp

Good Medical Practice Framework for Appraisal and Revalidation
http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Good Medical Practice:
http://www.gmc-uk.org/guidance/good_medical_practice.asp

GMC Online Account
http://www.gmc-uk.org/doctors/information_for_doctors/gmconlinehelp.asp

GMC Connect
http://www.gmc-uk.org/doctors/revalidation/13583.asp

Applying for restoration to the register
http://www.gmc-uk.org/doctors/applications.asp

List of GMC approved Suitable Persons
http://www.gmc-uk.org/doctors/revalidation/20386.asp

Making revalidation recommendations: The GMC Responsible Officer protocol
http://www.gmc-uk.org/doctors/revalidation/13631.asp

Minimum Requirements for Revalidation in the First Cycle
http://www.gmc-uk.org/static/documents/content/Meeting_our_requirements_in_the_first_cycle.pdf

Raising and acting on concerns about patient safety
http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

NHS Revalidation Support Team

[NB. The NHS Revalidation Support Team will cease to exist as of April 2014, and its responsibilities will be transferred to NHS England]

Briefing for locum doctors
http://www.england.nhs.uk/revalidation/doctors/locum-ad/

NHS Revalidation Support Team - Medical Appraisal Guide:
http://www.england.nhs.uk/revalidation/appraisers/med-app-guide/

NHS Revalidation Support Team Supporting Doctors to Provide Safer Healthcare
http://www.england.nhs.uk/revalidation/ro/resp-con/support/

Quality Assurance of Medical Appraisers
http://www.england.nhs.uk/revalidation/appraisers/app-train-sup/

Training Specification for Medical Appraisers in England
http://www.england.nhs.uk/revalidation/appraisers/app-train-sup/

NHS Employers

Staying on Course: supporting doctors in difficultly through early and effective action
http://www.nhsemployers.org/Aboutus/Publications/Pages/Stayingoncourse.aspx