The BMJ

Cite this as: *BMJ* 2022;376:o429<http://dx.doi.org/10.1136/bmj.o429>

Published: 01 March 2022

CAREERS CLINIC

Can I defer my revalidation?

The pandemic has put doctors under increasing pressure and an appraisal might feel like an added burden—but it may just help, finds **Adele Waters**

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We offer flexibility to cope with current uncertainties

Holly Chadwick, revalidation manager at the General Medical Council, says, “The pandemic has placed unprecedented pressure on doctors, and we know some won’t be ready to revalidate by their scheduled date, despite their best efforts. But there is flexibility to cope with current uncertainties.

“Don’t forget that revalidation isn’t a point-in-time assessment—it’s a continuous process. Your ongoing engagement with local clinical governance systems will support your revalidation recommendation when it’s due.

“If you’re not ready to revalidate by your scheduled date—perhaps because you haven’t collected all the required supporting information—your responsible officer (RO) can recommend that your revalidation is deferred by up to 12 months.

“A deferral has no impact on your licence to practise. The length of deferral reflects the extent of any outstanding information, and you would normally agree an action plan to tackle gaps ahead of your new revalidation date.

“Missing an appraisal because of the pandemic shouldn’t impact your ability to revalidate if you’re otherwise ready. ROs decide how appraisals are scheduled but, for revalidation purposes, you don’t have to catch up on an appraisal if it’s missed for a legitimate reason. You can revalidate with less than five appraisals, providing the required information has been collected and discussed earlier in the cycle.

“If you’ve not been appraised during the pandemic, think about the benefits of arranging one. Many doctors have welcomed the opportunity to reflect on the impact of the pandemic and consider their own wellbeing. Your RO can advise on the status of appraisal locally.”

Your appraiser is there to support you—so stay in touch

Helene Brown, medical director, system improvement and professional standards, for NHS England and NHS Improvement London region, says, “Although the GMC ultimately makes the decision about revalidating a doctor, it’s the job of an RO to make recommendations. They do this based on all the information available to them, including practitioner performance information.

“I’ve been an RO for more than five years so I’m familiar with the circumstances that mean a colleague

needs a bit more time to arrange everything. Life and work circumstances can suddenly change; a doctor can become unwell or face significant workload disruption, as during the covid-19 pandemic.

“Currently we’re still using the ‘light appraisal’ model adopted during covid-19 where the focus is on quality over quantity. Therefore, the quality of the discussion and reflections you have with your appraiser are key.

“If an RO recommends a doctor’s revalidation is deferred, it’s simply to allow more time to meet the GMC requirements. They agree steps the doctor must meet within a specified time frame.

“For example, a GP who is running late with their appraisal and has completed everything apart from the programme specific questions (PSQs) and multi-source feedback (MSF) could talk to their appraiser who liaises with the RO and revalidation team and agrees to extend the deadline by four months. They then complete PSQs and MSF and talk about their reflections to their appraiser on the phone by the deadline, allowing the RO to record the information and recommend revalidation.

“The key is to keep in touch with your appraiser, appraisal team, and the RO so they can support you.”

We made revalidation easier during covid-19

Max Prangell, communications director for the Academy of Medical Royal Colleges, says, “The welcome allowances introduced by the GMC during the pandemic made it possible for doctors to defer revalidation because of work pressures.

“On top of these allowances, the Academy of Medical Royal Colleges worked with NHS England to recommend substantial changes to the appraisal process, agreed by the GMC, designed to reduce bureaucracy and encourage more self-reflection, easing the burden on doctors.

“Recognising that supporting information and written reflection may be limited because of the pandemic disruption, we advised that appraisal preparation should be straightforward and proportionate. This meant doctors could submit a pre-appraisal portfolio with just the essentials—any supporting information gathered since their last appraisal and any information regarding significant events, compliments, and complaints in which they were named or involved.

“We also stipulated that appraisals should provide an opportunity for a confidential professional discussion, giving doctors the chance to reflect on

their work in terms of its scope as well as their achievements, challenges, aspirations, and development. This, we said, should now be their focus.

“Maintaining your health and wellbeing is key to your ability to offer high quality, safe care at this time. So we said appraisers must focus on this, asking doctors to reflect and signposting them suitable resources, if needed.

“As we begin to emerge from the pandemic it makes sense to ask which changes we should keep or where we should revert to previous practice. While doctors may have good reasons to seek deferral of their revalidation date, we expect this allowance to be dropped as the appraisal system returns to its normal pre-covid operation.”