

Guidance to ensure doctors in postgraduate training meet revalidation requirements across full scope of practice

Background

All doctors holding a GMC Licence to Practise have a legal obligation to engage with the requirements for revalidation as set out on the GMC's website¹ including connecting to their Responsible Officer (RO) and actively participating in an annual full scope of practice review. The Annual Review of Competency Progression (ARCP) is the means by which a doctor in postgraduate training (DrPGT) undertakes their annual full scope of practice review. The equivalent for doctors in non-training grades is the annual medical appraisal.

ROs play a crucial role in improving and maintaining the quality and safety of patient care through ensuring that all doctors work in managed environments in which their performance, conduct and behaviour are monitored against agreed national standards. For the RO the cornerstone of monitoring full scope of work to ensure that the doctor is up-to-date and fit to practise in each of the roles undertaken is through the annual review / appraisal. For a DrPGT this includes any activity that is outside of the training programme that requires a GMC licence to practice.

A DrPGT has the Postgraduate Dean for their Deanery / Health Education England Local Team as their Responsible Officer (RO)². ROs are appointed by Designated Bodies (the Deanery or HEE Local Team in the case of postgraduate training organisations) to perform the functions set out in the Responsible Officer Regulations.

Undertaking clinical work outside of training that requires a licence to practise

It is not uncommon for doctors to work in several different roles and for a number of different organisations. For a DrPGT, besides the clinical activity covered by their training programme, their full scope of work could also include:

- Locum sessions undertaken within their training programme to support the stability of the 24/7 rota.

¹ <http://www.gmc-uk.org/doctors/revalidation/12383.asp>

² In Wales the Medical Director for Health Education and Improvement Wales is RO for doctors in postgraduate training

- Other locum sessions undertaken in their employing trust and / or elsewhere.
- Voluntary work such as medical advisor to a sports club or other charity work including that undertaken overseas.
- A split between clinical activity relating to their training programme and work in a substantive post in a non-training grade. Such a situation could arise in a qualified GP training part-time in Occupational Medicine or Sport and Exercise Medicine whilst they continue to work as a GP.
- Clinical activity undertaken Out of Programme (OOP Experience, OOP Training and OOP Research.)
- Clinical activity for organisations outside of the NHS which, since they are employing or contracting with doctors to deliver medical services, will themselves be classed as Designated Bodies under the RO Regulations.

Key principles for managing full scope of work

1. Primary responsibility to ensure that they are meeting revalidation requirements to maintain their licence to practise **sits with the individual doctor alone** who would be at risk of referral to the GMC on the grounds of non-engagement with Medical Revalidation if they withheld information about their full scope of practice or failed to ensure their RO was informed in a timely manner when they were the subject of a serious incident, complaint or investigation.
2. Where the scope of practice extends beyond a DrPGT's training programme the obligations for sharing information with their RO about the nature of the work and any incidents or concerns that arise are identical to those of a doctor in a non-training grade undertaking work outside of their Designated Body. I.e. information about concerns or incidents should be fully shared in a timely manner as well as declared at the annual full scope of work review.
3. Incidents or concerns arising through the extra-programme work should also be fed back to the DrPGT's RO by the RO in the employing / contracting organization in a timely manner through the now embedded RO/RO communication channels.
4. In every role both the doctor and the employing / contracting organisation share responsibility for the support and supervision of the doctor to ensure patient safety and for the DrPGT's professional development.
5. Where standards exist for a particular role being undertaken the doctor should adhere to these.

Where might doctors in training seek further guidance on meeting revalidation requirements?

Further information about the revalidation process and requirements for a DrPGT is available on the postgraduate medical training web pages of the four UK Nations³

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

Others who also have a role in supporting a DrPGT in meeting of their revalidation responsibilities include their:

- **Educational supervisor** who is best placed to advise the DrPGT about the appropriateness of any extra-programme work and to advise about recording all necessary information on the Form R or electronic equivalent.
- **Head of School, Training Programme Director or Associate Postgraduate Dean** who can also advise the DrPGT about the appropriateness of any extra-programme work and provide a link through to the DrPGT's RO / postgraduate dean.
- **Person with clinical governance responsibility for the employing / contracting organisation** engaging the DrPGT in extra-programme practice who may or may not be the RO for that organisation. When a DrPGT undertakes additional work as a locum for their employing trust then this role would be fulfilled by the RO for the employing trust.
- **RO and postgraduate dean** (in situations when the roles are split between two people e.g. in Wales) who has/ve statutory responsibility to ensure that all adequate systems are in place to review and monitor fitness to practise.

The role of the ARCP where scope of practice extends beyond training

A key document feeding into the ARCP is the Form R (or electronic equivalent) which includes self- declaration statements of:

- Full scope of practice
- Involvement in any significant events since the last ARCP
- Complaints and compliments received
- Assurance of their good professional standing with regard to probity and health
- Involvement in any other investigations arising from across their full scope of practice

³ All trainees in the Defence Medical Service need to seek advice from their Responsible Officer (Postgraduate Medical Dean) before they are employed outside of the MOD in any capacity requiring a licence to practise.

The expectation is that the evidence would have been assimilated in advance of the panel and any reflective discussions and personal development planning to meet the requirements of full scope of work to have been recorded by the DrPGT.

The ARCP panel reviews the evidence the DrPGT submits on the Form R or electronic equivalent alongside the e-portfolio and makes 2 recommendations that are captured on the ARCP Outcome Form:

- The DrPGT's progression with the development of their competencies against their curriculum requirements
- The DrPGT's fitness to practise to record and ensure the RO is informed about any outstanding concerns that might in turn:
 - Influence a revalidation recommendation if one were due
 - Alert the RO that additional support needs to be put into place
 - Initiate action to involve the regulator where there is a fitness to practise concern

The ARCP Outcome Form therefore provides the summary of the outputs from the ARCP and provides the basis for RO to RO communications or references as a DrPGT moves between employers through their training programme and in and out of training roles.

NB: The ARCP Outcome Form should not be a substitute for the normal processes for ensuring prompt action is taken to provide additional support to a DrPGT as required or respond to a fitness to practise concern.

Ensuring ARCP and RO functions are met when a DrPGT holds a substantive role outside of training.

The DRPGT should ensure that they include information for each role they undertake outside of their training programme that requires a licence to practise as part of their form R (or equivalent) submission, adding appendices as necessary.

NB additional service provided through locum work within the DrPGT's training programme i.e. to contribute to the stability of 24/7 rota does not need to be declared as additional activity on the next Form R. Any significant event or complaint arising through such work should be declared.

A "substantive role" outside of training is defined as a role covered by a substantive contract that would normally be covered by a medical appraisal for an equivalent doctor outside of

training. For a substantive role best practice is a comprehensive in-post review conducted within the governance processes for the employing / contracting organisation. Where there is limited governance support for the doctor, a self-review or self-organised peer review based on the GMC supporting information principles may be helpful. A letter from the organisation (sometimes called a 'scope of work letter') can help but only if supported by facts confirming suitability for the role, evidence of support and CPD in the role and absence of concerns.

Managing a situation whereby full scope of work is not declared at ARCP

If a DrPGT fails to provide comprehensive information about their full scope of work at ARCP they are putting themselves at risk of referral to the GMC on grounds of non-engagement with revalidation.

If such a situation arises and it is the first time that the situation has arisen for that DrPGT they should be offered the opportunity to amend their form R and resubmit with all necessary information provided.

The PGD / RO should ensure that a review takes place as to why the DrPGT had not been able to access information relating to meeting revalidation requirements.

If a DrPGT persistently or deliberately fails to declare their full scope of work, then the matter should be referred to their PGD / RO in the first instance for consideration of whether further action is needed including referral to the GMC on grounds of non-engagement.

The DrPGT's PGD / RO should seek the advice of their GMC Employment Liaison Adviser and ensure that should the failure to disclose coincide with a change in RO, details of the situation should be shared with the new RO through normal RO/RO communication channels.

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