A doctor will revalidate on the basis of his/her current practice as a doctor. This is in distinction to any existing entry that s/he has on the GMC specialist register, or to his/her original role when a contract was offered by the Trust.

The stated purpose of revalidation is to assure patients and the public that doctors are up to date and fit to practice. In this context, the GMC is distinguishing between fitness to practice, by which it means that a doctor fulfils the requirements of Good Medical Practice developed by the GMC as the doctor’s professional regulator, and fitness for purpose, by which it means that a doctor is capable of undertaking the specific duties required by the Trust as the doctor’s employer.

With this distinction in mind a doctor may be technically fit for purpose in relation to knowledge and skills, but be unfit for practice because of specific issues, for example related to conduct or health. Conversely, s/he may be fit for practice in a generic sense but not be fit for purpose if the job role requires specific knowledge and skills that the doctor does not have.

It is important to understand that because the doctor revalidates in the context of his/her current role and on the basis of fitness to practice, it is perfectly possible, and indeed it is expected, that doctors who now carry out only limited amounts of clinical work can still revalidate. What those doctors will need to do is to demonstrate that they continue to meet the requirements of Good Medical Practice in the conduct of their clinical, and in each of their other, roles.

In some cases, limited clinical work may have implications for the specific types of clinical work that it continues to be appropriate to undertake (eg clinical skills that require regular practice to maintain expertise. But unless issues are identified of a lack of insight into the limitations on knowledge, skills or experience that might result from that limited contact, or of primary failings of knowledge or skills, limited clinical time in a job plan is not expected to pose a problem for the revalidation of most doctors.

What doctors are required to do is to bring, to their annual appraisal, supporting information, for their whole scope of practice, as specified by the GMC.