

## How doctors can meet the GMC's requirements for revalidation in the first cycle April 2012

### Minimum requirements for readiness

In order to be ready to have a revalidation recommendation made about them, doctors will have to fulfil the following criteria:

- The doctor must be participating in an annual appraisal process which has [\*Good Medical Practice\*](#) as its focus and which covers all of their medical practice.
- The doctor must have completed at least one appraisal, with [\*Good Medical Practice\*](#) as its focus, which has been signed off by the doctor and their appraiser.
- The doctor must have demonstrated, through appraisal, that they have collected and reflected on the following information as outlined in the GMC's guidance [\*Supporting information for appraisal and revalidation\*](#):
  - Continuing professional development
  - Quality improvement activity
  - Significant events
  - Feedback from colleagues
  - Feedback from patients
  - Review of complaints and compliments

## How doctors can meet the GMC's requirements for revalidation in the first cycle April 2012

### Minimum requirements for currency and relevance of supporting information

- Evidence of continuing professional development, review of significant events and review of complaints and compliments must relate to the 12 month period prior to the appraisal that precedes any revalidation recommendation.
- Evidence of regular participation in quality improvement activities that demonstrates the doctor reviews and evaluates the quality of their work must be considered at each appraisal. The activity should be relevant to the doctor's current scope of practice.
- Evidence of feedback from patients and colleagues must have been undertaken no earlier than five years prior to the first revalidation recommendation and be relevant to the doctor's current scope of practice.
- Feedback from patients and colleagues that does not fully meet the criteria set by the GMC may also be included but must have been:
  - Focused on the doctor, their practice and the quality of care delivered to patients
  - Gathered in a way that promotes objectivity and maintains confidentiality
- Team-based information may also meet the requirements where no individualised information is available for quality improvement activities, significant events or complaints and compliments - as long as the doctor has reflected on what this information means for their *individual* practice.