



## **Experiences of Maintaining/Relinquishing/Restoring UK licence to practise while working abroad**

When working outside the UK, doctors have to make a decision about whether to maintain their licence to practise. Most will maintain their GMC registration, which simply requires the annual retention fee, but maintaining a licence involves taking part in revalidation.

Those away for less than a year may be able to keep their licence and continue the revalidation process without interruption; this will need to be discussed with their Responsible Officer (RO) as soon as they start to make plans to go away. The GMC will advise if there is uncertainty, via their helpline.

For those away for longer than a year, there are four different paths that may be taken. These are explained in detail in the briefing paper 'Revalidation for doctors working abroad', which can be found on this resources page.

1. Relinquishing the licence to practise
2. Maintaining a connection to a Designated Body
3. Revalidating via the Annual Returns Route
4. Finding a Suitable Person

We have collected case studies from CMF members taking paths 1-3. Some have encountered difficulties, but most have navigated the process successfully. To date, no one has succeeded in getting approval for a Suitable Person to oversee their revalidation, although three people have tried.

### **1. Relinquishing the licence to practise**

#### **Working abroad without a licence**

The GMC advises doctors whose practice is entirely outside the UK to relinquish their licences. Many people have felt anxious about doing this, but in fact the majority of CMF members who have taken this path have not experienced problems.

For those currently working abroad, the absence of a UK licence has not had a negative impact on their work.

#### **JB and JB, palliative care and orthopaedics - Malawi**

'I relinquished my licence when revalidation started and it has not caused me any problems. I had already been in Malawi for ten years and have no plans at present to return to work in the UK. It would be extremely difficult for me to maintain a licence, as I have no connection to a Designated Body. I have maintained my GMC registration and am registered with the Medical Council of Malawi. I have never been asked about a UK licence.

My husband JB is an orthopaedic surgeon in the Government teaching hospital here. He also relinquished his licence at the same time and has not had any problems. If we return to work in the UK we will have to restore our licences, but we will cross that bridge when we come to it.'



### **CR, prison medicine - Burkina Faso**

'I relinquished my licence to practise as I had no connection to a Designated Body and it was the only practical option. It hasn't caused any problems but it does leave me on my own working out CPD requirements. I took the decision a few years ago to keep going as per the RCP recommendations, document everything and even do an annual reflection etc – it's good discipline but also means I can show that I am abiding by GMC Good Medical Practice and keeping up-to-date.'

### **DS, GP – Uganda**

DS has worked in Uganda for more than two decades, running a clinic in Kampala that treats many European ex-pats. Despite trying to find a way to maintain his GMC licence to practise, he has found that this is not possible – he has no connection to a Designated Body and cannot identify any UK-based individual to act as a Suitable Person or appraiser.

'My work has not been affected at all as I am registered with the Uganda Medical and Dental Practitioners Council. At the time, relinquishing my licence felt like a loss of professional identity, but now I don't even think about it at all.'

### **CM, paediatrician - India**

'I got Indian registration for a year on arrival, when I still had a full licence and a paper certificate. I tried to reapply after a year - I still had a full licence but they couldn't get past the fact that I didn't have the paper annual certificate. [The GMC now only produces electronic certificates, to decrease the possibility of false certificates]. At the same time there was a case of corruption within the Medical Council of India and they changed the whole leadership, so for months it wasn't functioning and I couldn't appeal. So for a while I couldn't get registered in India, but this wasn't related to the licence itself, just to the fact that I didn't have a paper certificate.

Since then I have had to relinquish my licence to practise in the UK due to being out here full time and having no Designated Body. However I have now managed to get re-registered with the Medical Council of India, though as a foreigner I have to renew this every year. They have accepted the electronic Certificate of Good Standing from the GMC and were not concerned that I didn't have a UK licence to practise.'

### **Restoring a licence on return**

One of the main anxieties people have had about relinquishing their licence is whether or not they will be able to restore them easily upon return to UK. In most cases this has been straightforward; three case studies are included below but there have been a good number of others. Two people have encountered problems; in both cases this was because of difficulty obtaining a Certificate of Good Standing from the host country.



**LW, orthopaedics – South Africa**

'Between core surgical and higher surgical training I took time out from the UK and moved to KwaZulu Natal, South Africa. I worked for 18 months in the Orthopaedic unit at Ngewlezana hospital. Before leaving the UK, I spoke to the GMC and decided to relinquish my licence to practise but maintain my GMC registration. In South Africa I was registered with the HPCSA (equivalent to GMC). About a month before coming home I restored my licence to practise in the UK, which was fairly straightforward. The HPCSA provided a Certificate of Good Standing, confirming there had been no issues during my employment in South Africa. I sent this to the GMC along with a letter from my employer and my licence to practice was re-instated within the month.

**NK, paediatrician – Malawi**

'I spent eight years working as a clinical academic in the Paediatric Department of the College of Medicine, Malawi. I relinquished my licence in 2014 as I had no connection to a Designated Body. A UK-based colleague of mine offered to act as a Suitable Person but her Trust did not approve. Although I felt a bit anxious about giving up my licence it didn't cause any problems for me in Malawi and the process for restoring it was straightforward. I followed the instructions from the GMC and got a Certificate of Good Standing from the Malawi Medical Council, and a simple form that had to be completed by my line manager in the College. Two weeks after submitting these the GMC confirmed my licence would be restored on the date I was due to begin practice in the UK. The final step was a simple identity check, which requires a trip to the London or Manchester office. Throughout the process I contacted the GMC a few times and found them to be helpful and efficient.'

**SM, surgeon - Thailand**

'I have been working in a mission hospital in Thailand for 25 years. When coming on home leave in 2015 I wanted to do some work in the UK to keep my hand in, so I needed to restore my GMC registration (I had come off the register in 2007 order to save money) and apply for a licence to practise. It was not difficult - all they needed was my passport, a Certificate of Good Standing from the Medical Council of Thailand (in English) and a 'Provision of Medical Services' statement (again in English – they have a downloadable form to use). I sent copies of these scanned documents by email to the GMC with my online application, all from overseas. When back in the UK I had to have an ID check which required a face-to-face meeting – this can be done in London or Manchester. I was able to book the appointment in advance on a day that suited me. It took them 20 minutes to interview me and look at my documents. Five days later I was registered and licensed to practise.'

**RJ, anaesthetist – Bangladesh**

'It took a year for me to gain a Bangladesh Medical Licence. During this period I was permitted to work as a doctor as I was holding a UK licence to practise. While I was away I was told by the GMC that as I had no Designated Body, I should relinquish my licence, which I did. When I left, the Bangladesh Medical and Dental Council refused to give me a Certificate of Good Standing, nor any document explaining why they refused. They said that the GMC would need to contact them directly, but when they



did, they received no reply. After four months (during which I could not work) the GMC restored my licence, taking the reference letter from the hospital where I had worked as evidence of my good practice.'

### **KM, GP - Sudan**

'I had been working in Sudan for 13 years but one day I was suddenly asked to leave the country immediately. I couldn't obtain any papers before I left and it was impossible to obtain a Certificate of Good Standing from the Sudan Medical Council once I was back in the UK. After six months of trying, the GMC granted me a licence to practise without a certificate as a special case, but I was unable to work during all that time.'

## **2. Maintaining a connection to a Designated Body**

If a doctor remains connected to a Designated Body, either with an honorary contract or with some on-going work in the Trust or CCG, they will revalidate through the RO in the same way as doctors working in the UK. This is a good option for those who are able to maintain a connection but this is not possible for many.

### **PW and CW, research and general medicine - Uganda**

CW is doing research in Uganda with the Liverpool School of Tropical Medicine, so she has a connection to a Designated Body.

'I have to do one month per year in the UK, doing six sessions per week on Acute Medicine. It would be more like two months if I weren't doing clinical work here. It is quite arbitrary, but that's what seems to be standard for overseas academics at consultant level via Liverpool. I am keeping very detailed records and a CPD diary.'

My husband PW has negotiated a 0.5 PA annualised contract with his former trust in the UK. That works out at 35 days per year (once you consider leave, study leave, SPAs etc) and he is going to batch them ie fly back and work long days Fri, Sat, Sun then fly back again. It works out more or less cost-neutral – his salary covers the flights, indemnity etc, and the trust is responsible for his appraisal and revalidation. For us this is a good arrangement and it does mean that we have jobs to return to in the UK in a few years' time.'

### **GPs in several locations**

A number of CMF members find that the best way to keep up to date with UK medical practice, mandatory training and appraisal/revalidation requirements is to plan a return to the UK every year to work, do an appraisal and fulfill other requirements. Many maintain a connection with their old practice, who are happy to receive them back to do locum cover. There is no statutory minimum number of sessions per year to remain on the Performers' List – merely to have worked within a particular CCG. However, many ROs stipulate a minimum of 50 sessions, which would usually equate to about 7-8 weeks of work interspersed with various CPD items eg CPR and safeguarding training, an update course, peer discussion groups and the actual appraisal meeting. The sessions worked also need to include any patient or colleague feedback and audits that are required during the 5-year cycle



(not every year). Remaining on the Performers' List avoids the complex and costly re-entry retraining and examinations that are compulsory for anyone out of the country for two years or more.

### **3. GMC Annual Returns Route**

For those who cannot maintain a connection nor find a Suitable Person but who want to maintain a licence, the only remaining option is revalidating through the GMC itself via their Annual Returns route. A small but growing number of people are doing this. It is possible but onerous, as these case studies demonstrate.

#### **EP, obstetrician - South Asia**

EP is an obstetrician who has been working in a mission hospital for 17 years.

'There is some pressure from the GMC for people like me to relinquish their licences but I wanted to maintain mine and as I have persisted in the process, they have been helpful. My reasons include the fact that my country of service is potentially unstable; getting paperwork completed here is difficult. Attempting to do it from outside of the country, were I to be evacuated in an emergency, might be even more difficult. Also, the hospital has an international team. My American expat colleagues all work to keep their licences and would think it strange that I didn't work to keep mine. The process is quite rigorous and I think is actually good for me professionally. As well as all this, finding an appraiser has given me a strong link to a hospital in my home town having been away from the UK for 17 years.

I do not have a Designated Body or a Suitable Person so I have to revalidate directly with the GMC. This involves 'Annual Returns' to the GMC and a 'Revalidation Assessment.' The most difficult parts for me have been getting a Certificate of Good Standing from the local Medical and Dental Council here and finding a suitable appraiser, but I have now successfully completed two annual returns.

My appraiser is not someone I knew before. I was put in contact with her by professional colleagues who knew of my search and she was willing to help. My first appraisal was done face to face while I was on leave and the second was done by phone. I submitted all the paperwork by email in advance of the phone call.

I sat and passed the revalidation assessment in June 2016. It has to be taken every five years and you have to go to the GMC in Manchester to sit the paper. It was a two hour single-best-answer paper with 120 clinical questions. You may sit the exam in your own specialty. I thought the paper was fair - if you keep up fairly well with UK guidelines and protocols it is very likely that you will pass comfortably. It was a good stimulation for more intensive study! Following the exam I received notice from the GMC that I am revalidated for another five years. However I still have to keep up with the annual returns. The process is time-consuming (paperwork and study) and expensive (fees and travel) but it is possible.'



**TN, orthopaedics - Ethiopia**

TN is working as a Consultant Orthopaedic Surgeon at CURE Ethiopia Children's Hospital.

'I have been advised that I need to maintain my licence to practice in addition to my registration by senior staff and management. I have no connection to a Designated Body so I am pursuing the GMC Annual Returns route. I plan to be in the UK every summer and can get an appraisal done by a previous colleague who knows my situation here in Ethiopia and is in frequent contact. I have to produce a considerable amount of additional paperwork each year but I have successfully completed two years and been revalidated. GMC rules are changing regarding the appraisal process. Documentation is onerous. It is a costly process to follow especially with the GMC revalidation assessment. I have avoided the exam initially because if you are within five years of completing CCT, your specialty exit exam can be submitted instead. However I will have to take the exam in the next cycle.'

**TS, paediatrician – South Asia**

TS is a paediatrician working in a faith-based organisation in South Asia. She wanted to maintain her UK licence to practise but had no connection to a Designated Body, so decided to go via the Annual Returns Route.

'The GMC accepted my annual return in the year of my revalidation date even though I was unable to get a Certificate of Good Standing – the Medical Council of the country where I work does not issue these to foreigners. I had to redo my appraisal as I had kept to calendar years but that was then too long before the annual return submission date. However, following that first year, I realised that I was beginning to spend every precious holiday away from work trying to jump through all the GMC hoops and the additional stress was getting too much. I decided to relinquish my licence. I was reluctant to do this, feeling anxious about restoring it after 15 years out of the UK. However, the cost of the exam (£1,100) and the work needed to prepare for it, plus the yearly fee for the annual return (£250) all meant that relinquishing was the only practical option for me.

I am trying to have an annual appraisal each year anyway and keep up to date with CPD online diaries at the college, but needless to say, without a deadline to push me, I'm finding it hard to keep up.'