

Revalidation for doctors working abroad

Since December 2012, doctors working in the UK have to maintain a licence to practise through the process of revalidation. This involves having annual appraisals and collecting a portfolio of supporting evidence, which is assessed every five years by a Responsible Officer (RO). Responsible Officers are attached to UK institutions called '[designated bodies](#)' (usually in the NHS).

It is very difficult for doctors to maintain a licence to practise if they have no connection to a designated body. If away for less than a year between jobs, it is usually possible to keep a licence and then slot back in to the revalidation cycle on return. It will be important to discuss this with the relevant RO before going.

The licence to practise only applies to the UK and it should be possible to work overseas without maintaining a licence, as long as the registration requirements of the host country are met. The General Medical Council (GMC) advises doctors working wholly overseas to relinquish their licence to practise and restore it again upon return to work in UK. This is a good option for many doctors but it may cause problems for some. It will mean that they cannot work as a locum in UK during time home on leave.

What are the options for doctors working overseas?

- Relinquish your licence to practise but remain registered
- Maintain connection with a UK designated body and revalidate through that
- Find a Suitable Person who can make a revalidation recommendation for you
- Use the GMC 'Annual Returns' Route

1. Relinquish your licence and then restore it upon return

This is the GMC's recommendation for doctors working wholly overseas. [Restoring a licence](#) is straightforward (and free) if three documents can be produced:

- Certificate of Good Standing from host country
- Statement from employer (on a specific [form](#))
- Passport

The Certificate of Good Standing (CGS) must be obtained from the medical regulatory body of the country you have been working in.

- If you have worked in more than one country during the past 5 years, you will need a certificate from each country.
- If you are no longer registered in a particular country, it will be a 'Certificate of Past Good Standing.'
- The certificates must have been issued no more than 3 months before you use them (ie they 'expire' after 3 months)
- There is a [database](#) of regulatory bodies around the world, if you are in doubt where yours should come from. It can be sent directly from your regulatory body to the GMC or you can obtain it and then post it.

Being registered without a licence to practise

- Your name appears on the GMC online register as 'registered without a licence to practise.'
- You can still get a Certificate of Good Standing (CGS) from the GMC without a licence to practise in the UK. The GMC will provide a CGS at any time, free of charge. Request a CGS through your online account and it will be emailed directly to the institution or regulatory body in the host country.
- You pay the annual retention fee to the GMC, but this is much lower than the fee required to maintain a licence. There is also a [reduction](#) for those on low salaries.
- There is no requirement to have annual appraisals or collect supporting evidence, although appraisal, CPD and quality improvement activities are good practice.

It is possible to relinquish registration altogether and be removed from the General Medical Register. Some doctors do this in order to save money but it is not advisable as the doctor can no longer be shown to be in good standing with the GMC, which may affect their registration in their host country. It can also be very difficult to re-register upon return.

Many CMF members working abroad have now relinquished their licences as it has not been possible to fulfil revalidation requirements. It has not caused problems in their current situations. A number have returned to UK and restored their licences without difficulty. A very small number have had problems.

Possible problems

- a) In some countries it may be difficult to obtain a CGS from the local overseas regulatory body, for political or bureaucratic reasons. It may be useful to talk to someone who has worked in the same place before you go, to check what you'll need to do to get the documents you need. Leave plenty of time for this – wheels sometimes turn very slowly in government departments. If you foresee problems, inform the GMC well in advance of the time of return to the UK. The GMC may be able to help by contacting the national body or making an exception. The key is to give the GMC warning.
- b) Doctors without a licence may not be accepted by a host country. Thus far no CMF members have encountered this problem. However, several countries use the word 'licence' in their requirements for overseas doctors to gain local registration. They may not understand the UK's two-tier system in which registration is separate from licensing. GMC has a [document](#) for overseas regulators explaining that a UK licence should not be necessary, but there is no guarantee that other countries will be satisfied with that.
- c) There is a concern that not having a licence may disadvantage people applying for UK jobs from abroad. The GMC have produced [information for employers](#) to explain that people without licences are eligible to apply for jobs, and an [RO bulletin](#) underlines this.
- d) Being listed on the [GMC online register](#) as 'registered without a licence to practice' may undermine institutions' or individual patients' confidence in a doctor.
- e) A number of organisations require doctors to hold a licence. These include VSO, MSF, Red Cross and some academic institutions.

2. Maintain connection with a UK designated body and revalidate through that

If you remain connected to a designated body while you are away, you may be able to revalidate through that, if the RO gives approval. The connection might be through an honorary contract with a hospital trust or CCG. Some GPs maintain contact with a GP surgery and return for a few weeks each year to work and do an appraisal. The number of sessions required seems to vary in different CCGs but usually at least four weeks will be required.

Locum agencies have designated body status so it may be possible to revalidate through an agency if working regularly for them.

All the usual requirements for revalidation must be met, including annual appraisal with a UK approved appraiser and producing a portfolio of [supporting evidence](#). Appraisals must usually be done face-to-face but an RO does have discretion to approve appraisals by skype, though this would not be allowed for every appraisal in a revalidation cycle.

3. Find a Suitable Person

A [Suitable Person](#) is the equivalent of a Responsible Officer (RO) for someone without a connection to a designated body. They review the appraisals and supporting evidence and decide whether they can recommend a doctor to be revalidated. They have to be already working as an RO or 'something equivalent' and have to fulfil certain [criteria](#). The GMC has to approve every SP individually and their [guidelines](#) for approval are quite stringent.

There may be some circumstances in which the GMC might approve a Suitable Person for a doctor (or group of doctors) overseas. This might for example be someone who has worked in the same institution previously and still has connections with it, although they now back in the UK and working as a Responsible Officer or 'equivalent'. In this case they could have an understanding of the governance procedures at the institution and would have relationships there that would enable them to verify evidence submitted.

4. The Annual Returns Route

The [Annual Returns](#) route is a means of revalidating directly through the GMC. For many doctors overseas, this will be the only way they can revalidate if they want to maintain a licence. However it is not easy. There must be an appraisal every year and all the [paperwork](#) has to be done every year (Certificate of Good Standing, information about job, employer, references, probity statement etc). Submitting the annual return costs £250.

There will also be a [revalidation assessment](#) every five years. This will be a multiple choice paper, sat in UK and costing £1,100. The GMC is currently in the process of contacting doctors without a connection to a designated body and asking them to register for this exam by the end of 2016.

Revalidation for trainees

Revalidation for trainees happens through the ARCP process. If all the requirements of the training programme are met, revalidation will happen automatically. Trainees doing Out of Programme Experience (OOPE) remain on their training scheme and so remain licensed with the GMC. Those who go away between jobs (eg after F2 or CT2) are no longer employed by a UK body and may have problems retaining their licence. But if away for less than a year, it is usually possible to keep a licence and then get back on track for revalidation when starting a new job back in the UK.

Conclusion

If all of your work is overseas and you have no connection with a designated body it will be difficult to maintain a UK licence to practise. Unless you are able to find a Suitable Person approved by the GMC, you would have to use the Annual Returns route above.

A number of CMF members have relinquished their licences. This means they don't have to collect any of the evidence that revalidation requires. A few have returned to UK and had no problems restoring their licences. There have been problems when the doctor has been unable to obtain a CGS, though all have succeeded eventually.

CMF aims to keep abreast of changes and inform and advise members working overseas. Membership is free for those working in resource-poor settings and provides connections with others in similar situations.