**NHS Greater Glasgow & Clyde**

**Responsible Officer Guidance on making a deferral recommendation**

1. **Introduction**

The purpose of this discussion paper is to identify a number of scenarios where the deferral of a doctor’s revalidation submission date may be required, and to outline the processes that should be followed. A recommendation to defer is a request for more time for a Responsible Officer to make their revalidation recommendation to the GMC. It is a neutral recommendation that will have no impact a Doctor’s Licence to Practise.

1. **Criteria and associated timescales for deferral recommendations**

With all recommendations to defer, the relevant Sector / Directorate Chief of Medicine or Lead Associate Medical Director (in the case of for Mental Health Services) will also be communicated with regarding the deferral decision.

It should also be noted that when the Board requires to submit a second consecutive deferral for an appraisee, the GMC ELA (Employment Liaison Adviser) should be emailed to inform them of this and allowed the opportunity to ask any questions before the recommendation is submitted.

**A) Doctors who are on Sick Leave, Maternity Leave or Adoption Leave**

*Long Term Sick Leave (LTS)*

If the practitioner is on LTS (sick leave lasting 28 days or more) at the time of their revalidation date, or they have recently returned to work within the preceding 6 months, the Responsible Officer (RO) will normally submit a deferral recommendation for a period of 12 months. This will allow time for the practitioner to return to work, or if have they already returned settle back into their role, and gather the supporting information required prior to their revalidation submission date.

If a deferral for 12 months is not sufficient then a second deferral will be considered.

*Maternity Leave (MTL) / Adoption Leave (ADL)*

If the practitioner is on MTL or ADL at the time of their revalidation date, and they have not been able to gather all of the required information by the time that their submission date falls, or they have recently returned to work within the preceding 6 months, the RO will normally submit a deferral recommendation for a period of 12 months. This will allow time for the practitioner to return to work, or if have they already returned settle back into their role, and gather the supporting information required prior to their revalidation submission date.

If a deferral for 12 months is not sufficient then a second deferral will be considered.

**B) Doctors who are on a Career Break (CB) or on Sabbatical Leave (SBL)**

**Career Break (CB)**

*Background*

A career break allows employees an opportunity to leave their employment on a long-term basis mainly to undertake further education or to fulfil domestic commitments.

*Eligibility & time periods for CB*

Employees with at least 12 months’ service within the NHS are eligible to apply for a Career Break.

The minimum period for a career break is 6 months and the maximum period is five years. An employee may, however, make a number of breaks throughout their employment with the Board provided that the total periods of absence do not exceed five years.

Secondary Care Doctors should discuss their Career Break with their Lead Clinician / Clinical Director.

Practitioners on the Primary Care Performers list should discuss their career break with the Family Health Services team.

*Deferral*

If a practitioner is on a CB at their revalidation date, one of two approaches will be adopted:-

(1) If the practitioner intends to be away for a period of up to 12 months; he/she should normally be deferred for 12 months. The appraisee would be expected to complete an appraisal following their return to work in advance of their next revalidation submission date, and should be back working for the Board for at least 6 months by this point.

(2) If the practitioner **i**ntendsto be away for more than 12 months:

* Secondary Care Doctors will bedisconnected from the NHSGGC Designated Body list,and must therefore either connect to an alternative Designated Body, or relinquish their licence to practise. When the practitioner returns to the Board, they can reconnect to the NHSGGC Designated Body List.
* Primary Care doctors may be asked to voluntarily remove themselves from the Performers List. When they return to work they can reapply for inclusion onto the Performers List.  Should the practitioner not carry out any clinical work over two years there may be a discussion about referral to the GP Returners Scheme.

**Sabbatical Leave (SBL)**

*Background*

The purpose of Sabbatical Leave is to contribute to a Consultant’s professional, clinical or leadership development, and must be in the interests of the Board.

*Eligibility & time periods for SBL*

After 7 years service, Consultants are eligible to apply for one period of Sabbatical Leave lasting up to 6 weeks.

Or, after 10 years service a Consultant can apply for up to 3 months Sabbatical Leave.

If the leave is granted with pay, no further period of paid Sabbatical Leave will be granted until retirement. These periods can be extended by a further **unpaid** period of a maximum of 3 months but only at the Board’s discretion.

If Sabbatical Leave has been granted without pay, NHSGGC will only in exceptional circumstancesgrant further periods of Sabbatical Leave (and only if a minimum of 7 years has elapsed since the first period).

*Deferral*

If a practitioner is on SBL at their revalidation date and intends to be away for 6 months or less, he/she should normally be deferred for 12 months. On return they should submit a letter of good standing (if working for another organisation), and gather the supporting information required prior to their revalidation submission date.

If the period of SBL is extended beyond 6 months, the deferral guidance for Doctors who are on a Career Break should be followed.

**C) Doctors who are participating in an ongoing process**

In accordance with the GMC protocol for making revalidation recommendations, guidance for Responsible Officers and Suitable Persons, Fifth Edition (March 2018), doctors who are

participating in an ongoing local governance process, and the outcome of which is material to the Responsible Officer’s evaluation of the doctor’s fitness to practise and their ability to make an informed recommendation, will require to be deferred.

Deferral will be required until the process is complete, and the RO is in a position to make an informed recommendation.

Examples of processes that would result in deferral are as follows:

* HR process
* Suspension
* Preliminary Enquiry
* Formal Investigation

**(D) Insufficient Information**

*Doctors who have not completed the appraisal process in time for the revalidation sign off meeting, and are* ***within 2 weeks*** *of their revalidation submission date*

If a doctor has not fully completed the appraisal process by the time of the revalidation sign off meeting, and they are within two weeks of their revalidation submission date, a deferral recommendation for a period of four months should normally be submitted on the grounds of insufficient evidence for a recommendation to revalidate. This will allow adequate time for the doctor to complete their appraisal and for their documentation to be reviewed (e.g.patient feedback and mult source feedback) prior to recommendation consideration.

If the doctor is ***more than two weeks*** from their revalidation submission date, the Board will endeavour to assist them with their appraisal completion in advance of their date. Failing that, a deferral recommendation for a period of four months should normally be submitted to allow time for appraisal completion.

***Clinical fellows who will be entering a training programme within a period of 6 months or less from their revalidation submission date***

If a non-training Clinical Fellow requires their revalidation submission date to be deferred on the grounds of insufficient information, and it is known that they will be taking up a training post within a period of 6 months or less, a deferral recommendation for a period of 12 months should be submitted. This will allow the doctor sufficient time to enter the NHS Education for Scotland (ES) training programme and ARCP process.

The category of insufficient information can also include doctors who have an absence of annual appraisals. In cases such as these a deferral recommendation for a period of 12 months should normally be submitted, so that a doctor can demonstrate that they are engaging in annual appraisal in advance of their next revalidation submission date.

1. **Changing a Doctor's Revalidation Submission Date as a result of forthcoming retirement**

It is possible to submit a request to bring forward a doctor’s revalidation submission date, if they are due to retire before they have been given their formal revalidation notice from the GMC, and their revalidation submission date falls within the next 12 month period.

The Board process is that any such requests from doctors should firstly be approved by their Chief of Medicine, and if so an email confirming this should be forwarded by the Chief of Medicine’s office to: [medical.revalidation@ggc.scot.nhs.uk](mailto:medical.revalidation@ggc.scot.nhs.uk).  Following this, the required documentation will be completed by the Deputy RO on the RO’s behalf, and sent to the GMC.

If the request is approved by the GMC, the doctor will be added to the list of the appropriate revalidation sign off meeting for discussion. Doctors within this category must have up to date appraisal information to be considered for revalidation.

**It should also be noted that all scenarios that may require a doctor’s revalidation submission date to be deferred will be considered by the Responsible Officer on a case by case basis.**