Many doctors who have officially retired from medical practice will continue to work in a wide range of roles which make use of their medical expertise. Issues affecting these doctors are two-fold: a) There is a lack of clarity for these doctors as to whether they should retain GMC registration with a licence to practise or whether retention of GMC registration alone is sufficient; and b) For those who need to retain a licence to practise, difficulties arise as to how they can revalidate, particularly with regard to which organisation acts as their designated body.

Based on information provided by the royal medical Colleges, roles that retired doctors might undertake have been placed under different headings according to whether a licence to practice will be required, might be required or not required. This paper also includes reference to the ‘Requirements for Colleges and Faculties in relation to Examiners and Assessors’, which recommends that all examiners will require a licence to practise and will therefore need to revalidate.

1. Current GMC guidance regarding doctors who are retired/due to retire.


“If you want to continue to hold a licence to practise, you will need to revalidate, based on annual appraisal, like every other licensed doctor...[p.9]
.....Your retirement plans have no bearing on revalidation requirements. Since medical revalidation was introduced on 3 December 2012, it has been a legal requirement, as well as a professional responsibility, for all doctors with a licence to practise in the UK to engage fully and continuously with all aspects of revalidation. This applies regardless of the date on which your revalidation submission is due, and regardless of any plans you may have for the future, for example, to retire.[p.10]”
2. Whether a licence to practise is required or not

a. Roles that require a licence to practise, in addition to GMC registration:

- Assessor in Work Place Based Assessments
- GMC Visits – Associates are also asked to indicate that they have an expectation of maintaining a licence for at least 5 years.
- GMC Fitness to Practise panels as a medical member or assessor.
- Medico-Legal Reports – Doctors if providing expert opinion on contemporary cases on the standard of care will almost certainly have a requirement from the court of tribunal for a licence to practise.
- Examiner – see below for an extract from the “Requirements for Colleges and Faculties in relation to Examiners and Assessors”

“In the first few years following demission from practice medical practitioners offer a wealth of experience and knowledge which can be invaluable in assessing the next generation of doctors. However, in the United Kingdom, examinations are part of the process of accrediting a medical practitioner so that he/she can be given a licence to practise by the GMC. The examiners who are responsible for assessing these medical practitioners should be at that standard also.

Therefore, if an examiner wishes to continue to examine beyond the point at which they demit from active practice, they should meet the standards required of all examiners, with the exception that they are no longer in active practice, but they have maintained a licence to practise.

b. Roles that might require a licence to practise, in addition to GMC registration:

The requirements vary across specialties and according to role requirements. Doctors should check with those who employ them for such activities, in order to make sure there is no misunderstanding about whether or not they need a licence to carry out any activities.

- Participant in an invited review mechanism. Some Colleges require a doctor to be in active practice, others only recently retired. However, similarly to medico legal reports, if they were providing advice on current specialist practice, Colleges and Faculties may wish to consider if they feel they are comfortable doing this with doctors who do not have a licence to practise.
- Participant in Education / Research Project working groups – Normally only GMC registration is required, but may be required to be in active clinical practice depending on role requirements.
- Participant in a CQC inspection – Depends on role requirements. Clinical Advisor and Clinical Advisor roles currently require current GMC registration and to have up to date skills, knowledge and experience in the area of specialism.
- Mentor/Supervisor – Depends on role requirements.
• Employed in a medical capacity at sporting/charity events either in a paid or voluntary capacity.  *Depends on role requirements.*

c. *Roles that do not require a licence to practise*

- Retired doctors who act in a general management capacity (remunerated, or perhaps as a non-executive director of a charity), provided they were not employed in such a capacity to provide medical advice.
- Exam Invigilator.
- University Lecturer.
- Global Health work – eg teaching on behalf of UKTI.
- Exam question writing (but not marking papers or assessing candidates in any way.)
- Retired doctors who undertake management consultant type roles advising on commissioning or reconfiguration of health services.

3. **SUGGESTED ACTIONS FOR COLLEGES TO ASSIST RETIRED DOCTORS**

- Set clear criteria for all college roles including whether a licence to practice is required (and therefore revalidation) or just registration with GMC.

- Consider issues such as indemnity – in order to gain indemnity, it is likely that examiners, for example, will need to hold a licence to practise.

- Signpost to GMC lists of designated bodies [www.gmc-uk.org/dbtool](http://www.gmc-uk.org/dbtool), GMC suitable persons’ list [www.gmc-uk.org/suitable](http://www.gmc-uk.org/suitable) and the GMC’s assessment route for those doctors who cannot find a prescribed connection or suitable person [www.gmc-uk.org/suitable_none](http://www.gmc-uk.org/suitable_none)

- Some colleges may decide to appoint their own suitable person and linked appraisal service to retired members solely performing college roles.