GENERAL MEDICAL COUNCIL REVALIDATION FOR DOCTORS PROVIDING EXPERT EVIDENCE FOR LEGAL PROCEEDINGS

In order to meet the requirements of the General Medical Council (GMC) for revalidation, doctors registered with the GMC are required to "have an annual appraisal which covers your whole scope of practice" and "collect suitable information from the whole of your UK practice".[1] It follows that doctors who assist courts and tribunals with expert evidence should have an annual appraisal which covers their expert witness practice and collect suitable information from their expert witness practice.

In its 'Guidance on supporting information for revalidation guide' the GMC identifies "six types of supporting information you must collect and reflect on for revalidation"[2]:

a. Continuing professional development (CPD)

b. Quality improvement activity

c. Significant events

d. Feedback from patients or those to whom you provide medical services

e. Feedback from colleagues

f. Compliments and complaints

This guidance does not refer to information as to business affairs, but doctors engaged in expert witness practice must disclose their business affairs to their appraiser to ensure that their entire portfolio of work satisfies GMC professional standards and they have to make a probity declaration.

Continuing professional development

Annexed to its guidance 'Providing witness statements or expert evidence as part of legal proceedings'[3], the GMC sets out the following extracts from 'Good Medical Practice'[4]:

- You must keep up to date with guidelines and developments that affect your work.
- You must take steps to monitor, maintain, develop, and improve your performance and the quality of your work […]

  This includes:

c. regularly taking part in training and/or continuing professional development

There is a hierarchy of *guidelines* that affect expert witness practice, ranging from those of the GMC and His Majesty's Courts and Tribunals Service to those of medical royal colleges and faculties and the professional associations of specialist doctors.

Developments that affect expert witness practice include changes in legislation, developments in the law of evidence and amendments to the procedural rules of courts and tribunals.

Keeping up to date with such guidelines and developments can be achieved by:

Membership of an expert witness organisation such as The Academy of Experts (TAE) or the Expert Witness Organisation (EWI)

Membership of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians

Membership of the Medico-Legal Society of London and / or a local medico-legal society

Membership of a local or on-line medico-legal peer group

Study of medico-legal journals such as *Medicine, Science and the Law* and the *Journal of Forensic and Legal Medicine*

Subscription to the free newsletter 'Expert Healthcare Witness Matters'

A number of organisations, such as Bond Solon, TAE and the EWI provide generic expert witness *training* and some medical royal colleges and faculties and barristers' chambers provide expert witness training for different medical specialists. The GMC does not specify the regularity of training but in a report for the Royal College of Pathologists and the Royal College of Paediatrics and Child Health, prepared by a working group convened by Baroness Helena Kennedy KC,[5] it was recommended that judges should establish whether the expert has received training in the role of the expert witness in the past five years.

Quality improvement activity

For doctors who provide expert evidence in the Family Court Standard 9 of the Annex to the Family Proceedings Rules Practice Direction 25[6], requires that: "The expert has undertaken appropriate training, updating or quality assurance activity – including actively seeking feedback from cases in which they have provided evidence- relevant to the role of expert in the family courts in England and Wales within the last year." This can be considered good practice for experts assisting in any jurisdiction.

The GMC requires the type(s), amount, and frequency of quality improvement activity that is appropriate for your scope of practice to be agreed by the responsible officer or suitable person. The decision may be informed by discussion with your appraiser. It requires "regularly reflecting on your standards of practice and the care you provide, including

i. reflecting on any constructive feedback available to you

ii. considering how your life experience, culture and beliefs influence your interactions with others and may impact on the decisions you make and the care you provide."

The main categories of quality improvement activity are peer review of reports, multi-source feedback, and reflective case analysis.

Peer review of reports

The GMC refers to 'case review or discussion' in these terms: "A documented account of interesting or challenging cases that you have discussed with a peer, another specialist, or within a multidisciplinary team." Such peer review of reports can be carried out using a tool such as that developed initially for psychiatrists but suitable for all expert witnesses.[7,8] The 'Case-based Discussion form' can be downloaded from the MAEP pages of the Royal College of Psychiatrists.[9] Although there are obvious benefits from the peer review of interesting or challenging cases, there are also benefits from peer reviewing cases chosen randomly by someone other than the doctor.

Multi-source feedback

Multi-source Assessment of Expert Practice (MAEP)[10] is a feedback tool that has been developed for experts to seek feedback from cases for which they have provided evidence. It was developed initially for psychiatrists, but it is suitable for all medical experts. In the 'Resources' appended to the GMC's 'Providing witness statements or expert evidence as part of legal proceedings' it is described as a resource "For experts *in all specialisms* to collect feedback for appraisal and revalidation" (emphasis

in original). Upon the conclusion of a case, anonymous feedback is sought from a number of the professionals involved in the case: the instructing solicitor or prosecution case worker, the instructing party's counsel, solicitors and counsel acting for the other party/ies, other experts and, if oral testimony is given, or the evidence otherwise considered by the court, the judge. If feedback is received from more than one respondent, feedback is reported on a case-by-case basis. If feedback is provided by only one respondent, it counts towards cumulative feedback. Feedback is sought about eight domains of expert witness practice:

- Professionalism/Professional demeanour;
- Ethics; Skills;
- Reliability of opinion;
- Presentation of opinion/report;
- Understanding of law, procedure and rules of evidence;
- Oral testimony; and
- Business manners and affairs

For practical, empirical, legal and ethical reasons[11], MAEP does not provide a means of seeking feedback from the subjects of reports. However, there is provision to obtain indirectly, through the subject's legal representative or another feedback participant, subject feedback which, in the professional's judgement, having regard to the expert's overriding duty being to the court, rather than to the subject of their report, will assist the expert in their self-reflection, continuing professional development, peer review, appraisal and revalidation.

Reflective case analysis

Expert witness peer groups provide a forum for reflective case analysis where fellow experts can:

- undertake bias recognition, looking for potential partisanship or lack of independence;
- review methodology, checking if the processes of factual analysis and reasoning accord with generally accepted expert witness and specialism standards;
- audit communication, evaluating whether the report and testimony were clear to judge or jury; and
- address inappropriate fact handling, assessing if contradictory evidence was properly integrated or addressed.

This may include consideration of the experts' joint statement and the expert report/s of the adverse party/ies. Where feedback has been obtained using MAEP, this can inform the case analysis.

Reflective case analysis in a peer group also provides the opportunity to consider whether the assessment of the subject of the report has been influenced by any of the experts "life experience, culture and beliefs".

Significant events

In clinical practice a significant event is any unintended or unexpected event that could or did result in patient harm, including preventable issues or near-misses. In expert witness practice a significant event could be considered to be any unintended or unexpected event that could or did result in a miscarriage of justice.

For a doctor acting as an expert witness, therefore, a significant event could be considered to refer to a major procedural, ethical, or analytical breakdown that compromises their duty to the court or the integrity of the legal case. Examples might include:

- failing to advise and / or explain a material change of opinion;
- failing to reveal a conflict of interest;
- failure to document or evidence lost or missing documents;
- failing without notice and / or good reason to meet critical court-mandated timetables for submitting reports or joint statements.

Feedback from patients or those to whom you provide medical services

Feedback from patients

For appraisal and revalidation purposes, the subjects of expert reports should not be confused with the expert's patients. The subject of a report, other than exceptionally (see below) is not 'your patient'; they are someone else's patient.

If you do provide expert factual evidence about a patient of your own, for example if you are a paediatrician providing factual evidence as the treating clinician in a family case where there is an issue as to the injuries sustained by a child, or if you are a psychiatrist providing an opinion so as to assist in the sentencing of an offender who has been remanded for treatment as a patient under your care, feedback from such patients should be obtained along with feedback from your other patients and using an appropriate patient feedback tool.

Feedback from those to whom you provide medical services

As explained above, MAEP has been designed specifically in order for experts to obtain feedback from those to whom they provide expert witness services. As each case is a potential learning experience, it is advisable to seek feedback on all cases. It also means that there is no question of having selected for feedback cases in which overwhelmingly positive feedback is anticipated and ignored cases in which it is anticipated that there might be negative feedback.

In the Family Court, within 10 business days after the final hearing, the instructing party (or the party responsible for managing a single joint expert) must write to the expert informing them of: the final determination and outcome of the case and the specific use that the judge made of the expert's opinion and evidence during the proceedings (FPR, Part 25, r 19(1)). Unless the judge specifically directs otherwise, the instructing party must then send to the expert within ten days of the court's final order, a copy of the court's final sealed order, any official transcript or written record of the court's decision in a High Court or County Court case, a copy of the written "Justices' Reasons" for reaching the decision in a magistrates' court case or in the absence of a formal transcript the comprehensive written note taken by the advocate at the hearing (FPR, Part 25, r 19(2)).

Feedback from colleagues

As a medical expert witness, you can be expected to have colleagues in addition to those with whom you engage in an individual case. You may train, supervise or mentor other experts. You may collaborate with colleagues in editing or writing academic, educational or training materials related to expert practice. You may hold a position in an expert witness organisation such as TAE or the EWI, you may be a medical royal college or faculty expert witness lead, you may be involved in committee work related to expert witness practice or you may give talks or lectures about aspects of, or based on your own, expert witness practice. Feedback from these colleagues is not covered by MAEP. For feedback from such colleagues you will need feedback through the tool that you use for colleague feedback.

Compliments and complaints

Many compliments about your expert witness practice can be captured by the 'free text' section of MAEP and likewise complaints, although any significant complaints are likely to be made separately by letter or email.

Published judgments may also constitute a public record of compliments and / or complaints about your expert witness practice. The Criminal Procedure Rules, r 19.2(3)(d), imposes on an expert a duty to disclose to the instructing party anything of which they are aware that could reasonably be thought capable of undermining the reliability of their opinion, or detracting from their credibility or impartiality and the Criminal Practice Directions Section 7 explicitly mandates the disclosure of past adverse judicial comments or criticism. In other jurisdictions experts have been criticised for failure to include in their reports reference to adverse judicial comments or criticism.

Experts are advised to use a legal database such as BAILII[12] to search, using their surname as a search term, for judgments in cases in which their evidence has been admitted.

Business affairs

The GMC states that probity means being honest, trustworthy, and acting with integrity.[13] This regulatory obligation extends strictly to a doctor's business affairs and therefore to the business aspects of expert witness practice.

Appraisal should therefore encompass establishing that the medical expert:

- Has clear protocols for identifying and declaring any conflict of interest;
- Specialised medical indemnity that covers their expert witness practice;
- Provides factual and accurate Information as to their area/s of expertise and fees;
- If accepting instructions from litigants in person, complies with the Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013 and the Consumer Rights Act 2015;
- Does not exaggerate their qualifications, experience, or competence as an expert;
- Keeps readily accessible, detailed and accurate records of all work done;
- Has records that are stored safely and securely as paper, or digitally, in compliance with the General Data Protection Regulation and the Data Protection Act 2018;
- Provides sufficiently detailed invoices to demonstrate that the work has been carried out in accordance with agreed terms and conditions and to enable the court to form a view as to the reasonableness of the fee or for the Legal Aid Agency to conduct an audit;
- Keeps accurate and clear financial records for at least six years in case of a revenue audit;
- Accurately reports their income to His Majesty's Revenue and Customs via Self Assessment or corporate tax channels;
- If or when approaching the threshold, registers for, and charges, value added tax;
- Where appropriate, has policies for annual leave, sick leave, confidentiality, etc.;
- Where appropriate, has employers' liability and public liability insurance;
- Has a complaints policy;
- Is registered with, and pays the annual data protection fee to, the Information Commissioner's Office.

The medical expert's personal development plan

The medical expert's CPD requirements find expression in their personal development plan (PDP). The GMC states that a doctor should be prepared to review their PDP throughout the year in the light of discussions with their appraiser and others to ensure it remains relevant to their needs and it states

that planning and evaluating CPD needs and opportunities should be managed on an ongoing basis, not just at the appraisal."[14] Review of the PDP during the year can be achieved through participation in a medico-legal or other appropriate peer group.

An effective PDP for an expert witness doctor should feature objectives mapped across the following core components:

Legal and procedural knowledge updates

Medical experts must demonstrate understanding of the evolving legal framework governing their expert role.

- Civil, Criminal, Family or Immigration and Asylum Procedure Rules and Practice Directions: Training objectives relating to updating knowledge on Civil Procedure Rules (CPR Part 35), Criminal Procedure Rules (Part 19), Family Procedure Rules (Part 25) or the Practice Direction of the Immigration and Asylum Chamber (Section 9).
- Expert Witness Training: Specific courses covering report writing, courtroom skills, cross-examination, and the legal duties of the expert.
- Case Law: Objectives around reviewing relevant landmark judgments, such as:
    - *National Justice Compania Naviera SA v Prudential Assurance Co. Ltd (The Ikarian Reefer) (No. 1)* [1993] 2 Lloyd's Rep 68; *AB v John Wyeth and Brother Ltd (No. 5)* [1997] PIQR P385; *Kennedy v Cordia (Services) LLP* [2016] UKSC 6 (all jurisdictions);
    - *Hunter v Hanley* 1955 SC 200*; Bolam v Friern Hospital Management Committee* [1957] 1 WLR 582; *Dunne (An Infant) v National Maternity Hospital* [1989] IR 91; *Bolitho v City and Hackney Health Authority* [1998] AC 232; *Montgomery v Lanarkshire Health Board (Scotland)* [2015] UKSC 11 (clinical negligence);
    - *R v Byrne* [1960] 2 QB 396; *R v Turner* [1975] QB 834*; R v Bonython* [1984] 1 WLUK 1262*; R v Sally Clark* [2003] EWCA Crim 1020; *R v Cannings* [2004] EWCA Crim 1; *R v Dowds* [2012] EWCA Crim 281; *R v Dlugosz* [2013] EWCA Crim 2; *R v Clarke* [2013] EWCA Crim 162; *R v Golds* [2016] UKSC 61; *R v Edwards* [2018] EWCA Crim 595 (criminal proceedings);
    - *HE (DRC)* [2004] UKIAT 00321; *Mibanga v Secretary of State for the Home Department* [2005] EWCA Civ 367; *HH (Ethiopia)* [2007] EWCA Civ 306; *SD (expert evidence) Lebanon* [2008] UKAIT 00078; *JL (medical reports – credibility) China* [2013] UKUT 145 (IAC); *KV (Sri Lanka)* [2019] UKSC 10; *AM (Zimbabwe)* [2020] UKSC 17; *HA (Expert evidence, mental health) Sri Lanka* [2022] UKUT 111 (IAC); *Medical Justice v Secretary of State for the Home Department* [2024] EWHC 54 (Admin) (immigration and asylum proceedings)
    - *Re T* [2004] EWCA Civ 558; *A Local Authority v K, D and L* [2005] EWHC 144 (Fam); *A Local Authority v S* [2009] EWHC 2115 (Fam); *Lancashire County Council v C, M & F (Children – Fact-finding)* [2014] EWFC 3; *Squier v GMC* [2016] EWHC 2739 (Admin); *A Local Authority v A Mother* [2019] EWCA Civ 799; *Re C (A Child) (Fact-finding)* [2022] EWCA Civ 584; *Re G (Child Post-Mortem Report Delays)* [2022] EWFC 55; *Re C ('Parental Alienation': Instruction of Expert)* [2023] EWHC 345 (Fam); *LB Croydon v D (Critical Scrutiny of the Paediatric Overview)* [2024] EWFC 438; *O v C* [2025] EWFC 334;

Liverpool City Council v Ms A [2025] EWHC 1474 (Fam); *H (Children)* [2026] EWCA Civ 222 (family proceedings)

- *Townsend v Epsom and St Helier University Hospitals NHS Trust* [2026] EWCA Civ 195; *Nottinghamshire County Council v JW* [2026] EWCOP 13 (T2); *AGNI Reference* [2026] UKSC 16; *Royal Free London Hospital NHS Foundation Trust v RH* [2026] EWCOP 17 (T3) (Court of Protection)
- *Banks v Goodfellow* (1870) LR 5 QB 549; *Key v Key* [2010] EWHC 408 (Ch); *Simon v Byford* [2014] EWCA Civ 435; *Clitheroe v Bond* [2021] EWHC 1102 (Ch); *Leonard v Leonard* [2024] EWHC 321 (Ch); *MacDougall v Thomas* [2026] EWHC 1142 (Ch) (Chancery proceedings);
- *De Keyser v Wilson* [2001] IRLR 324; J v DLA Piper UK LLP [2010] UKEAT/0263/09 (employment proceedings).
- *A County Council v M* [2012] EWHC 2039 (Fam); *R v Barnes* [2005] EWCA Crim 1158 (forensic medicine)

Maintenance of core clinical competence

A medical expert must remain up-to-date in the specific clinical field about which they give evidence.

- Scope of clinical practice: Objectives ensuring the doctor maintains active clinical practice or is sufficiently recently retired from it and / or maintains their clinical knowledge in retirement, within the exact specialty area they review.
- Specialty-specific CPD: Standard clinical education goals to ensure the doctor's knowledge remains benchmarked to standard practice.

Quality improvement activities

- The PDP must address how the doctor evaluates and improves the quality of their expert reports.
- Peer review of reports
- Analysis of feedback from colleagues and legal professionals followed by explicit documentation of lessons learned.
- Audits: Timeliness, e.g. auditing report delivery times against legal deadlines, etc.; balance of instructions (e.g., claimant vs. defendant, prosecution v defence balance) to prove objectivity; proportion of instructions from individual commissioners, to prove independence and lack of dependence on instructions from one or more particular commissioners.

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12.7.26

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[2] General Medical Council (2024), Guidance on supporting information for revalidation guide, https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation

[3] General Medical Council (2024), Providing witness statements or expert evidence as part of legal proceedings, https://www.gmc-uk.org/professional-standards/the-professional-standards/providing-witness-statements-or-expert-evidence-as-part-of-legal-proceedings

[4] General Medical Council, Good Medical Practice, https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

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[7] Rix K. Training, development and the maintenance of expertise, in Rix K, Mynors-Wallis L, Craven C (eds), Rix's Expert Psychiatric Evidence. 2nd ed. Cambridge: Cambridge University Press; 2021. p. 45–52.

[8] Rix K. Avoiding judicial dissatisfaction with, and criticism of, healthcare experts. *Medicine, Science and the Law*. 2026;0(0). doi:10.1177/00258024261446489

[9] https://www.rcpsych.ac.uk/improving-care/ccqi/multi-source-feedback/maep/maep-newsletter-resources

[10] https://www.rcpsych.ac.uk/improving-care/ccqi/multi-source-feedback/maep/maep-newsletter-resources

[11] Rix K, Adshead G. Should medical experts seek feedback from the subjects of their reports? *Medicine, Science and the Law* (in press).

[12] https://www.bailii.org/

[13] General Medical Council, Good Medical Practice, https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

[14] General Medical Council (2012) Continuing Professional Development: Guidance for all doctors https://www.gmc-uk.org/cdn/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf