



# **FACULTY OF PHARMACEUTICAL MEDICINE**

## **INTERIM GUIDANCE FOR REVALIDATION**

**NOVEMBER 2010**

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## Introduction

This document sets out the current thinking of the Faculty of Pharmaceutical Medicine (FPM) in relation to revalidation. The Faculty is aware that revalidation is an evolving process and that later versions of this document will take account of information derived from pilot studies and in particular, future policy statements issued by the General Medical Council (GMC), the Department of Health (DH) and the Academy of Medical Royal Colleges (AoMRC).

### 1. Definitions and Descriptions

**Revalidation** is the process whereby doctors will have to demonstrate to the GMC that they are up to date and fit to practise and that they are complying with relevant professional standards. The original concept of revalidation consisted of two elements:

- **Relicensing** - Since November 2009, any doctor wishing to practise medicine in the UK is required to be registered with the GMC and also has to hold a license to practise. All the professional activities that were restricted by law to doctors registered with the GMC are now restricted to doctors who hold a licence. These activities include prescribing, signing death and cremation certificates and holding certain medical posts in the NHS and the independent sector.

The purpose of relicensing was to show that all doctors are practising in accordance with the generic standards of practice set by the GMC, based upon the GMC's guidance Good Medical Practice

- **Recertification** - the purpose of recertification is to show that practising doctors who undertake specialist practice continue to meet the particular standards that apply to their medical specialty or area of practice. These specialty specific standards are set by the medical Royal Colleges and Faculties.

Subsequently, as work on the development of the process of revalidation continued, it became clear that the two elements should be addressed by a single integrated process.

### 2. Aims of revalidation

The main aims of revalidation are:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards and also meet the standards appropriate for their specialty and
- To identify for further investigation and remediation poor practice where local systems are either not robust enough to do this or do not exist.

The objectives in developing revalidation include:

- Revalidation must command the confidence of patients, the public and the profession
- Revalidation should facilitate improved practice for all licensed medical practitioners
- The process should identify those whose practice falls below acceptable standards and give advice and monitoring to allow revalidation to be reconsidered. There should be early warning of potential failure so remedial action can be taken.
- The process should allow those who are working to College / Faculty standards to revalidate without undue difficulty or stress.
- There must be equity across the specialty independent of differing areas of practice, working environments and geographical location.
- Revalidation should be affordable and flexible - starting simple to allow further development.
- The process should incorporate as far as possible, information already being collected in medical practice and use existing tools and standards where available.

### **3. How will revalidation work?**

The Academy of Medical Royal Colleges AoMRC and the GMC have produced a generic model for revalidation which illustrates the process in outline. This model integrates relicensing and recertification as a single set of processes based around workplace appraisal. See figure 1 for an outline of the revalidation process.

Revalidation will occur in a 5-year cycle, although it should be emphasised that this is an on-going five-yearly process and not a once-in-five-years event. The basis of revalidation will be a workplace-based system of annual appraisals which will include an evaluation of the doctor's performance against relevant standards.

Doctors will be required to maintain a portfolio of information from their practice to demonstrate that they are meeting the required standards. As each doctor's practice is unique, the information they collect will vary. The information collected in their portfolio will provide the basis for discussion at the annual appraisal.

On the completion of a five-year cycle the outcome of the appraisals comprising that cycle will be evaluated by the Responsible Officer in the doctor's healthcare organisation. A recommendation as to whether or not a doctor should be revalidated and thereby retain a licence to practise will then be made to the GMC based upon this evaluation, together with information derived from local governance processes.

Although the Responsible Officer will make the recommendation, it will be for the GMC to decide whether a doctor should be revalidated.

**When will revalidation start?**

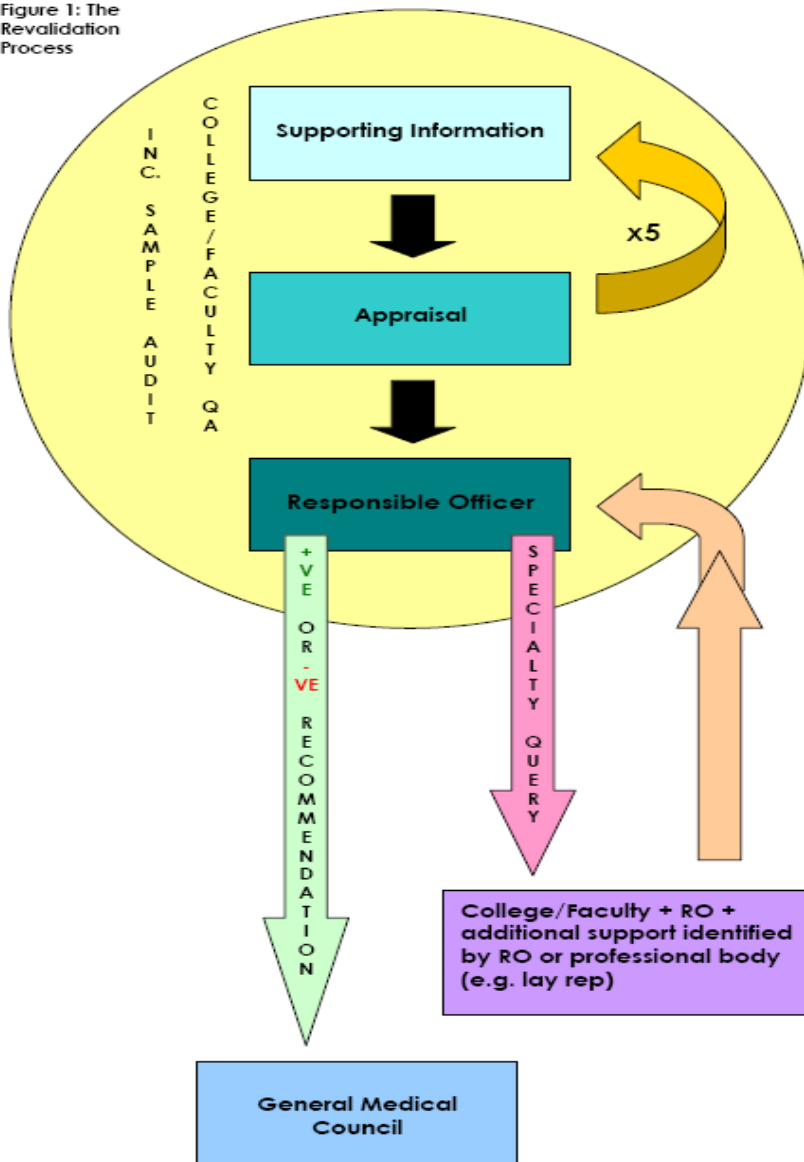
The details of how revalidation will work are under development; the process of strengthened medical appraisal and some elements of revalidation are presently being piloted. The NHS pathfinder pilot process is scheduled to be completed by 2012 with revalidation being rolled out incrementally from 2013.

**Will doctors in training need to revalidate?**

Doctors will need to revalidate from when they obtain a licence to practise. All postgraduate trainees will be expected to provide evidence commensurate with their level of training. At present, it is anticipated that the Annual Review of Competence Progression (ARCP) process will provide sufficient evidence for revalidation. The Postgraduate Dean will be the Responsible Officer for trainees.

The GMC has indicated that the Royal Colleges and Faculties should have a role in the quality assurance of the process of revalidation; however, this has not yet been defined or agreed in principle.

Figure 1: The Revalidation Process



## **4. How is revalidation being piloted?**

The revalidation process, as proposed by the AoMRC and the GMC, is presently being piloted.

The Department of Health commissioned the NHS Revalidation Support Team to run a series of pilots and projects to support the implementation of a system of revalidation for doctors in England. The NHS pathfinder pilots are designed to test the way in which the component parts of revalidation link in order for a revalidation recommendation to be made. These include:

- Strengthened medical appraisal
- The specialty frameworks proposed to the GMC by Colleges and Faculties
- The role of the Responsible Officer
- Quality Assurance

The pilots are being carried out at 10 separate pilot sites throughout England and were originally scheduled to run from January 2010 until March 2011; however, this timeline was extended for a further year to March 2012 by the Secretary of State for Health to ensure that there is adequate time to fully analyse the results of the pilots and incorporate the findings into the revalidation process when it finally goes live.

The overall objectives of the pathfinder pilots are to:

- Test whether the proposed components of medical revalidation are practical and as efficient as possible, whilst at the same time achieving the desired outcome
- Produce an evidence base regarding the costs and benefits of each element of medical revalidation, as well as the whole, to shape the development of the policy and inform a full business case to HM Treasury for the implementation of medical revalidation
- Provide proof of concept and build understanding and support within providers of medical care (the NHS in the first instance) and within the medical profession, for the implementation of medical revalidation.

Concurrently, the Faculty of Pharmaceutical Medicine will be undertaking a revalidation pilot project with the Faculties of Occupational Medicine and Public Health to test the proposed processes for those doctors whose main area of practice is outside the NHS. It is intended that the Tri-Faculty Pilot should mirror the pathfinder pilots as closely as possible. This pilot is presently in the planning stage and anticipated to commence early in 2011. It is recognised, therefore, that the revalidation process will continue to evolve.

Once the pilots have been completed and the results evaluated, it is envisaged that revalidation will be rolled out on an incremental basis with the first revalidations taking place in 2013.

## **5. Appraisal**

### **Background**

The annual appraisal will form the basis of medical revalidation and as such must be delivered to a consistently high standard and be quality assured. The NHS Revalidation Support Team was tasked with reviewing the existing guidance on appraisal, to update it and make it suitable for

revalidation. The resultant document *Assuring the Quality of Medical Appraisal for Revalidation (AQMAR)* can be accessed at

[http://www.revalidationsupport.nhs.uk/Assuring\\_the\\_Quality\\_of\\_Medical\\_Appraisal\\_for\\_Revalidation.asp](http://www.revalidationsupport.nhs.uk/Assuring_the_Quality_of_Medical_Appraisal_for_Revalidation.asp)

The AQMAR document is designed to provide guidance to all organisations providing medical appraisal. This includes Pharmaceutical companies, Clinical Research Organisations, Regulatory Authorities, Independent Sector organisations, as well as primary and secondary care organisations. The NHS Trusts in England have been using this document to support appraisal since 2009 with the resultant development work being supported by the Strategic Health Authorities. AQMAR should be regarded as a guide to developing systems to support appraisal and revalidation.

### **How will appraisal work?**

The aim of appraisal is to encourage professional development through continuous education. In order to achieve this aim the appraisal process needs to address all aspects of the doctor's practice so that strengths and weaknesses can be identified.

### **Supporting Information for Appraisal**

The information that pharmaceutical physicians will need to provide against generic and specialty standards will, to a large extent be the same; it will be drawn from the doctor's individual practice, from feedback from clients and colleagues and from participation in CPD. This information will then feed into the doctor's annual appraisal. The outputs of appraisal will lead to a recommendation by the Responsible Officer to the GMC, usually every 5 years. It is recognised that not all of the supporting information detailed in the frameworks will need to be provided every year at appraisal, but it is important that a doctor does include sufficient supporting information to demonstrate their practice over a 5-year revalidation cycle.

### **Collecting Supporting Information**

In preparation for revalidation, the Faculty of Pharmaceutical Medicine recommends that you take the following steps:

- Review your appraisal documentation from previous years
- Check that any evidence that you have claimed is substantiated e.g. courses attended; CPD Certificates
- Review your PDP and identify those aspects that have been achieved and where incomplete identify the reasons for this
- Review any changes to your medical practice and confirm that CPD is being undertaken in those areas
- Collect evidence of any letters of appreciation and / or complaints received
- Collect documentation of examples from your practice and professional activity e.g. teaching; research
- Collect documentation relating to any Multi-source feedback
- Collect documentation relating to any complaints or incidents in which you have been involved
- Collect records of your previous medical appraisals

## **6. The Role of the Responsible Officer**

The role of Responsible Officer was created under the provisions of the Medical Act 1983 and the Health and Social Care Act 2008.

The Responsible Officer will be a medical practitioner with full registration with the GMC and have maintained that status throughout the previous 5 years.

The Responsible Officer for a designated body will have specific responsibilities relating to the evaluation of the fitness to practise of those doctors employed by or connected with that organisation. The Responsible Officer must ensure that appraisals involve obtaining and taking account of all available information relating to the medical practitioner's fitness to practise in the work carried out by the practitioner for the designated body and for any other body during the appraisal period.

Once revalidation goes live, all doctors registered with the GMC with a licence to practise will be linked with a named Responsible Officer. It is anticipated that for pharmaceutical physicians, the larger pharmaceutical companies will become designated bodies and will have their own RO. A Responsible Officer will be appointed to the Faculty of Pharmaceutical Medicine to whom those pharmaceutical physicians who work for smaller organisations or in the capacity of independent contractor will be linked.

The Responsible Officer will have the following responsibilities:

- To ensure that the designated body carries out regular appraisals on doctors
- To establish and implement procedures to investigate concerns about a doctor's fitness to practise
- To ensure that there are appropriate systems and processes in place for collecting and holding information that informs the evaluation of fitness to practise including robust systems of appraisal in place to support doctors in improving their practice
- Where appropriate, to refer concerns about the doctor to the GMC
- Where a medical practitioner is subject to conditions imposed by, or undertakings with, the GMC, to monitor compliance with those conditions or undertakings
- To make recommendations to the GMC about doctors' fitness to practise
- To maintain records of doctors' fitness to practise evaluations, including appraisals and any other investigations or assessments
- To ensure other aspects of medical governance are in place as appropriate

## **7. Standards for revalidation in pharmaceutical medicine**

Each medical Royal College and Faculty has developed specialty specific frameworks for revalidation, based on the four domains and 12 attributes defined by the GMC in the *Good Medical Practice* Framework. Please refer to Appendix 1.

The specialty standards frameworks have been developed by the Medical Royal Colleges and Faculties in collaboration with their associated specialist societies and are designed to support doctors in the positive demonstration of their specialist practice.

The frameworks describe specialty specific and general practice standards that doctors who work in those specialties must demonstrate for appraisal and revalidation. They also provide an outline of the types of supporting information a doctor could use to demonstrate their practice for each of the 12 attributes. The GMC has stated that no doctor will be able to provide evidence of compliance against every standard, but they must provide sufficient information, drawn from their current role, to demonstrate compliance with all of the 12 attributes. Revalidation is related to the area in which a doctor works and the individual will need to decide which standards apply and thus the corresponding examples of supporting information that are relevant. Since revalidation takes place over a five-year cycle, not all forms of supporting information need to be included every year. There may be instances where pharmaceutical physicians have other forms of supporting information that are not listed in the framework; this material may be brought to appraisal, although it would be incumbent upon the appraisee to justify its inclusion to the appraiser.

**Please note:** numbers following standards in frameworks refer to paragraph numbers in *Good Medical Practice*.

## APPENDIX 1 - STANDARDS FOR REVALIDATION IN PHARMACEUTICAL MEDICINE

## Domain 1 - Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<p><b>Maintain knowledge of the law &amp; other regulation relevant to practice (13)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will maintain knowledge of the law and regulation relevant to Pharmaceutical Medicine.</li> </ul> <p><b>Keep knowledge and skills up to date (13)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will maintain competence in the areas in which they have been trained and currently practise.</li> </ul> <p><b>Participate in professional development &amp; educational activities (12)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will participate in Continuing Professional Development relevant to Pharmaceutical Medicine.</li> </ul> <p><b>Take part in regular and systematic audit (14)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will participate in organisational, departmental audits and/ or self-audit related to their professional performance and role.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>CPD</li> <li>Evidence-based learning</li> <li>Specialty Certificates &amp; Courses</li> <li>Internal Training</li> <li>Education relating to therapeutic areas in which you work</li> </ul> <p><b>Audit</b></p> <ul style="list-style-type: none"> <li>Practice Audit</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Portfolio containing evidence from practice of competence and performance in modules from the current PMST curriculum or other Faculty approved items</li> </ul>
Apply knowledge and experience to practice	<p><b>Recognise and work within the limits of your competence (3a)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will understand when to seek advice in relation to their experience, competence and level of authority in the organisation.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Patient Feedback</b></p> <ul style="list-style-type: none"> <li>Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Complaints and Compliments</li> <li>Incidents - reflective summary and critical event investigations</li> <li>Research Outcomes</li> <li>Publications / Reports</li> <li>Practice Based Discussion</li> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles.</li> </ul> <p><b>Audit</b></p> <ul style="list-style-type: none"> <li>Practice Audit</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>CPD</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting</li> <li>Guidelines and Regulations (e.g. International Conference on Harmonisation (ICH) Guidelines for GCP; Declaration of Helsinki).</li> <li>Participation in staff induction and development programmes</li> </ul>

## Domain 1 - Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Keep clear, accurate and legible records	<p><b>Keep clear, accurate &amp; legible records (3f)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will maintain clear, accurate and legible records of their work.</li> </ul> <p><b>Make records at the same time as the events you are recording or as soon as possible afterwards (3f)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will seek to make records in close temporal relationship with events that are being recorded or observed.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Patient Feedback</b></p> <ul style="list-style-type: none"> <li>Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care</li> </ul> <p><b>Audit</b></p> <ul style="list-style-type: none"> <li>Practice Audit</li> <li>Records Review</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Practice Based Discussions</li> </ul>

## Domain 2 - Safety and Quality

Attribute	Standard	Supporting Information
Put into effect Systems to protect patients and improve care	<p><b>Respond constructively to the outcome of audit, appraisals &amp; performance reviews (14e)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will have available procedures and processes to undertake remedial and corrective actions as a result of audit findings, outcomes from appraisals and performance reviews.</li> </ul> <p><b>Take part in systems of quality assurance &amp; quality improvement (14)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician works within a quality-managed environment, and is able to participate in QC, QM and QA procedures connected with work and/or educational systems as appropriate and as defined.</li> </ul> <p><b>Comply with risk management &amp; clinical governance procedures</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will maintain knowledge of and adhere to extant research governance guidelines and regulations, and risk management procedures.</li> </ul> <p><b>Cooperate with legitimate requests for information from organisations monitoring public health (14i)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will cooperate with public health bodies in fulfilling their legitimate requests for information.</li> </ul> <p><b>Provide information for confidential enquiries, significant event reporting (14g)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will provide information for confidential enquiries, as applicable, and within the rules and limitations laid down by his/her employing authority.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Complaints and Compliments</li> <li>Practice Based Discussion</li> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles.</li> </ul> <p><b>Audit</b></p> <ul style="list-style-type: none"> <li>Practice Audit</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>CPD</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting</li> <li>Participation in staff induction, training and workplans</li> <li>Quality Management System and your involvement in it</li> <li>Risk Management and medical governance standards</li> <li>Meetings - attendance at governance meetings</li> </ul>

## Domain 2 - Safety and Quality

Attribute	Standard	Supporting Information
Respond to risks to safety	<p><b>Report risks in the health care environment to your employing or contracting bodies (6)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician working within a managed environment is able to raise concerns with senior management regarding risks arising in the healthcare environment which might impact staff, research subjects or projects.</li> </ul> <p><b>Safeguard &amp; protect the health &amp; well-being of vulnerable people, including children &amp; the elderly &amp; those with learning disabilities (26,28)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will seek to protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities.</li> </ul> <p><b>Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk (43,44)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician working within a managed environment is able to raise concerns with senior management regarding the performance and attitude/behaviour of colleagues under supervision.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Practice Based Discussion</li> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>Specialty Certificates &amp; Courses</li> <li>Internal Training</li> </ul>
Protect Patients and colleagues from any risk posed by your health	<p><b>Make arrangements for accessing independent medical advice when necessary (77)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will make arrangements for accessing independent medical advice when necessary</li> </ul> <p><b>Be immunised against common serious communicable diseases where vaccines are available (78)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will make themselves aware of necessary immunisations in order to undertake work in pharmaceutical medicine in UK or as a result of travel outside the UK</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Health statement</li> <li>Evidence of registration with a General Practitioner</li> <li>Current relevant immunisation record</li> </ul>

## Domain 3 - Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<p><b>Communicate effectively with colleagues within &amp; outside the team (41b)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will possess a high level of communication skills, both oral and written.</li> </ul> <p><b>Explain to patients (colleagues; management) when something has gone wrong (30)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will proactively raise issues with colleagues and higher project and company management when they detect that something is going wrong - in relation to projects, services, systems, people arrangements or an agreed course of action.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Patient Feedback</b></p> <ul style="list-style-type: none"> <li>Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Complaints and Compliments</li> <li>Presentations and Reports</li> <li>Practice Based Discussions</li> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>CPD</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Patient Education</li> <li>Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting</li> <li>Consent Forms and Information Sheets</li> <li>Management reports</li> <li>Training in equal opportunities</li> <li>Business Plans</li> <li>Meetings - attendance at governance meetings</li> </ul>
Work constructively with colleagues and delegate effectively	<p><b>Treat colleagues fairly &amp; with respect (46)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will treat colleagues and others fairly and with respect.</li> </ul> <p><b>Support colleagues who have problems with their performance, conduct or health (41d)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will seek to recognise and support colleagues who have problems with their performance, conduct or health.</li> </ul> <p><b>Act as a positive role model for colleagues (41)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will seek to act as a positive role model for non-medical colleagues and doctors joining the pharmaceutical industry.</li> </ul> <p><b>Ensure colleagues to whom you delegate have appropriate qualifications, experience (54)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will ensure that colleagues to whom they delegate project activities have appropriate qualifications and experience.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Presentations and Reports</li> <li>Practice Based Discussions</li> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>Evidence of training in equal opportunities</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting</li> <li>Records from induction meetings, communications and scenario reports</li> <li>Participation in leadership development programmes</li> </ul>

**Domain 3 - Communication, Partnership and Teamwork**

<b>Attribute</b>	<b>Standard</b>	<b>Supporting Information</b>
Establish and maintain partnerships with patients	<p><b>Encourage patients to take an interest in their health and take action to improve and maintain it</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will, in the context of their role, encourage patients and the public to take an interest in their health and take action to improve and maintain it</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Complaints and compliments</li> <li>Examples of patient education or explanation</li> <li>Any other relevant examples or feedback</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Copies of policies and procedures</li> <li>Copies of Information material</li> </ul>

**Domain 4 - Maintaining Trust**

<b>Attribute</b>	<b>Standard</b>	<b>Supporting Information</b>
Show respect for patients	<p><b>Implement &amp; comply with systems to protect patient confidentiality (37)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician in undertaking their work will ensure the necessary safeguards are met to respect the confidentiality of patients, research subjects, colleagues, and project-derived data.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Patient Feedback</b></p> <ul style="list-style-type: none"> <li>Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles.</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting</li> <li>Confidentiality - procedures, directions and reviews detailing compliance with safeguards and levels of confidentiality for work and communications</li> <li>Informed Consent Forms</li> </ul>
Treat patients and colleagues fairly and Without discrimination	<p><b>Be honest &amp; objective when appraising or assessing colleagues &amp; when writing references (18-19)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will maintain the highest degree of honesty and objectivity when assessing, appraising, reviewing or endorsing the work or performance of colleagues.</li> </ul> <p><b>Respond promptly &amp; fully to complaints (31)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will respond promptly and fully to complaints made either against him or herself, or in connection with work projects or the organisation.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Patient Feedback</b></p> <ul style="list-style-type: none"> <li>Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care</li> </ul>

## Domain 4 - Maintaining Trust

Attribute	Standard	Supporting Information
Act with honesty and integrity	<p><b>Ensure you have adequate indemnity or insurance cover for your practice (34)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will ensure that appropriate indemnity or insurance cover is provided by in connection with work conducted by him or herself.</li> </ul> <p><b>Be honest in financial &amp; commercial dealings (73)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will be honest in financial &amp; commercial dealings.</li> </ul> <p><b>Ensure any published information about your services is factual and verifiable (60,61)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will ensure that all publications over which they have editorial or review oversight are factual and verifiable and meet the codified standards established for such material.</li> </ul> <p><b>Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence (63-65, 67-68)</b></p> <ul style="list-style-type: none"> <li>The Pharmaceutical Physician will be honest in any formal statement or report, whether written or oral, making clear the limits of their knowledge and competence.</li> </ul>	<p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>Multisource Feedback</li> <li>Peer Review</li> <li>References and Letters</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting</li> <li>Financial transactions with reflective commentary covering context and outcome</li> <li>Adoption of relevant provisions in the ABPI Code of Practice for the Pharmaceutical Industry.</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles.</li> </ul>

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## APPENDIX 2

### Pharmaceutical Medicine - Appraisal and Revalidation Checklist

<p><b>General</b></p> <ul style="list-style-type: none"> <li>▪ GMC Registration Number</li> <li>▪ Evidence of a License to Practice</li> <li>▪ Medical Qualifications</li> <li>▪ Description of Practice             <ul style="list-style-type: none"> <li>• Title</li> <li>• Role</li> <li>• Job Summary including responsibilities and activities throughout the 5 years since last revalidation</li> <li>• Job Plan for each year</li> </ul> </li> <li>▪ Description of voluntary roles undertaken in capacity as doctor</li> <li>▪ Appraisal for each year</li> <li>▪ Description of appropriate Indemnity</li> <li>▪ Personal Development Plan (PDP) for each year</li> <li>▪ Statement of Concerns and their resolution</li> <li>▪ Statement of Probity including interests and gifts</li> <li>▪ Statement of Health to confirm ability to undertake practice as described</li> <li>▪ Registration with a GP</li> </ul> <p><b>Peer Feedback</b></p> <ul style="list-style-type: none"> <li>▪ Multisource Feedback</li> <li>▪ Peer Review</li> </ul> <p><b>Patient Feedback</b></p> <ul style="list-style-type: none"> <li>▪ Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>▪ Complaints and Compliments</li> <li>▪ Incidents - reflective summary and critical event investigations</li> <li>▪ Presentations and Reports</li> <li>▪ Practice Based Discussion</li> <li>▪ Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles</li> <li>▪ Portfolio containing evidence from practice of competence and performance in modules from the current PMST curriculum or other Faculty approved items</li> </ul>	<p><b>Audit</b></p> <ul style="list-style-type: none"> <li>▪ Practice Audit</li> <li>▪ Records Review</li> </ul> <p><b>Education, Training and Development</b></p> <ul style="list-style-type: none"> <li>▪ CPD</li> <li>▪ Evidence-based learning</li> <li>▪ Specialty Certificates &amp; Courses</li> <li>▪ Internal Training</li> <li>▪ Education relating to therapeutic areas in which you work</li> </ul> <p><b>Governance</b></p> <ul style="list-style-type: none"> <li>▪ Patient Education</li> <li>▪ Meetings - attendance at governance meetings</li> <li>▪ Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting             <ul style="list-style-type: none"> <li>• Adoption of relevant provisions in the ABPI Code of Practice for the Pharmaceutical Industry</li> <li>• Confidentiality - procedures, directions and reviews detailing compliance with safeguards and levels of confidentiality for work and communications</li> <li>• Informed Consent Forms and Information Sheets</li> <li>• Management reports</li> <li>• Business Plans</li> <li>• Quality Management System and your involvement in it</li> <li>• Risk Management and medical governance standards</li> <li>• Guidelines and Regulations (e.g. International Conference on Harmonisation (ICH) Guidelines for GCP; Declaration of Helsinki)</li> </ul> </li> </ul>
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