**FACULTY OF PHARMACEUTICAL MEDICINE**

**REVALIDATION PROGRAMME REGISTRATION PACK**

**Checklist 2 for Doctors who practice outside the UK**

**NAME:**

|  |  |
| --- | --- |
| **Checklist of items to be returned** | **Complete √** |
| 1 |  I have already completed all of the elements of the FPM Revalidation Registration Pack. |  |
| 2 | Form R6 (Overseas Practice Form) signed by myself |  |
| 3 | I am employed \*(including those who own or part-own their own company) and I am submitting:(\*This checklist should also be used if you take up employment outside the UK after your initial registration or if you change employer outside the UK after your initial registration) |
| 1. Description of the organisational structure and reporting arrangements relevant to my role
 |  |
| 1. Description of the arrangements for performance monitoring and review
 |  |
| 1. Description of the organisation’s disciplinary policy and procedures in so far as relevant to fitness to practise medicine
 |  |
| 1. Description of the organisation’s complaints policy and procedures, as relevant to fitness to practice medicine, including how complaints from any clients, patients and the public are managed (see policy for details)
 |  |
| 1. Description of any external quality frameworks or codes of practice relevant to my role and how any findings are reported
 |  |
| 1. If I also hold medical registration in the country or countries where my non-UK practice occurs, evidence of my current standing with the local medical regulator/s
 |  |
| 1. Any other relevant information
 |  |
| 4 | I am self-employed and I am submitting: |
| 1. A copy of my complaints policy relevant to my own medical practice (see policy for details).
 |  |
| 1. Description of any external quality frameworks or codes of practice relevant to my role and how any findings are reported
 |  |
| 1. If I also hold medical registration in the country or countries where my non-UK practice occurs, evidence of my current standing with the local medical regulator/s
 |  |
| 1. Any other relevant information
 |  |
| 5 | If I have been unable to provide any information listed above I have included a written explanation of the reasons and circumstances of this |  |
|  |  |  |

Please return all the items listed above at the same time in one package.

Please return by post, marked ‘Confidential’ to:

Revalidation Administrator

Faculty of Pharmaceutical Medicine

19 Angel Gate

326a City Road

LONDON

EC1V 2PT