ACADEMY OF MEDICAL ROYAL COLLEGES

Supporting information for appraisal and revalidation: guidance for pharmaceutical medicine

Based on the Academy of Medical Royal Colleges and Faculties' Core Guidance for all doctors.

General Introduction

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

In order to maintain your licence to practice you will be expected to have at least one appraisal per year that is based on the General Medical Council's (GMC) core guidance for doctors, *Good Medical Practice*.[1] Revalidation will involve a continuing evaluation of your fitness to practise and will be based on local systems of appraisal and clinical governance.

Licensed doctors will need to maintain a portfolio of supporting information drawn from their practice which demonstrates how they are continuing to meet the requirements set out in the *Good Medical Practice Framework for appraisal and revalidation*.[2] Some of the supporting information needed will come from organisations' clinical governance systems, and the required information should be made available by the employer.

In certain cases it may be appropriate for you to relinquish your licence to practice, while remaining on the GMC Register. This will be determined in part by your individual requirements, according to the needs and specification of your appointment.

The GMC has set out its generic requirements for medical practice and appraisal in three main documents. These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal.

Doctors should therefore ensure they are familiar with the following:

- Good Medical Practice
- Good Medical Practice Framework for appraisal and revalidation

[1] GMC (2006). *Good Medical Practice*. *www.gmc-uk.org/static/documents/content/GMP_0910.pdf*

[2] GMC (2011). *Good Medical Practice framework for appraisal and revalidation. http://www.gmc-uk.org/static/documents/content/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf*

- Supporting information for appraisal and revalidation[3]
- Academy core guidance on supporting information for revalidation (this document)

Doctors should also have regard for any guidance, relevant to appraisal and revalidation that the employing or contracting organisation may provide concerning local policies.

In order to revalidate, you must collect supporting information as set out in the GMC's *Supporting Information for appraisal and revalidation*:

- **General information about you and your professional work**
- **Keeping up to date**
    - ***CPD***
- **Review of practice**
    - ***Quality improvement activity***
    - ***Significant events***
- **Feedback on professional practice**
    - ***Colleague feedback***
    - ***Patient and carer feedback***
    - ***Complaints and compliments***

You must participate in appraisals when you should expect to discuss with your appraiser your practice, professional performance and supporting information, as well as your professional career aspirations, challenges and development needs. Among other things, your appraiser will want to be assured that you are making satisfactory progress in obtaining appropriate supporting information for revalidation.

[3] GMC (2012). *Supporting information for appraisal and revalidation. www.gmc-uk.org/static/documents/content/Supporting_information__for_appraisal_and_revalidation.pdf*

The purpose of this document

Supporting Information

The medical royal colleges and faculties are responsible for setting the standards of care within their specialty, and for providing specialty advice and guidance on the supporting information required of you to demonstrate that professional standards have been met.

This document describes the supporting information required for appraisal and revalidation. It takes the principles of the GMC's guidance and offers practical examples of the information that you should present to demonstrate that you are keeping up to date and fit to practice. We recommend that you read this document along with the GMC's guidance on supporting information for appraisal and revalidation.

Although the types of supporting information are the same for all doctors, you will find in this document specific additional advice for pharmaceutical medicine at the end of some sections. The supporting information required is the same across the UK, although the process by which appraisal is undertaken will differ between the four nations of the UK. For those practising in England, the process is set out in the Medical Appraisal Guide (MAG); for those in Scotland, in the Scottish *Guide to Medical Appraisal*, and for those in Wales the *All Wales Medical Appraisal Policy*.

Not all of the supporting information described needs to be collected every year, although some elements are required, or should be reviewed, annually. This is stipulated in the document under "Requirements".

If you are unable to provide an element of the core supporting information, and you wish to bring alternative or additional information to your appraisal this will be evaluated by the appraiser and may be accepted, with the agreement of your Responsible Officer. This may be particularly relevant to clinicians practising substantially (if not wholly) in academic disciplines or as medical educators, or as medical managers with little or no patient contact, but by definition substantial vicarious responsibility for the standard of patient care. Some supporting information will not be appropriate for every doctor (for example patient feedback for doctors who do not have direct patient contact).

It is the responsibility of the appraiser to make a judgement about the adequacy of the supporting information that you provide. This should be discussed with your appraiser prior to your appraisal, but may also be discussed at other times. In addition to advice from your appraiser and Responsible Officer you should consider seeking advice from the designated person/source in the relevant medical royal college or faculty.

A range of forms and templates will be available with which you can record your supporting information. Advice on which to use should be obtained from your appraiser, Responsible Officer, college or faculty. Whichever is chosen must be adequate to enable the appraiser to review, and make a judgement about, your supporting information.

In preparing and presenting your supporting information, you must comply with relevant regulations and codes of practice (including those set by your contracting organisations) in handling patient identifiable information. No patient identifiable information should appear in your appraisal documentation.

Introduction for pharmaceutical medicine

This document contains the mandatory GMC requirements for revalidation together with the Pharmaceutical Medicine Specialty Specific Guidance for those physicians practising within this specialty. These requirements and guidance mirror those of all other specialties with certain differences which are described in the document.

Whilst only a minority of pharmaceutical physicians have direct patient contact, pharmaceutical medicine impacts in a wide variety of ways on health and patient safety. The Faculty of Pharmaceutical Medicine therefore anticipates that those practising pharmaceutical medicine will choose to revalidate and retain their licence to practise.

GENERAL INFORMATION Providing context about what you do in all aspects of your professional work	
The supporting information in this section should be updated at least annually.	
Personal Details	**Description** Your GMC number, demographic and relevant personal information as recorded on the GMC Register. Your medical and professional qualifications should also be included. **Requirements** A self-declaration of no change, or an update identifying changes, including any newly acquired qualifications, since your last appraisal. The supporting information in this section should be updated annually for your appraisal.
Scope of Work	**Description** A description of your whole practice covering the period since your last appraisal is necessary to provide the context for your annual appraisal. Some employers may require you to include your current job plan. **Requirements** Your whole practice description should be updated annually. Any significant changes in your professional practice should be highlighted as well as any exceptional circumstances (e.g. absences from the UK medical workforce, changes in work circumstances). The comprehensive description should cover all clinical and non-clinical activities (e.g. teaching, management and leadership, medico-legal work, medical research and other academic activities) undertaken as a doctor and include details as to their nature (regular or occasional), organisations and locations for whom you undertake this work and any indemnity arrangements in place. The description should detail any extended practice or work outside the NHS, paid or voluntary, undertaken in specialty or sub-specialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organisations. Any work undertaken outside the UK should be identified. An approximate indication of the proportion of time that you spend on each activity should be provided. If appropriate, summarise any anticipated changes in the pattern of your professional work over the next year, so that these can be discussed with your appraiser.

	Guidance Some specialists will be required to present, in summary form, quantitative and qualitative information representing certain areas of their practice. Maintenance of a logbook may help with this, and may be recommended by your college or faculty. You may wish to include details of the size and roles of the team with which you work in order to clarify your own role. *Guidance for pharmaceutical physicians:* *It is important that you give a comprehensive summary of your role and responsibilities in pharmaceutical medicine together with any roles and responsibilities in additional medical or clinical practice outside pharmaceutical medicine.*
Record of annual appraisals	**Description** • Signed-off "Form 4" or equivalent evidence (e.g. appraisal portfolio record) demonstrating a satisfactory outcome of your previous appraisal. • Evidence of appraisals from other organisations with whom you work. **Requirements** Required for every annual appraisal. Any concerns identified in the previous appraisal should be documented as having been satisfactorily addressed (or satisfactory progress made), even if you have been revalidated since your last appraisal. *Guidance for pharmaceutical physicians:* *In addition to the above, pharmaceutical physicians should keep records of the outcome of all previous appraisals within the current revalidation cycle, including supporting information from the 6 categories specified in the document Supporting Information for appraisal and revalidation*
Personal Development Plans and their review	**Description** • Access to the current personal development plan (PDP) with agreed objectives developed as an outcome of your previous appraisal. • Access to previous PDPs. **Requirements** The current PDP will be reviewed to ensure that the agreed objectives remain relevant, have been met or satisfactory progress has been made. Any outstanding PDP objectives that are still relevant should be carried over to the new agreed PDP. If you have made additions to your own PDP during the year, these should be confirmed with your appraiser as being relevant, and should be carried forward into the next PDP if required.

	Guidance The content of your PDP should where relevant, encompass development needs across any aspect of your work as a doctor. *The Faculty of Pharmaceutical Medicine has not issued any further specialty-specific guidance in relation to this section.*
Probity	**Description** The GMC states that all doctors have a duty to act when they believe patients' safety is at risk or that patients' care or dignity is being compromised. The GMC expects all doctors to take appropriate action to raise and act on concerns about patient care, dignity and safety.[4] Your supporting information should include a signed self-declaration confirming the absence of any probity issues and stating: • That you comply with the obligations placed on you, as set out in *Good Medical Practice*. • That no disciplinary, criminal or regulatory sanctions have been applied since your last appraisal or that any sanctions have been reported to the GMC, in compliance with its guidance *Reporting Criminal and Regulatory Proceedings Within and Outside of the UK* (2008), and to your employing or contracting organisation if required.[5] • That you have declared any potential or perceived competing interests, gifts or other issues which may give rise to conflicts of interests in your professional work - see the GMC document *Conflicts of Interest: Guidance for Doctors* (2008) and those relevant to your employing or contracting organisation if required (e.g. university or company). • That, if you have become aware of any issues relating to the conduct, professional performance or health of yourself **or** of those with whom you work that may pose a risk to patient safety or dignity, you have taken appropriate steps without delay, so that the concerns could be investigated and patients protected where necessary. • That, if you have been requested to present any specific item(s) of supporting information for discussion at appraisal, you have done so.

[4] GMC (2012). *Raising and acting on concerns about patient safety. www.gmc-uk.org/static/documents/content/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf*

[5] GMC (2008). *Reporting Criminal and Regulatory Proceedings Within and Outside the UK.* www.gmc-uk.org/static/documents/content/Reporting_criminal.pdf

	Requirements Required for every annual appraisal. **Guidance** The format of the self-declaration should reflect the scope of your work as a doctor. You should consider the GMC ethical guidance documents relevant to your professional or specialty practice, e.g. *0-18 years: Guidance for all Doctors* (2007).[6] *Guidance for pharmaceutical physicians:* *Pharmaceutical physicians should, in addition, refer to the Faculty document "Guiding Principles for Pharmaceutical Physicians" November 2010 at http://www.fpm.org.uk . Pharmaceutical physicians should be aware of the broader perspective; that this guidance does not just relate to direct patient care but reflects the whole of the scope of your work as a doctor.*
Health	**Description** A signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that you comply with the health and safety obligations for doctors as set out in *Good Medical Practice*, including having access to independent and objective medical care. **Requirements** Required for every annual appraisal. **Guidance** The scope of the self-declaration should reflect the nature of your work and any specialty-specific requirements. *Guidance for pharmaceutical physicians:* *The Faculty takes the view that this refers to any medical condition that has the potential to impact on your professional work. Details of any such condition should be provided.*

[6] GMC (2007). *0-18 years: Guidance for all doctors.* www.gmc-uk.org/static/documents/content/0-18_0510.pdf

KEEPING UP TO DATE Maintaining and enhancing the quality of your professional work	
Good Medical Practice *requires doctors to keep their knowledge and skills up to date, and encourages them to take part in educational activities that maintain and further develop their competence and professional performance.*	
Continuing Professional Development (CPD)	**Description** Continuing Professional Development (CPD) refers to any learning outside of undergraduate education or postgraduate training which helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.[7] CPD may be: • Clinical – including any specialty, or subspecialty, specific requirements • Non-clinical – including training for educational supervision, training for management or academic training[8]. Employer mandatory training and required training for educational supervisors may be included provided that the learning is relevant to your job plan, and is supported by reflection and, where relevant, practice change. **Requirements** At each appraisal meeting, a description of CPD undertaken each year should be provided including: • Its relevance to your individual professional work; • Its relevance to your personal development plan[9]; • Reflection and confirmation of good practice or new learning/practice change where appropriate. Normally achievement of at least 50 credits per year of the revalidation cycle is expected and at least 250 credits over a 5 year revalidation cycle. Where

[7] GMC (2012). *Continuing professional development: guidance for all doctors.* www.gmc-uk.org/CPD_guidance_June_12.pdf_48970799.pdf

[8] Colleges and Faculties have different ways of categorising CPD activities – see relevant college or faculty Guidelines for information.

[9] Not all of the CPD undertaken should relate to an element of the PDP, but sufficient should do so to demonstrate that you have met the requirements of your PDP.

	circumstances make this impossible, please refer to specialty guidance. **Guidance** You should take part in CPD as recommended by your college or faculty[10]. *The Faculty of Pharmaceutical Medicine guidance on CPD is available at* http://www.fpm.org.uk/revalidationcpd/CPD/cpd Your CPD activity should cover all aspects of your professional work and should include activity that covers your agreed PDP objectives. It is important to recognise that there is much professional benefit to be gained from a wide variety of CPD including some outside of your immediate area of practice and as such this should be encouraged. You should ensure that a balance of different types of educational activity is maintained. Documentation of CPD activity should include a reflection on the learning gained and the likely effect on your professional work. You should present a summary of your CPD activities through the year for your annual appraisal, together with a certificate from your college or faculty if this is available. For revalidation a cumulative 5 year record of your CPD activity should be provided. *Guidance for pharmaceutical physicians:* *The Faculty recommends that there is a relevant balance between internal and external CPD activities. Your CPD should address the objectives agreed on your PDP.*

[10] The ultimate responsibility for determining an individual doctor's CPD rests with the doctor and their appraiser. Many will require specific advice on the type of CPD required (such as in those circumstances where the appraiser is from a different specialty); such guidance can be obtained from the college or faculty most relevant to the doctor's area of practice. Many colleges and faculties also run CPD approval schemes, which doctors may benefit from joining.

REVIEW OF YOUR PRACTICE

Evaluating and improving the quality of your professional work

For the purposes of revalidation, you will have to demonstrate that you regularly participate in activities that review and evaluate the quality of your work. The nature and balance of these activities will vary according to your specialty and the work that you do. These activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action and, where possible, demonstrate an outcome or change. The supporting information in this section should be updated annually. If you work in a non-clinical area you should discuss options for quality improvement activity with your appraiser, college or faculty[11]*.*

Audit and other quality improvement activity should reflect the breadth of your professional work over each five-year revalidation period.

Quality Improvement Activity	
Clinical audit	**Description** You should participate in at least one complete audit cycle (audit, practice review and re-audit) in every 5 year revalidation cycle. If audit is not possible other ways of demonstrating quality improvement activity should be undertaken (see below). **Requirements** <u>National Audits</u> Participation in national audits is expected where these are relevant to the specialty or subspecialty in which you practice. However, in some specialties national audits are few in number and alternative ways of demonstrating the quality of your practice will be required. Your participation in national audits may focus on the professional performance of the team, but there will be elements that reflect your personal practice or the results of your management of, or contribution to, the team or service of which you are part. Your own role, input, learning and response to the audit results should be reflected upon and documented. <u>Personal and Local Audit</u> Improvement in the quality of your own practice through personal involvement in audit is recommended. A simple audit of medical record keeping against agreed standards may be considered, but should be carried out in addition to, and not as a substitute for, other clinical audit activity. **Guidance**

[11] For example, if you are working in education or management your Quality Improvement Activity could include (a) auditing and monitoring the effectiveness of an educational programme, (b) evaluating the impact and effectiveness of a piece of health policy or management practice.

	Where required by the relevant college or faculty, your specialty departments should ensure that formal programmes of audit are in place, reflecting key areas of specialty and/or subspecialty practice. Where this is the case, you should provide evidence demonstrating active engagement in local audit throughout a full audit cycle. *Guidance for pharmaceutical physicians:* *For those pharmaceutical physicians who do not have clinical practice, this will be a medical audit relevant to their work.* *If you cannot fulfil this requirement due to personal working arrangements, an alternative would be to arrange to submit documentary evidence of the quality of your professional work.*
Review of Clinical Outcomes	**Description** Clinical outcomes that are used for revalidation should be robust, attributable and well-validated. Even where this is not the case you may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of your practice. **Requirements** Where national registries or databases are in place relevant to your practice you may be expected to participate in the collection and contribution to national, standardised data. Evidence of this participation should be made available for your appraisal. Nationally agreed standards and protocols may also include outcomes, and you should bring these to appraisal where recommended by the specialty. Data should relate, as far as possible, to your own contribution. Comparison with national data should be made wherever possible. **Guidance** There are some specialities, mainly interventionist or surgical but including those academic activities in which clinical trials play a major part, which have recognised outcome measures. Where clinical outcomes are used instead of, or alongside, clinical audit or case reviews, there should be evidence of reflection and commentary on personal input and, where needed, change in practice. *Guidance for pharmaceutical physicians:* *Review of medical outcomes should include those relevant to your practice; e.g. ethics committee submissions, PSURs, risk minimisation measures.* *Where available, you should provide outcome and performance data based on individual and team practice with reflection and commentary on your personal input.*
Case review or discussion	**Description** The purpose of case reviews is to demonstrate that you are engaging meaningfully in discussion with your medical and non-medical colleagues in order to maintain and

	enhance the quality of your professional work. Case reviews provide supporting information on your commitment to quality improvement if appropriate audit/registries are unavailable. **Requirements** If you are unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. You should then provide at least two case reviews per year, covering the range of your professional practice over a 5 year revalidation cycle. You should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with peers or presentation at department meetings. Identified action points should be incorporated into your personal development plan. **Guidance** Evidence of relevant working party or committee work (internal or external) may be included together with your personal input and reflection, including implementation of changes in practice, where appropriate. Some specialties or subspecialties may recommend case reviews routinely, and a number of different approaches will be acceptable, including documented regular discussion at multidisciplinary meetings or morbidity and mortality meetings. In some specific circumstances case reviews may form the main supporting information in support of quality improvement. *Guidance for pharmaceutical physicians:* *For pharmaceutical physicians for whom case review would not be appropriate, evidence should be provided of peer discussion of medical activities together with resulting proposals for changes in practice; e.g. clinical overviews, protocols, code of practice materials, regulatory or ethical committee submissions.*
Significant Events	
Clinical incidents, Significant Untoward Incidents (SUIs) or other similar events.	**Description** A significant event (also known as an untoward, critical or patient safety incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.[12] You should ensure that you are familiar with your organisation's local processes and agreed thresholds for recording incidents. It is not the appraiser's role to conduct investigations into serious events.

[12] GMC (2012). *Supporting information for appraisal and revalidation.* www.gmc-uk.org/static/documents/content/Supporting_information__for_appraisal_and_revalidation.pdf

	Requirements If you have been directly involved in any significant incidents (SUIs) since your last appraisal you must provide details based on data logged by you, or on local (e.g. your NHS employer where such data should be routinely collected) or national incident reporting systems (e.g. NRLS). If you have been directly involved in any clinical incidents these should also be summarised, together with the learning and action taken, in order to show that you are using these events to improve your practice. If you are self-employed or work outside the NHS, or in an environment where reporting systems are not in place it is your responsibility to keep a personal record of any incidents in which you have been involved. This could include a brief description of the event, any potential or actual adverse outcomes, and evidence of reflection. A summary reviewing the data and a short anonymised description (with reflection, learning points and action taken) of up to two clinical incidents and all SUIs or root cause analyses in which you have played a part (including as an investigator) should be presented for discussion at your annual appraisal. If there has been no direct involvement in such incidents since your last appraisal, a self-declaration to that effect should be presented at your annual appraisal. **Guidance** Incidents and other adverse events which are particularly relevant or related to certain areas of specialist practice are identified in the colleges' and faculties' specialty guidance, together with tools and recommendations when documenting your involvement. You should take care not to include any patient identifiable information in your appraisal documentation. *Guidance for pharmaceutical physicians:* *For pharmaceutical physicians this will include any significant untoward event relating to their area of medical practice; for example, code of practice complaints, product withdrawal, labelling restrictions, unsatisfactory company or external (e.g. regulatory) audits.*

FEEDBACK ON YOUR PRACTICE **How others perceive the quality of your professional work**	
Feedback from colleagues and patients (if you have direct contact with patients) must be collected at least once in every five year revalidation cycle and presented to your appraiser.	
Colleague feedback	**Description** The result of feedback from professional colleagues representing the range of your professional activities, using a validated multi-source feedback (MSF) tool. The tool should meet the criteria set by the GMC.[13] The results should be reflected upon, and any further development needs should be addressed **Requirements** At least one colleague MSF exercise should be undertaken in the revalidation cycle. You may want to consider undertaking your MSF early in the revalidation cycle in case the exercise has to be repeated. **Guidance** The selection of raters/assessors should represent the whole spectrum of people with whom you work. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty. *Guidance for pharmaceutical physicians:* *For pharmaceutical physicians the selection of raters/assessors should represent a spread of colleagues including administrative staff, inter-departmental colleagues and where applicable, colleagues external to the main employing organisation.*
Feedback from patients and/or carers	**Description** The result of feedback from patients and carers, using a validated tool. The tool should meet the criteria set by the GMC. The results should be reflected upon, and any further development needs addressed. **Requirements** At least one patient feedback exercise should be undertaken in the revalidation cycle. You may want to consider gathering your patient feedback early in the revalidation cycle in case the exercise has to be repeated. **Guidance** Some colleges and faculties have identified patient feedback tools, instruments and processes which are suitable for doctors with particular areas of specialty practice.

[13] GMC (2011). *Guidance on colleague and patient questionnaires.* www.gmc-uk.org/static/documents/content/Colleague_and_patient_questionnaires.pdf_44702599.pdf

	For some doctors, only some areas of their whole practice will be amenable to patient and/or carer feedback. Where practicable, a complete spectrum of the patients that you see should be included when seeking this type of feedback, and particular attention should be given to the inclusion of patients with communication difficulties, where relevant. If you do not see patients as part of your medical practice, you are not required to collect feedback from patients. However, the GMC recommends that you think broadly about what constitutes a "patient" in your practice. Depending on your practice, you might want to collect feedback from a number of other sources, such as families and carers, students, suppliers or customers. If you believe that you cannot collect feedback from patients, you should discuss this (as well as proposed alternatives) with your appraiser. *Guidance for pharmaceutical physicians:* *This will not be relevant to pharmaceutical physicians unless they are undertaking clinical work; in which case, it would need to be provided once in each five-year revalidation cycle.*
Feedback from clinical supervision, teaching and training	**Description** If you undertake clinical supervision and/or training of others, the results from student/trainee feedback or peer review of teaching skills should be provided for appraisal and revalidation purposes. **Requirements** Evidence of your professional performance as a clinical supervisor and/or trainer is required at least once in a 5 year revalidation cycle. Feedback from formal teaching should be included annually for appraisal. **Guidance** Appropriate supporting information may include direct feedback from those taught in a range of settings. Clinical supervisors and educational supervisors are required to provide evidence that have met the minimum training requirements set by the GMC for these roles. *Guidance for pharmaceutical physicians:* *For pharmaceutical physicians, this should include any medical teaching or mentoring activities, including work as an Educational Supervisor or Senior Specialty Adviser.*
Formal complaints	**Description** Details of all formal complaints (expressions of dissatisfaction or grievance) received since your last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection for discussion

	during the annual appraisal. A formal complaint is one that is normally made in writing and activates a defined complaints response process. **Requirements** Details of formal complaints should be included annually. For your appraisal you are only required to submit details of formal complaints received from patients, carers, colleagues or staff – either employed within your clinical area or any other arena in which you work (e.g. University) – relating to any of your professional activities or those team members for whom you have direct responsibility. If you have not received any formal complaints since your last appraisal, a self-declaration to that effect should be provided. **Guidance** A complaint may be made about you or your team or about the care that your patients have received from other healthcare professionals. In all such cases an appropriate personal reflection should be provided covering how formal complaints have been managed (with reference, if necessary, to local or national procedures or codes of practice), actions taken, learning gained, and if necessary, potential items for the personal development plan. Rather than the nature of the complaints themselves, your reflection will be the focus for discussion during the appraisal. Some colleges and faculties have developed tools and forms to help to document and structure this reflection. *Guidance for pharmaceutical physicians:* *For pharmaceutical physicians an example would be code of practice complaints, as well as complaints from colleagues or others with whom the pharmaceutical physician has contact.*
Compliments	**Description** A summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of your professional work or that of your team. **Requirements** Your summary should be updated annually. Not all compliments that you receive need to be included in your summary and you may opt not to present details of any compliments at all during any of your annual appraisals. This option will not hinder your progress towards revalidation. **Guidance** It is useful to reflect on successes as well as on problems. If compliments are to be useful in revalidation they should be accompanied by relevant reflection highlighting, for example, the value you attach to these compliments in terms of how they have

	affected your professional practice, relationship with others, learning and development. Some colleges and faculties have developed tools and forms to help document and structure this reflection. *The Faculty of Pharmaceutical Medicine has not issued any further specialty-specific guidance in relation to this section.*

Supporting information for revalidation checklist

This checklist must be used in conjunction with the full guidance document. *All items listed here reflect the full guidance. If you are unable to present one or more items listed please discuss this with your appraiser; alternative items of supporting information may be agreed as appropriate.*

GENERAL INFORMATION		
Personal details	✓ GMC number ✓ demographic and relevant personal information and qualifications ✓ self-declaration of no change, or an update identifying changes	Annual
Scope of work	✓ description of your whole practice covering the period since your last appraisal ✓ current job plan (if required for reference) ✓ any significant changes in your professional practice ✓ extended clinical and non-clinical activities ✓ any other relevant information for your field of practice	Annual
Record of annual appraisals	✓ signed-off appraisal portfolio record and satisfactory outcomes of previous appraisal ✓ evidence of appraisals (if undertaken) from other organisations ✓ confirmation that previous actions/concerns have been addressed	Annual
PDPs	✓ current personal development plan (PDP) with agreed objectives from previous appraisal ✓ details of any new objectives added since last appraisal or to be added ✓ access to previous PDPs	Annual
Probity	✓ signed probity self-declaration	Annual
Health	✓ signed health self-declaration	Annual
KEEPING UP TO DATE		
CPD	✓ description of CPD undertaken each year as set out in requirements	Annual
REVIEW OF YOUR PRACTICE		
Quality improvement activity – at least one of the following activities as appropriate for your specialty, see full guidance		
Clinical audit	✓ evidence of demonstrating active engagement in complete audit cycle	Minimum 1 in 5 years
Review of clinical outcomes	✓ documented review of clinical outcomes as where defined by your specialty	If available
Case review or discussion	✓ documented case reviews	See specialty guidance
Significant Events		
Clinical incidents, Significant Untoward Incidents (SUIs) or other similar events	✓ Summary of all SUIs or root cause analyses that you have been involved in ✓ Summary of at least 2 clinical incidents per year **OR** ✓ Self-declaration that you have not been involved in any events.	Annual
FEEDBACK ON YOUR PRACTICE		
Colleague feedback	✓ MSF colleague feedback exercise (normally by the end of year 2).	Minimum 1 in 5 years
Feedback from patients and/or	✓ Patient feedback survey or equivalent exercise, normally by the end of year 2.	Minimum 1 in 5 years

carers (if applicable)		
Feedback from clinical supervision, teaching and training (if applicable)	✓ Evidence of your performance as a clinical supervisor and/or trainer (a) ✓ Feedback from formal teaching included **annually** (b)	(a) Minimum 1 in 5 years (b) annual
Formal complaints	✓ Documented formal complaints received **OR** ✓ self-declaration that you have not received any since your last appraisal	Annual
Compliments	✓ A summary of unsolicited compliments received	Annual