**FOR OFFICE USE ONLY**

**Reference No.**

**Date received**

**Fee received**

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Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom

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**REVALIDATION AGREEMENT**

**March 2017**

**Purpose**

Doctors are required to sign this Revalidation Agreement prior to their enrolment in the Faculty’s Revalidation Programme. This Agreement is designed to ensure that those doctors who have a prescribed connection with the Faculty and intend to revalidate understand the requirements with which they will need to comply in order that the Faculty can carry out its statutory responsibilities as a Designated Body (DB) as set out in the Medical Profession (Responsible Officers) Regulations 2010.

All doctors must sign this agreement with the Faculty as their DB before being accepted into the Faculty’s Revalidation Programme.

**Definitions**

**Designated Body** has the meaning ascribed to it in the Medical Profession (Responsible Officers) Regulations 2010

**Doctor** is a Faculty member who is registered in the Faculty Designated Body Revalidation Programme

**Responsible Officer** has the meaning ascribed to it in the Medical Profession (Responsible Officers) Regulations 2010

**Revalidation Agreement** is the Agreement the doctor enters into with the Faculty of Pharmaceutical Medicine

**A full three-month period** is the equivalent of three calendar months full-time work

**PERSONAL DETAILS**

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| --- |
| **GMC registration number** |
| **Name as registered with the GMC** |
| **Address as registered with the GMC**City/TownPostal CodeCountry |
| **Contact telephone number**  |
| **Main contact e-mail address** | **Alternative contact e-mail address** |

**PREVIOUS DESIGNATED BODIES**

**You will need to provide details of any previous designated bodies with which you have had a prescribed connection**

|  |  |
| --- | --- |
| **Have you previously had a prescribed connection with a designated body? Please tick the appropriate box.** | **[ ]  Yes** **[ ]  No**  |
| **If yes, please list all designated bodies with which you have had a prescribed connection since 3rd December 2012 specifying the start and end dates of your connection.** |

**EMPLOYMENT AND SELF-EMPLOYMENT**

**(details of current and previous employer/s or, for the self-employed Doctor, any organisation/s with which they have or have had a contract or on whose behalf they undertake or have undertaken services covering the equivalent of three calendar months full time work prior to the date of the signing of this agreement - please use separate sheet if necessary)**

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| --- |
| **Employer / Contracting Organisation:****Address:** |
| **Job title:****Start date :****End date (if relevant) :** |

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| **Employer / Contracting Organisation:****Address:** |
| **Job title:****Start date :****End date (if relevant) :** |
| **Employer / Contracting Organisation:****Address:** |
| **Job title:****Start date :****End date (if relevant) :** |

**DECLARATION**

**I declare that**

* I have a current Licence to Practise (LtoP) and wish to retain that licence through revalidation with the Faculty as my designated body (DB);
* I will undertake my medical practice in accordance with General Medical Council (GMC) principles of Good Medical Practice (GMP) and any other GMC or relevant specialty guidance applicable to my field of practice;
* I will inform the Faculty of any restrictions on my current LtoP;
* I will inform the Faculty if I am aware of any complaints or concerns that are either under, or may become subject to, a formal investigation or disciplinary process and which may affect my fitness to practise;
* I will make the Responsible Officer (RO) aware of any material matters in my past medical or employment history that could be of relevance to my appraisal and / or revalidation.
* I will inform the Faculty if I have any criminal record or proceedings (including the acceptance of a “Caution”) (the provisions in the Rehabilitation of Offenders Act 1974 (Exceptions) Order SI 1975/1023 in relation to offences becoming “spent” does not apply to persons whose employment relates to the provision of health services which involves access to patients).
* I accept that I am subject to a requirement to inform the Faculty immediately should such circumstances arise in consequence of which I am the subject of a criminal prosecution, acquire a criminal record or accept a “Caution” (for this purpose speeding fines/points do not count);
* I will provide the RO on request with a named contact for discussion from any organisation for which I provide medical services;
* I will consent to the processing of my personal data or sensitive personal data (as the case may be) to the extent necessary to give effect to the terms of this agreement
* I will complete Data Protection Act (DPA) consents in the form set out in Forms R3 and R4 of this Agreement to enable information which could have an impact on my Licence to Practise to be provided to the Faculty (a) by my current employer/s or organisation/s with which, if self-employed, I have a current contract or on whose behalf I provide services; (b) previous employer/s or organisation/s with which, if self-employed, I have had a contract or on whose behalf I have provided services covering a full three-month period; (c) my previous Responsible Officer (RO) or a future RO of any organisation with which I have had or will have a prescribed connection during a given revalidation cycle and (d) by the Faculty to FPM appraisers, other ROs or to the GMC.
* I will submit with the signed Agreement a statement or statements set out in Forms R1and R2
1. completed by my current or most recent employer/s and/or, if self-employed, the current or most recent organisation/s with which I have or have had a contract or on whose behalf I provide or have provided services;
2. and if my first day of employment by or engagement with an organisation was less than three months before the date I signed this Agreement with the Faculty I will also provide a statement from all my previous employers and/or organisations with which I have had a contract or on whose behalf I have provided services, with the statements provided from the current and previous organisations covering a full three-month period;

In addition:

* + I will inform the Faculty without delay of any investigation, complaint or concern that could result in a disciplinary process (by employer or GMC) which may affect my fitness to practise;
	+ I will inform the Faculty of any material changes in circumstance, including health, which might impact on my ability to undertake my medical practice;
	+ I will keep the Faculty informed of any change of employer/s and submit a Form R3;
	+ If a self-employed doctor, I will keep the Faculty informed of any change in my contract/s where I am engaged as a registered medical practitioner;
	+ I will keep the Faculty informed of any voluntary or unpaid medicalwork I perform and record this in the e-portfolio for appraisal as part of my whole practice review;
	+ I will keep the Faculty informed of any change of contact details;
	+ I will abide by the Faculty’s revalidation equality and diversity policy;
	+ I will comply with all current requirements for appraisal, including strict adherence to timelines as notified by the Faculty;
	+ I will comply with any Faculty requirements which enable the RO to monitor compliance with any GMC conditions or restrictions which apply to my practice;
	+ I will inform the RO of any potential or actual conflicts of interest that arise or could be perceived to arise in relation to any aspect of the revalidation process;
	+ I will inform the RO at the earliest opportunity of any other matter not detailed within this agreement which might impact on my revalidation;
	+ I will remain a member of and in good standing with the Faculty by paying the Faculty membership subscription when required and by abiding by the Articles of Association and the Regulations of the Faculty;
	+ I am aware that it is my own personal professional responsibility to ensure appraisal documentation is completed honestly and with integrity, to ensure that my Continuing Professional Development (CPD) is relevant and to maintain my records for each appraisal within each revalidation cycle, to undertake patient and colleague feedback as appropriate and relevant to my role once in each revalidation cycle or as prescribed by the GMC or Faculty;
	+ I agree that the Faculty RO has the right to contact ROs from other DBs with whom I have had a prescribed connection during the current revalidation cycle;
	+ I am aware that ROs from other DBs with which I may have a future prescribed connection have the right to contact the Faculty RO for information about my fitness to practise and that any information relevant to the current revalidation cycle will be provided to them by the Faculty;
	+ I agree that the Faculty designated body can directly contact my employer / employers to ask for information or to inform them of revalidation recommendations where they deem it necessary / relevant to do so;
	+ I am aware that it is my responsibility to ensure that my current and all future employers and contracting organisations are aware that the Faculty is my DB and to advise these employers and organisations that as part of the revalidation process I will be submitting supporting information for the appraisal which is directly related to my medical practice within the organisation/s concerned;
	+ I accept that my appraisals must take place face to face in the United Kingdom;
	+ I am responsible for ensuring I participate in the annual appraisal cycle to meet the requirements of revalidation;
	+ I will maintain a professional portfolio including feedback from each of my employers (whole practice review), records of my training, reflective practice and additional documentation specified by the GMC;
	+ I will upload a recent and identifiable photograph of myself to my e-portfolio;
	+ I will upload into the Faculty e-portfolio system relevant appraisal evidence (if any) conducted under my prior Designated Bodies (if any) during this cycle i.e. undertaken since my last revalidation date. This appraisal evidence will take the form of complete and closed appraisals including Input and Output forms (or equivalent), PDPs, etc. and I will carry across current Personal Development Plan objectives;
	+ I will upload, if available, any previous validated multi source feedback exercise from colleagues and also from patients / volunteerswhere applicable;
	+ If I undertake any clinical work which involves interaction with patients or volunteers, I will ensure I upload a clinical performance review (from my employer or as agreed with the RO) into my e-portfolio each year;
	+ I will ensure that the completed Input form is submitted through the e-portfolio a minimum of two weeks (14 days) before the appraisal meeting date. If it is not submitted in time the appraiser may cancel this meeting and if they do so I will be liable to be charged for the rescheduled appraisal. The Faculty’s decision on this is final;
	+ I agree that it is my personal responsibility to ensure that the submitted Input form and / or supporting evidence is to the required GMC standard and in accordance with current guidance. I accept that if my submitted Input form and / or supporting evidence does not meet this standard and my appraisal is cancelled as a consequence this cost will not be refunded, I will be liable to be charged for the rescheduled appraisal. The Responsible Officer’s decision on this is final;
	+ I accept that if I cancel a scheduled appraisal meeting with less than two weeks (14 days) notice the appraisal cost will not be refunded and I will be liable to be charged for a rescheduled appraisal. The Faculty will be the determining agency in such cases;
	+ I accept that if in the two weeks (14 days) preceding the arranged meeting date an appraisal cannot go ahead due to my action or inaction the appraisal cost will not be refunded and I will be liable to be charged for a rescheduled appraisal. I accept the Faculty will be the determining agency in such cases;
	+ I will comply with all other current revalidation policies that the Faculty may introduce and from time to time amend.
	+ I accept the requirement:
1. to pay an annual revalidation fee to the Faculty to participate within the Faculty Revalidation Programme and that this will be paid in advance of the start of each appraisal year. Appraisal years commence on the first day of April;
2. that the Faculty will invoice me and that I must make payment within the stated timelines;
3. that if the annual fee is not paid before the last working day of March of any given year, which is the start of the next revalidation year, the Faculty will commence its non engagement process which places me at risk of a formal referral to the GMC in respect of my revalidation;
	* I accept that if I withdraw from the programme/change designated body I am entitled to apply for a reimbursement of part of the revalidation fee. If eligible, this will be calculated from the date my prescribed connection changes on GMC Connect;
	* I confirm that if my DB changes I have a responsibility to change my prescribed connection on GMC Online*;*
	* I accept that the Faculty will be entitled to charge any other reasonable fees and that this includes any costs incurred as a result of me cancelling an appraisal that has already been scheduled;
	* I accept that the Faculty may vary any term of the Revalidation Agreement as necessary to comply with changes in the responsibilities of a Responsible Officer; made as a result of a change of law or policy or requirements of the GMC; or on account of any other relevant factor.

**REVALIDATION AGREEMENT**

**Name (please print)**

**Signature**

**Date**