CONTINUING PROFESSIONAL DEVELOPMENT
GUIDANCE NOTES

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1. Introduction.

The Faculty of Pharmaceutical Medicine (FPM) is a charity that was founded to promote the science of pharmaceutical medicine and to develop and maintain competence, ethical integrity and highly professional standards in the practice of pharmaceutical medicine. The GMC states that physicians have a duty to keep their knowledge and skills up to date throughout their career. A cornerstone to these aims is to promote excellence in Continuing Professional Development (CPD).

CPD is a continuing process that enables individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour.

The Faculty started its involvement in CPD in 1988 (when it was known as Continuing Medical Education [CME]) and since 1998 the Faculty has had a place on the Academy of Medical Royal Colleges' (AoMRC) Directors of CPD Committee (formerly Directors of CME), which co-ordinates the CPD schemes of most Medical Royal Colleges and associated Faculties. During this time, CME has broadened from a process principally concerned with keeping up to date with medical/scientific and specialist knowledge to one of CPD, which also takes account of the development of skills of an individual physician across the full range of practice. The emphasis has changed from an 'input-based time served' approach to one with an emphasis on relevance to practice and personal professional development and perhaps on 'outcomes and outputs'. In particular there is a recognition that learning linked to professional development, for example, new skills or gaining knowledge for a new role are a common occurrence in professional life. Thus, this revised approach embodies reflective learning with the emphasis on the application of the new or updated knowledge and skills learnt to that physician's professional practice and should constitute an effective learning process.

The Faculty of Pharmaceutical Medicine's CPD scheme adheres to the principles prepared by the GMC[1-4] and those elaborated by the AoMRC[5,6]. The Faculty scheme has been set up to support Pharmaceutical Physicians participating in CPD regardless of whether or not they are undertaking revalidation and whether or not they are members of the Faculty.

2. Key Points

- The GMC requires that all doctors keep up-to-date through CPD. (Section 3)
- The Faculty provides support for Pharmaceutical Physicians undertaking CPD regardless of whether or not they are undertaking revalidation and whether or not they are members of the Faculty. (Section 1)
- Physicians wishing to register with the Faculty for revalidation or for the CPD scheme or who require practical advice should contact the Faculty office. (Section 4)
- Faculty has developed a Framework for CPD for Pharmaceutical Medicine (Appendix 1) based upon GMC requirements. (Section 5)
- A CPD activity does not need to be a specific learning/teaching event but can be any of an infinite number of activities which provide an opportunity to learn. This includes for example informal learning, which can arise in day-to-day work. (Section 6)
- A Personal Development Plan (PDP) must be set each year. It must be discussed and agreed with an appraiser or mentor. This will provide a record of the learning process. (Section 7)
- All pieces of CPD must have associated Reflective Notes/Commentary. This drives change in performance and is key to effective CPD. In most cases, reflective notes need be only one or two paragraphs in length, but must include all required information. (Section 8)
- CPD details must be stored electronically, either in the FPM Revalidation e-Portfolio (PReP) or in the Faculty CPD-only module. This must include a reflective commentary and evidence

of participation in the CPD event. (Section 9 and Appendix 2)

- The recording of CPD credits is optional for physicians who are revalidating and usual practice for physicians who use the CPD-only module. (Section 9 and Appendix 3)
- Physicians who use the CPD-only module (i.e. physicians who are not revalidating) can print out a CPD certificate each year from the module. (Section 9)
- Although CPD participants can self-accredit relevant activities, many organisers accredit their events in advance through the Faculty or other approved bodies. (Section 10)
- Employers are responsible for providing CPD support for doctors working for them. (Section 12)
- CPD participants are encouraged to review carefully the documents listed for Recommended Reading. (Section 15)
- Flow charts summarising this guidance document are provided as Appendix 4.

3. The General Medical Council and CPD.

The GMC requires that all doctors keep their knowledge and skills up to date and that they regularly take part in activities that maintain and develop their competence and performance[1].

CPD is defined as a continuous learning process that complements formal undergraduate and postgraduate education and training in order to maintain and further develop competence and performance. CPD should encourage and support specific changes in practice and career development and be relevant to a physician's practice. CPD is not an end in itself. By its nature, CPD must be tailored to the specific needs and interests of the physician and his/her practice[2]. CPD is also necessary for general professional development to enable a doctor to anticipate and respond to changing demands[3].

CPD must be undertaken as part of personal development with regard for a doctor's professional needs and competencies and taking into account the needs of patients and the developing healthcare system. The doctor must participate in a wide range of CPD to cover the scope of the doctor's practice and be relevant to current and emerging knowledge and skills. Although it will often not be possible to directly measure the effect of a particular CPD activity on patient outcomes, this in itself should not diminish the value of the educational activity; however, doctors must try to identify ways in which their CPD activities could help to improve the quality of care provided to patients and the public[2].

Good Medical Practice (GMP) requires a doctor to reflect upon his/her practice and whether he/she is working to the relevant standards[1]. CPD should focus on outcomes or outputs rather than on inputs or a time served approach. A doctor should evaluate what has been learned and understood from the CPD activity and how it may impact on and improve performance. CPD should be based upon needs of the doctor to address the unpredictable and changing nature of medical practice and develop and consider new areas of competence. Additionally, CPD should meet the needs of patients, colleagues and employers wherever appropriate and should be influenced by participation in governance processes, audit and other mechanisms that shed light on a doctor's professional and work practices[2].

The GMC does not define a required amount of CPD, but states that it is the doctor's own responsibility to do enough appropriate CPD to remain up to date and fit to practise and to be able to demonstrate this at appraisals; this applies to doctors in both full-time and in less than full-time practice[3]. It notes that the GMP Framework[4] provides a useful structure and that while CPD does not have to be matched against every element of the framework, doctors should look for

developmental opportunities across all of the domains and not confine learning to the areas in which they feel most comfortable[3].

Several GMC documents have been used as references and links to all are included in Section 15. It is recommended that these documents are reviewed carefully by all CPD participants.

4. Registration for Faculty CPD

Physicians who are registered with the Faculty as their Designated Body (DB) for revalidation have automatic access to the scheme, namely the Faculty Revalidation e-Portfolio (PReP) which is used for recording CPD either as a stand-alone or within the procedures for revalidation. Physicians registered with a different DB should use the system appropriate to that body. Physicians wishing to register with the Faculty for revalidation should contact revalidation@fpm.org.uk and physicians wishing to register for the CPD scheme alone should contact cpd@fpm.org.uk. Physicians requiring practical advice should use the same e-mail addresses to contact the Revalidation Support and Professional Development Administrators respectively.

5. Framework for CPD

The Faculty has developed a Framework for CPD for Pharmaceutical Medicine. This framework has been based on the requirements of the GMC and relates to GMP domains and additional quality improvement activities stipulated by the GMC for revalidation (and recommended by the Faculty for all CPD participants). (Appendix 1).

Due to the wide variety of activities that form part of Pharmaceutical Medicine, and indeed the wide variety of medical practice that GMP is designed to embody, CPD participants will need to interpret the framework to determine how it relates to their individual jobs, working practices and personal professional development. Doctors are encouraged to think openly and widely when undertaking this review. The framework provides a non-exhaustive list of examples to assist this process.

The numbered areas of the framework are based on the GMP guidance. CPD participants should undertake learning and development activities across a spectrum of items each year, and should aim to have activities across the whole framework in each five-year cycle. The Quality Improvement Activities have frequencies listed in the framework based upon the GMC requirements.

Useful documents for specialist physicians such as those in non-clinical specialties, Pharmaceutical Medicine or who work as educators and trainers provided by AoMRC[5,6] and the GMC website[7] have been used as references and links are included in Section 15. It is recommended that these documents are reviewed carefully by all CPD participants. Participants should also refer to GMP[1] for further information.

6. CPD Activities

There is no fixed definition of a CPD activity. A learning experience does not need to be a specific learning/teaching event but can be any of an infinite number of projects, activities and encounters which provide an opportunity from which to learn. Learning experiences might be formal or informal, personal or in groups. The following list provides some examples of CPD activities, but is not exhaustive.

- Professional conferences and meetings, symposia, workshops
- Group work, seminars and journal clubs
- Presentations (including preparation and research)
- Authorship

- Training courses
- Structured self-learning programmes
- Private study and reading
- Membership of ethics committees
- Specified clinical attachment
- Ward rounds and clinical meetings
- Professional conversations and exchanges
- Learning as part of your job; for the pharmaceutical physician this could be the development of patient information leaflet, running a project team or your learnings from being audited, for example
- Learning new techniques relevant to the job. This can be practical skills or managerial skills (including, for example, people management, interviewing skills, how to perform quality audits etc.)
- Training, teaching and examining (including preparation). This can also include learning from feedback received
- ¥¥Audit** and documented work review activities (¥¥Quality Improvement Activities).
- ¥¥Learning from feedback obtained from patients (where appropriate), colleagues and other stakeholders for example an independent consulting pharmaceutical physician may seek feedback from a client(¥¥ Patient/Colleague Feedback)
- ¥¥Learning from unexpected incidents (may be clinical), Significant Events (SEs, otherwise known as Significant Untoward Events [SUIs]), complaints or compliments. Unexpected incidents can include ABPI complaints, management issues, safety incidents, failed clinical trials, rejected Ethics or regulatory applications (¥¥ Significant Events, Complaints, Compliments etc.)

¥¥ **Important note:** Doctors who are revalidating and using the PReP e-Portfolio should not categorise these learning events marked ¥¥ as CPD but should instead use the identifiers incorporated in the e Portfolio as indicated (marked ¥¥ in brackets).

Not all CPD opportunities will be planned. There will be opportunities for informal learning and reflection about performance arising spontaneously from day-to-day practice and this can be one of the most fruitful forms of CPD because it links directly to everyday work. In Pharmaceutical Medicine, these learning experiences cover a spectrum of activities from large projects through smaller projects, individual contributions to a project team, a single piece of work, organising or running a clinical trial, working on a development plan or a risk management plan, contributing to a marketing plan, writing a protocol, teaching, participating in formal or informal training, attending meetings, having discussions with colleagues, using Internet resources, reading and many others.

Some activities may have more than one learning experience. For example, the research for a presentation given at a meeting may qualify for CPD and the remainder of the meeting itself may also qualify for CPD. Many projects and activities have similar multiple learning potential.

**Performing an audit involves a full cycle of noting and investigating something that could be improved, working (often in consultation with other stakeholders) to develop solutions/new procedures etc., assessing the effects of changes made in a re-audit and re-evaluating and revising where necessary the solution or new procedure initially put in place. Depending on the nature of the audit (including workload, frequency of occurrence, time required to collate evidence of the effects of changes made etc.), evidence regarding the audit may be developed over several years of CPD in order to be a meaningful learning experience. The audit of a department or a company by internal or external (e.g. MHRA) auditors often provides valuable learning, and may thus be regarded as CPD, although the experience of being audited can rarely be regarded as performing an audit for revalidation purposes – for this, there would need to be evidence of continuing activity and quality

improvement over several years, including the need for substantial changes to be made, a re-audit and high personal involvement in all activity.

There should be a balance between the various CPD activities that are external, internal and self-directed. It will be the responsibility of participants to ensure that they undertake a range of CPD activities that reflect the local and national needs of their practice and their own learning needs and that over a five-year period most or preferably all areas of the framework are covered.

7. Personal Development Plan.

A Personal Development Plan (PDP) must be constructed annually by the CPD participant. This will provide a record of the learning process. Yearly appraisals for physicians who are revalidating provide a formal, structured opportunity to discuss their CPD needs and agree personal development objectives; physicians who are have not elected to undertake revalidation and who do not have an annual appraisal are encouraged to discuss their proposed PDP with a colleague or a mentor. Any CPD identified must be relevant to a physician's practice, career and learning or development needs and doctors should be prepared to review their CPD throughout the year in the light of discussions with their appraiser and others to ensure it remains relevant to their needs. Non-revalidating doctors may add to their PDP during the year but doctors who are revalidating can only set their PDP during an appraisal and will need to justify changes to their CPD at their subsequent annual appraisal.

PDP objectives should be as detailed as is realistic and should contain a timeline, but should also allow for opportunistic learning in the workplace. It may be helpful to remember the SMART mnemonic (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-bound), but fully SMART objectives may not work for you or the learning you want to undertake. During the following year the target should be that all PDP objectives are achieved. Over a five-year period, physicians must ensure that their PDP covers all areas of their professional practice.

8. Reflective Practice.

Reflection helps internalise learning and drives change in performance; it is the key to effective CPD.

All pieces of CPD must have associated Reflective Notes (Reflective Commentary). Most reflective notes will be only a paragraph or two, though some learning experiences (for example, a documented work review) will justify a longer piece. The content of a reflective commentary must be appropriate to the learning experience and the value of the event in a doctor's learning. A reflective commentary should be useful to the participant as well as providing evidence to a reviewer or an appraiser (see Section 10).

It is sometimes helpful to consider your learning experience as the first step in CPD. Reflect on your learning and see where it fits into the framework (there may be several places). Write your reflection to demonstrate how your learning contributes to your knowledge, skills and/or behaviours in this/these area(s). Learning may reinforce existing good practice as well as provide new knowledge, skills and/or behaviours and if this is the case this should be stated in your reflection.

Reflective Notes/Commentary normally include:

- What you learnt (knowledge, skills and/or attitudes)
- What effect this will have on your current practice
- How/why your learning fits into the various framework items or GMP sections claimed

It would also be useful to include (for your future reference and to assist your appraiser/reviewer):

- Why the activity was selected and how it links to your PDP

- Describe what you did (especially when learning or acting as part of a group or team)
- Any gaps in your knowledge, skills or attitudes to include in your PDP (current year or next)

9. Evidence Collection and Archiving

All details of your CPD must be stored electronically. For revalidating doctors, this will be carried out by uploading CPD as supporting information to their e-Portfolio on the PReP system and for doctors who are not revalidating this will be done via the CPD-only module. Information on how to navigate these systems can be found by clicking on the Help tab on the home page

Many CPD activities will have been authorised for CPD by a Royal College or a Faculty. Where this is not the case, participants may self-accredit relevant activities for CPD. For doctors participating in revalidation, their CPD will be reviewed by their appraiser.

A reflective note is required for every CPD activity. In addition, it is necessary to provide evidence of participation in the learning activity, which will allow meaningful discussion of your learning. Several pieces of evidence may be linked to a CPD activity and each CPD activity should be linked to one or more domains in PReP (mirrored by the CPD framework, Appendix 1). Evidence requirements will be different for different activities and evidence requirements of more common CPD activities are listed in Appendix 2. CPD participants must apply the same principles to evidence collection of activities which are not included on this list.

When selecting supporting information to add to the e-Portfolio, if you are concerned about confidentiality, you may redact information as appropriate. For example, the first few slides of a slide set containing your name as presenter, the agenda or learning objectives and the initial background slides of the presentation will provide adequate evidence. Similarly, the initial page or section of a set of minutes where your attendance is noted provides evidence of your involvement in the meeting. Be aware, however, that too much redaction will cause your evidence to lose its value. In this instance, your reflective notes should be expanded, particularly in the section describing what you did, in order to make up for heavily redacted evidence in the e-Portfolio. In addition, if you are concerned about this and are revalidating, you are advised to take to your appraisal a more complete document so that your appraiser can validate the evidence without it being entered onto the database and can annotate your e-Portfolio accordingly.

If you are being revalidated, link only the CPD activities required for revalidation to the attributes and domains within the e-Portfolio. Evidence will be reviewed during the appraisal process. You should ensure that you select the CPD appropriately, to reflect the whole range of your medical practice. This selection should be based upon quality rather than quantity. Your appraiser will have a limited time in which to review your supporting information, so it is important not to overload your portfolio.

Although the GMC does not define a required amount of CPD, doctors may wish to record CPD credits. Revalidating physicians have the option to include credits in the PReP e-Portfolio although this is not a requirement. CPD-only module users would normally accredit points to the individual activities they undertake and at the end of the year they can then print off the relevant certificate. Guidance as to how the points that can be (self)-accredited for CPD activities are included in Appendix 3.

10. Approval procedure for providers of CPD

Although CPD participants can now self-accredit relevant activities for CPD, many event organisers

accredit their events in advance through the Faculty or other approved bodies.

To accredit their events through the Faculty, the event organiser will need to download the event approval application form at:

https://www.fpm.org.uk/revalidationcpd/CPD/CPDEventApprovalInformation

There are different forms for (i) meetings organised by commercial organisations and (ii) for meetings organised by charities, public bodies, not-for-profit organisations and companies in-house training events. The completed application form will need to be submitted to the CPD administrator along with the programme/agenda for the event. For meetings organised by commercial organisations, the fee for the CPD event approval service is currently £100.

Each application must include the following:
1) The subject area that the event will cover
2) The educational objectives of the event
3) Teaching methods
4) The process for evaluation

The CPD administrator will forward the approval application form and programme/agenda to the Faculty CEO for approval. The CPD administrator will notify the event organiser of the outcome/credit allocation within two weeks. Details of the event can be displayed within the Faculty's online CPD system if requested on the application form.
Please note that applications should be submitted at least four weeks prior to the event.

If the same event is held on multiple occasions, where the content of the meeting remains the same, then one application fee will cover all events over a two-year period.

Faculty approvals may be used for promotional purposes. An event organiser could state on their promotional material the following statement for example: "The Faculty of Pharmaceutical Medicine has approved this event for CPD". Please be advised that event organisers cannot use the Faculty's logo. Please contact the Professional Development Administrator if you have a query about what you should state in your promotional material.

11. Administering CPD

The Faculty's CPD scheme is overseen by its Director of CPD, a member of the Professional Standards Committee, with day-to-day administration co-ordinated by the Professional Development Administrator.

12. Responsibilities of Employers

In its Guidance on Continuing Professional Development[3] the GMC states:

Employers and contractors of doctors' services are responsible for making sure their workforce is competent, up to date and able to meet the needs of the service. They should maintain and develop the skills of all of their medical staff. They should also facilitate access to the resources (including the time to learn) that will support this.

13. Appendices

Appendix I Framework for Continuing Professional Development for Pharmaceutical Medicine

Appendix 2 Evidence Requirements for Common CPD Activities

Appendix 3 Allocation of Credits for Common CPD Activities

Appendix 4 Flowcharts of this guidance (Revalidating and Non-revalidating physicians)

14. Useful links

Faculty of Pharmaceutical Medicine:

- CPD - http://www.fpm.org.uk/revalidationcpd/CPD/cpd
- Revalidation - http://www.fpm.org.uk/revalidationcpd/revalidation/revalidationlp

GMC - http://www.gmc-uk.org/education/continuing_professional_development.asp

Academy of Medical Royal Colleges - http://www.aomrc.org.uk/

15. References / Recommended Reading List

CPD participants are encouraged to carefully review these documents.

1. Good Medical Practice (GMC 2013)
   http://www.gmc-uk.org/guidance/good_medical_practice.asp

2. Supporting Information for Appraisal and Revalidation (GMC, 2012)
   http://www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf

3. Continuing Professional Development: Guidance for all doctors (GMC, 2012)
   http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp

4. GMP Framework for Appraisal and Revalidation (GMC, 2012)
   http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf

5. Academy of Medical Royal Colleges: Non-clinical Working Group Final Report and Recommendations (December 2009)
   http://www.aomrc.org.uk/doc_details/59-non-clinical-work-and-revalidation

6. Academy of Medical Royal Colleges: CPD Guidance framework for appraisal and revalidation (Faculty of Pharmaceutical Medicine version) (2013)
   http://www.fpm.org.uk/revalidationcpd/revalidation/corespecialtyguidancereval

7. Revalidation for Educational Dimensions of Practice: (NHS Health Education Kent Surrey & Sussex 2013 [reproduced on the GMC website])
   http://www.gmc-uk.org/Revalidation_for_Educational_Dimensions_of_Practice___Health_Education_KSS_Jun_13.pdf_53085980.pdf

APPENDIX I FRAMEWORK FOR CONTINUING PROFESSIONAL DEVELOPMENT FOR PHARMACEUTICAL MEDICINE

Pharmaceutical Medicine CPD Framework	Additional notes and advice on interpretation of the Framework regarding individual job descriptions within Pharmaceutical Medicine
Any mention of patients includes patients treated directly, study subjects and the patients who are to be the final recipients of our medicines **Any mention of stakeholders relates to professional activities only with any person including trainees, customers, business associates, professional bodies, Public Access Bodies, competitors (as appropriate), prescribers and the wider medical community**	Pharmaceutical Medicine has many different facets and many different job roles. CPD participants will need to interpret the Framework Items to be relevant their own jobs when planning and recording their CPD activities. Advice in this column may help this interpretation. – This advice provides examples of interpretation only. CPD participants should interpret the Framework as most appropriate to their own practice. – Further guidance can be found in Good Medical Practice (GMC 2013[1]; http://www.gmc-uk.org/guidance/good_medical_practice.asp), the Non-clinical Working Group Final Report and Recommendations (Academy of Medical Royal Colleges, December 2009[6]; http://www.aomrc.org.uk/doc_details/59-non-clinical-work-and-revalidation), CPD Guidance framework for appraisal and revalidation (Academy of Medical Royal Colleges; Faculty of Pharmaceutical Medicine version 2013; http://www.fpm.org.uk/revalidationcpd/revalidation/corespecialtyguidancereval) Revalidation for Educational Dimensions of Practice (NHS Health Education Kent Surrey & Sussex 2013; http://www.gmc-uk.org/Revalidation_for_Educational_Dimensions_of_Practice___Health_Education_KSS_Jun_13.pdf_53085980.pdf)
1: Knowledge, skills and performance	
1.1 Develop and maintain your professional performance	Include all areas of your professional activity over a five-year cycle. Note the evidence requirements for CPD (Appendix 2). Committee work may relate to several GMP domains (see 'Educational Dimensions' guidance).
1.2 Apply knowledge and experience to practice	Include all areas of your professional activity of five years. Could include using skills (e.g. people management, negotiating, influencing, chairing meetings, planning), application of guidelines, applying learning and teaching strategies, use of clinical and Pharmaceutical Medicine experience. Regular supervision and meetings with trainees, robust evidence of trainee progression and involvement in Work Place Based Assessments may relate to several GMP domains (see 'Educational Dimensions' guidance).
1.3 Record your work clearly, accurately and legibly	Could include records of day-to-day work, decisions, opinions and advice requested, delegation, management discussions (including objectives, job planning, appraisal and disciplinary)

2: Safety and quality	
2.1 Contribute to, comply with and/or put into effect systems to protect patients, colleagues and/or other stakeholders and improve care	Most roles in Pharmaceutical Medicine have an impact on patients at some level, directly or indirectly, including through products or through appropriate training, mentoring and supervising of colleagues and/or stakeholders who may subsequently have a direct or indirect effect on patient safety and care. Workplace safety could also be considered in this category.
2.2 Respond to risks to safety	Similar comments to those for the previous section. Could include compliance with health and safety legislation and timely reporting and/or action to remediate or prevent risk. Could also include workplace safety and training staff to take potential risks and risk assessment seriously.
2.3 Protect patients, colleagues and/or other stakeholders from any risk posed by your health	(Only for Revalidation e-Portfolio). Can be useful to include details of registration with GP, vaccinations and immunisations (e.g. influenza) and a reflection on mitigation for any illness that could impact upon your work.
3: Communication, partnership and teamwork	
3.1 Communicate effectively	Less obvious examples could include ensuring that the best use is made of time and energy in meetings, introducing concepts and principles at different levels of complexity so that they are relevant to the needs and understanding of the recipient, demonstrating understanding of various communication techniques (e.g. verbal, written, non-verbal and visual), clear written documentation and clear use of references.
3.2 Work collaboratively with colleagues and other stakeholders to maintain or improve quality of work and *any* work-related aspects of patient care.	This includes working in teams and practising active listening, delegation, conflict resolution and to facilitation skills. It may all also involve collaborative decision-making and problem-solving, ensuring appropriate supervision and mentoring of reports and team members and understanding the impact of your behaviour on others.
3.3 Teaching, training, supporting and assessing	Provide relevant examples, redacted as necessary for confidential information. Can include appropriate supervision and mentoring of reports and team members. Documentary evidence of outcomes and/or feedback should be provided. Reflect on training etc provided and outcomes/feedback as appropriate. Managing team members or trainees in difficulty may relate to several GMP domains (see 'Educational Dimensions' guidance).
3.4 Continuity and coordination of care	Includes all times of non-availability including off-duty time, holidays, travelling (especially flights). Provide evidence and describe arrangements relevant to your work and possible impact upon patient care and safety.
3.5 Establish and maintain partnerships with patients, colleagues and/or other stakeholders	This could include strategic planning, policy design and development, encouraging patients to take an interest in their health and obtaining informed consent. Evidence of relationships with colleagues and particularly external stakeholders (e.g. KOLs) could be included.

4: Maintaining trust	
Note: Although not CPD per se, this section is included for completeness, because it forms an integral part of Good Medical Practice and the Revalidation e-Portfolio. Evidence is not a requirement for non-revalidating physicians although its inclusion is recommended.	
4.1 Show respect for patients, colleagues and/or other stakeholders	Treat people with respect, regardless of culture, religion, gender, sexual orientation and varying abilities. Recognise and respect the roles and contributions of others. Respect the opinions and advice of others, even when you may not in group agree with them and consider the impact of your opinion or advice on them.
4.2 Treat patients, colleagues and/or other stakeholders fairly and without discrimination	This includes considering issues relating to equality and diversity and how your attitudes and behaviours contribute to your overall effectiveness. Encourage the substitutes in others and intervene if you identified breaches in the workplace.
4.3 Act with honesty and integrity	Includes communicating information, legal or disciplinary proceedings and financial dealings
Quality improvement and other activities	*Note: **Revalidating doctors** - In PReP revalidation e-Portfolio, use PReP classification; do NOT classify as CPD*
Demonstrate learning from either a full-cycle audit activity (once every five years) or from documented work reviews (two per year) *Where not possible due to personal work arrangements, documentary evidence of quality of professional work is an alternative (preferably two per year)*	**A full audit cycle** includes fact-finding, analysis and implementation of appropriate changes and a further fact-finding (re-audit) cycle to assess the effects. Audits could be simple things where a process is absent or could be improved. An audit by e.g. MHRA requires evidence of continuing activity and quality improvement submitted over several years (incl. re-audit), high personal involvement and substantial changes. **Work reviews** must include a description of the activity and an examination and reflection of how quality might be improved. An MHRA-type audit could be included here as a detailed learning experience. ***High quality work**, as assessed by others (not an appraiser), should be included here, for example, outcomes of trainees' ARCPs, renewal of contracts (e.g. independent physicians), ERC/IRB review of a protocol written by you (best to include comments and discuss changes), publication of a manuscript (best including reviewer's comments and actions), within-company or external recognition for an item of work or project.*
Demonstrate learning from any clinical incidents or significant events (SEs; otherwise known as SUIs) (every year)	All SEs must included each year. Any risks to patients must be included. Include ABPI Code of Practice Clause 2 breaches and failed clinical trials (was the trial appropriately planned, monitored or analysed?), workplace safety incidents, people management issues (could things have been done better?).
Demonstrate learning from formal complaints (every year)	May be included in SE learnings. Compliments may also be included.
Feedback from patients and/or carers (once every five years)	Patient/carer feedback - only required by Pharmaceutical Physicians with direct contact with patients or clinical trial subjects. Reflection and any appropriate actions are always necessary.
Feedback from colleagues and other stakeholders (once every five years)	Colleague ('multi-source' / '360°') feedback (for revalidation only) and/or formal or informal feedback from colleagues and other stakeholders (best more often than 5-yearly). Needs reflection / appropriate actions.
Formal teaching feedback (every year)	Feedback using evaluation forms, reflection and any appropriate actions are necessary.

APPENDIX 2 EVIDENCE REQUIREMENTS FOR COMMON CPD ACTIVITIES

	Reflection	CPD pre-approval (e.g. by FPM, RCP, other Royal Colleges and Faculties EACCME, AMA etc)	Other evidence required (please provide evidence from both columns) (NB Subject to requirements for confidentiality – see Section 9 Evidence Collection & Archiving	
Professional conferences and meetings, symposia, workshops	Yes	If available	Attendance certificate	Agenda
Group work, seminars and journal clubs	Yes	If available		Agenda
Presentations (including preparation and research)	Yes	If available	Letter of confirmation, thanks etc	Slide set
Authorship	Yes		Article	
Training courses	Yes	If available	Attendance certificate	Agenda or slides
Structured self-learning programmes	Yes	If available	Output, e.g. post-course assessment	Agenda or print out
Private study and reading	Yes			Details
Membership of ethics committees	Yes		Attendance sheet or abstract from minutes	Agenda
Specified clinical attachment	Yes	If available	Letters confirming educational experience and activities undertaken	Details
Ward rounds and clinical meetings.	Yes	If available	Details	
Professional conversations/exchanges	Yes		Details	
Learning as part of your job.	Yes		Details	
Training and examining (including preparation).	Yes	If available	Details/letter of invitation/thanks	Agenda/details Evaluation forms
Research projects.	Yes		Output, e.g. minutes, notes, publication	Details
Audit and documented work review activities (Quality Improvements Activities).	Yes			Full details
Learning from feedback obtained from patients, colleagues and other stakeholders.	Yes		MSF output or other feedback	

APPENDIX 3 ALLOCATION OF CREDITS FOR COMMON CPD ACTIVITIES

CPD credits can be recorded as described in Section 9. They can be self-accredited but where events are pre-approved (e.g. by FPM, RCP, other Royal Colleges and Faculties, EACCME, AMA etc.), hours converted to credits should not exceed those stated by the approval body. Credits should be claimed only for CPD activity relevant to your practice. A maximum of 25 credits is permitted in any one category, unless otherwise stated in the table below.

All evidence requirements (see Appendix 2) must be met when claiming CPD credits.

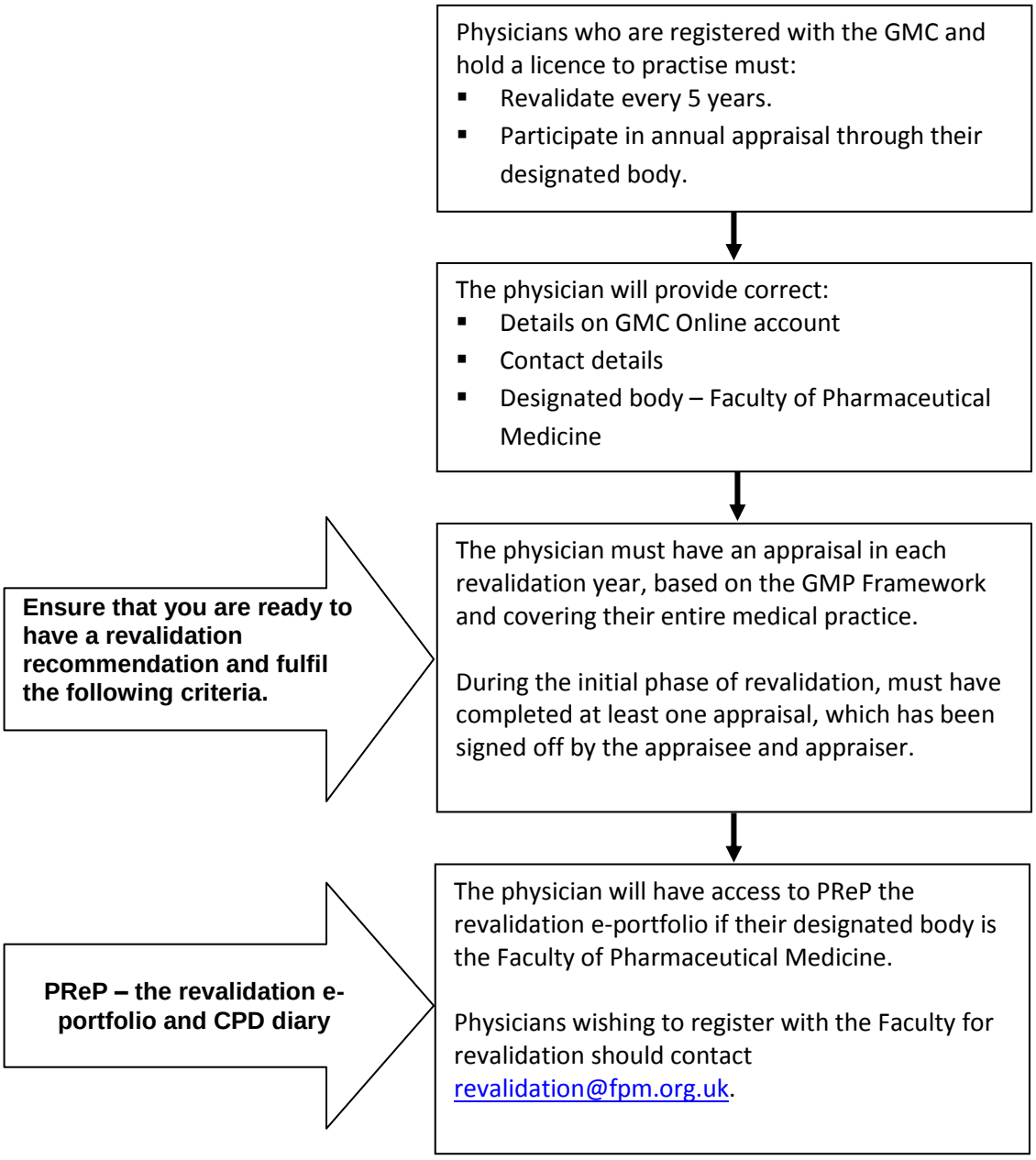
There is no requirement for a minimum number of credits per year, but participants must adhere to GMC requirements to remain up to date and fit to practise as described in Section 3.

In situations where learning has made a particular impact on your practice, credits claimed based on time spent undergoing CPD may by increased (e.g. by two-fold) where the physician feels able to justify this to colleagues/peers. Evidence of the impact on practice must also be included.

	CPD credits available
Professional conferences and meetings, symposia, workshops	1 credit per hour of CPD activity
Group work, seminars and journal clubs	1 credit per hour of CPD activity
Presentations (including preparation and research)	3 credits per qualifying presentation (minimum 30 minutes; shorter presentations pro-rata)
Authorship	Editing book 15 credits, writing chapter 10 credits, writing publication 5 credits
Training courses	1 credit per hour (maximum 25 credits per year for Postgraduate Courses)
Structured self-learning programmes	1 credit per hour of CPD activity
Private study and reading	1 credit per hour; maximum 10 credits per year
Membership of ethics committees	1 credit per hour; maximum 20 credits per year
Specified clinical attachment	1 credit per hour; maximum 5 credits per year
Ward rounds and clinical meetings.	1 credit per hour; maximum 10 credits per year
Professional conversations / exchanges	1 credit per hour of CPD activity
Learning as part of your job.	1 credit per hour of CPD activity
Training and examining (including preparation).	1 credit per hour of CPD activity
Research projects.	1 credit per hour of CPD activity; maximum 10 credits per year
Audit and documented work review / Quality Improvement activities).	1 credit per hour of CPD activity
Learning from feedback obtained from patients, colleagues and other stakeholders.	1 credit per hour of CPD activity; maximum 5 credits per year

APPENDIX 4 FLOWCHARTS OF THIS GUIDANCE

Revalidating Physicians Flowchart



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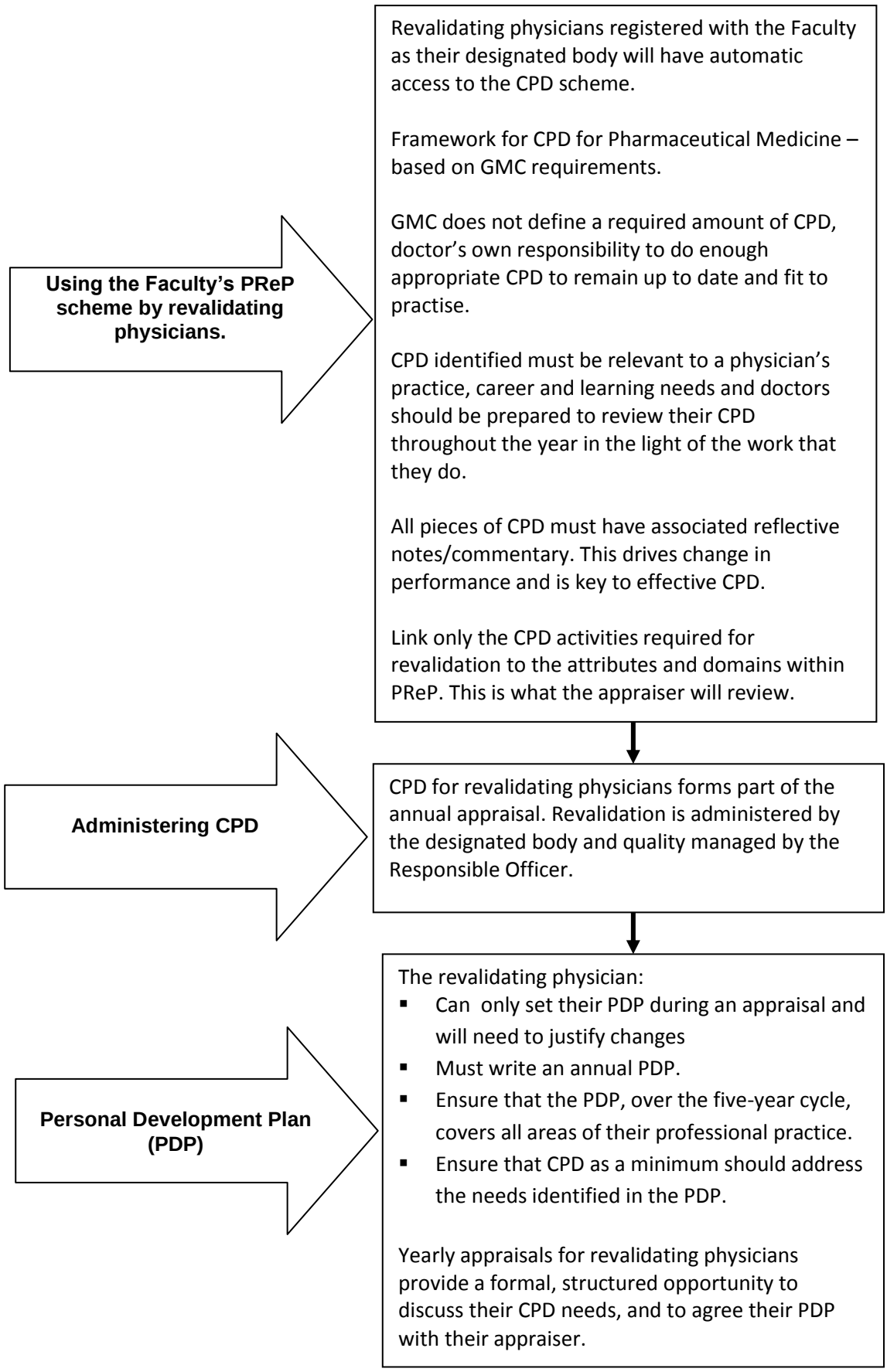
Revalidating Physicians Flowchart Continued



Non-revalidating Physicians Flowchart