Good Medical Practice 2024
Q & A Document

The FPM revalidation team organised 10 briefing sessions covering various aspects of GMP 2024 for its connected doctors in March and April 2025. This document lists the questions discussed at these sessions.

[Abbreviations used in this document: CPD: Continuing Professional Development; GMC: General Medical Council; GMP: Good Medical Practice; QIA: Quality Improvement Activity; Q & A: Question and Answer; SI: Supporting Information]

Q: Why has the GMP guidance been updated?

A: The Good Medical Practice guidance was updated to reflect changes in medical practice and wider society. The previous version of the GMP guidance was published in 2013.
The five key updates are:

- creating respectful, fair and compassionate workplaces for colleagues and patients
- promoting patient centred care
- tackling discrimination
- championing fair and inclusive leadership, and
- supporting continuity of care and safe delegation.

More detail is available at: https://www.gmc-uk.org/professional-standards/good-medical-practice-2024

Q: Do I need to demonstrate compliance with all 31 attributes listed in GMP 2024 at each appraisal meeting?

A**:** No. You don't need to provide Supporting Information (SI) and related evidence for each of the 31 attributes of the 4 GMP domains at every appraisal meeting. However, it is expected that you will provide a wide variety of SI covering the whole scope of your practice.

The Supporting Information (SI) provided at each appraisal meeting must demonstrate your ongoing compliance with the 4 domains of the GMP.

Q: I am not in active clinical practice / I have no contact with patients, research participants or healthy volunteers – how do I demonstrate compliance with domain 2?

A: You would still need to demonstrate your compliance with GMP domain 2 (Patients, Partnerships and Communication) even if you are not in active clinical practice and have no contact with clinical research participants, including healthy volunteers.

You can do this by asking yourself the question: How is my practice *indirectly* benefitting patients?

A non-exhaustive list of SI that can be presented as part of your portfolio to demonstrate your compliance with domain 2 is available at: https://www.fpm.org.uk/wp-content/uploads/2025/06/Example-SI-for-GMP-2024-Domains-and-Attributes_FINAL_June2025.pdf

Q: Will the FPM guidance on PReP Input Forms change as a result of GMP 2024?

A: The guidance has already been updated.
Link: https://www.fpm.org.uk/revalidation/your-appraisal/

Q: Do we still need to provide evidence of participation at 2 QIAs at every appraisal meeting?

A: Yes. If audit of your own work is not available, then 2 QIA should be provided annually with evidence and reflection.

You should avoid linking QIA to CPD as they are separate activities

Further guidance on QIA with examples for pharmaceutical physicians is available at: https://www.fpm.org.uk/quality-improvement-activity-qia/

Q: Why has sustainability been added to the GMP 2024? – It is not relevant to many Pharma Physicians.

A: According to the GMC, sustainability in healthcare is a priority and the connection, relevance, and impact on human health and the practice of individual medical professionals is now well recognised. That is why a specific duty that medical professionals should choose sustainable solutions has been set in the latest GMP guidance.

Please refer to GMC's sustainability Q & A, available at:
https://www.gmc-uk.org/professional-standards/learning-materials/sustainability-questions-and-answers

Q: Previously Quality linked naturally with Safety. Why do you think Quality now resides in Domain 1?

A: Quality is still an integral part of the updated GMP guidance and linked with the patient safety aspect.

GMP 2024, Domain 1, item 13 states:

You must take steps to monitor, maintain, develop, and improve your performance and the quality of your work, including taking part in systems of quality assurance and quality improvement to promote patient safety across the whole scope of your practice.

For this reason, QIA should be covered in Domain 1.

Q: Some attributes are clearly irrelevant to us - e.g. offering remote consultations - do we just ignore these?

A: No, where an attribute is not applicable to your practice, you will be unable to address it. However, GMP 2024 states, “You must use your professional judgement to apply the standards in Good Medical Practice to your day-to-day practice. This means working out which of the professional standards are relevant to the specific circumstances you are facing, and using your knowledge, skills and experience to follow them in that context.”

You should therefore consider how the spirit of each attribute might apply to your own context.

Q: Do we need to always upload evidence? – Some evidence is difficult to upload, e.g. participation in sustainability-related activities, creating an inclusive culture, etc.

A: Adequate and relevant evidence which demonstrates your involvement in an activity should normally be provided for each item of SI.

If it is not possible to provide evidence, e.g. due to confidentiality or other reasons, document this in the description of the relevant SI item and if possible, show the evidence to the appraiser during the appraisal meeting.

Q: How many pieces of evidence / reflection should one provide in a year?

A: There is no prescribed number of evidence / reflections that should be submitted for an appraisal. However all elements of your scope of work must be represented across the 5 year appraisal cycle.

Submitted evidence should demonstrate:
(a) that the activity occurred,
(b) your participation and,
(c) also provide context for your reflective notes for that item.

You do not need to submit every available piece of evidence from the appraisal year. You must be able to explain to your appraiser, if asked, why you have chosen the evidence.

Dr Asad Khan
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