



Policy Position on the Use of Artificial Intelligence in GMC Appraisal and Revalidation

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1. Purpose and Scope

This policy sets out the Faculty of Pharmaceutical Medicine's position on the use of artificial intelligence (AI), including large language models (LLMs), in the context of GMC appraisal and revalidation for pharmaceutical physicians.

It provides guidance on the appropriate, ethical, and professional use of AI in:

- Preparation of appraisal evidence
- Reflection on supporting information
- Completion of input and output forms
- Multi-source feedback (including Edgumbe 360)
- Professional development planning

The policy applies to all Fellows, Members, and Affiliates of the Faculty who participate in GMC appraisal and revalidation processes.

2. Principles

The Faculty recognises that AI is becoming an integral part of modern professional practice. When used appropriately, it can support high-quality reflection, learning and professional development. However, its use must be governed by the same standards of professionalism, probity and confidentiality that apply to all aspects of medical practice.

The Faculty therefore adopts the following principles:

- 1. AI should support, not replace, professional judgement and reflection.**
 - 2. Doctors remain fully accountable for all content submitted for appraisal and revalidation.**
 - 3. Patient confidentiality, commercial confidentiality and personal data must be protected at all times.**
 - 4. AI use must be transparent, proportionate and ethically defensible.**
 - 5. AI should be used as a tool for professional development, not as a shortcut to compliance.**
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3. Positive and Appropriate Use of AI in Appraisal and Revalidation

The Faculty recognises that AI can be a powerful enabler of better-quality reflection and learning when used responsibly. Appropriate uses include:

3.1 Supporting Reflective Practice

AI may be used to:

- Help structure reflective writing
- Suggest reflective prompts or frameworks
- Encourage consideration of alternative perspectives
- Identify learning themes from evidence
- Support critical analysis of professional development

For example, AI can:

- Help a doctor explore the ethical, leadership or patient impact dimensions of a project
- Prompt consideration of areas for development that might otherwise be overlooked
- Support alignment of reflection with GMC Good Medical Practice domains

Used well, AI can deepen reflection rather than dilute it.

3.2 Organising and Summarising Evidence

AI tools may be used to:

- Summarise CPD activities
- Categorise supporting information
- Draft learning logs
- Identify links between activities and professional outcomes

This can improve clarity and coherence of appraisal submissions and help doctors focus on meaningful professional development rather than administrative burden.

3.3 Supporting Development Planning

AI may assist with:

- Drafting Personal Development Plans (PDPs)
- Identifying learning objectives
- Suggesting development activities



- Mapping competencies to career goals

Final responsibility for PDP content remains with the doctor.

4. Use of AI in Appraisal Documentation

AI may be used to assist with drafting:

- GMC appraisal input forms
- Outputs and summaries
- Supporting information narratives
- Reflective statements
- Learning logs

However:

- The doctor must review, edit and take ownership of all content
- Submissions must reflect the doctor's genuine experience, learning and development
- AI-generated content must not misrepresent activities or outcomes
- Confidential or identifiable information should never be put into LLMs unless with the explicit agreement of all parties

The appraisal process is a professional conversation, not a compliance exercise. Authenticity remains essential.

5. Use of AI with Multi-Source Feedback (including Edgecumbe 360)

AI may be used to:

- Summarise feedback themes
- Identify strengths and development areas
- Support reflective analysis of feedback

However:

- Raw feedback data must be treated as confidential information and should never be put into LLMs unless with explicit agreement of all parties. Identifiable feedback must be handled as confidential personal data
- AI summaries must not replace personal engagement with feedback

The purpose of 360 feedback is insight, not automation.



6. Confidentiality, Data Protection, and Information Governance

This is a critical area of risk and responsibility.

Doctors must recognise that:

- Most public LLMs (e.g. ChatGPT, Claude, Gemini) are not approved for processing confidential or personal data
- Information entered into non-enterprise AI systems may be stored, reused or used for model training
- Even enterprise AI systems may not be approved for external confidential material

6.1 Prohibited Uses

Doctors must not upload into non-confidential or public AI systems:

- Individual (including patient) identifiable information
- Commercial-in-confidence information
- Proprietary company data
- Internal documents
- Appraisal records
- 360 feedback reports
- Personal data about colleagues

This includes free, personal, or consumer versions of AI tools. It may be acceptable to upload company data and the likes to the relevant companies proprietary AI tool, but individuals should refer to their company's AI policy.

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6.2 Approved and Enterprise AI Systems

Where enterprise-approved AI systems are used (e.g. company-approved tools):

- Doctors must ensure the system is approved for the type of data being processed
- External evidence (e.g. from other employers, NHS roles, advisory work) must not be uploaded unless explicitly permitted
- Information governance policies of all relevant organisations must be respected

Where there is any doubt, data should not be uploaded.



7. Professional Accountability

The doctor remains fully accountable for:

- Accuracy of all submitted material
- Integrity of reflections
- Completeness of evidence
- Compliance with GMC guidance
- Protection of confidential information

AI is an assistant, not an author.

Use of AI does not remove professional responsibility.

8. Transparency

Appraisees should be open with their appraiser and likewise appraisers should be open with their appraisees about the use of AI tools where relevant, particularly where AI has materially supported reflection, summarisation or documentation.

This supports:

- Trust in the appraisal process
 - Shared understanding of emerging professional practice
 - Continuous improvement of appraisal methodology
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9. Alignment with GMC Standards

This policy is aligned with:

- GMC Good Medical Practice
- GMC guidance on confidentiality and data protection
- Professional standards on probity and integrity
- Responsible innovation principles

AI use must always support safe, ethical and high-quality medical practice.

10. Conclusion

The Faculty of Pharmaceutical Medicine believes that AI, when used responsibly, can be a force for good in professional development, reflection and lifelong learning.



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Used well, it can:

- Enhance reflective practice
- Improve insight from evidence
- Support better development planning
- Reduce administrative burden

Used poorly, it risks:

- Breaches of confidentiality
- Erosion of professional integrity
- Superficial compliance
- Loss of trust in the appraisal system

The Faculty therefore allows thoughtful, transparent and ethical use of AI in appraisal and revalidation, placing professionalism, accountability and patient trust at the centre of its approach.