

GMC Approved Specialty Standard Frameworks

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The Royal College of Anaesthetists

DOMAIN 1: KNOWLEDGE, SKILLS AND PERFORMANCE

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 1 Maintain your professional performance</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must maintain knowledge of the law and other regulation relevant to their practice (13). <ul style="list-style-type: none"> • An anaesthetist must adhere to the laws and codes of practice relevant to their work. ➤ An anaesthetist must keep knowledge and skills up to date (13). <ul style="list-style-type: none"> • An anaesthetist should regularly update relevant knowledge and skills in relation to clinical practice to comply with core, higher and advanced level requirements of continuing professional development (CPD). • An anaesthetist should regularly update relevant knowledge and skills in relation to wider clinical practice. • An anaesthetist should learn and practise new improved techniques for patient well being and safety. ➤ An anaesthetist must participate in professional development and educational activities (12). <ul style="list-style-type: none"> • An anaesthetist should formulate a personal development plan. • An anaesthetist should attend hospital and departmental educational meetings. • An anaesthetist should seek opportunities to learn from colleagues locally and elsewhere. • An anaesthetist should retain records of CPD activities to support the revalidation process. • An anaesthetist must be truthful in recording CPD activities. ➤ An anaesthetist must take part in regular and systematic audit (14). <ul style="list-style-type: none"> • An anaesthetist should participate actively in departmental or hospital audit meetings on a regular basis. • An anaesthetist should reflect upon and evaluate personal practice at regular intervals. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Practice</p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to National Patient Safety Agency (NPSA) and confidential enquiries • Outcomes <p>Audit</p> <ul style="list-style-type: none"> • Clinical audit <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD • E-Learning • Specialty certificates and courses • Internal training

DOMAIN 1: KNOWLEDGE, SKILLS AND PERFORMANCE

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 2 Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ➤ In providing care an anaesthetist must recognise and work within the limits of their competence (3a). <ul style="list-style-type: none"> • When a problem arises outside their area of competence an anaesthetist must seek help from a suitable colleague. • An anaesthetist must act promptly and appropriately when anaesthetic complications arise and be familiar with the operation of resuscitation equipment and current resuscitation guidelines. • An anaesthetist must take urgent appropriate action if a patient has suffered harm through misadventure or for any other reason. • An anaesthetist must use safe, regularly maintained equipment which has been checked before use and use equipment and techniques which he or she is familiar with. ➤ An anaesthetist must adequately assess the patient's conditions (2a). <ul style="list-style-type: none"> • An anaesthetist must assess the patient before anaesthesia and devise an appropriate plan of anaesthetic management. ➤ An anaesthetist must provide or arrange advice, investigations or treatment where necessary (2b). <ul style="list-style-type: none"> • An anaesthetist must prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b). • An anaesthetist must take steps to alleviate pain and distress whether or not a cure may be possible (3d). • An anaesthetist must provide effective treatments based on the best available evidence (3c). • An anaesthetist should consider appropriate local or nationally agreed guidelines when planning an anaesthetic. • An anaesthetist must consult colleagues, or refer patients to colleagues, when this is in the patient's best interest (2c, 3a, 3i, 54, 55). ➤ If they are involved in teaching, an anaesthetist must apply the skills, attitudes and practice of a competent teacher/trainer (16). <ul style="list-style-type: none"> • An anaesthetist should support the College Tutor in the teaching and clinical supervision of anaesthetic trainees. • An anaesthetist should participate actively in the professional development of trainees. • An anaesthetist should participate in the assessment of trainees, having undertaken the necessary training. • An anaesthetist should contribute to the teaching of medical and other students. • An anaesthetist should adopt a multidisciplinary approach to learning and teaching. • An anaesthetist should help to foster a culture of lifelong learning 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient surveys where appropriate <p>Practice</p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Publications/reports • Practice based discussion <p>Audit</p> <ul style="list-style-type: none"> • Clinical audit <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ○ Department patient safety scores ○ Departmental infectious disease reports ○ Departmental rota documentation ○ Locum and trainee induction documentation ○ Risk and workplace assessments and reports

DOMAIN 1: KNOWLEDGE, SKILLS AND PERFORMANCE

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 3 Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ➤ In providing care an anaesthetist must keep clear, accurate and legible records (3f). <ul style="list-style-type: none"> • An anaesthetist should enter their name and GMC number on the anaesthetic record sheet, in addition to the name of the patient and their details; non-consultants should record the name of their consultant supervisor. • An anaesthetist should only use recognised abbreviations in keeping clear and legible records. ➤ In providing care an anaesthetist must make records at the same time as the events they are recording or as soon as possible afterwards (3f). <ul style="list-style-type: none"> • An anaesthetist should ensure that the anaesthetic record sheet or hospital notes are up-to-date as soon as practicable after the management of complications when they arise unexpectedly. • An anaesthetist should make an accurate, legible, contemporaneous record of the timing and doses of drugs and fluids administered such that a colleague could take over the administration of the anaesthetic if necessary. • An anaesthetist should ensure that the results of physiological monitoring of the patient are recorded at appropriate intervals. ➤ An anaesthetist must record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f). <ul style="list-style-type: none"> • An anaesthetist should make a written record of the preoperative assessment and discussion, including any specific consent for regional anaesthesia or other procedures when necessary. • An anaesthetist should complete an entry in the hospital incident reporting system following a critical incident. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient surveys where appropriate <p>Practice</p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Publications/reports • Practice based discussion <p>Audit</p> <ul style="list-style-type: none"> • Clinical audit

DOMAIN 2: SAFETY AND QUALITY

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 4 Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must respond constructively to the outcome of audit, appraisals and performance reviews or assessments (14e). <ul style="list-style-type: none"> • An anaesthetist must participate in the annual appraisal process. ➤ An anaesthetist must take part in systems of quality assurance and quality improvement (14). <ul style="list-style-type: none"> • An anaesthetist should cooperate with internal and external reviews. ➤ An anaesthetist must comply with risk management and clinical governance procedures. <ul style="list-style-type: none"> • An anaesthetist should participate in relevant national reporting schemes. • An anaesthetist must cooperate with legitimate requests for information from organisations monitoring public health (14i). ➤ An anaesthetist must provide information for confidential enquiries, significant event reporting (14g). <ul style="list-style-type: none"> • An anaesthetist must report suspected adverse drug reactions. ➤ An anaesthetist must ensure arrangements are made for the continuing care of the patient where necessary. <ul style="list-style-type: none"> • An anaesthetist should ensure that on-call teams have a range of skills sufficient to manage any reasonable predictable clinical eventuality. • An anaesthetist must write clear instructions for postoperative care including pain relief, oxygen therapy and fluid management as necessary. • An anaesthetist must ensure that there is continuous supervision of a patient receiving anaesthesia. If in exceptional circumstances you are required to leave the theatre, you must ensure that the patient is supervised by another anaesthetist or appropriately trained assistant following a handover in accordance with AAGBI guidelines (<i>Recommendations for standards of monitoring during anaesthesia and recovery</i> 4th edition, 2007). • An anaesthetist must ensure that recovering patients are observed on a one-to-one basis by an anaesthetist, recovery nurse or other properly trained member of staff in accordance with AAGBI guidelines (<i>Immediate postanaesthetic recovery</i>, 2002 – guideline under review) until they have regained airway control and cardiovascular stability and are able to communicate. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Practice</p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Publications/reports • Practice based discussion <p>Audit</p> <ul style="list-style-type: none"> • Clinical audit <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ○ Participation in staff induction, training and work-plans ○ Quality management system and your involvement in it ○ Risk management and medical governance standards • Meetings – attendance at morbidity and mortality and MDT

DOMAIN 2: SAFETY AND QUALITY

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 5 Respond to risks to safety</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must report risks in the health care environment to their employing or contracting bodies (6). <ul style="list-style-type: none"> • An anaesthetist should respond promptly to risks posed by patients. • An anaesthetist must follow infection control procedures and regulations. • An anaesthetist must safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities (26, 28). ➤ An anaesthetist must take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk (43, 44). <ul style="list-style-type: none"> • An anaesthetist should be able to recognise when a colleague may be putting patients at risk because of poor performance, misconduct or health reasons. • An anaesthetist should listen impartially to medical, nursing and other colleagues when they express concerns about a fellow anaesthetist; and discuss such concerns only in an appropriate forum. • An anaesthetist must take action and inform the clinical director or other responsible person if necessary when a colleague may be putting patients at risk, and keep a written record of the action taken. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Practice</p> <ul style="list-style-type: none"> • Practice based discussion <p>Education, training and development</p> <ul style="list-style-type: none"> • Specialty certificates and courses • Internal training <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ○ Participation in staff induction, training and work-plans ○ Quality management system and your involvement in it ○ Risk management and medical governance standards • Meetings – attendance at morbidity and mortality and MDT

DOMAIN 2: SAFETY AND QUALITY

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p><u>Attribute 6</u> Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ➤ An anaesthetist should make arrangements for accessing independent medical advice when necessary (77). <ul style="list-style-type: none"> • An anaesthetist must seek advice and help from a suitably qualified professional in accordance with GMC guidance if you know that you may have a serious condition which either could affect your performance or is transmissible to patients. • An anaesthetist should access professional counselling, advice, support and help services if they are suffering from any mental health, including addiction, problem which could potentially affect their professional judgment or performance. ➤ An anaesthetist must make arrangements to protect patients and colleagues from their own health or other problem. <ul style="list-style-type: none"> • An anaesthetist should be immunised against common serious communicable diseases where vaccines are available (78). • An anaesthetist should hand over duties to a colleague if judgement or ability is temporarily impaired due to stress, tiredness or illness. • An anaesthetist must not work under the influence of alcohol or drugs. • An anaesthetist should take reasonable steps to stay healthy. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback

DOMAIN 3: COMMUNICATION, PARTNERSHIP AND TEAMWORK

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p><u>Attribute 7</u> Communicate effectively</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must communicate clearly and effectively with colleagues within and outside the team (41b). <ul style="list-style-type: none"> • An anaesthetist must pass on information to colleagues involved in, or taking over, the care of your patient (40, 51-53). • An anaesthetist should communicate directly with senior and specialist medical colleagues when appropriate. • An anaesthetist should communicate effectively with all members of the team to ensure resources are used to best effect for the delivery of patient care. • An anaesthetist should explain to assistants and other staff what your requirements are likely to be in advance of inducing anaesthesia. ➤ An anaesthetist must visit and explain to patients and/or involved parties after surgery when something has gone wrong (30). <ul style="list-style-type: none"> • An anaesthetist should meet with close relatives by appointment when asked to do so to discuss when things have gone wrong. • An anaesthetist must be considerate to those close to the patient (29). • An anaesthetist should ensure that a witness is present when explaining what went wrong with a patient and/or involved parties and that the incident and patient visit are both adequately documented in the clinical records. ➤ An anaesthetist must keep patients informed about the progress of their care. <ul style="list-style-type: none"> • An anaesthetist must listen to patients and respect their views about their health (22a, 27a). • An anaesthetist must give patients the information they need in order to make decisions about their care in a way they can understand (22b, 27). • An anaesthetist should encourage questions when possible and allows time to listen to the concerns of patients, guardians or parents before and, where possible, after an anaesthetic or therapeutic procedure. • An anaesthetist must respond to patients' questions (22c, 27b). • An anaesthetist must answer questions openly and honestly. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient surveys where appropriate <p>Practice</p> <ul style="list-style-type: none"> • Complaints and compliments • Presentations and reports • Practice based discussions where appropriate <p>Education, training and development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Patient education • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ○ Consent forms and information sheets ○ Management reports ○ Training in equal opportunities ○ Business plans

DOMAIN 3: COMMUNICATION, PARTNERSHIP AND TEAMWORK

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 8 Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must treat colleagues fairly and with respect (46). <ul style="list-style-type: none"> • An anaesthetist should respect the skills and contributions of other members of the anaesthetic, medical and nursing team. • An anaesthetist should encourage multidisciplinary team working. • An anaesthetist should ensure that the work content of job plans and on-call rotas is fairly distributed among colleagues. ➤ An anaesthetist must support colleagues who have problems with their performance, conduct or health (41d). <ul style="list-style-type: none"> • An anaesthetist should always be willing to advise and help colleagues. • An anaesthetist should support colleagues undergoing rehabilitation after their illness or returning to work after a period of absence for any reason. ➤ An anaesthetist should act as a positive role model for colleagues (41). <ul style="list-style-type: none"> • An anaesthetist should provide appropriate professional support and encouragement for trainees, staff and associate specialist grade (SAS) doctors and other anaesthetists under their supervision. • An anaesthetist should attend hospital promptly when requested and only leave when appropriate to do so. • An anaesthetist should be prepared to work flexibly within the department. • An anaesthetist should ensure that they are aware when placed on a roster to cover emergency operating lists and on-call duties. • An anaesthetist should make sure that when on-call they can easily be contacted. • An anaesthetist should arrange annual, professional and study leave in advance in accordance with local departmental policy. ➤ An anaesthetist must ensure that colleagues to whom they delegate have appropriate qualifications and experience (54). <ul style="list-style-type: none"> • An anaesthetist with a management role should confirm that the on-call staff work within their competencies. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Practice</p> <ul style="list-style-type: none"> • Presentations and reports • Practice based discussions where appropriate <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols

DOMAIN 3: COMMUNICATION, PARTNERSHIP AND TEAMWORK

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p><u>Attribute 9</u> Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ➤ An anaesthetist should encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f). <ul style="list-style-type: none"> • An anaesthetist must support patients in caring for themselves (21e). • An anaesthetist should engage in the education of patients and the wider public. • An anaesthetist should promote the specialty of anaesthesia in the wider public interest. ➤ An anaesthetist must be satisfied that they have consent or other valid authority before undertaking any examination or investigation, provide treatment or involve patients in teaching or research (36). <ul style="list-style-type: none"> • An anaesthetist should ensure that patients have understood the nature and purpose of any proposed treatment or investigation and any significant risk or side effects associated with it, enabling them to make an informed choice of anaesthetic technique by giving clear explanation of the advantages and disadvantages of the options available, using terms that a patient can understand and relate to when giving consent. • An anaesthetist must abide with local research ethics committee and multicentre research ethics committee guidelines when carrying out research. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback where appropriate

DOMAIN 4: MAINTAINING TRUST

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p><u>Attribute 10</u> Show respect for patients</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must implement and comply with systems to protect patient confidentiality (37). <ul style="list-style-type: none"> • An anaesthetist must maintain patient confidentiality at all times. ➤ An anaesthetist must be polite, considerate and honest and respect patients' dignity and privacy (21 a, b, d). <ul style="list-style-type: none"> • An anaesthetist should promote trust with patients through courteous behaviour, honest discussions and respect for their right to privacy and dignity, whether conscious or unconscious. • An anaesthetist must treat each patient fairly and as an individual (21c, 38, 39). 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient surveys where appropriate <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ○ Confidentiality – procedures, directions and reviews detailing compliance with safeguards and levels of confidentiality for work and communications ○ Informed consent forms

DOMAIN 4: MAINTAINING TRUST

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p>Attribute 11 Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must be honest and objective when appraising or assessing colleagues and when writing references (18, 19). <ul style="list-style-type: none"> • An anaesthetist must not exaggerate competence or fail to mention significant weaknesses in a reference. • An anaesthetist should be honest and open in relations with colleagues. • An anaesthetist should provide references, reports or signed documents in a reasonable time. • An anaesthetist should ensure that an applicant is aware that a reservation would be expressed when writing a reference for him or her. ➤ An anaesthetist must respond promptly and fully to complaints (31). <ul style="list-style-type: none"> • An anaesthetist should, if appropriate, give an apology to the patient and their relatives and explain in understandable terms what occurred when an untoward incident took place. • An anaesthetist should respond constructively to any complaints received and cooperate with any relevant complaints procedures or formal inquiry into the treatment of a patient. ➤ An anaesthetist must provide care on the basis of the patient's needs and the likely effect of treatment (7-10). <ul style="list-style-type: none"> • An anaesthetist must act in the patient's interest at all times. • An anaesthetist must not allow their personal prejudice to affect the treatment or management of a patient under their care. • An anaesthetist should consider the clinical needs of the patient and the professional needs of colleagues when planning a clinical session. 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters <p>Patient feedback</p> <ul style="list-style-type: none"> • Patient surveys where appropriate

DOMAIN 4: MAINTAINING TRUST

Attribute	Generic and Specialty Standards	Possible Sources of Supporting Information
<p><u>Attribute 12</u> Act with honesty and integrity</p>	<ul style="list-style-type: none"> ➤ An anaesthetist must ensure that they have adequate indemnity or insurance cover for their practice (34). ➤ An anaesthetist must be honest in financial and commercial dealings (73). <ul style="list-style-type: none"> • An anaesthetist must inform patients about any fees and charges before starting treatment (72a). • An anaesthetist must ensure any published information about their services is factual and verifiable (60, 61). • An anaesthetist should not undertake private practice or any other commitment which would prevent them from fulfilling rostered clinical NHS duties. ➤ An anaesthetist must be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence (63-65, 67, 68). 	<p>Peer feedback</p> <ul style="list-style-type: none"> • Multisource feedback • References and letters

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Anaesthesia - Appraisal and Revalidation Checklist

General

- GMC registration number
- Evidence of a license to practice
- Medical qualifications
- Description of practice
 - Title
 - Role
 - Job summary including responsibilities and activities throughout the five years since last revalidation
 - Job plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year, including, praise, complaints and critical incident reports
- Description of indemnity
- Personal development plan (PDP) for each year
- Statement of concerns and their resolution
- Statement of probity including interests and gifts
- Statement of health to confirm ability to undertake practice as described
- Registration with a general practitioner

Peer feedback

- Multisource feedback
- References and letters

Patient feedback

- Patient surveys where appropriate

Practice

- Complaints and compliments
- Incidents – including contributions to NPSA and confidential enquiries
- Outcomes
- Presentations, publications and reports
- Practice based discussion where appropriate

Audit

- Clinical audit

Education, training and development

- Continuing professional development (CPD)
- E-Learning
- Specialty certificates and courses
- Internal training

Governance

- Patient education information
- Meetings: attendance at morbidity and mortality and MDT
- Documentation of compliance with relevant local clinical governance policies and protocols
 - Business plans
 - Confidentiality – procedures, directions and reviews detailing compliance with safeguards and levels of confidentiality for work and communications
 - Consent forms and information sheets
 - Departmental infectious disease reports
 - Department patient safety scores
 - Departmental rota documentation
 - Informed consent forms
 - Locum and trainee induction documentation
 - Management reports
 - Participation in staff induction, training and work plans
 - Quality management systems and your involvement in it
 - Risk and workplace assessments and reports
 - Risk management and medical governance standards
 - Training in equal opportunities

THE COLLEGE OF EMERGENCY MEDICINE

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
<p>Maintain your professional performance</p>	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback (MSF) • Peer review <p>Practice</p> <ul style="list-style-type: none"> • Workplace Based Assessments (WBA) – Case based Discussions (CbD) e.g. resuscitation, trauma and paediatric management <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • E-learning/ Knowledge Based Assessment (on line). • Training – e.g. Train the Teachers, PG Deanery courses, Management courses • Certificates including ALS, ATLS and APLS/PLS <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Capacity and Consent • Resuscitation Council withdrawal of treatment • Informing Police
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer review <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • WBA - CbD • Guidelines • Incidents and Adverse Events – (IR1,NPSA and confidential enquiries) <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit/ED notes review

	<p>54,55)</p> <ul style="list-style-type: none"> ■ Support patients in caring for themselves (21e) 	<p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • E-learning/ Knowledge Based Assessment (on-line) • Training e.g. Life Support courses • Certificates including ALS, ATLS and APLS/PLS
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Case Based Discussion • Incidents and Adverse Events – (IR1,NPSA and confidential enquiries) <p>Audit</p> <ul style="list-style-type: none"> • ED notes review

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF • Peer review <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Incidents and Adverse Events – (IR1,NPSA and confidential enquiries) • Complaints and Compliments <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Risk Management/QA • Infectious Diseases reports • Drug related clinical incident reports • Junior /senior / student supervision rotas • Local and locum induction
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF • Peer review <p>Practice</p> <ul style="list-style-type: none"> • Incidents and Adverse Events - including contribution to NPSA and confidential enquiries <p>Audit</p> <ul style="list-style-type: none"> • Hand washing <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • E-Learning • Training – e.g. child protection, disability, elderly abuse <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer feedback</p> <ul style="list-style-type: none"> • MSF

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients and/or involved parties when something has gone wrong (30) ■ Listen to patients and the community and respect their views about their health (22 a 27a). ■ Give patients and the community the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' and their community's questions (22c, 27 b) ■ Treat those close to the patient and the community considerately (29) ■ Pass on information to colleagues involved in, or taking over, your patients' or community's care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF • Peer review <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Incidents and Adverse Events - including contribution to NPSA and confidential enquiries • WBA - CbD <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • E-Learning <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Department Patient Safety Scores
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Incidents and Adverse Events – IR1,NPSA and confidential enquiries) • WBA - CbD
<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients and the community to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve) patients in teaching or research. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Governance</p> <ul style="list-style-type: none"> • Patient leaflets

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	Patient Feedback <ul style="list-style-type: none"> • Patient Surveys
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	Peer Feedback <ul style="list-style-type: none"> • MSF • Peer review • References and letters Patient Feedback <ul style="list-style-type: none"> • Patient Surveys Practice <ul style="list-style-type: none"> • Complaints and Compliments
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	Peer Feedback <ul style="list-style-type: none"> • MSF • Peer review • References and letters Governance <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Financial and Commercial policies • Police statements • Legal reports

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Emergency Medicine - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year - commensurate with CEM guidelines
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multisource feedback
- References and Letters
- Peer review

Patient Feedback

- Patient Surveys

Practice

- Complaints and Compliments
- Incidents and Adverse Events - including contribution to NPSA and confidential enquiries
- WBA – CbD e.g. resuscitation, trauma and paediatric management
- Guidelines

Audit

- Clinical Audit
- ED Notes Review

Education, Training and Development

- CPD
- E-learning/ Knowledge Based Assessment (on-line)
- Training – e.g. Education, research and Management courses
- Specialty Certificates and courses including ALS, ATLS and APLS/PLS

Clinical Governance

- Patient Explanation Information
- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
 - Capacity and Consent
 - Resuscitation Council withdrawal of treatment
 - Informing Police
 - Risk Management/QA
 - Infectious Diseases
 - Drug related clinical incident reports
 - Junior /senior / student supervision rotas
 - Local and locum induction
 - Department Patient Safety Scores
 - Financial and Commercial policies
 - Police statements
 - Legal reports

The Royal College of General Practitioners

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Extended Practice Evidence <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit • Significant Event Audit <p>Education, Training and Development</p> <ul style="list-style-type: none"> • E-Learning
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Extended Practice Evidence <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit • Significant Event Audit <p>Governance</p> <ul style="list-style-type: none"> • Complaints and Compliments
Keep clear, accurate and legible records	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit • Significant Event Audit <p>Governance</p> <ul style="list-style-type: none"> • Complaints and Compliments
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Governance</p> <ul style="list-style-type: none"> • Complaints and Compliments
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback
<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research (36) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
<p>Show respect for patients</p>	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Governance</p> <ul style="list-style-type: none"> • Complaints and Compliments
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Governance</p> <ul style="list-style-type: none"> • Complaints and Compliments
<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of you knowledge or competence. (63-65, 67-68) <p>Inform patients about any fees and charges before starting treatment (72a)</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback

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General Practice - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year - commensurate with CEM guidelines
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multisource Feedback

Patient Feedback

- Patient Surveys

Practice

- Extended Practice Evidence

Audit

- Clinical Audit
- Significant Event Audit

Education, Training and Development

- E-Learning

Governance

- Complaints and Compliments

The Royal College of Obstetrics and Gynaecology

Domain 1 – Knowledge, Skills and Performance

Attributes	Standards	Supporting information
<p>Maintain your professional performance</p>	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Outcome indicators • Guidelines • Compliance with Standards and Legislation e.g. HFEA regulations; Abortion Act; National Screening Committee • Procedural Data <p>Audit</p> <ul style="list-style-type: none"> • Audit of clinical practice <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Knowledge Based Assessment • Formal training
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Patient Referral Review • Incidents and Adverse Events - including contribution to NPSA

	<p>prescriptions, safely and appropriately (3b)</p> <ul style="list-style-type: none"> ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<p>and confidential enquiries</p> <p>Audit</p> <ul style="list-style-type: none"> • Audit of clinical practice <p>Governance</p> <ul style="list-style-type: none"> • Meetings - morbidity and mortality meetings and MDT
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Audit</p> <ul style="list-style-type: none"> • Case notes / Record Review

Domain 2 – Safety and Quality

Attributes	Standards	Supporting information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Governance</p> <ul style="list-style-type: none"> • Meetings - morbidity and mortality meetings and MDT • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Risk Management • Internal quality assurance • External QA, such as Healthcare Commission visits/reports
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Practice</p> <ul style="list-style-type: none"> • Patient Referral Review • Incidents and Adverse Events - including contribution to NPSA and confidential enquiries <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Risk Management • Root cause analyses, actions taken and change in practice
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<ul style="list-style-type: none"> • Evidence of vaccinations

Domain 3 – Communication, Partnership and Teamwork

Attributes	Standards	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Audit</p> <ul style="list-style-type: none"> • Audit of clinical practice <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Equality/diversity training certificate <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Participation in Local Public Partnership initiatives • Equality and Diversity • Patient Information leaflets • Awareness of and compliance with <i>Being Open</i>. • Informed Consent
Work constructively with colleagues and delegate effectively	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Patient Referral Review <p>Audit</p> <ul style="list-style-type: none"> • Audit of clinical practice
Establish and maintain partnerships with patients	<ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Survey <p>Practice</p> <ul style="list-style-type: none"> • Guidelines

Domain 4 – Maintaining Trust

Attributes	Standards	Supporting Information
<p>Show respect for patients</p>	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Guidelines • Complaints and Compliments <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Equality/diversity training certificate <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Participation in Local Public Partnership initiatives • Equality and Diversity • Patient Information leaflets • Awareness of and compliance with <i>Being Open</i>. • Informed Consent
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • References <p>Governance</p> <ul style="list-style-type: none"> • Complaints and Compliments

<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Practice</p> <ul style="list-style-type: none"> • Criminal Record Bureau (CRB) clearance certificate <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Fees and Charges Information
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2. Department of Health. (2008). *Medical Revalidation – principles and next steps: the report of the Chief Medical Officer for England's Working Group*. London: HM Stationery Office.
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7. RCOG. (2005). Risk Management for Maternity and Gynaecology
8. RCOG. (2002). Patient involvement in enhancing service provision
9. RCOG. RCOG Obtaining Valid Consent and Consent Series;

Obstetrics and Gynaecology - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multisource feedback
- References

Patient Feedback

- Patient Surveys

Audit

- Audit of clinical practice
- Case Notes / Record Review

Practice

- Outcome indicators
- Guidelines
- Compliance with Standards and Legislation e.g. HFEA regulations; Abortion Act; National Screening Committee
- Procedural Data
- Patient Referral Review
- Incidents and Adverse Events - including contribution to NPSA and confidential enquiries
- Complaints and Compliments

Education, Training and Development

- CPD
- Knowledge Based Assessment
- Formal Training

Governance

- Meetings - morbidity and mortality meetings and MDT
- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
 - Fees and Charges Information
 - Participation in Local Public Partnership initiatives
 - Equality and Diversity
 - Patient Information leaflets
 - Awareness of and compliance with Being Open.
 - Informed Consent
 - Risk Management
 - Root cause analyses, actions taken and change in practice
 - Internal quality assurance and external QA, such as CQC visits/report

The Faculty of Occupational Medicine

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Training log <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Routine indicators of performance • Regular, periodic reports by the doctor to management on new cases and the incidence and prevalence of work-related ill health in employee groups • Workplace Visit Reports • Health of Working Groups Study Reports <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit • Clinical Notes / Records Review <p>Governance</p> <ul style="list-style-type: none"> • Meetings – attendance at governance meetings • Documentation of Compliance with relevant Local Clinical Governance

		<p>Policies and Protocols</p> <ul style="list-style-type: none"> • Information sheets • Initiatives and activities demonstrating support of individual patients
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer review of records or reports <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys- for OM doctors with direct responsibility for clinical services or patient care <p>Practice</p> <ul style="list-style-type: none"> • Incidents and Adverse Events Review <p>Audit</p> <ul style="list-style-type: none"> • Clinical Notes / Records Review <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Patient Record Security • Medical Reports Act / Data Protection Act access documentation • Practice protocols that incorporate GMC and Faculty guidance

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys- for OM doctors with direct responsibility for clinical services or patient care <p>Practice</p> <ul style="list-style-type: none"> • Results of patient incident/compliments/complaints outcomes <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Organisational ‘wiring diagram’ showing clear lines of responsibility
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague’s conduct, performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Risk Assessment • Health and Safety • Health Promotion Materials
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Provision of advice on health issues • Employer drug and alcohol policies

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys - for OM doctors with direct responsibility for clinical services or patient care <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • A written Patients Charter • A written Complaints Procedure • Patient Information Sheets • Patient Consent Forms • Research Information sheets
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Dealing with conduct or performance issues • Teaching materials demonstrating relevance, clarity and up to date knowledge

<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research (36) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys- for OM doctors with direct responsibility for clinical services or patient care <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Patient Consent Forms • Medical Confidentiality • Patient Record Security
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Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
<p>Show respect for patients</p>	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys- for OM doctors with direct responsibility for clinical services or patient care <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Patient Information Leaflets • Patient Consent sheets for research. • DPA disclosure policy or procedure
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys- for OM doctors with direct responsibility for clinical services or patient care <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Equality and Diversity training <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints Procedures • Faculty, ISO or IIP accreditation of service

Act with honesty and integrity	<ul style="list-style-type: none">■ Ensure you have adequate indemnity or insurance cover for your practice (34)■ Be honest in financial and commercial dealings (73)■ Ensure any published information about your services is factual and verifiable (60, 61)■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68)■ Inform patients about any fees and charges before starting treatment (72a)	Peer Feedback <ul style="list-style-type: none">• Multisource Feedback
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Bibliography

1. Department of Health. (2007). *Trust, Assurance and Safety: the regulation of health professionals in the 21st Century*. London: HM Stationery Office.
2. Department of Health. (2008). *Medical Revalidation – principles and next steps: the report of the Chief Medical Officer for England’s Working Group*. London: HM Stationery Office.
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11. The Faculty of Occupational Medicine, Royal College of Physicians. *Good Occupational Medical Practice*. (DRAFT). London: Faculty of Occupational Medicine, 2008. <http://www.facocmed.ac.uk/library/docs/pubgompmay08.pdf>
12. The Faculty of Occupational Medicine, Royal College of Physicians. *Guidance on Ethics for Occupational Physicians* (Sixth edition). London: Faculty of Occupational Medicine, 2006.

Occupational Medicine - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multisource Feedback
- Peer review of records or reports

Patient Feedback

- Patient Surveys- for OM doctors with direct responsibility for clinical services or patient care

Practice

- Complaints and Compliments
- Incidents and Adverse Events Review
- Results of patient incident/compliments/complaints outcomes
- Routine indicators of performance
- Regular, periodic reports by the doctor to management on new cases and the incidence and prevalence of work-related ill health in employee groups
- Workplace Visit Reports
- Health of Working Groups Study Reports

Audit

- Clinical Audit
- Clinical Notes / Records Review

Education, Training and Development

- CPD
- Training log
- Equality and Diversity training

Governance

- Meetings – attendance at governance meetings
- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
 - Patient Record Security
 - Medical Reports Act / Data Protection Act access documentation
 - Practice protocols that incorporate GMC and Faculty guidance
 - Organisational 'wiring diagram' showing clear lines of responsibility
 - Risk Assessment
 - Health and Safety
 - Health Promotion Materials
 - Provision of advice on health issues
 - Employer drug and alcohol policies
 - Patients Charter
 - Patient Information Sheets
 - Patient Consent Forms

- Research Information sheets
- Dealing with conduct or performance issues
- Teaching materials demonstrating relevance, clarity and up to date knowledge
- Medical Confidentiality
- Faculty, ISO or IIP accreditation of service
- DPA disclosure policy or procedure
- Complaints Procedure

The Royal College of Ophthalmologists

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
<p>Maintain your professional performance</p>	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Practice</p> <ul style="list-style-type: none"> • Logbooks • Outcomes Data <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Mandatory Training • Non-Mandatory Training
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient’s conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient’s best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Mandatory Training • Non-Mandatory Training • Training Plan
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) <p>Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f)</p>	<p>Audit</p> <ul style="list-style-type: none"> • Clinical Notes / Record Keeping Review

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Practice</p> <ul style="list-style-type: none"> • Outcomes Data • Incidents and Adverse Events - including contribution to DATIX, NPSA and confidential enquiries <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Practice</p> <ul style="list-style-type: none"> • Incidents and Adverse Events - including contribution to DATIX, NPSA and confidential enquiries <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Mandatory Training <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Risk Management
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>[Statement of compliance]</p>

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments
Work constructively with colleagues and delegate effectively	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD
Establish and maintain partnerships with patients	<ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments <p>Governance</p> <ul style="list-style-type: none"> • Patient Information • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols <ul style="list-style-type: none"> • Legal Aspects of mental capacity and consent • Informed Consent • Procedure-specific documentation for new, complex or high-risk treatments

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information and Evaluation
Show respect for patients	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Mandatory Training <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Procedure-specific documentation for new, complex or high-risk treatments • Procedure-specific documentation for unlicensed medications
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Mandatory Training
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Statement of the basis of charges for fee-paying medical services • Clinical governance committee approval for new treatments which are not currently funded by the NHS and evidence of adherence to clinical protocols for use of such treatments

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Ophthalmology - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year - commensurate with CEM guidelines
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multisource Feedback

Patient Feedback

- Patient Surveys

Practice

- Logbooks
- Outcomes Data
- Complaints and Compliments
- Incidents and Adverse Events - including contribution to DATIX, NPSA and confidential enquiries

Audit

- Clinical Audit
- Case Notes / Record Keeping Review

Education, Training and Development

- CPD
- Mandatory Training
- Non-Mandatory Training
- Training Plan

Governance

- Patient Information
- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
 - Evidence of attendance at audit and clinical governance meetings
 - Risk Management
 - Legal Aspects of mental capacity and consent
 - Informed Consent
 - Procedure-specific documentation for new, complex or high-risk treatments
 - Procedure-specific documentation for unlicensed medications
 - Clinical governance committee approval for new treatments which are not currently funded by the NHS and evidence of adherence to clinical protocols for use of such treatments

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Core supporting information is expected to be collected over the five year revalidation cycle where possible. It does not have to be provided every year.

Optional supporting information may be included at appraisal because the doctor is unable to provide some of the core information, they wish to demonstrate the high quality of their practice or particular areas of specialist practice, or it is relevant to a learning or development need agreed with their appraiser. It is for the individual doctor to decide whether any additional supporting information is relevant, or required, to demonstrate to their appraiser that the attribute has been met.

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Guidelines • Clinical audit • CPD <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Registries • Outcomes • Logbooks • Publications, presentations & reports • Work Based or Skills assessments • Clinical notes / Records Review incl discharge • E-learning • Knowledge Based Assessment (on-line) • Specialty certificates & courses • Trust and HR courses

<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Guidelines • Complaints and Compliments • Critical events and incidents – including contribution to NPSA and confidential enquiries • Clinical audit • CPD • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Registries • Outcomes • Logbooks • Publications, presentations & reports • Work Based or Skills assessments • Case Based Discussion • Clinical notes / Records Review incl discharge • E-learning • Knowledge Based Assessment (on-line) • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and Legislation
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Complaints and compliments • Critical events and incidents – including contribution to NPSA and confidential enquiries • Clinical audit • Meetings - morbidity and mortality meetings and MDT

		<p>Optional</p> <ul style="list-style-type: none">• Peer review• References and Letters• Teaching evaluations• Clinical notes / Records Review incl discharge• Case Based Discussion• Patient Education• Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and Legislation
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Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Complaints and Compliments • Critical events and incidents – including contribution to NPSA and confidential enquiries • Clinical audit • CPD • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Case Based Discussion • Registries • Clinical notes / Records Review incl discharge • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and Legislation
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Guidelines • Complaints and Compliments • Critical events and incidents – including contribution to NPSA and confidential enquiries • CPD • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Case Based Discussion

		<ul style="list-style-type: none"> • Outcomes • Specialty certificates & courses • Trust and HR courses • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and Legislation
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients and/or involved parties when something has gone wrong (30) ■ Listen to patients and the community and respect their views about their health (22 a 27a). ■ Give patients and the community the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' and their community's questions (22c, 27 b) ■ Treat those close to the patient and the community considerately (29) ■ Pass on information to colleagues involved in, or taking over, your patients' or community's care (40, 51-53) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Critical events and incidents – including contribution to NPSA and confidential enquiries • Complaints and compliments • CPD • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Case Based Discussion • E-learning • Knowledge Based Assessment (on-line) • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and legislation
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Critical events and incidents – including contribution to NPSA and confidential enquiries • CPD • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Case Based Discussion

		<ul style="list-style-type: none"> • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and legislation
<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients and the community to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Critical events and incidents – including contribution to NPSA and confidential enquiries • Complaints and compliments • CPD • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and legislation

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
<p>Show respect for patients</p>	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Critical events and incidents – including contribution to NPSA and confidential enquiries • Complaints and compliments • Meetings - morbidity and mortality meetings and MDT <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and legislation
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • CPD <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Trust and HR courses (e.g. Equality & Diversity training) • Patient education

<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Core</p> <ul style="list-style-type: none"> • Multisource feedback • Patient feedback¹ • Complaints and compliments <p>Optional</p> <ul style="list-style-type: none"> • Peer review • References and Letters • Teaching evaluations • Patient Education • Documentation of Compliance with relevant Local and National Clinical Governance Policies and Protocols and legislation
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Bibliography

1. Department of Health. (2008). *Medical Revalidation – principles and next steps: the report of the Chief Medical Officer for England's Working Group*. London: HM Stationery Office.
2. Department of Health. (2007). *Trust, Assurance and Safety: the regulation of health professionals in the 21st Century*. London: HM Stationery Office.
3. General Medical Council. (2006) *Management for Doctors*. London: GMC
4. General Medical Council. (2006). *Good Medical Practice*. London: GMC
5. General Medical Council. (2002). *Research: the role and responsibilities of doctors*. London: GMC
6. Royal College of Paediatrics and Child Health (2009) *Curriculum – a Framework of competences for levels 1-3 training in paediatrics*. London: RCPCH. Available at <http://www.rcpch.ac.uk/Training/Competency-Frameworks>
7. Royal College of Paediatrics and Child Health (2007) *Assessment standards for levels 1-3*. London: RCPCH. Available at <http://www.rcpch.ac.uk/Training/Competency-Frameworks>
8. Royal College of Paediatrics and Child Health (2002) *Good Medical Practice in Paediatrics and Child Health. Duties and Responsibilities of Paediatricians*. London: RCPCH. Available at <http://www.rcpch.ac.uk/Publications/Publications-list-by-title>

References

- ¹ Paediatric Carers of Children Feedback (PaedCCF) Royal College of Paediatrics and Child Health at <http://www.rcpch.ac.uk>

Paediatrics and Child Health - Appraisal and Revalidation Checklist

Types of supporting information	RCPCH Core/optional information	Frequency	Notes
General required by GMC			
<input type="checkbox"/> GMC Registration Number	GMC Core	Annually	
<input type="checkbox"/> Evidence of a License to Practice	GMC Core	Annually	
<input type="checkbox"/> Medical Qualifications	GMC Core	Annually	
<input type="checkbox"/> Description of Practice <ul style="list-style-type: none"> o Title o Role o Job Summary including responsibilities and activities throughout the 5 years since last revalidation o Job Plan for each year 	GMC Core	Annually	
<input type="checkbox"/> Description of voluntary roles undertaken in capacity as doctor	GMC Core	Annually	
<input type="checkbox"/> Appraisal for each year	GMC Core	Annually	
<input type="checkbox"/> Description of Indemnity	GMC Core	Annually	
<input type="checkbox"/> Personal Development Plan (PDP) for each year	GMC Core	Annually	
<input type="checkbox"/> Statement of Concerns and their resolution	GMC Core	Annually	
<input type="checkbox"/> Statement of Probity including interests and gifts	GMC Core	Annually	
<input type="checkbox"/> Statement of Health to confirm ability to undertake practice as described	GMC Core	Annually	
<input type="checkbox"/> Registration with a GP	GMC Core	Annually	
Peer and patient feedback			
<input type="checkbox"/> Multi-source feedback (generic or paediatric specific)	Core	Two in five years. Once within 1 st 2/3 years. Repeat again in remaining 3/2 years, or as necessary	
<input type="checkbox"/> Peer Review	Optional		
<input type="checkbox"/> References and Letters	Optional		
<input type="checkbox"/> Teaching evaluations	Optional		
<input type="checkbox"/> Patient (or parent/carer) feedback	Core^{1*}	Two in five years. Once within 1 st 2/3 years. Repeat again in remaining 3/2 years, or as necessary	
Practice			
<input type="checkbox"/> Registries e.g. patient databases re data entry compliance	Optional		
<input type="checkbox"/> Outcomes (e.g. clinical indicators)	Optional²		
<input type="checkbox"/> Logbooks	Optional		
<input type="checkbox"/> Guidelines e.g. use of clinical	Core¹	Over five years	

guidelines			
<input type="checkbox"/> Publications, presentations & reports	Optional		
<input type="checkbox"/> Work Based or Skills assessments	Optional		
<input type="checkbox"/> Complaints and Compliments	Core	Annually	
<input type="checkbox"/> Critical events and incidents – including contribution to NPSA and confidential enquiries as appropriate	Core¹	Annually	
<input type="checkbox"/> Case Based Discussion	Optional		
Audit			
<input type="checkbox"/> Clinical Audit	Core¹	At least one full cycle every 5 years	
<input type="checkbox"/> Clinical Notes / Records Review/audit incl discharge	Optional		
Education, Training and Development			
<input type="checkbox"/> Continuing Professional Development	Core*	Annually with focus on learning outcome, not just credits/attendance e. 250 credits in five years	Others in this section may be included in CPD
<input type="checkbox"/> E-learning	Optional		
<input type="checkbox"/> Knowledge Based Assessment (on-line)	Optional		
<input type="checkbox"/> Trust and HR courses	Optional		
<input type="checkbox"/> Specialty certificates and courses	Optional		
Governance			
<input type="checkbox"/> Patient Education	Optional		
<input type="checkbox"/> Meetings – morbidity and mortality meetings and MDT	Core¹	Annually	But not all types of meeting as e.g. mortality not relevant to all doctors
<input type="checkbox"/> Documentation of Compliance with relevant Local and National Clinical Governance Policies, Protocols and Legislation. e.g. <ul style="list-style-type: none"> ○ Department patient safety scores ○ Departmental infectious disease reports ○ Departmental rota documentation ○ Locum and trainee induction documentation ○ Risk and workplace assessments and reports ○ Fees and charges information ○ Police statements ○ Legal reports 	Optional		The examples on the left are suggestions and not prescriptive.

¹ May be rare exceptions, depending on RCPCH subspecialty.

² May not be possible to produce individual data for all paediatricians

* RCPCH-specific tools available

The Royal College of Pathology

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information and Evaluation
Maintain your professional performance	<ul style="list-style-type: none"> ▪ Maintain knowledge of the law and other regulation relevant to practice (13) ▪ Keep knowledge and skills up to date (13) ▪ Participate in professional development and educational activities (12) ▪ Take part in regular and systematic audit (14) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Compliance with relevant laws and regulation • Outcome or performance data, where available <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Mandatory specialty training • Mandatory local training <p>Governance</p> <ul style="list-style-type: none"> • Meetings – attendance at Multidisciplinary Team meetings • Documentation of compliance with relevant local clinical governance policies and protocols • Compliance with quality assurance framework • External Quality Assessment schemes
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ▪ Recognise and work within the limits of your competence (3a) ▪ Adequately assess the patient's conditions (2a) ▪ Provide or arrange advice, investigations or treatment where necessary (2b) ▪ Prescribe drugs or treatment, including repeat 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys

	<p>prescriptions, safely and appropriately (3b)</p> <ul style="list-style-type: none"> ▪ Provide effective treatments based on the best available evidence (3c) ▪ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ▪ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ▪ Support patients in caring for themselves (21e) 	<p>Practice</p> <ul style="list-style-type: none"> • Incidents – including contribution to NPSA and confidential enquiries • Consultant Advisory Activity • Referral practice • Complaints and compliments <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit • Case Notes / Record Review <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Mandatory specialty training • Mandatory local training <p>Governance</p> <ul style="list-style-type: none"> • Meetings – attendance at Multidisciplinary Team and Directorate/Management meetings • Documentation of compliance with relevant local clinical governance policies and protocols • Compliance with quality assurance framework • External Quality Assessment schemes
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ▪ Keep clear, accurate and legible records (3f) ▪ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ▪ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer review <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit • Case Notes / Record Review

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information and Evaluation
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ▪ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ▪ Take part in systems of quality assurance and quality improvement (14) ▪ Comply with risk management and clinical governance procedures ▪ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ▪ Provide information for confidential inquiries, significant event reporting (14g) ▪ Ensure systems are in place for colleagues to raise concerns about risks to patients (45) ▪ Report suspected adverse drug reactions (14h) ▪ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Incidents – including contribution to NPSA and confidential enquiries • Compliance with clinical guidelines • Complaints and compliments <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> • Risk Management • Hand over policy and documentation • Adverse drug reaction reporting • Compliance with quality assurance framework • External Quality Assessment schemes • Service Accreditation Assessment • Meetings – attendance at Multidisciplinary Team and Directorate/Management meetings
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ▪ Report risks in the health care environment to your employing or contracting bodies. (6) ▪ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ▪ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Incidents – including contribution to NPSA and confidential enquiries

	<ul style="list-style-type: none"> ▪ Respond promptly to risks posed by patients ▪ Follow infection control procedures and regulations 	<p>Education, Training and Development</p> <ul style="list-style-type: none"> • Mandatory specialty training • Mandatory local training <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ■ Health and Safety legislation ■ Liaison with child protection teams ■ Compliance with quality assurance framework
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ▪ Make arrangements for accessing independent medical advice when necessary. (77) ▪ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ■ Multisource Feedback

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information and Evaluation
Communicate effectively	<ul style="list-style-type: none"> ▪ Communicate effectively with colleagues within and outside the team (41b) ▪ Explain to patients when something has gone wrong (30) ▪ Listen to patients and respect their views about their health (22 a 27a). ▪ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ▪ Respond to patients' questions (22c, 27 b) ▪ Keep patients informed about the progress of their care (22c) ▪ Treat those close to the patient considerately. (29) ▪ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ■ Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> ■ Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> ■ Complaints and Compliments <p>Audit</p> <ul style="list-style-type: none"> ■ Case Notes / Record Review <p>Governance</p> <ul style="list-style-type: none"> ■ Meetings – attendance at Multidisciplinary Team and ■ Directorate/Management meetings ■ Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> ■ Health and Safety legislation ■ Laboratory handbook and information leaflets
Work constructively with colleagues and delegate effectively	<ul style="list-style-type: none"> ▪ Treat colleagues fairly and with respect (46) ▪ Support colleagues who have problems with their performance, conduct or health (41d) ▪ Act as a positive role model for colleagues (41) ▪ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Incidents – including contribution to NPSA and confidential enquiries <p>Governance</p> <ul style="list-style-type: none"> • Meetings – attendance at Multidisciplinary Team and Directorate/Management meetings • Documentation of compliance with relevant local clinical governance policies and protocols <ul style="list-style-type: none"> • Business Plans
Establish and maintain partnerships	<ul style="list-style-type: none"> ▪ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback

<p>with patients</p>	<ul style="list-style-type: none"> ▪ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Compliance with specialty national and professional guidelines <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols <p>Audit</p> <ul style="list-style-type: none"> • Case Notes / Record Review
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Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information and Evaluation
Show respect for patients	<ul style="list-style-type: none"> ▪ Implement and comply with systems to protect patient confidentiality. (37) ▪ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ▪ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Mandatory specialty training • Mandatory local training <p>Governance</p> <ul style="list-style-type: none"> • Documentation of compliance with relevant local clinical governance policies and protocols • Ending relationships with patients
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ▪ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ▪ Respond promptly and fully to complaints. (31) ▪ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Mandatory specialty training • Mandatory local training

<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ▪ Ensure you have adequate indemnity or insurance cover for your practice (34) ▪ Be honest in financial and commercial dealings (73) ▪ Ensure any published information about your services is factual and verifiable (60, 61) ▪ Be honest in any formal statement or report, whether written or oral, making clear the limits of you knowledge or competence. (63-65, 67-68) ▪ Obtain appropriate ethical approval for research projects (Research 5). ▪ Be honest in undertaking research and reporting research results (71 b) ▪ Ensure that your research is audited regularly. (research 43) ▪ Inform patients about any fees and charges before starting treatment (72a) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Formal statements as part of medico-legal reports <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit <p>Governance</p> <ul style="list-style-type: none"> • Meetings – attendance at Multidisciplinary Team and Directorate/Management meetings • Participation in External Quality Assurance schemes
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Bibliography

1. Department of Health. (2007). *Trust, Assurance and Safety: the regulation of health professionals in the 21st Century*. London: HM Stationery Office.
2. Department of Health. (2008). *Medical Revalidation – principles and next steps: the report of the Chief Medical Officer for England's Working Group*. London: HM Stationery Office.
3. General Medical Council. (2006) *Management for Doctors*. London: GMC
4. General Medical Council. (2006). *Good Medical Practice*. London: GMC
5. General Medical Council. (2002). *Research: the role and responsibilities of doctors*. London: GMC

Pathology - Appraisal and Revalidation Checklist

Items * are core items that must be provided.

General

- GMC Registration Number*
- Evidence of a License to Practice*
- Medical Qualifications*
- Description of Practice*
 - o Title
 - o Role
 - o Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - o Job Plan for each year - commensurate with CEM guidelines
- Description of voluntary roles undertaken in capacity as doctor*
- Appraisal for each year*
- Description of Indemnity*
- Personal Development Plan (PDP) for each year*
- Statement of Concerns and their resolution*
- Statement of Probity including interests and gifts*
- Statement of Health to confirm ability to undertake practice as described*
- Registration with a GP*

Peer Feedback

- Multi-source feedback* (one in five years must be undertaken before the end of the 3rd year to allow time for action planning and repeat MSF if indicated).

Patient Feedback

- Patient feedback

Practice

- Complaints and compliments
- Incidents – including contribution to NPSA and confidential enquiries
- Consultant Advisory Activity
- Referral practice
- Compliance with relevant laws and regulation
- Compliance with clinical guidelines
- Formal statements as part of medico-legal reports
- Outcome or performance data, where available

Audit

- Audit*
- Case Notes / Record Review

Education, Training and Development

- CPD*
- Specialty certificates or courses
- Mandatory local training

Governance

- Meetings – attendance at Multidisciplinary Team and Directorate/Management meetings
- Documentation of compliance with relevant local clinical governance policies and protocols
 - o Adverse drug reaction reporting
 - o Participation in External Quality Assurance schemes
 - o Compliance with quality assurance framework
 - o Service Accreditation Assessment
 - o Risk Management
 - o Hand over policy and documentation

- o Health and Safety legislation
- o Liaison with child protection teams
- o Ending relationships with patients
- o Laboratory handbook and information leaflets
- o Business Plans

The Faculty of Pharmaceutical Medicine

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
<p>Maintain your professional performance</p>	<p><u>Maintain knowledge of the law & other regulation relevant to practice (13)</u> The Pharmaceutical Physician will maintain knowledge of the law and regulation relevant to Pharmaceutical Medicine.</p> <p><u>Keep knowledge and skills up to date (13)</u> The Pharmaceutical Physician will maintain competence in the areas in which they have been trained and currently practise.</p> <p><u>Participate in professional development & educational activities (12)</u> The Pharmaceutical Physician will participate in Continuing Professional Development relevant to Pharmaceutical Medicine.</p> <p><u>Take part in regular and systematic audit (14)</u> The Pharmaceutical Physician will participate in organisational, departmental audits and / or self-audit related to their professional performance and role.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • Evidence-based learning • Specialty Certificates & Courses • Internal Training • Education relating to therapeutic areas in which you work <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit <p>Practice</p> <ul style="list-style-type: none"> • Portfolio containing evidence from practice of competence and performance in modules from the current PMST curriculum or other Faculty approved items

<p>Apply knowledge and experience to practice</p>	<p><u>Recognise and work within the limits of your competence (3a)</u> The Pharmaceutical Physician will understand when to seek advice in relation to their experience, competence and level of authority in the organisation.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Incidents - reflective summary and critical event investigations • Research Outcomes • Publications / Reports • Practice Based Discussion • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles. <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting <ul style="list-style-type: none"> • Guidelines and Regulations (e.g. International Conference on Harmonisation (ICH) Guidelines for GCP; Declaration of Helsinki). • Participation in staff induction and development programmes
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<p>Keep clear, accurate and legible records</p>	<p><u>Keep clear, accurate & legible records (3f)</u> The Pharmaceutical Physician will maintain clear, accurate and legible records of their work.</p> <p><u>Make records at the same time as the events you are recording or as soon as possible afterwards (3f)</u> The Pharmaceutical Physician will seek to make records in close temporal relationship with events that are being recorded or observed.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit • Records Review <p>Practice</p> <ul style="list-style-type: none"> • Practice Based Discussions
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Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<p><u>Respond constructively to the outcome of audit, appraisals & performance reviews (14e)</u> The Pharmaceutical Physician will have available procedures and processes to undertake remedial and corrective actions as a result of audit findings, outcomes from appraisals and performance reviews.</p> <p><u>Take part in systems of quality assurance & quality improvement (14)</u> The Pharmaceutical Physician works within a quality-managed environment, and is able to participate in QC, QM and QA procedures connected with work and / or educational systems as appropriate and as defined.</p> <p><u>Comply with risk management & clinical governance procedures</u> The Pharmaceutical Physician will maintain knowledge of and adhere to extant research governance guidelines and regulations, and risk management procedures.</p> <p><u>Cooperate with legitimate requests for information from organisations monitoring public health (14i)</u> The Pharmaceutical Physician will cooperate with public health bodies in fulfilling their legitimate requests for information.</p> <p><u>Provide information for confidential enquiries, significant event reporting (14g)</u> The Pharmaceutical Physician will provide information for confidential enquiries, as applicable, and within the rules and limitations laid down by his/her employing authority.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Practice Based Discussion • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles. <p>Audit</p> <ul style="list-style-type: none"> • Practice Audit <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting • Participation in staff induction, training and workplans • Quality Management System and your involvement in it • Risk Management and medical governance standards • Meetings – attendance at governance meetings

<p>Respond to risks to safety</p>	<p><u>Report risks in the health care environment to your employing or contracting bodies (6)</u> The Pharmaceutical Physician working within a managed environment is able to raise concerns with senior management regarding risks arising in the healthcare environment which might impact staff, research subjects or projects.</p> <p><u>Safeguard & protect the health & well-being of vulnerable people, including children & the elderly & those with learning disabilities (26,28)</u> The Pharmaceutical Physician will seek to protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities.</p> <p><u>Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk (43,44)</u> The Pharmaceutical Physician working within a managed environment is able to raise concerns with senior management regarding the performance and attitude / behaviour of colleagues under supervision.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Practice</p> <ul style="list-style-type: none"> • Practice Based Discussion • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Specialty Certificates & Courses • Internal Training
<p>Protect Patients and colleagues from any risk posed by your health</p>	<p><u>Make arrangements for accessing independent medical advice when necessary (77)</u> The Pharmaceutical Physician will make arrangements for accessing independent medical advice when necessary</p> <p><u>Be immunised against common serious communicable diseases where vaccines are available (78)</u> The Pharmaceutical Physician will make themselves aware of necessary immunisations in order to undertake work in pharmaceutical medicine in UK or as a result of travel outside the UK</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Health statement • Evidence of registration with a General Practitioner • Current relevant immunisation record

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<p><u>Communicate effectively with colleagues within & outside the team (41b)</u> The Pharmaceutical Physician will possess a high level of communication skills, both oral and written.</p> <p><u>Explain to patients (colleagues; management) when something has gone wrong (30)</u> The Pharmaceutical Physician will proactively raise issues with colleagues and higher project and company management when they detect that something is going wrong – in relation to projects, services, systems, people arrangements or an agreed course of action.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care <p>Practice</p> <ul style="list-style-type: none"> • Complaints and Compliments • Presentations and Reports • Practice Based Discussions • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD <p>Governance</p> <ul style="list-style-type: none"> • Patient Education • Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting <ul style="list-style-type: none"> • Consent Forms and Information Sheets • Management reports • Training in equal opportunities • Business Plans • Meetings – attendance at governance meetings

<p>Work constructively with colleagues and delegate effectively</p>	<p><u>Treat colleagues fairly & with respect (46)</u> The Pharmaceutical Physician will treat colleagues and others fairly and with respect.</p> <p><u>Support colleagues who have problems with their performance, conduct or health (41d)</u> The Pharmaceutical Physician will seek to recognise and support colleagues who have problems with their performance, conduct or health.</p> <p><u>Act as a positive role model for colleagues (41)</u> The Pharmaceutical Physician will seek to act as a positive role model for non-medical colleagues and doctors joining the pharmaceutical industry.</p> <p><u>Ensure colleagues to whom you delegate have appropriate qualifications, experience (54)</u> The Pharmaceutical Physician will ensure that colleagues to whom they delegate project activities have appropriate qualifications and experience.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Practice</p> <ul style="list-style-type: none"> • Presentations and Reports • Practice Based Discussions • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Evidence of training in equal opportunities <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting • Records from induction meetings, communications and scenario reports • Participation in leadership development programmes
<p>Establish and maintain partnerships with patients</p>	<p>Encourage patients to take an interest in their health and take action to improve and maintain it The Pharmaceutical Physician will, in the context of their role, encourage patients and the public to take an interest in their health and take action to improve and maintain it</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Practice</p> <ul style="list-style-type: none"> • Complaints and compliments • Examples of patient education or explanation • Any other relevant examples or feedback <p>Governance</p> <ul style="list-style-type: none"> • Copies of policies and procedures • Copies of Information material

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
<p>Show respect for patients</p>	<p><u>Implement & comply with systems to protect patient confidentiality (37)</u> The Pharmaceutical Physician in undertaking their work will ensure the necessary safeguards are met to respect the confidentiality of patients, research subjects, colleagues, and project-derived data.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care <p>Practice</p> <ul style="list-style-type: none"> • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles. <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting • Confidentiality – procedures, directions and reviews detailing compliance with safeguards and levels of confidentiality for work and communications • Informed Consent Forms
<p>Treat patients and colleagues fairly and without discrimination</p>	<p><u>Be honest & objective when appraising or assessing colleagues & when writing references (18-19)</u> The Pharmaceutical Physician will maintain the highest degree of honesty and objectivity when assessing, appraising, reviewing or endorsing the work or performance of colleagues.</p> <p><u>Respond promptly & fully to complaints (31)</u></p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care

	<p>The Pharmaceutical Physician will respond promptly and fully to complaints made either against him or herself, or in connection with work projects or the organisation.</p>	
<p>Act with honesty and integrity</p>	<p><u>Ensure you have adequate indemnity or insurance cover for your practice (34)</u> The Pharmaceutical Physician will ensure that appropriate indemnity or insurance cover is provided by in connection with work conducted by him or herself.</p> <p><u>Be honest in financial & commercial dealings (73)</u> The Pharmaceutical Physician will be honest in financial & commercial dealings.</p> <p><u>Ensure any published information about your services is factual and verifiable (60,61)</u> The Pharmaceutical Physician will ensure that all publications over which they have editorial or review oversight are factual and verifiable and meet the codified standards established for such material.</p> <p><u>Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence (63-65, 67-68)</u> The Pharmaceutical Physician will be honest in any formal statement or report, whether written or oral, making clear the limits of their knowledge and competence.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multisource Feedback • Peer Review • References and Letters <p>Governance</p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting • Financial transactions with reflective commentary covering context and outcome • Adoption of relevant provisions in the ABPI Code of Practice for the Pharmaceutical Industry. <p>Practice</p> <ul style="list-style-type: none"> • Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles.

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5. Faculty of Pharmaceutical Medicine. (2003). Good Pharmaceutical Medicine Practice. Available at: www.fpm.org.uk
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11. General Medical Council. (2002). *Research: the role and responsibilities of doctors*. London: GMC
12. Griffin and O'Grady [Eds]. (2009). *The Textbook of Pharmaceutical Medicine*. London: Wiley-Blackwell

Pharmaceutical Medicine - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - o Title
 - o Role
 - o Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - o Job Plan for each year - commensurate with CEM guidelines
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of appropriate Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multisource Feedback
- Peer Review

Patient Feedback

- Patient Surveys - for PM doctors with direct responsibility for clinical services or patient care

Practice

- Complaints and Compliments
- Incidents - reflective summary and critical event investigations
- Presentations and Reports
- Practice Based Discussion
- Evidence of adoption of relevant guidance in Faculty of Pharmaceutical Medicine Ethical Issues Report and Guiding Principles
- Portfolio containing evidence from practice of competence and performance in modules from the current PMST curriculum or other Faculty approved items

Audit

- Practice Audit
- Records Review

Education, Training and Development

- CPD
- Evidence-based learning
- Specialty Certificates & Courses
- Internal Training
- Education relating to therapeutic areas in which you work

Governance

- Patient Education
- Meetings – attendance at governance meetings
- Documentation of Compliance with relevant Medical Governance Policies and Protocols applicable within the local setting
 - o Adoption of relevant provisions in the ABPI Code of Practice for the Pharmaceutical Industry
 - o Confidentiality – procedures, directions and reviews detailing compliance with safeguards and levels of confidentiality for work and communications
 - o Informed Consent Forms and Information Sheets
 - o Management reports
 - o Business Plans
 - o Quality Management System and your involvement in it
 - o Risk Management and medical governance standards
 - o Guidelines and Regulations (e.g. International Conference on Harmonisation (ICH) Guidelines for GCP; Declaration of Helsinki)

The Royal Colleges of Physicians

Core and Optional supporting information

Core (black, non-italic script) supporting information is expected to be collected over the five year revalidation cycle where possible. It does not have to be provided every year.

Optional (*italic, blue script*) supporting information may be included at appraisal because the doctor is unable to provide some of the core information, they wish to demonstrate the high quality of their practice or particular areas of specialist practice, or it is relevant to a learning or development need agreed with their appraiser. It is for the individual doctor to decide whether any additional supporting information is relevant, or required, to demonstrate to their appraiser that the attribute has been met.

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
1.1 Maintain your professional performance	All doctors <ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	Peer Feedback¹ <ul style="list-style-type: none"> • Validated Colleague MSF (at least once per five year revalidation period) • <i>Evidence of involvement in other assessments of individual or team practice if undertaken by subspecialty eg Peer Review or Service Accreditation where applicable.</i> Patient Feedback² <ul style="list-style-type: none"> • Validated Patient Questionnaire (at least once per five year revalidation period) • Reflection and learning from substantiated complaints • <i>Evidence of quality of advice given to patients (eg anonymised patient records and outpatient clinic letters) and information/educational material given to patients</i> Education, Training and Development

¹ The raters in the MSF should reflect the range of those with whom physicians work in their daily practice, whether this is clinical, academic, managerial or a combination of these. Raters should come from all relevant groups, not just consultant colleagues.

² For the subspecialty of Palliative Medicine, and possibly other situations, patient feedback relevant to the individual physician may be difficult to obtain. Frequently Palliative Medicine specialists act in an advisory role to consultants in a number of other specialties, and many of the patients being cared for are inappropriate to be given questionnaires. There are also concerns about recently bereaved relatives being asked to complete questionnaires. Further work may be required to identify a suitable tool for this subspecialty.

		<ul style="list-style-type: none"> • Record of “open book” knowledge assessments related to e-learning or other knowledge assessments. • Evidence of any specific training, assessment or re-assessment of practical and other skills • CPD record - specific learning needs identified and met – signed off as related to individual professional practice <p>Audit and Quality Improvement</p> <ul style="list-style-type: none"> • Participate in, or carry out, one full audit cycle or other approved Quality Improvement exercise in relation to professional practice within each five-year revalidation period with evidence of any practice change • Participation in national or other multi-centre (eg regional) and local audit, where present, with evidence of any practice change demonstrated by re-audit <p>Practice</p> <ul style="list-style-type: none"> • For most physicians, this will be covered by audit and MSF (above). • <i>Observed clinical practice may be recommended, or agreed at appraisal</i> • <i>Logbook of clinical cases encountered and discussed, with reflection and practice change</i> • <i>Record relevance of legislation to clinical cases or other situations encountered in practice in log-book or e-portfolio</i> • <i>Results of clinical outcomes compared to College or specialty recommendations, where available and validated</i>
<p>1.2 Apply knowledge and experience to practice</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) <p>Doctors with management, teaching or research roles</p> <ul style="list-style-type: none"> ■ Follow appropriate national research governance guidelines (71) ■ Apply the skills, attitudes and practice of a competent teacher/trainer (16) ■ Work effectively as a manager (MfD 12, 17) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Adequately assess the patient’s conditions (2a) ■ Provide or arrange advice, investigations or treatment 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated Colleague MSF (at least once per five year revalidation period) • Record of teaching activities undertaken with feedback • <i>Evidence of activity as an educational/clinical supervisor – eg record of dates of formal meetings with trainees</i> • <i>Evidence of involvement in other assessments of individual or team practice if undertaken by subspecialty eg Peer Review.</i> <p>Patient Feedback</p> <ul style="list-style-type: none"> • Validated Patient Questionnaires (at least once per five year revalidation period) • Reflection and learning from substantiated complaints • <i>Evidence of quality of advice given to patients (eg anonymised patient records and outpatient clinic letters) and information/educational material given to patients</i> <p>Education, Training and Development</p>

	<p>where necessary (2b)</p> <ul style="list-style-type: none"> ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<ul style="list-style-type: none"> • Reflection and behaviour change resulting from CPD activities • Evidence of any specific training, assessment or re-assessment of practical and other skills <p>Governance</p> <ul style="list-style-type: none"> • Reflection and learning from substantiated complaints and clinical incidents • <i>Document relevant processes in relation to any research activity undertaken – e.g. ethical approval, research governance issues</i> <p>Audit and Quality Improvement</p> <ul style="list-style-type: none"> • Participate in, or carry out, one full audit cycle or other approved Quality Improvement exercise in relation to professional practice within each five-year revalidation period with evidence of any practice change • Participation in national or other multi-centre (eg regional) and local audit, where present, with evidence of any practice change demonstrated by re-audit <p>Practice</p> <ul style="list-style-type: none"> • Demonstrate knowledge of, and adherence to, National best practice guidelines (where established) and local treatment policies relevant to clinical practice • <i>Logbook of relevant referrals made and outcome of referral</i> • <i>Anonymised responses from those to whom you have referred patients</i> • <i>Record relevance of legislation to clinical cases or other situations encountered in practice in log-book or e-portfolio</i> • <i>Case based discussion (if appropriate tool developed and validated)</i>
<p>1.3 Keep clear, accurate and legible records</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated Colleague MSF (at least once per five year revalidation period) <p>Patient Feedback</p> <ul style="list-style-type: none"> • Reflection and learning from substantiated complaints <p>Audit and Quality Improvement</p> <ul style="list-style-type: none"> • <i>Audit of record-keeping against agreed standards</i> <p>Practice</p> <ul style="list-style-type: none"> • Case-based discussion or review of case-notes (as appropriate) • <i>Anonymised copies of letters to patients and to referring clinicians</i>

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
<p>2.1 Put into effect systems to protect patients and improve care</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) <p>Doctors with management roles</p> <ul style="list-style-type: none"> ■ Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised. (17) ■ Ensure systems are in place for colleagues to raise concerns about risks to patients (45) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Review of Personal Development Plan • Validated Colleague MSF (at least once per five year revalidation period) • <i>Trainee feedback on clinical supervision eg local surveys or high level data from PMETB annual survey</i> <p>Patient Feedback</p> <ul style="list-style-type: none"> • Validated patient survey (at least once per five year revalidation period) <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Evidence of compliance with mandatory training, infection control etc • CPD – with reflection and behaviour change (see Domain 1) <p>Clinical Governance</p> <ul style="list-style-type: none"> • Summary (anonymised) of any significant untoward Incident or clinical incident reports, with the learning and any practice changes that resulted • Participation in effective team or multidisciplinary meetings – assessed by MSF • <i>Evidence of compliance with Trust clinical governance and risk management policies</i> • <i>Demonstrate compliance with systems that are in place to ensure that training grades perform within their competencies</i> • <i>Documentation demonstrating implementation of safe/best practices – eg service accreditation if applicable</i> • <i>Copies of any National ADR reports where available</i> • <i>Evidence of compliance with Trust handover policies and documentation, and induction arrangements for new staff, where available</i> <p>Audit and Quality Improvement</p> <ul style="list-style-type: none"> • Participate in, or carry out, one full audit cycle or other approved Quality Improvement Process (see Domain 1)

		<ul style="list-style-type: none"> • <i>Practice Improvement Tool (eg PIM) if validated and available</i> <p>Practice Review</p> <ul style="list-style-type: none"> • Summary (anonymised) of any Significant Untoward Incident (SUI)³ or clinical incident reports, with the learning and any practice changes that resulted
<p>2.2 Respond to risks to safety</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated tools for feedback about quality of doctors' practice including MSF <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Evidence of participation in mandatory training required by employer. • Evidence of compliance with standards for trainers agreed by PMETB (if involved in training) • <i>Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour.</i> <p>Governance</p> <ul style="list-style-type: none"> • Documentation demonstrating implementation of safe/best practices/response to clinical risk.⁴ • Anonymised account of action taken in relation to a colleague in difficulty if this occurs • <i>Awareness of adult and child protection policies and local disability policy as recommended by employer, and record of any action taken</i> • <i>Anonymised case report / clinical incident report where risks posed by patients were managed.</i> <p>Practice</p> <ul style="list-style-type: none"> • Anonymised portfolio record of action taken to manage any clinical risks or adverse events under your care (eg satisfactory infection control audit)
<p>2.3 Protect patients and colleagues from any risk posed by your health</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Governance</p> <ul style="list-style-type: none"> • Confirmation of registration with a General Practitioner • Confirmation of appropriate immunisations and antibody screening results • Annual self declaration of health at appraisal

³ A Significant Untoward Incident (SUI) occurs when it is "declared" by the Medical Director. Such incidents usually involve significant risk of, or actual, harm to patients, staff or the public in relation to the activity of an NHS organisation.

⁴ See guidance for examples.

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
<p>3.1 Communicate effectively</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) <p>Doctors with management roles</p> <ul style="list-style-type: none"> ■ Encourage colleagues to contribute to discussions and to communicate effectively with each other (MfD 50) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated Colleague MSF (at least once every 5 years) • <i>Other assessments if undertaken by subspecialty eg Peer Review</i> <p>Patient Feedback</p> <ul style="list-style-type: none"> • Validated Patient Questionnaires • <i>Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients</i> • <i>Documentation of engagement with patient and carer support groups, where relevant</i> <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Evidence of review of skills in relation to communication with patients, carers and colleagues. Where a development need has been identified, there should be evidence of specific CPD undertaken. <p>Governance</p> <ul style="list-style-type: none"> • Quality of multi-disciplinary team working, evaluated through validated MSF or other assessments if undertaken by subspecialty eg Peer Review [This may be an "option"] • <i>Evidence of compliance with local handover policies and portfolio record of patients specifically handed over to colleagues during leave</i> <p>Practice</p> <ul style="list-style-type: none"> • Portfolio of cases discussed with colleagues, at M&M meetings or in case-based discussion ⁵ • <i>Audit of case-notes, referral responses and/or outpatient clinic or discharge letters</i>

⁵ This may be formal or informal, but should be recorded together with reflection and any impact on practice. A minimum of two per year.

<p>3.2 Work constructively with colleagues and delegate effectively</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) <p>Doctors with management roles</p> <ul style="list-style-type: none"> ■ Provide effective leadership (MfD 50) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated colleague MSF • Leadership in management assessed by MSF with appropriate raters. <p>Education, Training and Development</p> <ul style="list-style-type: none"> • <i>Record of relevant leadership and other management training</i> <p>Governance</p> <ul style="list-style-type: none"> • Account of supporting a colleague in difficulty, if relevant • <i>Evidence of compliance with national recommendations on the skills required of an educational or clinical supervisor.</i> • <i>Demonstrate compliance with systems that are in place to ensure that training grades perform within their competencies and are properly supervised</i> • <i>Document any decisions on locum competence plus any feedback on their performance</i> • <i>Evidence of effective supervision of trainees, eg anonymised documentation of difficulties and how these were addressed</i> • <p>Practice</p> <ul style="list-style-type: none"> • Record of participation in Morbidity and Mortality meetings and other multidisciplinary medical meetings (eg cancer management) • <i>Logbook record of patients discussed with colleagues</i> • <i>Examples of effective collaboration and delegation in a managerial role, where relevant.</i>
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<p>3.3 Establish and maintain partnerships with patients</p>	<p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research (36) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated colleague MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • Validated patient surveys. • <i>Examples of use of patient information materials</i> • <i>Letters from patients</i> • <i>Evidence of patient involvement in development of services (if relevant)</i> <p>Clinical Governance</p> <ul style="list-style-type: none"> • Evidence of learning from substantiated complaints • Statement of personal approach to obtaining informed consent, and examples of consent forms in relation to any research undertaken. <p>Practice</p> <ul style="list-style-type: none"> • Audit or other documentation of patient communications through case-based discussion or case-note review • <i>Evidence of Patient Education (where appropriate)</i> <p>Education, Training and Development</p> <ul style="list-style-type: none"> • <i>Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice</i>
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Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information - including specialty specific examples of best practice
<p>4.1 Show respect for patients</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) <p>Doctors with research roles</p> <ul style="list-style-type: none"> ■ Respect the rights of patients participating in research. (Research 2, 5) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated colleague MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • Validated patient surveys. <p>Clinical Governance</p> <ul style="list-style-type: none"> • Awareness of employer confidentiality policy⁶ • Confirmation that appropriate ethical approval has been secured for research undertaken • Evidence of compliance with principles of Good Medical Practice for research • Record of equality and diversity training • <i>Policy /evidence about ending professional relationships with patients</i>
<p>4.2 Treat patients and colleagues fairly and without discrimination</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated colleague MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • Validated patient surveys. <p>Governance</p> <ul style="list-style-type: none"> • Response times and outcome of complaints. • Evidence of learning from substantiated complaints • Record of equality and diversity training • <i>Record of responses to particular patient needs eg culturally sensitive issues</i> <p>Audit and Quality Improvement</p> <ul style="list-style-type: none"> • Case note review and audit or other approved quality improvement exercise

⁶ Employer's Policy Document self-declared as read.

<p>4.3 Act with honesty and integrity</p>	<p>All doctors</p> <ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) <p>Doctors with research roles</p> <ul style="list-style-type: none"> ■ Obtain appropriate ethical approval for research projects (Research 5). ■ Be honest in undertaking research and reporting research results (71 b) ■ Ensure that your research is audited regularly. (research 43) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Validated colleague MSF <p>Governance</p> <ul style="list-style-type: none"> • Evidence of current Licence to Practice, GMC Registration and Specialist Certificate. • Medical Defence Organisation certificate • Declaration of any conflicts of interest, or significant gifts received • <i>Anonymised sample copies of relevant reports written</i> • <i>Published service information provided to patients</i> <p>Research Governance</p> <ul style="list-style-type: none"> • <i>Examples of consent forms, and ethical committee approval for research.</i> • <i>Examples of research papers, posters or presentations</i> • <i>Documentation of research being audited</i>
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Footnote

The term “anonymised” is used several times in this document. It is clearly impractical for the individual physician to be unaware of the details of a patient who he or she is discussing, or with whom there is correspondence. However, all patient details held on any database, including electronic logbooks, should be compliant with current best practice in data protection, and any documents or details that are to be shared with an appraiser, Responsible Officer or other Revalidation Authority should be anonymised. Details of patients or family members who are the subject of complaints or clinical incidents should be recorded in the conventional way within the normal processes for managing them, but should not be identifiable outside those processes for the purposes of appraisal.

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7. A Framework for Appraisal and Assessment Derived from *Good Medical Practice* – Explanatory Notes www.gmc-uk.org/about/reform/explanatory_note.doc
8. Federation of Royal Colleges of Physicians Guidance on CPD. www.rcpe.ac.uk/cpd/index.php or www.rcpsg.ac.uk/Education/CPDTools/FederationCPD/Pages/mem_spedcpd.aspx or www.rcplondon.ac.uk
9. Postgraduate Medical Education and Training Board. Generic Standards for Training, 2007. www.pmetb.org.uk/index.php?id=gst
10. Department of Health. The Caldicott Guardian Manual, 2006 www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott/caldresources/guidance/caldicott_2006.pdf
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12. Department of Health. Reference Guide to consent for examination or treatment, 2001 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006757
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Physicians - Appraisal and Revalidation Checklist

Description of Core Supporting Information	Domain and Attributes supported
Peer feedback	<i>Listed below as domain/attribute of GMP</i>
Multi-source feedback, using a validated tool, using raters appropriate to the range of professional activities (at least once per five year revalidation period). This may include specific MSF related to management and multidisciplinary team working.	1.1; 1.2; 1.3; 2.1; 2.2; 3.1; 3.2; 3.3; 4.1; 4.3
Record of teaching activities undertaken with feedback	1.2
Review of Personal Development Plan	2.1
Patient feedback	
Validated Patient Questionnaires (at least once per five year revalidation period)	1.1; 1.2; 1.3; 2.1; 3.1; 3.3; 4.1; 4.2
Summary (anonymised), reflection and learning from substantiated complaints and clinical incidents, with response times and outcomes	1.2; 2.1; 3.3; 4.2
Education, Training and Development	
Record of "open book" knowledge assessments related to e-learning or other knowledge assessments.	1.1
Evidence of any specific training, assessment or re-assessment of practical and other skills.	1.1; 1.2
CPD record - specific learning needs identified and met – signed off as related to individual professional practice Reflection and behaviour change resulting from CPD activities	1.1; 1.2; 2.1
Evidence of compliance with mandatory training, infection control etc	2.1; 2.2
Record of equality and diversity training	4.1; 4.2
Evidence of compliance with standards for trainers agreed by PMETB etc	2.2
Audit and Quality Improvement	
Participate in, or carry out, one full audit cycle or other approved Quality Improvement exercise in relation to professional practice within each five-year revalidation period with evidence of any practice change	1.1; 1.2; 2.1; 4.2
Participation in national or other multi-centre (eg regional) and local audit, where present, with evidence of any practice change demonstrated by re-audit	1.1; 1.2; 4.2
Evidence of review of skills in relation to communication with patients, carers and colleagues. Where a development need has been identified, there should be evidence of specific CPD undertaken.	3.1
Practice	
In many cases this will be covered by MSF and Audit, but in some specialties there will be specific and validated measures that will be appropriate.	1.1
Demonstrate knowledge of, and adherence to, National best practice guidelines (where available) and local treatment policies relevant to clinical practice	1.2
Case-based discussion or review of case-notes	1.3; 3.1; 4.2

Portfolio record of cases discussed or reviewed with peers or other colleagues, at morbidity and mortality meetings, or other multidisciplinary medical meetings (eg cancer management) including reflection and learning	1.2; 3.2; 2.1; 3.1
Anonymised portfolio record of action taken to manage any clinical risks or adverse events under your care	2.2
Audit or other documentation of patient communications through case-based discussion or case-note review	3.3,
Practice Review	
Summary (anonymised), reflection and learning from substantiated complaints and clinical incidents, with response times and outcomes (see also Patient Feedback)	1.2; 2.1; 3.3; 4.2
Governance	
Summary (anonymised), reflection and learning from substantiated complaints and clinical incidents, with response times and outcomes (see also Patient Feedback)	1.2; 2.1; 3.3; 4.2
Participation in effective team or multidisciplinary meetings – assessed by MSF (see also Peer Feedback)	2.1; 3.1
Documentation demonstrating implementation of safe/best practices/response to clinical risk. ⁷	2.2;
Anonymised account of action taken in relation to a colleague in difficulty if this occurs	2.2; 3.2
Anonymised portfolio record of action taken to manage any clinical risks or adverse events under your care	2.2
Confirmation of registration with a General Practitioner	2.3
Confirmation of appropriate immunisations and antibody screening results	2.3
Annual self-declaration of health at appraisal	2.3
Awareness of employer confidentiality policy.	4.1
Statement of personal approach to obtaining informed consent, and examples of consent forms in relation to any research undertaken.	3.3
Confirmation that appropriate ethical approval has been secured for research undertaken	4.1
Evidence of compliance with principles of Good Medical Practice for research	4.1
Evidence of compliance with mandatory training, infection control etc	2.1; 2.2
Record of equality and diversity training	4.1; 4.2
Evidence of current Licence to Practice, GMC Registration and Specialist Certificate.	4.3
Medical Defence Organisation certificate	4.3
Declaration of any conflicts of interest, or significant gifts received	4.3

⁷ See guidance for examples.

The Royal College of Psychiatrists

Domain 1 – Knowledge, Skills and Performance

Attributes	Standards	Supporting Information
<p>Maintain your professional performance</p>	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12). ■ Take part in regular and systematic audit (14) 	<p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD record • S12 approval • On-line CPD module <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Case Based Discussion • Certificate of good standing for CPD
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient’s conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient’s best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Case Based Discussion <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit <p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF

<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Audit</p> <ul style="list-style-type: none"> • Audit of Notes and Records

Domain 2 – Safety and Quality

Attribute	Standards	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Co-operate with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Structured Review Template • Incident Reporting • Complaints and Concerns
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients Follow infection control procedures and regulations 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Structured Review Template • Incident Reporting • Complaints and Concerns
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>No specialty specific information required</p>

Domain 3 – Communication, Partnership and Teamwork

Attributes	Generic Standards	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Survey <p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Audit</p> <ul style="list-style-type: none"> • Clinical Audit
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Survey <p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Structured Review Template
<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Survey <p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Audit</p> <ul style="list-style-type: none"> • Audit

Domain 4 – Maintaining Trust

Attributes	Standards	Supporting Information
Show respect for patients	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Survey <p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Complaints and Concerns
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient Survey <p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Complaints and Concerns
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of you knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Complaints and Concerns • Probity Declaration

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Psychiatry - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year - commensurate with CEM guidelines
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Psychiatry

Audit

- Clinical Audit
- Case Notes Audit

Clinical Practice and Review

- Case Based Discussion
- Structured Review Template
- Complaints and Concerns
- Incident Reporting

Education, Training and Development

- CPD
- S12 Approval
- On-line e-learning module

Peer and Patient Feedback

- Multi-source feedback
- Patient feedback

The Faculty of Public Health

Core supporting information is expected to be collected over the five year revalidation cycle where possible. It does not have to be provided every year.

Optional supporting information may be included at appraisal because the doctor is unable to provide some of the core information, they wish to demonstrate the high quality of their practice or particular areas of specialist practice, or it is relevant to a learning or development need agreed with their appraiser. It is for the individual doctor to decide whether any additional supporting information is relevant, or required, to demonstrate to their appraiser that the attribute has been met.

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
<p>Maintain your professional performance</p>	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Peer Feedback <u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters <p>Practice <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports

		<ul style="list-style-type: none"> • Work Based or Skills Assessments <p>Audit</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Clinical/Public Health Audit • Case Note/Letters Audit <p>Education, Training and Development</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of “open book” knowledge assessments related to e-learning, or other knowledge assessments
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters

best interests (2c, 3a, 3i, 54,55)
■ Support patients in caring for themselves (21e)

Patient Feedback

Core items of supporting evidence

- Validated Patient Questionnaires (at least once per five year revalidation period)
- Complaints and compliments
- Reflection and learning from substantiated complaints
- Patient education examples

Optional items of supporting evidence

- Evidence of quality of advice given to patients
- Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients
- Documentation of engagement with patient and carer support groups, where relevant
- Evidence of patient involvement in development of services (if relevant)

Practice

Core items of supporting evidence

- Complaints and compliments
- Incidents – including contribution to NPSA and confidential enquiries
- Registries
- Publications/Reports
- Work Based or Skills Assessments

Audit

Core items of supporting evidence

- Clinical/Public Health Audit
- Case Note/Letters Audit

Education, Training and Development

Core items of supporting evidence

- Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.)
- Evidence of compliance with mandatory training, infection control etc
- Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable)
- CPD record as per FPH minimum annual requirements endorsed by the appraiser as

		<p>related to individual professional practice</p> <ul style="list-style-type: none"> • Reflection and behaviour change following CPD activities <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of “open book” knowledge assessments related to e-learning, or other knowledge assessments <p>Governance</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. • Examples of research papers, posters or presentations
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken

		<ul style="list-style-type: none"> by specialty • Evidence of activity as an educational/clinical supervisor • References and letters <p>Patient Feedback</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) <p>Practice</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Audit</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Clinical/Public Health Audit • Case Note/Letters Audit
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Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> ● Validated multi-source feedback twice per five year cycle ● Teaching evaluations and feedback ● Quality of multi-disciplinary team working, evaluated through validated MSF ● Other assessments if undertaken, eg Peer Review ● Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> ● Evidence of involvement in other assessments of individual or team practice if undertaken by specialty ● Evidence of activity as an educational/clinical supervisor ● References and letters <p>Patient Feedback</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> ● Validated Patient Questionnaires (at least once per five year revalidation period) ● Complaints and compliments ● Reflection and learning from substantiated complaints ● Patient education examples <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> ● Evidence of quality of advice given to patients ● Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients ● Documentation of engagement with patient and carer support groups, where relevant ● Evidence of patient involvement in development of services (if relevant)

		<p>Practice <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Audit <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Clinical/Public Health Audit • Case Note/Letters Audit <p>Governance <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> • Examples of research papers, posters or presentations
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and 	<p>Peer Feedback <u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback

	<p>those with learning disabilities. (26,28)</p> <ul style="list-style-type: none"> ■ Take action where there is evidence that a colleague's conduct performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<ul style="list-style-type: none"> • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters <p>Practice</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Education, Training and Development</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of “open book” knowledge assessments related to e-learning, or other knowledge assessments
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		<p>Governance</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> • Examples of research papers, posters or presentations
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients and/or involved parties when something has gone wrong (30) ■ Listen to patients and the community and respect their views about their health (22 a 27a). ■ Give patients and the community the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' and their community's questions (22c, 27 b) ■ Keep patients and the community informed about the progress of their care (22c) ■ Treat those close to the patient and the community considerately (29) ■ Pass on information to colleagues involved in, or taking over, your patients' or community's care (40, 51-53) 	<p>Peer Feedback <u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> ● Validated multi-source feedback twice per five year cycle ● Teaching evaluations and feedback ● Quality of multi-disciplinary team working, evaluated through validated MSF ● Other assessments if undertaken, eg Peer Review ● Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> ● Evidence of involvement in other assessments of individual or team practice if undertaken by specialty ● Evidence of activity as an educational/clinical supervisor ● References and letters <p>Patient Feedback <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> ● Validated Patient Questionnaires (at least once per five year revalidation period) ● Complaints and compliments ● Reflection and learning from substantiated complaints ● Patient education examples <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> ● Evidence of quality of advice given to patients ● Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients ● Documentation of engagement with patient and carer support groups, where relevant ● Evidence of patient involvement in development of services (if relevant)

		<p>Practice</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Education, Training and Development</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.) • Evidence of compliance with mandatory training, infection control etc • Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable) • CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice • Reflection and behaviour change following CPD activities <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour • Record of “open book” knowledge assessments related to e-learning, or other knowledge assessments <p>Governance</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries
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		<p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> • Examples of research papers, posters or presentations
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by speciality • Evidence of activity as an educational/clinical supervisor • References and letters <p>Practice</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Governance</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports

		<ul style="list-style-type: none"> • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> • Examples of research papers, posters or presentations
<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients and the community to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve) patients in teaching or research. 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters <p>Patient Feedback</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples

		<p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) <p>Practice</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Governance</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> • Examples of research papers, posters or presentations
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Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
<p>Show respect for patients</p>	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback <u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters <p>Patient Feedback <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant)

		<p>Practice <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments <p>Governance <u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols • Complaints/Compliments (with any accompanying reflective notes) • Quality assurance reports • Outbreak reports • On-call rota documentation • Locum and trainee induction documentation • Risk and Workplace Assessments and Reports • Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: • Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice • Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> • Examples of research papers, posters or presentations
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback <u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review • Leadership in management assessed by MSF with appropriate raters

		<p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Evidence of involvement in other assessments of individual or team practice if undertaken by specialty • Evidence of activity as an educational/clinical supervisor • References and letters <p>Patient Feedback</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Validated Patient Questionnaires (at least once per five year revalidation period) • Complaints and compliments • Reflection and learning from substantiated complaints • Patient education examples <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> • Evidence of quality of advice given to patients • Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients • Documentation of engagement with patient and carer support groups, where relevant • Evidence of patient involvement in development of services (if relevant) <p>Practice</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> • Complaints and compliments • Incidents – including contribution to NPSA and confidential enquiries • Registries • Publications/Reports • Work Based or Skills Assessments
<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) 	<p>Peer Feedback</p> <p><u>Core items of supporting evidence:</u></p> <ul style="list-style-type: none"> • Validated multi-source feedback twice per five year cycle • Teaching evaluations and feedback • Quality of multi-disciplinary team working, evaluated through validated MSF • Other assessments if undertaken, eg Peer Review

	<p>■ Inform patients about any fees and charges before starting treatment (72a)</p>	<ul style="list-style-type: none"> ● Leadership in management assessed by MSF with appropriate raters <p><u>Optional items of supporting evidence:</u></p> <ul style="list-style-type: none"> ● Evidence of involvement in other assessments of individual or team practice if undertaken by specialty ● Evidence of activity as an educational/clinical supervisor ● References and letters <p>Governance</p> <p><u>Core items of supporting evidence</u></p> <ul style="list-style-type: none"> ● Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols ● Complaints/Compliments (with any accompanying reflective notes) ● Quality assurance reports ● Outbreak reports ● On-call rota documentation ● Locum and trainee induction documentation ● Risk and Workplace Assessments and Reports ● Contribution to NPSA and confidential enquiries <p><u>Optional items of supporting evidence</u></p> <ul style="list-style-type: none"> ● A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended: ● Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice ● Examples of consent forms, and ethical committee approval for research. <ul style="list-style-type: none"> ● Examples of research papers, posters or presentations
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Public Health - Appraisal and Revalidation Checklist

General

Core items of supporting evidence

- GMC Registration Number
- Evidence of a License to Practice
- Medical Qualifications
- Description of Practice
 - Title
 - Role
 - Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - Job Plan for each year - commensurate with CEM guidelines
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

Core items of supporting evidence

- Validated multi-source feedback twice per five year cycle
- Teaching evaluations and feedback
- Quality of multi-disciplinary team working, evaluated through validated MSF
- Other assessments if undertaken, eg Peer Review
- Leadership in management assessed by MSF with appropriate raters

Optional items of supporting evidence

- Evidence of involvement in other assessments of individual or team practice if undertaken by specialty
- Evidence of activity as an educational/clinical supervisor
- References and letters

Patient Feedback

Core items of supporting evidence

- Validated Patient Questionnaires (at least once per five year revalidation period)
- Complaints and compliments
- Reflection and learning from substantiated complaints
- Patient education examples

Optional items of supporting evidence

- Evidence of quality of advice given to patients
- Portfolio note, case-based discussion or case-note review with documentation of explanations given to patients, discussion of treatment options, informed consent (if relevant) and any educational information given to patients
- Documentation of engagement with patient and carer support groups, where relevant
- Evidence of patient involvement in development of services (if relevant)

Practice

Core items of supporting evidence

- Complaints and compliments
- Incidents – including contribution to NPSA and confidential enquiries
- Registries

- Publications/Reports
- Work Based or Skills Assessments

Audit

Core items of supporting evidence

- Clinical/Public Health Audit
- Case Note/Letters Audit

Education, Training and Development

Core items of supporting evidence

- Evidence of any specialty specific training, assessment or re-assessment of practical and other skills (Certification of attendance/assessment re relevant specialty-specific courses and training programmes. This could include health protection; health improvement; healthcare public health; health informatics; public health research; leadership; management; diversity; partnership working; etc.)
- Evidence of compliance with mandatory training, infection control etc
- Evidence of attendance for Trust and HR courses (including equal opportunities and diversity training, if applicable)
- CPD record as per FPH minimum annual requirements endorsed by the appraiser as related to individual professional practice
- Reflection and behaviour change following CPD activities

Optional items of supporting evidence

- Evidence of other (non-mandatory) training in relation to job role, eg managing aggressive behaviour
- Record of "open book" knowledge assessments related to e-learning, or other knowledge assessments

Governance

Core items of supporting evidence

- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
- Complaints/Compliments (with any accompanying reflective notes)
- Quality assurance reports
- Outbreak reports
- On-call rota documentation
- Locum and trainee induction documentation
- Risk and Workplace Assessments and Reports
- Contribution to NPSA and confidential enquiries

Optional items of supporting evidence

- A wide range of other information in relation to clinical governance may be obtained for appraisal. In particular, for those involved in research, the following are recommended:
- Evidence of training in ethics, assessment of mental capacity etc, relevant to area of professional practice
- Examples of consent forms, and ethical committee approval for research.
- Examples of research papers, posters or presentations

The Royal College of Radiologists

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12) ■ Take part in regular and systematic audit (14) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Specialty specific MSF • Peer review of reports • Peer review of radiotherapy planning. <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • E-Learning modules eg validated self-assessment tools. <p>Audit</p> <ul style="list-style-type: none"> • Individual and team audit data • Data submitted to national registries <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Results of national reporting quality assurance programmes eg for breast screening. • Outcome/complication data for interventional procedures • Activity performance indicators • Demonstration of professional performance/audit • Knowledge of a compliance with national best practice guidelines
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Specialty specific MSF • Peer review of radiotherapy planning • Feedback from trainees <p>Patient Feedback (if appropriate)</p>

	<ul style="list-style-type: none"> ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	<ul style="list-style-type: none"> • Patient MSFs <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD • E-Learning modules eg validated self-assessment tools. • Attend appropriate management training courses. • Attend appropriate training for course for recognised trainers as appropriate. <p>Clinical Governance</p> <ul style="list-style-type: none"> • Evidence of appropriate ethical committee approval for research projects as appropriate. <p>Audit</p> <ul style="list-style-type: none"> • Individual and team audit data • Data submitted to national registries <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Results of national reporting quality assurance programmes eg for breast screening. • Outcome/complication data for interventional procedures • Activity performance indicators • Demonstration of professional performance/audit • Attendance at appropriate audit, morbidity and mortality, MDT and Radiotherapy Planning and quality system meetings • Case based discussion covering range of core practices
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	<p>Not applicable with current electronic radiology systems for CR.</p> <p>Peer Feedback</p> <ul style="list-style-type: none"> • Peer MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient MSF <p>Audit</p> <ul style="list-style-type: none"> • Case notes/records audit. <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Case notes/records audit.

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient MSF <p>Clinical Governance</p> <ul style="list-style-type: none"> • MDT meetings • Contribution to NPSA and confidential enquiries. • Outcome of accreditation assessment. • Ensure appropriate rotas in place and adhered to. • Ensure safety net procedures used for the notification of significant unexpected findings on imaging. • Attend mandatory training. • Documentation of compliance with relevant local clinical governance policies and protocols. <p>Audit</p> <ul style="list-style-type: none"> • Participation in relevant audits. • Individual and team audit data • Data submitted to national registries • Significant event audits. <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Attendance at discrepancy/morbidity and mortality/MDT/radiotherapy planning and quality system meetings • CPD – with appropriate reflection and changes to practice. • Demonstration of Departmental/Network clinical protocols and compliance/activity.
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct performance or health may be putting patients at risk. (43,44) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Education, Training and Development</p> <ul style="list-style-type: none"> • Compliance with Health and Safety rules and attendance at local health and safety courses. • Internal departmental training/competency.

	<ul style="list-style-type: none"> ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Clinical Governance</p> <ul style="list-style-type: none"> • Contribution to NPSA and confidential enquiries. • Observe the principles of radiation protection as governed by the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Clinical incident reporting • Reflective summary and critical event investigations. • Quality Assurance in Radiotherapy (QART) compliance.
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Peer MSF and patient feedback to include generic question on health concerns. • Be registered with a GP • Hep B vaccination certificate • Self certification of absence of health issues liable to affect performance

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients and/or involved parties when something has gone wrong (30) ■ Listen to patients and the community and respect their views about their health (22 a 27a). ■ Give patients and the community the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' and their community's questions (22c, 27 b) ■ Treat those close to the patient and the community considerately (29) ■ Pass on information to colleagues involved in, or taking over, your patients' or community's care (40, 51-53) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • MSF • Examples of patient information used for clinical care, research and consent. <p>Education, Training and Development</p> <ul style="list-style-type: none"> • CPD – communication skills <p>Clinical Governance</p> <ul style="list-style-type: none"> • Complaints and compliments • Contribution to NPSA and confidential enquiries <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Attendance at discrepancy/morbidity and mortality/MDT/Radiotherapy planning and quality system meetings
Work constructively with colleagues and delegate effectively	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Generic MSF <p>Clinical Governance</p> <ul style="list-style-type: none"> • Compliance with local clinical governance policies and protocols • Departmental rotas in place and adhered to. <p>Clinical Practice and Review</p> <ul style="list-style-type: none"> • Attendance at discrepancy/morbidity and mortality/MDT/Radiotherapy planning and quality system meetings
Establish and maintain partnerships with patients	<ul style="list-style-type: none"> ■ Encourage patients and the community to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve) patients in teaching or research. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Colleague MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient MSF • Examples of patient information used for clinical care, research and consent. <p>Clinical Governance</p> <ul style="list-style-type: none"> • Complaints and compliments

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF <p>Patient Feedback</p> <ul style="list-style-type: none"> • MSF <p>Clinical Governance</p> <ul style="list-style-type: none"> • Compliance with local clinical governance policies and protocols
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF • References and letters • Teaching evaluations <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient MSF
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • MSF • Attendance at discrepancy/morbidity and mortality/MDT/Radiotherapy planning and quality system meetings

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Radiology - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a Licence to Practise
- Medical Qualifications
- Description of Practice
 - o Title
 - o Role
 - o Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - o Job Plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multi-source feedback (generic)
- Peer and colleague feedback on specialty specific performance

Patient Feedback

- Patient Surveys if applicable

Practice

- Incidents – reflective summary and critical event investigations
- Complaints and Compliments if received
- Attendance at discrepancy/morbidity mortality meetings *or* evidence of reflection on error

Audit

- Review/demonstration of professional performance.
Potential methods include:
 - o Registry data for Interventional Procedures
 - o Results of national reporting quality assurance programmes eg for breast screening
 - o Review of an aspect of professional performance
 - o Participation in peer radiology reports review
- Example of team audit

Education training and development

- CPD
- E-learning
- Relevant specialty and local courses including Health and Safety

Governance

- Meetings attendance - Audit, MDT
- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
 - o Observe the principles of radiation protection as governed by the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000
 - o Compliance with Health and Safety legislation
 - o Departmental rotas - in place and adhered to
 - o Safety net procedures used for the notification of significant unexpected findings on imaging.
- Patient information
- Patient consent procedures
- Accreditation Assessment if departmental accreditation in place.

Clinical Oncology - Appraisal and Revalidation Checklist

General

- GMC Registration Number
- Evidence of a Licence to Practise
- Medical Qualifications
- Description of Practice
 - o Title
 - o Role
 - o Job Summary including responsibilities and activities throughout the 5 years since last revalidation
 - o Job Plan for each year
- Description of voluntary roles undertaken in capacity as doctor
- Appraisal for each year
- Description of Indemnity
- Personal Development Plan (PDP) for each year
- Statement of Concerns and their resolution
- Statement of Probity including interests and gifts
- Statement of Health to confirm ability to undertake practice as described
- Registration with a GP

Peer Feedback

- Multi-source feedback
- Peer Review
 - o MDT reports of which core membership

Patient Feedback

- Patient Surveys

Practice

- Complaints and Compliments
- Incidents + QART (Quality Assurance in Radiotherapy) compliance
- Team working and clinical continuity
- Demonstration of Departmental / Network Clinical Protocols and compliance / activity
 - o Chemotherapy
 - o Radiotherapy
 - o Other
- Knowledge of and compliance with national best practice guidelines
- Case based discussion covering range of core practices

Audit

- Clinical Audit
- Case Notes / Records Audit

Education, Training and Development

- CPD
- E-learning
- Internal Departmental Training / Competency (where relevant)
 - o IRMER
 - o Treatment Planning
 - o Electronic Chemotherapy Prescribing Systems
 - o Intrathecal Chemotherapy
 - o Departmental Quality systems
- Relevant speciality and local courses including Health and Safety

Governance

- Meetings - Audit, Morbidity and Mortality, MDT, Radiotherapy Planning and Quality System
- Documentation of Compliance with relevant Local Clinical Governance Policies and Protocols
- Patient information & consent

The Royal Colleges of Surgeons

All surgeons should produce the supporting information specified in the General and Core categories where possible in their practice. The framework has been designed so that the supporting information against each attribute contains at least one “core” or “general” type of supporting information. It is then for the individual surgeon to decide whether any additional supporting information is required to demonstrate to their appraiser that the content of the attribute is met.

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12). ■ Take part in regular and systematic audit (14) <p>All Surgeons</p> <ul style="list-style-type: none"> ■ Take part in national registries and audits where available ■ Participate in review of practice meetings 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback • CPD <p>Core</p> <ul style="list-style-type: none"> • Outcomes • Morbidity and Mortality meetings <p>Additional</p> <ul style="list-style-type: none"> • MDT meetings

Attribute	Standard	Supporting Information
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) <p>Surgeons with clinical roles</p> <ul style="list-style-type: none"> ■ Make appropriate case selection for surgery ■ Undertake surgery within surgical specialty and sub-specialty within own areas of competence <p>Surgeons who undertake emergency work</p> <ul style="list-style-type: none"> ■ Deal with emergency cases as appropriate 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback • Patient Surveys <p>Core</p> <ul style="list-style-type: none"> • Outcomes • Morbidity and Mortality meetings • Audit of practice <p>Additional</p> <ul style="list-style-type: none"> • Logbooks • MDT meetings
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) <p>Surgeons with clinical roles</p> <ul style="list-style-type: none"> ■ Contribute data to national audits and registries and trust based systems 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback <p>Core</p> <ul style="list-style-type: none"> • Audit of practice • Morbidity and Mortality meetings • Complaints and Compliments <p>Additional</p> <ul style="list-style-type: none"> • Logbooks • Local Clinical Governance • MDT meetings

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) <p>Surgeons with clinical roles</p> <ul style="list-style-type: none"> ■ Actively participate in multi-disciplinary team meetings (where appropriate to practice) ■ Actively participate in Morbidity and Mortality meetings ■ Use approved mechanisms for the introduction of new techniques and services (if applicable) into your practice 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback • CPD <p>Core</p> <ul style="list-style-type: none"> • Audit of practice • Morbidity and Mortality meetings <p>Additional</p> <ul style="list-style-type: none"> • Local Clinical Governance • MDT meetings
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations <p>Surgeons with clinical roles</p> <ul style="list-style-type: none"> ■ Use the WHO Surgical Safety Checklist or similar ■ Deal with emergency cases appropriately 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback • CPD <p>Core</p> <ul style="list-style-type: none"> • Morbidity and Mortality meetings <p>Additional</p> <ul style="list-style-type: none"> • Local Clinical Governance • MDT meetings
<p>Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>General</p> <ul style="list-style-type: none"> • Statement of Health • Registration with GP

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback • Patient Surveys <p>Core</p> <ul style="list-style-type: none"> • Complaints and Compliments • Morbidity and Mortality meetings <p>Additional</p> <ul style="list-style-type: none"> • Local Clinical Governance • MDT meetings
<p>Work constructively with colleagues and delegate effectively</p>	<ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) <p>Surgeons with clinical roles</p> <ul style="list-style-type: none"> ■ Effectively lead a theatre team ■ Support the multi-disciplinary team 	<p>General</p> <ul style="list-style-type: none"> • Multi-source Feedback <p>Core</p> <ul style="list-style-type: none"> • Morbidity and Mortality meetings <p>Additional</p> <ul style="list-style-type: none"> • MDT meetings
<p>Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	<p>General</p> <ul style="list-style-type: none"> • Patient Surveys <p>Core</p> <ul style="list-style-type: none"> • Complaints and Compliments • Audit of practice <p>Additional</p> <ul style="list-style-type: none"> • Local Clinical Governance

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients	<ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>General</p> <ul style="list-style-type: none"> • Patient Surveys • Multi-source feedback <p>Additional</p> <ul style="list-style-type: none"> • Local Clinical Governance
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>General</p> <ul style="list-style-type: none"> • Patient Surveys • Multi-source feedback <p>Core</p> <ul style="list-style-type: none"> • Complaints and Compliments • CPD
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of you knowledge or competence. (63-65, 67-68) ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>General</p> <ul style="list-style-type: none"> • Patient Surveys • Multi-source feedback • Statement of indemnity <p>Additional</p> <ul style="list-style-type: none"> • Patient Education or Explanation • Local Clinical Governance

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10. Pan-specialty Project Board CPD sub-group April 2008 - October 2008

Surgery - Appraisal and Revalidation Checklist

Supporting Information	Evaluation
General for all doctors	
<input type="checkbox"/> GMC Registration Number	Made available to appraiser (as at present)
<input type="checkbox"/> Evidence of a Licence to Practise	Made available to appraiser (as at present)
<input type="checkbox"/> Medical Qualifications	Made available to appraiser (as at present)
<input type="checkbox"/> Description of Practice <ul style="list-style-type: none"> o Title o Role o Job Summary including responsibilities and activities throughout the 5 years since last revalidation o Job Plan for each year 	Made available to appraiser (as at present)
<input type="checkbox"/> Description of voluntary roles undertaken in capacity as doctor	Made available to appraiser (as at present)
<input type="checkbox"/> Appraisal for each year	Made available to appraiser (as at present)
<input type="checkbox"/> Description of Indemnity	Made available to appraiser (as at present)
<input type="checkbox"/> Personal Development Plan (PDP) for each year	Made available to appraiser and appropriate to job and career aims
<input type="checkbox"/> Statement of Concerns and their resolution	Made available to appraiser (as at present)
<input type="checkbox"/> Statement of Probity including interests and gifts	Made available to appraiser (as at present)
<input type="checkbox"/> Statement of Health to confirm ability to undertake practice as described	Made available to appraiser (as at present)
<input type="checkbox"/> Registration with a GP	Made available to appraiser (as at present)
<input type="checkbox"/> Multi-Source Feedback	GMC approved, hospital (or if necessary, personally) organised exercise suggests that the surgeon's practice is sound
<input type="checkbox"/> Patient Surveys	GMC approved, hospital organised survey suggests that the surgeon's practice is sound
<input type="checkbox"/> CPD	Totals 250 credits balanced over five years and is appropriate to practice and career aims.
Core	
<input type="checkbox"/> Outcomes (method, measurement and definition of an outlier determined by SAC-defined specialty association) <ul style="list-style-type: none"> o National Clinical Audits/ Registries o Local Clinical Audit of outcomes o Routinely collected data: <ul style="list-style-type: none"> • Hospital Episode Statistics (HES) in England • Patient Episode Data Wales (PEDW) • Hospital Inpatient Statistics (HIS) in Northern Ireland • Information Services Division (ISD) in Scotland o Peer Review of outcomes 	Information produced, is relevant, complies with specialty requirements and indicates that the surgeon's outcomes are as would be expected. If the surgeon's outcomes define them as an outlier a structured discussion will take place between the surgeon and their appraiser to establish why and whether this is a cause for concern.
<input type="checkbox"/> Complaints and Compliments	Balance of documents suggests that the surgeon's practice is sound. Response to

	complaints is constructive.
<input type="checkbox"/> Audit of practice (eg. non-operative work, the process of care)	Information produced suggests that the audit covers the full audit cycle, is undertaken to a good standard and suggests that a surgeon's practice is sound and/or has changed as a result.
<input type="checkbox"/> Morbidity and Mortality meetings (also known as audit meetings or review of practice meetings)	Minutes/ attendance registers present
Additional	
<input type="checkbox"/> MDT meetings	Minutes/ attendance registers present
<input type="checkbox"/> Logbook	Present and complete
<input type="checkbox"/> Patient Information or Explanation	Literature is relevant, up-to-date and accurate.
<input type="checkbox"/> Example copies of formal reports or statements	Reports are well written and complete
<input type="checkbox"/> Local Clinical Governance Any relevant documentation is acceptable but suggestions include: <ul style="list-style-type: none"> ○ Departmental Rota Documentation ○ Risk and Workplace Assessments and Reports(including those that show compliance with the WHO Surgical Safety Checklist or similar) ○ Adverse incident reporting and enquiries ○ Documentation relating to the introduction of new techniques or services ○ Department Patient Safety Scores ○ Informed Consent 	Documentation is relevant and suggests that the surgeon's practice is sound and/or has changed in response to exercises carried out.