**Revalidation and Appraisal Registration Form and Agreement**

New Prescribed Connections

**Guidance**

Doctors are required to complete the attached questionnaire and sign the agreement prior to their formal connection to FMLM’s revalidation and appraisal service. This agreement is designed to ensure that those doctors who have a prescribed connection with FMLM understand the requirements with which they will need to comply in order for the FMLM to carry out the statutory responsibilities set out in the Medical Profession (Responsible Officers) Regulations 2010 and Medical Profession (Responsible Officers) (Amendment) Regulations 2013.

All doctors must sign this agreement with FMLM before any revalidation and/or appraisal services will be carried out.

FMLM as a designated body

The FMLM has been a designated body since 2013 when it was included in the amendments to the Responsible Officer Regulations. The majority of FMLM members will not revalidate through FMLM as they will have a prescribed connection to another designated body through their clinical practice or other medical work. For further information about how to establish your correct prescribed connection please see the [GMC algorithm for determining your designated body](http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp). All doctors who have a prescribed connection to FMLM must agree to comply with the [FMLM policy on revalidation and appraisal](https://www.fmlm.ac.uk/professional-development/revalidation/fmlm-as-a-designated-body).

When the completed questionnaire and agreement have been received the FMLM will determine whether you have correctly identified the FMLM as your designated body and the Responsible Officer will consider whether he or she can fully discharge the statutory duties of the role in relation to your specific scope of work. Where a different prescribed connection has been identified the FMLM will advise you on any further action you should take. Where the FMLM Responsible Officer decides that it is not practically possible to properly discharge the statutory duties described in the Regulations (for example, if the doctor undertakes a significant amount of independent clinical work or works abroad) the Responsible Officer may decline the doctor’s connection and will inform the doctor and the GMC of the reasons. Any such decision will normally be informed by discussion at the FMLM Revalidation and Appraisal Advisory Group.

Once FMLM agrees that the prescribed connection for an individual doctor is active the doctor will be informed of this decision and the first annual revalidation fee will be due. Failure of payment within 5 weeks of notification will be considered a failure to comply with the FMLM policy and FMLM will cease to act as the designated body.

**Registration form**

|  |
| --- |
| **Personal Details**  |
| Title: |  |
| First name: |  |
| Known as (if different): |  |
| Surname: |  |
| GMC Number: |  |
| FMLM Membership number: |  |
| Date of birth: |  |
| Email address: |  |
| Telephone number: |  |

|  |
| --- |
| **Revalidation and Appraisal History** |
| Name of your last designated body: |  |
| Date your last prescribed connection ended: |  |
| Name of last Responsible Officer: |  |
| Email address of last Responsible Officer: |  |
| Date of last revalidation: |  |
| Next revalidation date: |  |
| Date of last appraisal (if never had an appraisal before please indicate this): |  |
| Appraisal history – please list the dates of the last three appraisals:*Outline any gaps within the last 5 years* |  |
| Have you ever had any deferrals for revalidation: |  |

|  |
| --- |
| **Scope of Work**  |
| *Clinical Work* |
| Speciality |  |
| What proportion of your work is clinical? |  % |
| Where do you do carry out this clinical work? |  |
| What is the nature of this clinical work including specialty |  |
| *Non-clinical Work* |
| What proportion of your work is non-clinical (management/leadership/academic)? |  % |
| How much of your medical work is undertaken in the UK? | [ ]  I only practise in the UK[ ]  Most of my practice is in the UK[ ]  Most of my practice is outside the UK[ ]  I only practice outside the UK |

|  |
| --- |
| **Employment** |
| *Please list all medical roles held - including all private, voluntary, academic and clinical activities undertaken since your last appraisal:* |
| **Organisation 1** |
| Job Title |  |
| Organisation name |  |
| Address |  |
| Time Commitment (*No of sessions/days worked)* |  |
| Type of employment contract |  |
| Description of role/scope of practice |  |
| Percentage of clinical work |  |
| Is this organisation a Designated Body? |  |
| Does this organisation employ other doctors? | [ ]  No [ ]  Yes If yes, how many: |
| **Organisation 2** |
| Job Title |  |
| Organisation name |  |
| Address |  |
| Time Commitment (*No of sessions/days worked)* |  |
| Type of employment contract |  |
| Description of role/scope of practice |  |
| Percentage of clinical work |  |
| Is this organisation a Designated Body? |  |
| Does this organisation employ other doctors? | [ ]  No [ ]  Yes If yes, how many: |
| **Organisation 3** |
| Job Title |  |
| Organisation name |  |
| Address |  |
| Time Commitment (*No of sessions/days worked)* |  |
| Type of employment contract |  |
| Description of role/scope of practice |  |
| Percentage of clinical work |  |
| Is this organisation a Designated Body? |  |
| Does this organisation employ other doctors? | [ ]  No [ ]  Yes If yes, how many: |

|  |
| --- |
| **Locum work** *Please list all locum agencies which you are currently registered with. If none, state n/a* |
| Locum Agency Name *(add more rows if required)* | Weeks/days in previous year | Weeks/days in current year |
|  |  |  |
| *Medical indemnity:* |
| Name of medical defence/medical indemnity provider: |  |

|  |
| --- |
| **Other Potential Prescribed Connections**  |
| Are you on a Medical or Ophthalmic Performers List?  | Yes [ ]  No [ ]  If Yes state which NHS England Area Team: |
| Are you employed by a local authority? | Yes [ ]  No [ ]  If Yes state which: |
| Are you employed by a government body or non-departmental public body? | Yes [ ]  No [ ]  If Yes state which: |
| Are you employed by a medical defence organisation or a Royal College/Faculty? | Yes [ ]  No [ ]  If Yes state which:  |
| Are you currently in a training programme? | Yes [ ]  No [ ]  If Yes state which: |
| Do you have practising privileges with one or more independent sector provider? | Yes [ ]  No [ ]  If Yes state which: |
| Are you on the Home Office register of forensic pathologists? | Yes [ ]  No [ ]   |
| Have you ever had any dealings or conditions imposed on you by the GMC? | Yes [ ]  No [ ]  If yes please state: |
| Are there any other concerns of probity or otherwise that you would like to inform us of? | Yes [ ]  No [ ]  If yes please state: |
| Are you an existing member of one of the following Faculties:  | [ ]  Pharmaceutical Medicine [ ]  Occupational Medicine[ ]  Public Health [ ]  Homeopathy[ ]  British College of Aesthetic Medicine [ ]  Member of the Independent Doctors Federation |

|  |
| --- |
| **Invoice Details**  |
| The charge for revalidation and appraisal is set out below:**Annual revalidation fee** (payable April annually) – £1041.67 + VAT*The cost of FMLM acting as your designated body, including professional and administrative time involved in the discharge of these duties on an annual basis, not only the year of revalidation, including full access to FourteenFish, FMLM’s appraisal platform.***Appraisal fee** (payable at the time of each appraisal) – £708.33 + VATConnected doctors must be member of FMLM to access Designated Body services. **FMLM membership** offers doctors access to a range of services and benefits to support them in their leadership role, more information on benefits and costs can be found [here](https://www.fmlm.ac.uk/joining-page). |
| Method of payment: | [ ]  Self [ ]  Organisation  |
| Payee name: |  |
| Payee address: |  |
| Payee email address: |  |

**Agreement**

I agree to the terms as listed below:

**Professional requirements**

1. I have a current Licence to Practise and wish to retain that licence through revalidation with FMLM as my designated body;
2. I will undertake my medical practice in accordance with General Medical Council (GMC) principles of Good Medical Practice and any other GMC or relevant specialty guidance applicable to my field of practice;
3. I will inform FMLM of any changes to my scope of practice.
4. I will inform FMLM of any restrictions on my current Licence to Practise;
5. I will inform FMLM if I am aware of any significant complaints or concerns that are either under, or may become subject to, a formal investigation or disciplinary process and which may affect my fitness to practise;
6. I will make the Responsible Officer aware of any material matters in my past medical or employment history since the last revalidation date that could be of relevance to my appraisal and/or revalidation.
7. I will inform FMLM if I have any criminal record or proceedings (including the acceptance of a “Caution”) (the provisions in the Rehabilitation of Offenders Act 1974 (Exceptions) Order SI 1975/1023 in relation to offences becoming “spent” does not apply to persons whose employment relates to the provision of health services which involves access to patients).
8. I will provide my FMLM appraiser and Responsible Officer on request with the contact details of a named senior accountable person from any organisation for which I undertake work;
9. I accept that I am subject to a requirement to inform FMLM immediately should such circumstances arise in consequence of which I am the subject of a criminal prosecution, acquire a criminal record or accept a “Caution” (for this purpose speeding fines/points do not count);
10. I will submit a revised curriculum vitae prior to any appraisal if the curriculum vitae previously submitted has been superseded;
11. I will inform FMLM without delay of any investigation, serious complaint or concern that could result in a disciplinary process (by employer or GMC) or which may affect my fitness to practise;
12. I will inform FMLM of any material changes in circumstance, including health, which might impact on my ability to undertake my medical practice;
13. I will comply with any FMLM requirements which enable the Responsible Officer to monitor compliance with any GMC conditions or restrictions which apply to my practice;
14. I will inform the Responsible Officer of any potential or actual conflicts of interest that arise or could be perceived to arise in relation to any aspect of the revalidation process;
15. I will inform the Responsible Officer at the earliest opportunity of any other matter not detailed within this agreement which might impact on my revalidation.

**Relevant information and data**

1. I consent to the processing of my personal data or sensitive personal data (as the case may be) to the extent necessary to give effect to the terms of this agreement
2. I understand that to fulfil the statutory duties, FMLM will need to communicate with a number of individuals and groups for the purposes of identifying and sharing information relating to my appraisal, revalidation and fitness to practise, including:
	1. Current employer(s) or organisation(s) with which I have a current contract or on whose behalf I provide services;
	2. Previous employer(s) or organisation(s) with which I have had a contract or on whose behalf I have provided services;
	3. Previous Responsible Officer(s);
	4. Future Responsible Officer(s) ;
	5. FMLM appointed appraisers;
	6. The GMC
	7. National Clinical Assessment Service (NCAS).
3. I will keep FMLM informed of any change of employer(s);
4. If a self-employed doctor, I will keep FMLM informed of any change in my contract(s) where I am engaged as a registered medical practitioner;
5. I will keep FMLM informed of any change of contact details;
6. I am aware that it is my own personal professional responsibility to ensure appraisal documentation is completed honestly and with integrity, to ensure that my Continuing Professional Development (CPD) is relevant and to maintain my records for each appraisal within each revalidation cycle, to undertake formal patient and colleague feedback exercises as appropriate and relevant to my role once in each revalidation cycle or as prescribed by the GMC or my Responsible Officer;
7. I am aware that Responsible Officer s from other Designated Bodies with which I may have a future prescribed connection have the right to contact FMLM Responsible Officer for information about my fitness to practise and that any information relevant to the current revalidation cycle will be provided by FMLM;
8. I am aware that it is my responsibility to ensure that current and all future employers and contracting organisations are aware that FMLM is my Designated Body and to advise these employers and organisations that as part of the revalidation process I will be submitting supporting information for the appraisal which is directly related to my medical practice within the organisation(s) concerned;
9. I am responsible for ensuring I participate in the annual appraisal cycle to meet the requirements of revalidation;
10. I will maintain a professional portfolio including feedback from each of my employers (whole practice review), records of my training, reflective practice and additional documentation specified by the GMC;
11. I will ensure that the completed and submitted appraisal form with supporting information will be available no less than two weeks (14 days) from the appraisal meeting date. If it is not submitted in time the appraiser may cancel this meeting and I will be liable to be charged for the rescheduled appraisal and the Responsible Officer’s decision on this is final;
12. I agree that it is my personal responsibility to ensure that the submitted appraisal documentation and supporting evidence is to the required GMC standard and in accordance with current guidance. I accept that if my submitted form and/or supporting evidence does not meet this standard and my appraisal is cancelled as a consequence this cost will not be refunded, I will be liable to be charged for the rescheduled appraisal and the Responsible Officer’s decision on this is final.

**Meeting and payment arrangements**

1. I confirm that if I cancel an appraisal meeting less than two weeks (14 days) before the meeting date or within that same period the appraisal meeting cannot go ahead on the date agreed with my appraiser due to my action or inaction, the appraisal costs will not be refunded and I will be liable to be charged for the rescheduled appraisal. I accept FMLM will be the determining agency in such cases;
2. I will comply with all other current revalidation policies that FMLM may introduce and from time to time amend;
3. I accept the requirement:
4. To pay an annual revalidation fee to FMLM to and that this will be paid in advance of the start of each appraisal year. Appraisal years commence on the first day of April;
5. To pay the required fee for each appraisal, payable after each appraisal is held regardless of the outcome or recommendation;
6. That FMLM will invoice me and that I must make payment within the stated timelines;
7. That if I have not paid the required fee before the last working day of March of any given year FMLM will conclude that I am not or am no longer actively engaging in the process and that FMLM is not or is no longer my Designated Body and that FMLM will advise the GMC of this fact;
8. I accept that if I no longer wish for FMLM to act as my Designated Body I am not entitled to apply for a reimbursement of the annual fee;
9. I confirm that if my Designated Body changes I will inform FMLM as soon as possible and any reimbursement I may be due will be calculated on a pro rata, quarterly basis from the date my prescribed connection changes on GMC Connect;
10. I accept that FMLM will be entitled to charge any other reasonable fees and that this includes any costs incurred as a result of me cancelling an appraisal that has already been scheduled;

**Other**

1. I will abide by FMLM’s revalidation and appraisal policy;
2. I will comply with all current requirements for appraisal, including strict adherence to timelines as notified by FMLM;
3. I will remain a member of and in good standing with FMLM by paying FMLM membership subscription when required and by abiding by the FMLM Standing Orders;
4. I accept that FMLM may vary any term of the Revalidation Agreement as necessary to comply with changes in the responsibilities of a Responsible Officer; made as a result of a change of law or policy or requirements of the GMC; or on account of any other relevant factor.

**Signature**

Please ensure that you review the accompanying guidance and policy before signing this agreement.

|  |  |
| --- | --- |
| Name (please print): |  |
| Date: |  |
| Signature: |  |

Please send completed forms to revalidation@fmlm.ac.uk.