

Essential skills



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Essential skills



Professor Alan Boyd
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Chief Medical Officer Summit 2018

Session: Essential Skills

Professor Alan Boyd PFPM

5th March 2018

Faculty of Pharmaceutical Medicine
of the Royal Colleges of Physicians of the United Kingdom

*Advancing the science and practice of pharmaceutical medicine for
the benefit of the public*



Essential Skills

Agenda

- Introduction - Professor Alan Boyd
- Pharmaceutical Medicine Specialty Training
 - Dr Ian Mills
- Revalidation for Pharmaceutical Physicians
 - Dr Kevin Bryett
 - Dr Mike Perkins
- Panel Discussion with Q&As



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Pharmaceutical Medicine Specialty Training PMST

Ian Mills

BIA CMO Conference

5th March 2018



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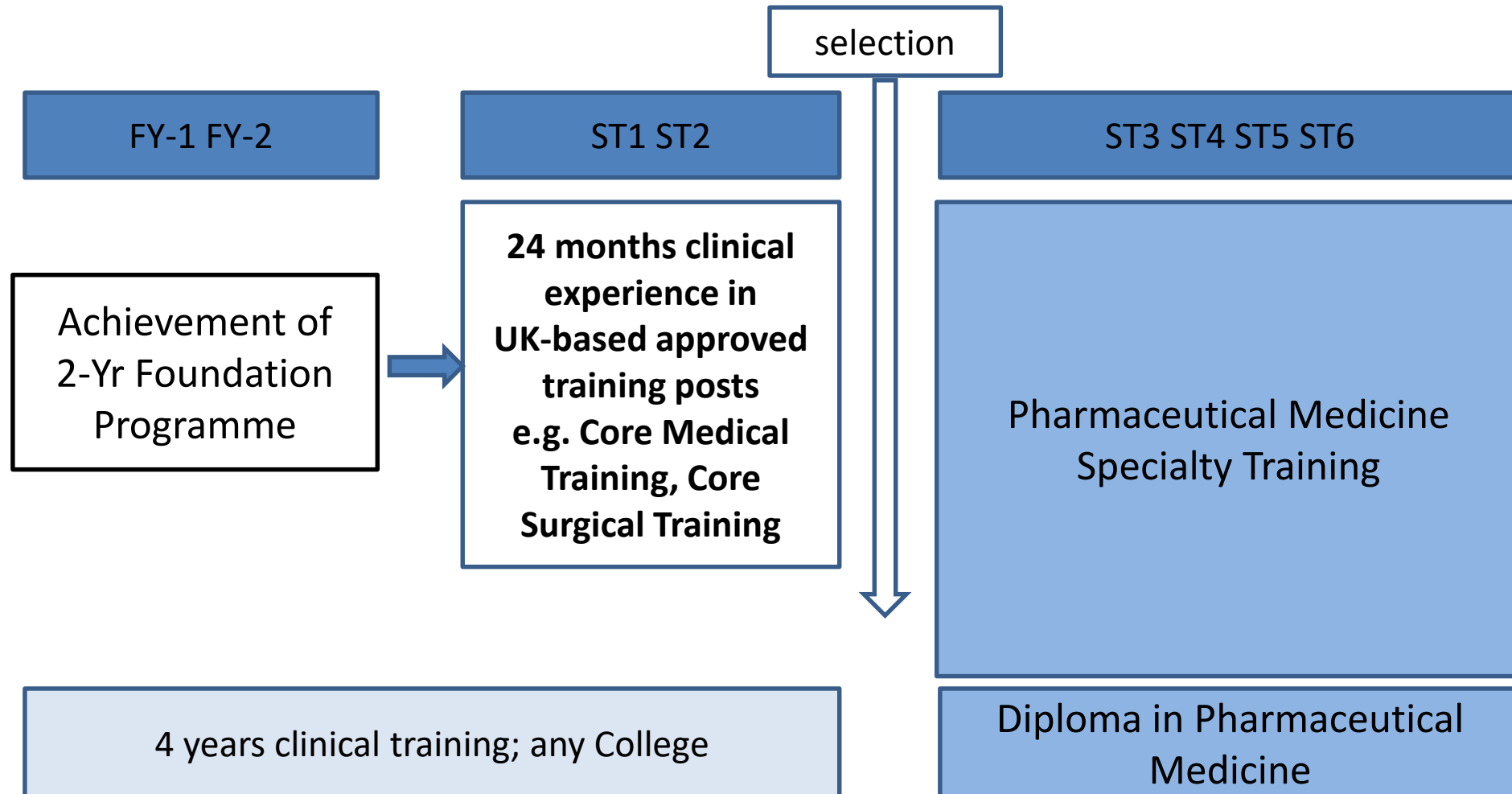


Pharmaceutical Medicine

- **Pharmaceutical Medicine** is the medical scientific discipline concerned with the discovery, development, evaluation, registration, monitoring and medical aspects of marketing of medicines for the benefit of patients and the health of the community.
- **Pharmaceutical Medicine** was approved as a listed medical specialty in the UK by the Department of Health in April 2002*

**The European Specialist Medical Qualifications Amendment Regulations 2002, which amended the European Specialist Medical Qualifications Order 1995*

Specialising in Pharmaceutical Medicine: the Career Course





Enrolment in PMST

- Eligibility
 - Medical qualification
 - Registered with GMC with Licence to Practise
 - 4 years clinical training/experience
 - Associate membership of Faculty
 - Post in pharmaceutical medicine in approved Local Education Provider (LEP)
 - Certificate of Professional and Clinical Competencies for Pharmaceutical Medicine*
 - 42/52 competencies including 16 Core
 - Signature of consultant, GP supervisor, Educational Supervisor
 - Deanery Evaluation Panel

**In current discussion with GMC*



Local Education Provider (LEP)

- Organisation approved by GMC to deliver PMST
- Role is to ensure:
 - Trainees have resources and time to undertake PMST
 - Trainers (Educational Supervisors) have time to supervise and undertake professional development in their role
 - Delivery of PMST curriculum and assessments
 - PMST delivery is quality controlled to GMC standards
- Standards expected of a LEP are the ability to provide:
 - Training opportunities for delivery of the curriculum through work experience, internal or external courses, or external module courses (approved by FPM)
 - Educational Supervision
 - Protected educational time and budget
 - Senior management support for trainees and Ess
 - Areas of good practice



Educational Supervisor (ES)

- Recognition & approval
 - Registered & Licensed to Practise with GMC
 - CCT/CESR holder or 5 years experience as Pharmaceutical Physician
 - Membership of FPM
 - Introductory training and maintenance
- Willing to:
 - Support Trainees throughout training
 - Attend Annual Reviews of Competence Progression (ARCPs)
 - Provide on-going supervision and monitoring in accordance with GMC *Good Medical Practice*
 - Engage fully in revalidation



Competency Curriculum Syllabus

- 7 modules
 1. Medicines Regulation
 2. Clinical Pharmacology
 3. Statistics & Data Management
 4. Clinical Development
 5. Drug Safety Surveillance
 6. Healthcare Marketplace
 7. Interpersonal, Management & Leadership Skills (IML)
- Each module is composed of 4-9 'items' which cover the scope of pharmaceutical medicine within that module
- Global consistency through PharmaTrain syllabus



Diploma of Pharmaceutical Medicine

- Typically taken at end of 2nd year
- One exam sitting per year (Sept-Oct)
- Tests knowledge base across the syllabus
 - Part 1 – multiple choice paper
 - Part 2 – short answer paper and critical appraisal paper
- 2017 Pass rates:
 - Part 1 – 60%
 - Part 2 – 41%



Revalidation and PMST

- Trainees revalidate through the ARCP process
- Designated Body is the Deanery
- Responsible Officer is the Postgraduate Dean
- PMST trainee must be fully engaged with revalidation process:-
 - Maintain e-portfolio of evidence of competencies
 - Attend annual ARCP
 - Make annual declaration about their fitness to practise



PMST 2003-2017

- 613 physicians have enrolled in PMST (HMT)
- 325 CCTs/CESRs awarded in the Specialty
- 150 Trainees (NTNs) enrolled currently
 - 33 Enrolees per annum (5yr av.)
 - 25 CCT/CESR awarded pa (5yr av.)
- Educational supervisors trained 2003-17
 - 75 active currently with trainees
 - 120 ES registered with GMC
- 55 LEPs active currently; >100 registered with GMC

Pharmaceutical Medicine Specialty Training



- ❖ Recognized by the GMC as a full medical specialty in 2002
- ❖ Undertaken at ST3 level, after at least 24 months' clinical experience (post-Foundation) in UK based approved training posts or equivalent
- ❖ 4-year training programme
- ❖ PMST leads to specialist registration with the GMC
- ❖ Knowledge base is acquired through experience, private study and taught course(s) and tested through the examination for the Diploma in Pharmaceutical Medicine
- ❖ Practical modules completed through:
 - On-the-job activity leading to the acquisition of applied knowledge, skills and behaviours (performance/competency)
or
 - Interactive Module courses or modular item courses (applied knowledge/competency)

PMST Modules

- Medicines Regulation
- Clinical Pharmacology
- Statistics and Data Management
- Clinical Development
- Healthcare Marketplace
- Drug Safety
- Interpersonal & Management Skills





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Revalidation and Appraisal and Physicians in Pharmaceutical SMEs

*Dr Kevin Bryett
and Dr Mike Perkins*

Date Monday 5th March 2018



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What is Revalidation

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice in their chosen field and able to provide a good level of care

Pharmaceutical physicians don't see individual patients – However, they can be responsible for the safety of millions

Only required for GMC registered physicians working in the UK.
Not required for EU or non EU doctors working in UK.

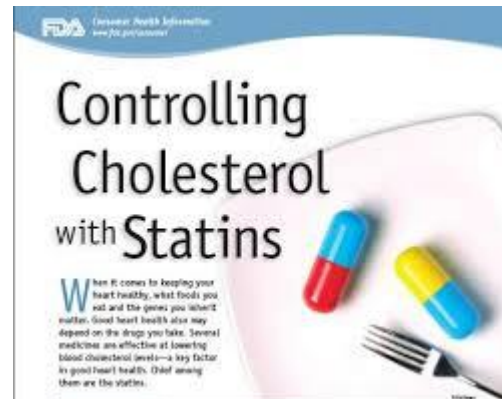
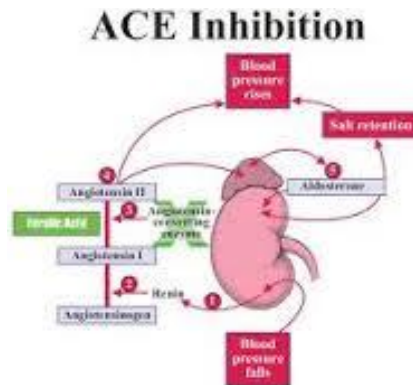


Good medical practice

Working with doctors Working for patients

General
Medical
Council

There were no ...



History of Revalidation

Prior to revalidation it was possible to qualify and then practice on your own with no training, updates or validation.

Revalidation began in 2012 – first five year cycle completed

In round figures

Revalidated 260,000 Physicians

2000 have left the register

100 licences revoked

About 1200 Pharmaceutical Physicians

600 Designated Bodies each with an Responsible Officer.



Appraisal &

REVALIDATION

Medical appraisal enables doctors to

Discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in *Good Medical Practice* and thus inform the responsible officer's revalidation recommendation to the GMC

Enhance the quality of their professional work by planning their professional development

Consider their own needs in planning their professional development

Revalidation

To assure patients, public, employers and other health care professionals that licensed doctors are up to date and fit to practise

Usually every 5 years

Based on annual appraisals

RO recommends to the GMC

Final decision made by the GMC

Who does what in medical appraisal for revalidation?

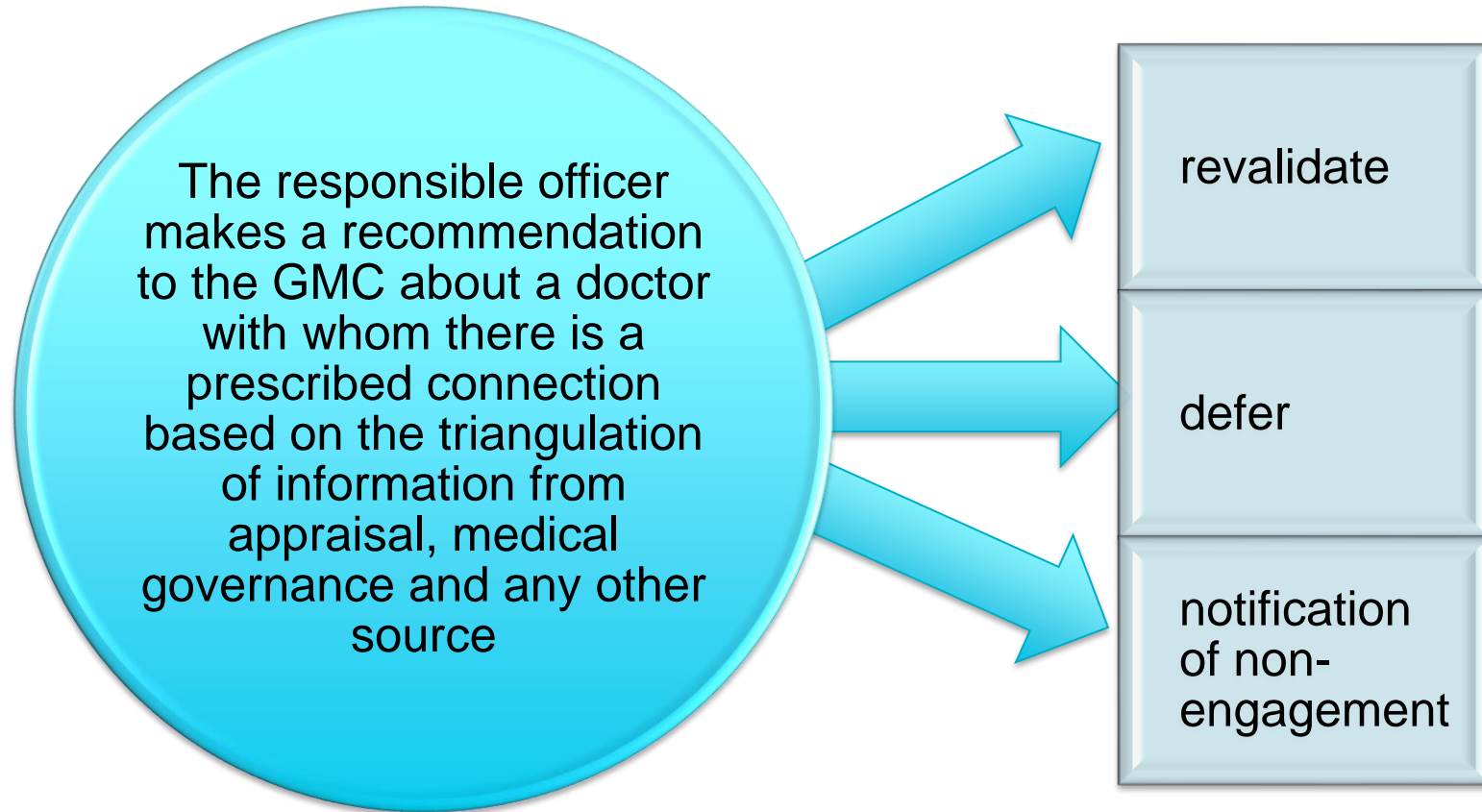
Doctors collect portfolios of supporting information and reflection

Appraisers facilitate self-review in a F2F meeting

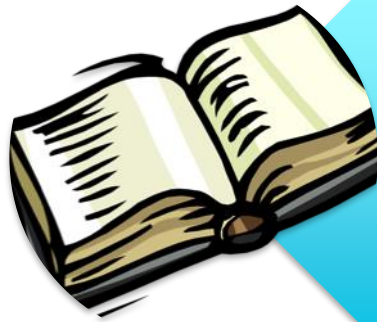
Responsible Officers, aided by Revalidation Leads, make revalidation recommendation to GMC

The **GMC** revalidates and issues licences to practice

The responsible officer recommendation



Domains of Good Medical Practice



Domain 1: Knowledge, skills and performance

- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly



Domain 3: Communication, partnership and teamwork

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients
- Teaching, training, supporting and assessing
- Continuity and coordination of care



Domain 2: Safety and quality

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect colleagues and patients from any risk posed by your health



Domain 4: Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

Preparing for the appraisal





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GMC six types of supporting information



Continuing
professional
development

A quote from the GMC...

“.... CPD can be a chat at the water cooler if it leads to an idea to improve your practice”



GMC six types of supporting information

Continuing
professional
development

Quality
improvement
activity

Quality Improvement Activity



GMC six types of supporting information

Continuing
professional
development

Quality
improvement
activity

Significant
events

Feedback from
colleagues

Feedback from
patients (where
applicable)

Review of
complaints and
compliments

Appraisal information

Personal data

Scope of work

Record of previous appraisals

PDP and its review

Probity and health declarations

Doctor's appraisal statements

The appraisal meeting



The appraisal meeting

- Confidential, unless any matter raised which would need to be referred to RO
- Usually lasts around 2 hours
- Opportunity for reflective discussion with a supportive peer
 - Review of supporting information and progress against PDP
 - May include challenge / 'stretch' objectives

After the meeting the appraiser produces a report which is sent to the RO.



After the appraisal



The appraiser statements

1. An appraisal has taken place that reflects the doctor's scope of work and addresses the principles and values set out in Good Medical Practice

2. Appropriate supporting information has been presented in accordance with GMP Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work

3. A review that demonstrates appropriate progress against last year's personal development plan has taken place

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice

WHY BOTHER TO REVALIDATE?

For personal reasons

- to commit to personal and professional standards of medical practice
- to recognise an industry standard expected for pharmaceutical physicians
- to support your continuing professional development and lifelong learning

For work-related reasons

- to meet a requirement for a specific role (eg clinical session, ES, appraiser, examiner)
- to provide an insurance policy for future demands of medical professionals e.g. medical or regulatory signatory
- to justify using the title 'doctor' in the workplace

For professional reasons

- to indicate that you continue to meet the professional standards set by the GMC
- to demonstrate the professional equal standing of pharmaceutical medicine as a medical specialty.
- to be licensed to practice and have the privileges of being so

Links

- **FPM Information**

- <https://www.fpm.org.uk/revalidationcpd/revalidation/revalidationlp>

- **GMC Information**

- <http://www.gmc-uk.org/doctors/revalidation.asp>

- **NHS England Information**

- <https://www.england.nhs.uk/revalidation/doctors/>



The background of the image consists of a series of vertical stripes in various colors, including red, orange, yellow, green, blue, and purple, creating a rainbow-like effect. The stripes are of varying widths and colors, with some appearing more saturated than others.

THANK YOU!



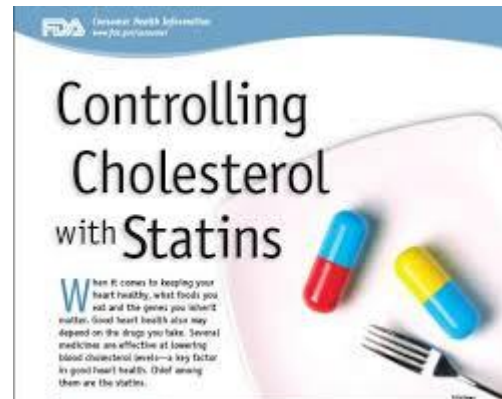
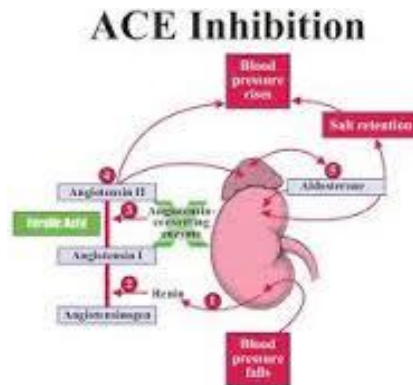
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Discussion



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