**Higher Level RO revalidation checklist**

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| **Revalidation Recommendations** | | |
| Doctor |  | |
| GMC No. |  | |
| Designated body / bodies |  | |
| Appraiser |  | |
| Last appraisal date |  | |
| Revalidation due date |  | |
| **Evidence provided once – Information provided by RO** | | |
| RO training undertaken | | ✓🗶 |
| Notes: | | |
| Confirmation of appointment as RO by the organisation (for all organisations where they are/have been the RO in the last revalidation cycle)    DB1 Name:  DB2 Name:  DB3 Name: | | ✓🗶 n/a  ✓🗶 n/a  ✓🗶 n/a |
| Notes: | | |
| **Appraiser – Information collated by regional teams** | | |
| Appraisers have been trained | | ✓🗶 |
| Notes: | | |
| No conflict of interest with appraisers | | ✓🗶 |
| Notes: | | |
| Appropriate appraisals conducted (with the five statements completed) reviewing reflective notes and producing summary notes | | ✓🗶 |
| Notes: | | |
| **Annual Appraisal** **– review for each appraisal in the 5 year cycle** **noting any gaps and reasons for them** | | |
| Discussion of last year’s PDP    Notes : | | ✓🗶 |
| Supporting information and CPD matches doctor’s range of practice  Notes: | | ✓🗶 |

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| Review of quality improvement activity (e.g. audit)  Notes: | | ✓🗶 |
| Review of significant events[[1]](#footnote-1) (involving either the individual or their organisation, to include any internal or external reviews relevant to medical practice)  Notes: | | ✓🗶 |
| Evidence of reflection on the Annual Organisational Audit and annual board report (or equivalent).  Notes: | | ✓🗶 |
| Multi source feedback from colleagues reflected on and discussed with appraiser, within last 5 years  Notes: | | ✓🗶 |
| Patient feedback reflected on and discussed with appraiser, within last 5 years  Notes: | | ✓🗶 |
| Review of complaints and compliments (For independent sector complaints process see: [www.iscas.org.uk](http://www.iscas.org.uk))  Notes: | | ✓🗶 |
| Completion of their own organisation’s mandatory training  Notes: | | ✓🗶 |
| Health declaration (in GMC format) | | ✓🗶 |
| Notes: | | |
| Probity declaration (in GMC format) | | ✓🗶 |
| Notes: | | |
| Statements/evidence from all other employing organisations confirming that a satisfactory performance review has taken place and any items agreed as development needs | | ✓🗶 |
| Notes: | | |
| New PDP generated | | ✓🗶 |
| Notes: | | |
| **Triangulation to confirm no outstanding concerns – By regional office** | | |
| Confirm no conflict of interest between RO and the higher level RO | | ✓🗶 |
| Notes: | | |
| Attendance and participation at RO network regional or national events (expectation to attend all available, but minimum of 3 annually is acceptable)  Notes: | | ✓🗶 |
| CQC Reports or any external reviews for whole/all organisations checked and subsequent actions taken | | ✓🗶 |
| Notes: | | |
| Chief Exec letter satisfactory (of employing organisation confirming: governance, any practicing restrictions and any concerns) | | ✓🗶 n/a |
| Notes: | | |
| Medical director / line manager letter from other places of work satisfactory (confirming: governance, any practicing restrictions and any concerns) | | ✓🗶 n/a |
| Notes: | | |
| GMC conditions or undertakings (on GMC connect) | | ✓🗶 |
| Notes: | | |
| Details of any personal fitness to practise concerns | | ✓🗶 |
| Notes: | | |
| GMC recommendations and deferrals within agreed parameters  Notes: | | ✓🗶 |
| Any other comments : | | |
| **Review Outcome** | | |
| Recommendation to the GMC to revalidate | | ✓🗶 |
| Deferral Period: | | |
| * The doctor is subject to an on-going process | | ✓🗶 n/a |
| * Insufficient evidence for a positive recommendation   Outstanding issues: | | ✓🗶 n/a |
| * A concern has arisen/responding to concern (RtC), this is being managed in accordance with RtC policy   Notes: | | ✓🗶 n/a |
| Non-engagement | | ✓🗶 n/a |
| Date outcome recorded on GMC Connect | |  |
| **Reviewers** | | |
| Reviewer 1 |  | |
| Reviewer 2 | If applicable | |
| Reviewer 3 | If applicable | |

1. Discuss high level risks if there are no significant events [↑](#footnote-ref-1)