**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)