NHS England South (South East) Revalidation Review Checklist v7 15 06 2015						
Date of Review		Senior Appraiser Name				
Appraiser Name		Appraisee Name and GMC number				
Appraisal Date		Revalidation Date				
Element	Completed	Det	ails and further activ	on required OP acti	ons taken and the ans	WAR
Liement	Completed	Details and further action required OR actions taken and the answer  What roles? Evidence submitted for each role?				
Scope of practice						
Satisfactory performance reference for all other roles						
CPD credits		Numbers per year?				
QIA		What QIA was undertaken?				
SI's		How many? Personal?				
Complaints		Reviewed?				
MSF		When? GMC approved? Number of responses?				
PSQ		When? GMC approve	ed? Number of resp	onses?		
PDP - review of previous PDP						
PDP - planned PDP						
Health		Has Health been discussed in summary?				
Probity		Has Probity been discussed in Summary?				
Any comments for RO in AOS						
Any other Comments / Feedback to Appraiser (not for RO)						
Quality Assurance Feedback						
D. f		If Decision is to Defer				
Defer			Period of Deferral		Reason for Deferral	
Revalidation Approval Subject to Prof Performance Check			Date		Name	
Final Performance Check		By Whom (Name)			Date Checked	