

## Structured reference for revalidation for GPs in other roles

Doctor's name and GMC number: \_\_\_\_\_

Period of practice covered by this report: \_\_\_\_\_

Start and end date (if appropriate or current) \_\_\_\_\_

Details of role (Title and hours):

Overarching comments about this doctor

Has a formal appraisal been done for this role, this year?  Y  N If so, please attach a copy

Any conduct/capability issues  Y  N

If yes, description of issues

Was this doctor involved in any serious incidents, near misses, or significant events?  Y  N

If yes, details

Was this doctor the subject of any complaints?  Y  N

If yes, please describe

Do you regard the doctor as competent in role?  Y  N

If no, please describe

Any further comments or concerns you wish to convey to the RO?  Y  N

If yes, details

Full name: \_\_\_\_\_

Job title: \_\_\_\_\_

Contact details: \_\_\_\_\_

Name of employing organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Privacy and Confidentiality Statement

Information entered on this form will be held in confidence, and viewed only by those with the proper authority to do so. You should take care to ensure all the information you enter is factual, and support it as much as possible by providing objective evidence. If you are unsure whether or not to include a piece of information, you should ask for advice from the responsible officer of the doctor in question prior to completing the form.