

Representation by XXXXX, Leicester, Leicestershire and Rutland LMC, at Performance Advisory Group (PAG) Meetings

I (insert name of practitioner) _____ consent to XXXXX attending PAG meetings as the Leicester, Leicestershire and Rutland LMC representative whilst my case is being discussed.

I understand that the Leicester, Leicestershire and Rutland LMC representative's role at PAG is:

- To provide independent assurance on behalf of its constituent members, that due process is followed during PAG meetings;
- To provide local knowledge to PAG meetings to enable members to contextualise concerns;
- To provide information to PAG regarding support available / provided to practitioners

I understand that the Leicester, Leicestershire and Rutland LMC representative is not at PAG to provide any clinical input, legal advice or individual representation for the matters under consideration. I am aware that attendance at PAG will allow the LMC representative to hear all the information in relation to my case and that involves any previous practitioner performance concerns, my appraisal and revalidation status together with any concerns that might exist in those areas.

Signed _____ Date _____

Name (printed) _____

GMC No: _____