

REV 12

Revalidation Appraiser report form

For doctors who do not have a connection to a designated body or approved Suitable Person

Advice for doctors

You should read our [Guidance for doctors about completing the revalidation annual return](#). The following sections contain the information you need to know for your appraisal:

- *Your annual appraisal – meeting our requirements*
- *Your appraiser - meeting our requirements*

Advice for appraisers

You should read our [Guide for appraisers: The appraiser report form \(REV12\)](#) before undertaking an appraisal for a doctor without a connection to a designated body or approved Suitable Person. You should use this to:

- Confirm you meet our appraiser criteria and are able to complete the appraisal
- Consider our appraisal guidance
- Make you aware of how we use the information you provide
- Support you in completing this form

Report of the appraisal

Section 1 – Details of the appraisee doctor

1. Doctor's name	<input type="text"/>								
2. Doctor's GMC reference number	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 2 – Appraiser details

3. Your name	<input type="text"/>								
4. Your GMC reference number	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
5. Your job title	<input type="text"/>								
6. Your employing organisation	<input type="text"/>								
7. The organisation to which you have a connection (if different from 6). If you do not have a designated body, please enter the name of your GMC-approved Suitable Person.									
<input type="text"/>									
8. The name(s) and address(es) of the designated body/bodies or approved Suitable Persons for which you currently undertake appraisals.									
<input type="text"/>									

9. Your email address as it appears in GMC records

10. Your telephone number (including dialling code)

11. I have completed at least 5 appraisals for the designated body(s)/Suitable persons(s) that I appraise for in the last 12 months.

12. What is your relationship to the appraisee doctor (e.g. employer, supervisor, independent organisation)?

Section 3 – Details of the doctor’s appraisal

13. Appraisal period

Start Date:

D	D	M	M	Y	Y	Y	Y
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End Date:

D	D	M	M	Y	Y	Y	Y
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14. Appraisal date:

D	D	M	M	Y	Y	Y	Y
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15. Please describe the whole scope of the doctor’s practice.

16. Please confirm the following declarations, or provide further information if you are unable to do so.

16.1 The appraisal involved a face-to-face discussion - either in person or by video link.

16.2 The appraisal discussion reflected on the doctor's whole scope of practice.

16.3 The appraisal discussion focused on the principles and values set out in [Good medical practice](#).

16.4 The doctor and I agreed, and jointly signed, a summary of the appraisal discussion.

16.5 If you are unable to confirm any of the above statements, please provide further details:

Section 4 – The doctor's supporting information for revalidation

17. Please provide the following information about the appraisee doctor's supporting information for revalidation, and its discussion at appraisal.

17.1 *Continuing professional development (CPD)*

The doctor presented and reflected on appropriate CPD based on information collected in the last 12 months

If you cannot confirm this declaration, please provide further information below on why you consider the doctor did not:

- provide this supporting information
- provide an adequate amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate adequate reflection on this
- please also give details of any information they did present, and an explanation why this was not adequate.

The doctor recorded the following PDP actions regarding this supporting information:

17.2 *Quality improvement activities*

The doctor presented and reflected on appropriate quality improvement activities based on information collected in the last 12 months



If you cannot confirm this declaration, please provide further information below on why you consider the doctor did not:

- provide this supporting information
- provide an adequate amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate adequate reflection on this
- please also give details of any information they did present, and an explanation why this was not adequate.

The doctor recorded the following PDP actions regarding this supporting information:

17.3 *Review of significant events*

The doctor presented and reflected on appropriate significant events based on information collected in the last 12 months



If you cannot confirm this declaration, please provide further information below on why you consider the doctor did not:

- provide this supporting information
- provide an adequate amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate adequate reflection on this
- please also give details of any information they did present, and an explanation why this was not adequate.

The doctor recorded the following PDP actions regarding this supporting information:

17.4 Feedback from patients and colleagues

Patients

The doctor presented and reflected on appropriate patient feedback based on information collected in the last 12 months

Colleagues

The doctor presented and reflected on appropriate colleague feedback based on information collected in the last 12 months

If you cannot confirm this declaration, please provide further information below on why you consider the doctor did not:

- provide this supporting information
- provide an adequate amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate adequate reflection on this
- please also give details of any information they did present, and an explanation why this was not adequate.

The doctor recorded the following PDP actions regarding this supporting information:

17.5 Complaints and compliments

Complaints

The doctor presented and reflected on appropriate complaints information collected in the last 12 months

Compliments

The doctor presented and reflected on appropriate compliments based on information collected in the last 12 months

If you cannot confirm this declaration, please provide further information below on why you consider the doctor did not:

- provide this supporting information
- provide an adequate amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate adequate reflection on this
- please also give details of any information they did present, and an explanation why this was not adequate.

The doctor recorded the following PDP actions regarding this supporting information:

Section 5 – The doctor’s Personal Development Plan (PDP)

18. Please confirm the following statements:

18.1 The doctor provided a copy of the PDP they agreed at their previous appraisal.

18.2 The doctor had completed the actions outlined in their previous PDP.

18.3 We have agreed a new PDP, with associated actions, for the coming year.

If you are unable to confirm all of these statements, please provide information on:

- why the doctor did not have a previous PDP
- the actions outlined in the doctor’s previous PDP, and the reasons they had not completed these
- why you and the doctor were unable to agree a new PDP

Section 6 - Appraiser declarations

Please confirm the below declarations, or provide a reason why you are unable to, and sign.

I confirm that I meet all of the criteria to appraise doctors without a connection to a designated body or approved Suitable Person.	<input type="checkbox"/>								
I am not aware of any information that raises a concern about the doctor's fitness to practise.	<input type="checkbox"/>								
I understand that I must protect patients from risk of harm posed by another doctor's conduct, performance or health. I am also aware that if I have concerns that a doctor may not be fit to practise, I must take appropriate steps without delay, so that the concerns are investigated and reported to the GMC if appropriate.	<input type="checkbox"/>								
I understand that if I have made a false declaration, or given false information in this form, this may result in referral for an investigation of my fitness to practise which may put my registration at risk.	<input type="checkbox"/>								
I confirm the information provided is true and correct.	<input type="checkbox"/>								
Please provide details below if you are unable to confirm all of the above declarations:									
<div style="border: 1px solid black; height: 200px;"></div>									
Signature:	<input type="text"/>								
Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		