

Clinical attachment report form

This is a request for a clinical attachment report on behalf of:

Applicant's name

Applicant's GMC reference number

Request

the applicant's supervising consultant

The practitioner identified above has made an application for registration with a licence to practise. As part of their application the practitioner has indicated that they completed a clinical attachment under your supervision.

We appreciate that whilst a clinical attachment may allow a practitioner to demonstrate that they have kept their knowledge up to date it will not generally provide evidence that their skills have been kept up to date, as they were not registered with a licence to practise and therefore unable to undertake the duties of a registered practitioner. However, any information you can provide concerning this practitioner's performance will help us decide whether registration should be granted.

The standards outlined on the following pages show the areas we would like your report to cover. These are drawn from our publication *Good medical practice* which describes the principles, values, and standards of care and professional behaviour' which patients have a right to expect of their practitioners. It is against this core guidance that practitioners are judged.

Please note that a copy of the completed report will be shared with the applicant.

Please send your completed form as one single PDF file to: ianditeam@gmc-uk.org

Please send the form directly to us by email, ensuring that you include the applicant's name and GMC reference number in the subject line. **We only accept emailed forms from professional email addresses. We do not accept them from personal webmail accounts such as hotmail, yahoo or gmail.**

If you do not have a professional email address please include a supplementary cover sheet on official letterhead paper which also includes an official stamp.

Details of the clinical attachment

Specialty	<input type="text"/>		
Name and address of hospital where the applicant was undertaking the clinical attachment			
<input type="text"/>			
Dates of the attachment			
From	<input type="text" value="D D M M Y Y Y Y"/>	To	<input type="text" value="D D M M Y Y Y Y"/>
Number of hours per week spent in the clinical attachment	<input type="text"/>		

The standards

The notes in the table below show the areas we would like your report to cover.

Standard	Description of standard
1 Maintaining good medical practice	
Basic science	Does this practitioner have adequate knowledge of the physical, behavioural, epidemiological and clinical sciences upon which medicine depends?
Medical knowledge	Does this practitioner possess an appropriate level of understanding of acute illness and of disabling and chronic diseases within the specialty, and of relevant interventions in acute and chronic illness? Do they keep their medical knowledge up to date? Do they participate regularly in educational activities? Do they respond constructively to any feedback?
Observing consultations	Does the practitioner make insightful contributions when reflecting on their observations to demonstrate their medical knowledge and/or skills?
Participating in patient administration (clerking)	Does the practitioner capture all the key points to demonstrate their medical knowledge?
Taking patient histories	Does the practitioner capture all the key points to demonstrate their medical knowledge?
Physical examinations (under strict supervision)	Does the practitioner carry out appropriate examinations and identify the source of the patient's complaints and/or the potential issue?

Directly observing surgery	Does the practitioner make insightful contributions went reflecting on their observations to demonstrate their medical knowledge and/or skills?
Ethical and legal framework of practice	Does this practitioner observe and keep up to date with the laws and statutory codes which affect their work?
2 Professional relationships	
Professional relationships with patients	Does this practitioner establish and maintain the trust of patients? by listening to and respecting their views? Do they respect confidentiality and the privacy and dignity of patients?
Working with other practitioners	Do they listen and learn from others? Do they respect the skills and contributions of others?
Working with other health care professionals	Do they respect the skills and contributions of other health care workers?
3 Communication skills	Does this practitioner communicate effectively with patients and colleagues?

4 Attitudes	
Reliability and probity	Is this practitioner dependable? Do they display honesty and integrity? Do they always act in the best interests of patients?
Initiative	Does this practitioner show an appropriate degree of initiative?
Timekeeping	Is this practitioner punctual and reliable? Do they contact the unit to warn of a problem?

Part B – Your assessment of the applicant’s performance against the standards

On the basis of your observation of this practitioner, please use the section below to comment on their capabilities in relation to each of the areas listed.

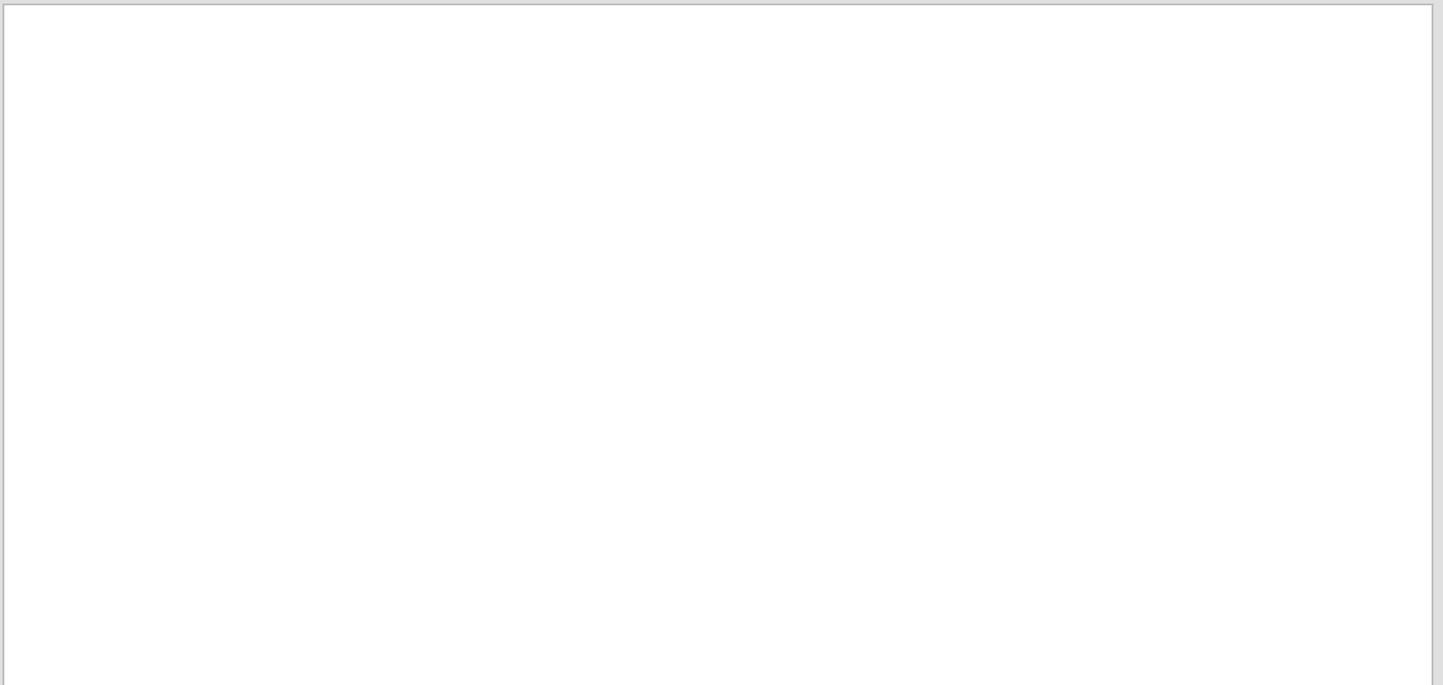
If you are unable to comment on the practitioner’s capabilities in any area, please tick the ‘Not assessed’ box for that section.

Standard	Standard achieved	Standard not achieved	Not assessed
1 Maintaining good medical practice			
Basic science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observing consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in patient administration (clerking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking patient histories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examinations (under strict supervision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directly observing surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical and legal framework of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Professional relationships			
Professional relationships with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with other practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with other health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Communication skills			
4 Attitudes			
Reliability and probity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide your comments on the applicant's overall performance during their clinical attachment in the box below. This should include confirmation of the applicant's duties and any practical responsibilities during their clinical attachment.



Please provide your comments on any areas the applicant performed strongly in.



From

D	D	M	M	Y	Y	Y	Y
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To

D	D	M	M	Y	Y	Y	Y
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Declaration

I confirm that the information that I have given is true and accurate to the best of my knowledge

(please tick)

I confirm that I am not aware of any issues bringing into question this practitioner's character, conduct or fitness to practise.

(please tick)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Official stamp