

# 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

#### How to complete this form

1. Save this form as a PDF to your desktop or local drive
2. Open using Acrobat Reader (You will need to have Acrobat Reader installed on your computer to do this)
3. Complete the form
4. Click submit and follow the instructions.

Alternatively you can send it by email once completed to [revalidation-support@gmc-uk.org](mailto:revalidation-support@gmc-uk.org)

# Report of the appraisal

## Section 1 – Details of the appraisee doctor

1. Doctor's name	<input type="text"/>
2. Doctor's GMC reference number	<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"/>

## Section 2 – Appraiser details

3. Your name	<input type="text"/>
4. Your GMC reference number	<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. The name(s) and address(es) of the designated body/bodies or approved Suitable Persons for whom you currently act as a medical appraiser for licensed doctors.	<input type="text"/>
6. I have completed at least 5 appraisals for the designated body(s)/Suitable persons(s) that I appraise for in the last 12 months.	<input type="checkbox"/>
7. Your email address as it appears in GMC records	<input type="text"/>
8. Your telephone number (including dialling code)	<input type="text"/>
9. Describe your relationship to the doctor you have appraised (e.g. no relationship other than as an independent appraiser, employer, colleague etc)	<input type="text"/>

### Section 3 – Details of the doctor’s appraisal

#### 10. 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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#### 11. Appraisal date:

D	D	M	M	Y	Y	Y	Y
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#### 12. Please describe the whole scope of the doctor’s:

##### UK practice

##### Overseas practice

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

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

13.2 The appraisal covered the doctor's whole scope of practice

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

13.4 The doctor has collected and reflected on supporting information as set out in our guidance.

13.5 The appraisal was based on a structured appraisal form where you and the doctor provided a summary of the appraisal discussion.

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

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

## Section 4 – The doctor’s supporting information for revalidation

15. Please provide the following information about the doctor’s [supporting information for appraisal and revalidation](#), and its discussion at appraisal.

### 15.1 *Continuing professional development (CPD)*

Please confirm if the CPD was based on UK or overseas practice or a combination of both

I confirm the doctor has sufficiently reflected on appropriate CPD collected in the last 12 months

If you cannot confirm this declaration, please explain why. Your explanation should include why the doctor was unable to:

- provide this supporting information
- provide a sufficient amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate sufficient reflection
- 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:

## 15.2 *Quality improvement activities*

Please confirm if the quality improvement activities were based on UK or overseas practice or a combination of both

I confirm the doctor has sufficiently reflected on appropriate quality improvement activities collected in the last 12 months.

If you cannot confirm this declaration, please explain why below. Your explanation should include why the doctor was unable to:

- provide this supporting information
- provide a sufficient amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate sufficient 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:

### 15.3 *Review of significant events*

Please confirm if the significant events were based on UK or overseas practice or a combination of both

I confirm the doctor sufficiently reflected on appropriate significant events collected in the last 12 months

If you cannot confirm this declaration, please explain why. Your explanation should include why the doctor was unable to:

- provide this supporting information
- provide a sufficient amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate sufficient 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:

#### 15.4 *Feedback from patients*

Please confirm if the feedback from patients was based on UK or overseas practice or a combination of both

I confirm the doctor sufficiently reflected on appropriate patient feedback collected since their last revalidation

If you cannot confirm this declaration, please explain why. Your explanation should include why the doctor was unable to:

- provide this supporting information
- provide a sufficient amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate sufficient 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:



### 15.5 *Feedback from colleagues*

Please confirm if the feedback from colleagues was based on UK or overseas practice or a combination of both

I confirm the doctor sufficiently reflected on appropriate colleague feedback collected since their last revalidation

If you cannot confirm this declaration, please explain why. Your explanation should include why the doctor was unable to:

- provide this supporting information
- provide a sufficient amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate sufficient 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:

## 15.6 Complaints and compliments

Please confirm if the complaints and compliments were based on UK or overseas practice or a combination of both

### Complaints

I confirm the doctor sufficiently reflected on appropriate complaints collected in the last 12 months

### Compliments

*I confirm the doctor sufficiently reflected on appropriate compliments collected in the last 12 months*

If you cannot confirm this declaration, please explain why. Your explanation should include why the doctor was unable to:

- provide this supporting information
- provide a sufficient amount of this supporting information
- provide supporting information appropriate to their scope of practice
- demonstrate sufficient 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)

16. Please confirm the following statements:

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

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

16.3 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 who don't have a designated body or approved suitable person.

I am not aware of any information that raises a concern about the doctor's fitness to practise.

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.

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.

I confirm the information provided is true and correct.

Please provide details below if you are unable to confirm all of the above declarations:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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