

Doctors Name:

GMC Number:

Job Title:

Organisation:

Location:

This document sets out the requirements stated in the General Medical Council (GMC); Guide for Responsible Officers 2012 on the recommendations for whole scope clinical appraisal and revalidation.

The registered manager of the health care organisation should complete this form on behalf of the doctor to evidence fitness to practice.

	Unable to comment	Agree	Disagree	Please Comment
The doctor has participated in annual clinical appraisal				
No significant concerns have arisen through clinical practice				
There are no outstanding performance concerns				
There are no outstanding serious incidents				
There are no outstanding remediation recommendations				
The doctor is not being investigated by a professional body (GMC)				

I have no concerns about the above named doctor's fitness to practice

I have concerns about the above named doctor's fitness to practice (please provide additional comment)

Name:

Hospital:

Organisation:

Date:

This form must be sent, by the person who has completed it, to revalidation@nuffieldhealth.com