**Structured Reference for appraisal/ revalidation for GP roles in Northern Devon Healthcare Trust**

Doctors name:

GMC number:

Period of practice covered by this report:

1. Description of role/ scope of practice working in Northern Devon Healthcare Trust

2. Has there been any conduct/ capability issues raised during this period? Yes/ No

If yes, please give description of issues

3. Was the doctor involved in any serious incidents or significant events? Yes/ No

If yes, give details

4. Is the doctor subject of any complaints? Yes/ No

If yes, please describe

5. Do you regard the doctor as competent in the role? Yes/ No

If no, please explain

6. Are you aware of any compliments/ positive feedback regarding the doctor in this role? Yes/ No

If yes, please describe

7. Are there any further comments or concerns you wish to covey to the RO? Yes/ No

If yes, details

Full name:

Job Title:

Contact details:

Signature: Date: