

## Revalidation – Information flows between Responsible Officers

### CONFIDENTIAL

#### **Purpose**

To allow designated bodies to contact a doctor's Responsible Officer (*usually the Medical Director of the organisation*), current or previous (e.g. previous employer, agency, substantive employer), on appointment to a post in a new designated body. This form can be used in situations when an individual doctor may have multiple roles across more than one designated body.

For more information on revalidation in Wales, please visit [www.revalidation.heiw.wales](http://www.revalidation.heiw.wales)

**Part A: To be completed by the Responsible Officer and sent to previous Responsible Officer for completion of Part B.**

<b>Doctor's name:</b>	
<b>GMC number:</b>	
<b>Doctor's contact details (if known)</b>	
<b>Post appointed to (including speciality)</b>	
<b>Start Date (if known)</b>	

Part B: To be completed by previous Responsible Officer and returned to the current Responsible Officer.....  
.....

**(Please insert department address and contact details)**

1. Has the doctor named in Part A revalidated? YES / NO  
(If known)

If yes, what was the date of revalidation?

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2. Please can you provide the dates of any recent appraisals involving the above named doctor  
(If known)

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3. Are there any complaints, incidents, or investigations that you wish to make the current  
Responsible Officer aware of?  
(If you become aware of any issue following the completion of this form, please contact us)

NO

YES – please contact me to discuss

<b>Name of Responsible Officer:</b>	
<b>Signed:</b>	
<b>Date of completion (part B)</b>	