

## Consultant report form

This is a request for a consultant report on behalf of:

Applicant's name	<input type="text"/>
Applicant's GMC reference number	<input type="text"/>

## Request

Dear <input type="text"/>	the applicant's supervising consultant/consultant colleague
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### Why we need your report

We will take account of all the reports received on the applicant's work, as well as other relevant factors.

The form is made up of Part A – details of the applicant, the post and the reporting consultant, Part B - the standard and Part C - general assessment. Please complete all the parts and sign the declaration at the end.

### The standard

The notes on pages 2-3 are intended to help you assess the performance of the doctor in relation to the standards of competence, care and conduct described in the publication *Good medical practice*. Please read the notes carefully before completing Part B.

### When you have completed the form

You are encouraged to discuss your report with the applicant.

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

Please send your completed form to:

**General Medical Council  
Registration Support Team (IMG and EEA)  
3 Hardman Street  
Manchester  
M3 3AW**

We will conduct selected verification checks on the reports received for all applications for full registration with a licence to practise.

Thank you for your help.

## The standards

Please use the notes in the table below to help you consider the aspects of a doctor's practice which you should take into account in your assessment of whether this doctor has reached the required standard.

Standard	Description of standard
<b>1 Good clinical care</b>	
Assessment of the patient's condition based on history, physical examination and recognition of clinical signs	Does this doctor make an adequate assessment of the patient's condition based on the history and clinical signs and, if necessary, appropriate examination?
Providing or arranging investigations and treatment	Does this doctor provide or arrange appropriate and timely investigations and treatment? Are they competent when making diagnoses and when giving or arranging treatment?
Judgement and patient management	Is this doctor's judgement reliable? Do they show awareness of complications? Is their ward/out-patient management safe? Do they recognise and work within the limits of their competence? Do they consult and seek advice appropriately?
Practical skills	Are this doctor's practical skills adequate?
Involvement of doctors and other health care professionals in providing clinical care	Does this doctor consult colleagues and refer to other practitioners when indicated? Do they keep colleagues informed when sharing the care of patients?
Record keeping	Does this doctor keep clear, accurate and contemporaneous records which are adequate to inform others about the care of patients? Do they report relevant clinical findings, decisions made and information given to patients, and drugs or treatment prescribed?
Use of resources	Does this doctor pay due regard to efficiency and the use of resources?
Use of technology	Is this doctor competent in the use of IT which is necessary for patient care, such as information storage and retrieval systems?
<b>2 Maintaining Good Medical Practice</b>	
Basic science	Does this doctor have adequate knowledge of the physical, behavioural, epidemiological and clinical sciences upon which medicine depends?
Clinical knowledge and skills	<p>Does this doctor 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?</p> <p>Do they keep knowledge and skills up to date? Do they participate regularly in educational activities? Do they take part in regular and systematic medical and clinical audit? Do they respond constructively to assessments and appraisals of professional competence and performance?</p>
Ethical and legal framework of practice	Does this doctor observe and keep up to date with the laws and statutory codes which affect their work?

Standard	Description of standard
<b>3 Professional relationships</b>	Does this doctor establish and maintain the trust of patients? Do they listen to and respect their views, and their right to be involved in decisions about their care? Do they respect confidentiality and the privacy and dignity of patients? Are they accessible? Do they respond honestly and constructively to complaints or if things go wrong?
Professional relationships with patients	Is this doctor accessible? Do they work constructively as part of the clinical team? Do they respect the skills and contributions of others?
Working with other doctors	Is this doctor accessible? Do they respect the skills and contributions of other health care workers? Do they delegate, consult and refer appropriately?
<b>4 Treatment in emergencies</b>	Is this doctor willing and able to deal with common medical emergencies and with other illness in an emergency? Can they be relied upon to take prompt and suitable action within the limits of their competence and to seek assistance where necessary?
<b>5 Communication skills</b>	Does this doctor give patients the information they ask for or need about their condition, its treatment and prognosis, in a way they can understand? Do they communicate adequately with colleagues and other health care professionals?
<b>6 Teaching and training (if applicable)</b>	Not all trainees will be involved in teaching or training others. If applicable:  Does this doctor accept responsibility for teaching junior colleagues? Do they ensure that juniors are properly supervised? Are they honest and objective in assessing the performance of others?
<b>7 Attitudes</b>	Is this doctor dependable? Do they display honesty and integrity? Do they always act in the best interests of patients?
Reliability and probity	Does this doctor show an appropriate degree of initiative?
Initiative	Is this doctor punctual and reliable? Do they contact the unit to warn of a problem?
Timekeeping	Is this doctor efficient in the management of their own time and professional activities? Can they be relied upon to deal with the tasks required?
<b>8 Administration</b>	Does this doctor follow safe practices relating to chemical, physical and psychological hazards in the workplace?
<b>9 Occupational health</b>	

## Consultant report

### Part A – details of the applicant, the post and the reporting consultant

Applicant's name	<input type="text"/>
Applicant's GMC reference number	<input type="text"/>

### About the post

Grade specified in applicant's contract	<input type="text"/>		
This post was (please tick)	substantive (permanent) <input type="checkbox"/>	honorary (unpaid) <input type="checkbox"/>	locum (temporary) <input type="checkbox"/>
Specialty	<input type="text"/>		
Name and address of hospital where the applicant was employed	<input type="text"/>		
Period of employment	From <input type="text"/>	To <input type="text"/>	
This post was (please tick)	full time <input type="checkbox"/>	part time <input type="checkbox"/>	
Hours of clinical practice per week	<input type="text"/>		
Was the applicant required to hold registration or a licence to practise with a medical regulator?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
If 'yes', please give us the name of the relevant medical regulator.			
Please provide the name of the authority that regulates doctors in the country or region the doctors was working in (for example <i>General Medical Council, UK</i> ). Do not provide the name of an individual person.			
<input type="text"/>			

If 'no', please explain why the applicant was allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

Please provide a detailed job description and list of the applicant's duties during this post.

### Your details

Your name

Your GMC reference number

Your job title

Period of your supervision

From         To

Did you have direct contact with the doctor throughout the above period? yes  no

Were you required to hold registration or a licence with a medical regulator in order to undertake your post as a Supervising Consultant/Consultant Colleague? yes  no

If 'yes', please give us the name of the relevant medical regulator.

Please provide the name of the authority that regulates doctors in the country or region you were working in (for example *General Medical Council, UK*). Do not provide the name of an individual person.

If 'no', please explain why you were allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

Are you related to the applicant? yes  no

If yes please state the relationship (for example: 'father')

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

Please tick the boxes below to indicate whether, in your judgment, the doctor has achieved the required standard. Please tick only one box for each standard.

Standard	Standard achieved	Standard not achieved	Not assessed
<b>1 Good clinical care</b>			
Assessment of the patient’s condition based on history, physical examination and recognition of clinical signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing or arranging investigations and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and patient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement of doctors and other health care professionals in providing clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 Maintaining Good Medical Practice</b>			
Basic science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical and legal framework of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3 Professional relationships</b>			
Professional relationships with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with other doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with other health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part B (continued)**

Standard	Standard achieved	Standard not achieved	Not assessed
4 <b>Treatment in emergencies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Communication skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>Teaching and training</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <b>Attitudes</b>			
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"/>
8 <b>Administration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <b>Occupational health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part C – your general assessment

Please provide a detailed assessment of the applicant's performance, including specific examples for each of the questions outlined below.

1. What is your assessment of the doctor's overall performance?

2. If you were unable to assess any of the areas indicated in Part B, please give an explanation for this.

3. If you have indicated that the applicant has not achieved the required standard in any of the areas indicated in Part B, would you please substantiate your assessment with specific examples.

4. Do you support the doctor's application for full registration?

yes

no

If 'no', please provide comments

## Your contact details

Address

Email address

This should be an official work email address **not** a webmail address such as yahoo, hotmail or gmail.

Telephone number

This should be an official work telephone number, **not** a personal home telephone number.

Fax number

## 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 doctor's fitness to practise. (please tick)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Official stamp