

Appendix 1

Exit Report

Exit Report for Locum Appointments: To be completed by the Locum's Line Manager – Please send to the Appraisal and Revalidation Office once completed	
To be completed when the doctor has been employed between one week and six months.	
1. Details of Locum Doctor	Name: _____ GMC Number: _____ Contact Details: Email or Phone _____
2. Details of Locum's Responsible Officer	Name: _____ Contact Details: Email or Phone _____
3. Locum's Role and Trust Details	Title: _____ Grade: _____ Date Started: _____ Speciality: _____ Leaving/End Date: _____  Description of Duties:   Name and Address of Trust: Base of Work: _____
4. Medical Manager's Details	Name: _____ Title/ Role: _____ Contact details: Email or Phone _____

SAMPLE - DO NOT USE

Please circle the appropriate statements below:

5.	<b>The Doctor's Performance was</b>	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
Please describe issues or concerns:						
6.	<b>The Doctor's conduct/ behaviour was</b>	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
Please describe issues or concerns:						
7.	<b>Would you be happy for this Doctor to be employed in the same role in the future?</b>	Yes	No	If no please describe reasons:		
<b>Additional Information: GMC Attributes:</b>						
8.	GMC Domain 1: Knowledge, Skills and Performance	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
9.	GMC Domain 2: Safety and Quality	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
10.	GMC Domain 3: Communication, Partnership and Teamwork	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
11.	GMC Domain 4: Maintaining Trust	Unsatisfactory	Borderline	Satisfactory	Good	Excellent

SAMPLE - DO NOT USE

Any further comments or issues:

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Medical Manager Name:

Signature:

Date:

Locum Doctor's Name:

Signature:

Date:

SAMPLE - DO NOT USE