

Appendix 3

Medical Managers Report

This form needs to be completed and discussed with the appraisee before being sent to the appraisee and appraiser. Any inaccuracies or disagreements with regards to the information produced needs to be resolved before the appraisal can be completed.

Please use the comment boxes below to specify any details asked on this form.

Please submit this form within two weeks of the date requested as the appraisee will need to include this report within their appraisal documentation for discussion.

1.	Doctor's Information:	<u>Name:</u> <u>GMC Number:</u> <u>Job Title:</u>
2.	Are there any specific details that need to be raised to the Appraiser:	
3.	Any Concerns:	
4.	Are there any specific issues that need to be discussed between the Appraiser and Appraisee:	
5.	Any Complaints or SUI's to be discussed:	

SAMPLE - DO NOT USE

6.	Further Comments:	
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Name of Medical Manager:

Date of discussion with appraisee:

Signature of Medical Manager:

SAMPLE - DO NOT USE