



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## Clinical Governance Declaration

<b>Title:</b>	
<b>Given name:</b>	
<b>Surname:</b>	
<b>GMC number:</b>	

The provision and review of clinical governance data is essential to revalidation. Doctors must be able to monitor their practice through performance information, including clinical indicators relating to patient outcomes. However, due to FPH not being employers of the doctors with whom it has a prescribed connection, it is not possible to gather this data directly on behalf of the doctor.

This declaration provides assurance that the doctor has produced any and all known information related to governance and audit that may impact on their revalidation recommendation.

**If any clinical governance information is available, it is the duty of the doctor to disclose it and ensure that the appraiser has access to it as part of the supporting information prior to the appraisal meeting.**

**If no evidence is available, doctors are required to complete and sign this clinical governance declaration.**

**You should provide it to the appraiser as part of the supporting information prior to the appraisal meeting.**

### **Please answer 'yes' or 'no' to the following questions**

*You do not need to tell us about a fixed penalty notice for a road traffic offence or a fixed penalty notice issued by a local authority.*

1. Have you been charged with or found guilty of a criminal offence within the last 12 months?  
YES  NO
2. Have you accepted a caution from the police within the last 12 months?  
YES  NO

*The Responsible Officer will be notified if you have answered 'yes' to either of the above questions.*

**Please see over**

All doctors with a prescribed connection to FPH are required to complete and sign this declaration and share it with their appraiser.

I hereby declare that I have disclosed any and all known information relating to clinical governance and audit. This information has been provided to my appraiser prior to my appraisal meeting.

**AND**

I hereby declare that I have no knowledge of any information relating to my fitness to practice.

I have read, understood and agree to comply with all details FPH and GMC guidance related to information relating to my fitness to practice.

I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles.

I am aware that making a false declaration could put my registration at risk.

<b>Date completed:</b>	
<b>Signature:</b> (electronic acceptable)	

**Please ensure this form is completed and sent directly to your appraiser, included as part of your supporting information. Failure to do so may result in your appraisal being suspended and reported to the RO.**

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