Probity form

Please complete this form and add it to your Appraisal and Revalidation portfolio.

What safeguards are in place to ensure propriety in your financial and commercial affairs, research work, use of your professional position etc? Have there been any problems?

Please supply and refer to any records of concerns. You could also include any Declaration of Interest forms you have completed for your posts.

I am completely open with my colleagues. I have no conflicting interests. Annual report to accountant of all outside earnings.

Declaration of interests forms in relation to some medical committee appointments.

Has the position changed since your last appraisal (or in the last year if this is your first appraisal)?

Yes.

New part-time post as hospital clinical assistant. Out of hours service work for several areas.

Do you feel the position needs to change? How?

Does anything need to be included in your updated Plan?

Details of clinical assistant post in rheumatology, out of hours service activity and details of work.

What factors in your workplace(s) or more widely significantly constrain you in this area?

Attending clinical assistant post. Difficulty in leaving practice on time and pressures on practice when colleague cover in the practice not available.

Separating out of hours (OOH) work from practice work. OOH are short of doctors.

| Documents list | |
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| Clinical assistant post details. | |
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| y | |
| * | |
| Name: | |
| | |
| Signed: | Date: |
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