

Dr D.O.Erskine

**Code A**

Dear Andrew

Re appraisal Dr *N. LEWIKOWICZ on the 5/7/04*

*5/7/04*

Enclosed are forms four and the PDP.

Best wishes

**Code A**

David Erskine

Dr Nicholas LENKOWICZ

04-07-06 II

## FORM 4: SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN

This form sets out an agreed summary of the appraisal discussion and a description of the actions agreed, including those forming your personal development plan.

The form will be completed by your appraiser and then agreed by you.

### SUMMARY OF APPRAISAL DISCUSSION

#### Good clinical care

Commentary *Introduced Advance Access and 10 minute appointments  
Continued to improved chronic disease management  
Improved patient summaries*

Action agreed *Do patient satisfaction survey  
Continue working on the above*

#### Maintaining good medical practice

Commentary *Increased educational role - Clinical Tutor for  
Farnham & Gosport PCF*

Action agreed *Attended a wide range of lectures on clinical topics  
Planning to do a Medical Education Course  
update on video consultation*

#### Relationships with patients

Commentary *Changed to 10 minute appointments & advanced  
access -*

Action agreed *Improved listening skills  
Patient survey*

### Working with colleagues

Commentary Change in partnership with retirement D series partner

Action agreed Possible change in clinical assistant role in elderly medicine with closure of St Christopher's Hospital  
Change in out of hours provision from October 2004

### Teaching and training

Commentary Undergraduate teaching 1<sup>st</sup> & 3<sup>rd</sup> year medical students

Action agreed Organisation of postgraduate teaching / ~~Course~~ <sup>Clinical</sup> Tutor  
Medical Education Course

### Probity

Commentary No problems

Action agreed New practice agreement

### Management activity

Commentary Alters guidelines in medicines management committee

Action agreed Continue

**Research**

Commentary *NA*

Action agreed

**Health**

Commentary *Good*  
*Happy with home/work balance*

Action agreed *Continue as is*

**Any other points**

**Sign off**

We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Signed:

Appraiser

Appraisee

Date:

**Code A**

*DO ERSKINE 1644207*  
(GMC Number)

**Code A**

*5/7/64*

Code A

**Please record here the names of any third parties that contributed to the appraisal and indicate the capacity in which they did so**

04-07-06 D

**PERSONAL DEVELOPMENT TEMPLATE**

This plan should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for discussion at the next appraisal.

What development needs have I?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed
Explain the need.	Explain how you will take action, and what resources you will need?	The date agreed with your appraiser for achieving the development goal.	How will your practice change as a result of the development activity?	Agreement from your appraiser that the development need has been met.
1 I feel I need to learn more about Medical Education	Applying for course, & funding for course & locum to cover.	Hopefully start course Oct 2004	I will be better able to teach both undergrads & GPs	
2 Need to monitor my consultation & listening	Video Session	Before Oct 2004	Unknown until performed.	
3				
4 etc				