

R. Ross by Moshyn
18/10/04.

04-10-02.

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 DISCUSSED ISSUES OF KEEPING UP TO DATE WITH 4 SESSIONS PER WEEK. HAS BEEN FRUSTRATED BY LACK OF TIME FOR AUDIT/REFLECTION IN CURRENT JOB AND HAS
Action agreed RESOLVED THIS IN HER NEXT JOB.
DISCUSSED CONTINUITY OF CARE ISSUES AND DOES NOT SEE THIS AS A CONSTRAINT

Maintaining good medical practice

Commentary HAS A PERSONAL LEARNING PLAN WITH OBJECTIVES.
KEEPS UP TO DATE WITH READING AND ONLINE LEARNING
AND AIMS TO BE PROACTIVE IN IDENTIFYING LEARNING
Action agreed NEEDS
WILL ATTEND PRACTICE MEETINGS IN NEW PRACTICE AND HAS TIME BUILT INTO DAY FOR SELF AUDIT

Relationships with patients

Commentary NO PROBLEMS IDENTIFIED. IS AWARE OF OCCASIONS WHEN NOT ALL HAS GONE WELL AND ABLE
Action agreed TO REFLECT ON THESE. SHARED QI/QA RESULTS.
NO CONCERNS RE CONTINUITY OF CARE.

Working with colleagues

Commentary WOULD LIKE MORE TIME WITH COLLEAGUES BUT RECOGNISES THIS AS A CONSTRAINT WITHIN THE JOB.

No ISSUES RE ISOLATION AND FEELS ABLE TO TACKLE ANY PROBLEMS BY DISCUSSING WITH RELEVANT INDIVIDUAL.

Teaching and training

Commentary N/A

Action agreed

Probity

Commentary DISCUSSED RELATIONSHIPS WITH PHARMACEUTICAL INDUSTRY AND ANY CONFLICTS & INHERENT IN

Action agreed PRIVATE MEDICINE
NO CONCERNS OR ISSUES

Management activity

Commentary

Action agreed

N/A

Research	
Commentary	N/A
Action agreed	

Health	
Commentary	GOOD HEALTH. NO STRESS GOOD SUPPORT AT HOME.
Action agreed	

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: **Code A**

Appraiser **MOSTYN** (GMC Number)

Appraisee **Code A** (**RACHAEL ROSS**) **3183892**

Date: **18/10/04**

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

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 MANAGEMENT OF DEPRESSION WITH EMPHASIS ON NON PHARMACEUTICAL	* WOULD LIKE A LOCAL EDUCATIONAL EVENT ON THIS * OPTIONS		IF IT DOESN'T HAPPEN WOULD LIKE BUT TO MEET WITH COUNSELLOR/PSYCHIATRIST + READING.	
2 PRACTICE BASED AUDIT	HAS BUILT TIME INTO NEW JOB PLAN TO ALLOW THIS - STARTS 01/12/04			
3 UPDATE KNOWLEDGE OF TYPE 1 DIABETES	AIMS TO ATTEND A NURSE SPECIALIST CLINIC AT THE DIABETES CENTRE + READING			
4 etc BETTER UNDERSTANDING OF LOW BACK PAIN INCLUDING OTHER INTERVENTIONS eg OSTEOPATHY	EITHER ?? *	BY TALKING TO THERAPIST OR EDUCATIONAL EVENT * ON THIS		

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