|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Appraisee name:** | | | | | | | |
| **Appraisal date:** |  | **Duration of meeting:** | | |  | | |
|  | | **Poor** | **Borderline** | **Average** | | **Good** | **Very good** |
| **The organisation** | | **1** | **2** | **3** | | **4** | **5** |
| The management of the appraisal system. | |  |  |  | |  |  |
| The access to the necessary supporting information. | |  |  |  | |  |  |
| Comments to help the organisation improve the process | | | | | | | |
|  | | **Poor** | **Borderline** | **Average** | | **Good** | **Very good** |
| **The Appraiser** | | **1** | **2** | **3** | | **4** | **5** |
| Their preparation for my review. | |  |  |  | |  |  |
| Their skill in conducting my review. | |  |  |  | |  |  |
| Their skill in reviewing progress previous PDP (if applicable). | |  |  |  | |  |  |
| Their skill in providing challenge to help me review my practice. | |  |  |  | |  |  |
| Comments to help your appraiser to improve their skills | | | | | | | |

Appraisee Feedback Questionnaire



***Health Education England***

**North West Office**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Poor** | **Borderline** | **Average** | **Good** | **Very good** |
| **The Appraisee** | **1** | **2** | **3** | **4** | **5** |
| The new PDP reflects my main priorities for development. |  |  |  |  |  |
| The appraisal was useful for my professional development. |  |  |  |  |  |
| The appraisal was useful in preparation for revalidation. |  |  |  |  |  |
| Comments to help improve the appraisal discussion | | | | | |

This questionnaire is based on the NHS Revalidation Support Team document “Organisational Readiness Self-Assessment Tool”.

**Please return this Questionnaire to:**

The Clinical Lead: [dentalappraisal.nw@hee.nhs.uk](mailto:dentalappraisal.nw@hee.nhs.uk)

A CPD certificate will be issued once the feedback form has been received by a member of the dental administrative team.

**Please make sure that completed and signed copies of Part B, the PDP and your feedback questionnaire are returned to the Clinical Lead** [**dentalappraisal.nw@hee.nhs.uk**](mailto:dentalappraisal.nw@hee.nhs.uk) **or alternatively you can post them to: Appraisal Scheme, HENW Dental Section 3 Piccadilly Place, 3rd Floor, Manchester M1 3BN within two weeks of your appraisal.**

**Thank you**