***Health Education England***

 **North West Office**

**Appraisal for**

**Educational Supervisors**

**Part B**

***Supporting personal and professional development***

# Please keep the originals of these forms in your professional portfolio

# and *send a copy of the PDP to the appraisal lead*

|  |  |
| --- | --- |
| **Educational Supervisor** |  |
| **GDC Number:** |  |
| **Date of appraisal:** |  |
| **Appraiser:** |  |
| **Signed Off Date:** |  |

Summary of appraisal discussion and actions

Summary of appraisal discussion and actions

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

The form will be completed by your appraiser and then agreed by you to be included in your Professional Portfolio. It may contribute to future revalidation requirements and should be kept readily available to demonstrate your pro-active approach.

|  |
| --- |
| **1. What has gone well this year?** |
| ***Discussion points*** |
| ***Evidence available***  |
| **2. What do you feel hasn’t gone well this year?** |
| ***Discussion points*** |
| ***Evidence available***  |
| **3. What are your strengths?** |
| ***Discussion points*** |
| ***Evidence available*** |
| **4. What are your weaknesses?** |
| ***Discussion points*** |
| ***Support identified*** |
| **5. In your role as an Educational Supervisor what would you change to benefit this role and how could you bring about this change, could HEENW support this change?** |
| ***Discussion points*** |
| ***Evidence available*** |
| **6. Have you identified any development opportunities for yourself Educationally and Clinically?** |
| ***Discussion points*** |
| ***Evidence available*** |
| **7. What educational and clinical activities have you undertaken to support your role as an Educational Supervisor, can this be used as evidence for your professional portfolio?** |
| ***Discussion points*** |
| ***Evidence available****Education:**Clinical:* |
| **8. Were you able to achieve the outcomes from your appraisal last year?**  |
| ***Discussion points*** |
| **9. How can HEENW support you in your role to enhance your development at being an effective Educational Supervisor?**  |
| ***Discussion points****Teaching and learning:**Assessing the learner:**Guidance to learners:**Other:* |

Summary of all discussion points

|  |
| --- |
|  |

**Sign Off**

We confirm that the above information is an accurate record of the documentation provided by the individual and used in the appraisal process, and of the individual’s position with regard to development

in the course of the past year, current development needs, and constraints.

**Educational Supervisor Appraiser**

Signed: Signed:

GDC Number: GDC Number

Date: Date:

PERSONAL DEVELOPMENT PLAN

Using the template provided, the practitioner and appraiser should identify key development objectives, which relate to the Educational Supervisors personal and/or professional development and to ensure that educational and GDC requirements are met. They will include action identified in the summary above but may also include other development activities agreed or decided upon in other contexts. Please indicate clearly the timescales for achievement.

The important areas to cover are:

* action to maintain skills and the level of service to patients
* action to develop or require new skills
* action to change or improve existing practice
* Action to maintain skills and the level of service to patients.

Notes

PERSONAL DEVELOPMENT PLAN TEMPLATE

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GDC Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 IPR.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What development needs have I? | How will I address them | Date by which I plan to achieve the development goal | Outcome | Completed |
| *What do you need to do?* | *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 appraisal that the development need has been met.* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

Sign off

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

Educational Supervisor Appraiser

GDC Number: GDC Number:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:

Date: Date:

***Note: Please send a copy of the personal development plan and the sign off page to the appraisal lead. This can be via post, electronic copy or hand delivered.***

*email:* dentalappraisal.nw@hee.nhs.uk *3 Piccadilly Place, Manchester, M1 3BN*