Name:

Practice name:  Date:

Physician Associate Appraisal Document

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# 1.Personal Details

|  |  |
| --- | --- |
| Name of Physician Associate (PA) |  |
| PAMvR Number/GMC number |  |
| PAs Email Address |  |
| Date of appraisal |  |
| Name of appraiser |  |
| Registration number of appraiser |  |

|  |  |
| --- | --- |
| **Date of the last appraisal** |  |
| **Name of the last appraiser** |  |

**Review of previous personal development plan (PDP)**

**Please enter each component of last year’s PDP and enter the current status on the progression**

|  |  |  |
| --- | --- | --- |
| **Learning/Development need** | **Objective met** | **Comments** |
|  | **Yes :** |  |  |
| **No :** |  |
| **In progress :** |  |
|  | **Yes :** |  |  |
| **No :** |  |
| **In progress :** |  |
|  | **Yes :**  |  |  |
| **No :** |  |
| **In progress :** |  |
|  | **Yes :**  |  |  |
| **No :** |  |
| **In progress :** |  |
|  | **Yes :**  |  |  |
| **No :** |  |
| **In progress :** |  |
|  | **Yes :**  |  |  |
| **No :** |  |
| **In progress :** |  |
|  | **Yes :**  |  |  |
| **No :** |  |
| **In progress :** |  |

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| --- |
| **General comments on progress with PDP** |
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# Scope of Work

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| --- |
| **Please include your current job plan below.** (alternatively, this can be attached as an appendix document) |
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| **Please also discuss and list changes in the scope of work since the last appraisal.** |
| Types of work can be categorised into :* Clinical roles
* Educational roles
* Managerial and leadership roles
* Any other roles
 |
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| **Please discuss any changes to the scope of work which you envisage taking place in the next year.** |
|  |

# Continuing Professional Development and Portfolio

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| **Continuing Professional Development**Discuss and review relevant evidence from CPD diary and portfolio.(50 hours CPD annually) |
| Comments: |

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| --- |
| **Quality Improvement projects** Discuss any quality improvement projects the PA has participated in and areas in which they demonstrate continued values of Good Medical Practice.If a project has been completed please add a brief description of the project and its function.What actions have been taken since completing this project?Discuss if any further action is required (re-audits etc). |
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| **A brief review of work-based assessments**Mini-Clinical Evaluation exercise (Mini-CEX), Case-Based Discussions (CBD) & Direct Observation of Practical Skills (DOPS)*More information on the above can be found* [*here.*](https://www.fparcp.co.uk/webapp/data/media/59312140ceb3e_PA_Internship_Year_Documentation.pdf) |
| Comments on work-based assessments: |

|  |
| --- |
| **General Comments on Portfolio**  |
|  |

# Feedback

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| --- |
| **Significant events and complaints**Please list and describe any significant events or complaints that have occurred over the last year, asking the PA to reflect on the event highlighting lessons learned and the resulting action taken.*You can use the values set out in GMC guidance of ‘good medical practice’* |
|  |

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| **Compliments**Please list/proof any compliments the PA has received below  |
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|  |
| --- |
| **Feedback** |
| **Has the PA been involved in Colleague feedback?** | Yes |  | No |  |
| If any, how much feedback was obtained |  | Comments on feedback |  |
| **Has the PA been involved in Patient feedback?** | Yes |  | No |  |
| If any, how much feedback was obtained |  | Comments on feedback |  |

# Annual Summative Self-assessment & Personal Development Plan Proposal

|  |
| --- |
| **What have you achieved during the appraisal period that you are particularly proud of?** |
|  |

|  |
| --- |
| **What has given you the greatest job satisfaction?** |
|  |

|  |
| --- |
| **What has given you the least job satisfaction?** |
|  |

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| --- |
| **How do you feel you have performed over the appraisal period? Has there been anything that’s proved particularly challenging?** |
|  |

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| --- |
| **What areas do you feel need further development? (*Two areas or more)*** |
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| **PA summary comments on overall performance**  |
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| --- |
| **Appraisers’ summary comments on PA’s overall performance**  |
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| **This box is for you to use as an aide memoir for items that you wish to include in your PDP. A large part of the appraisal discussion will be around your PDP actions for the coming year.****This space allows you to jot down some of your desires, for further discussion with your appraiser. Your PDP will then be created as a joint effort between yourself and your appraiser, during the appraisal meeting.** |
|  |

# Personal Development Plan (PDP)

*Use SMART (Specific, Measurable, Achievable, Relevant & Time-based) to help create objectives*

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| --- |
| **PDP Objective**  |
| **Learning development needs** |
|  |
| **Agreed action or goal** |
|  |
| **Date this will be achieved**  |
|  |
| **How will you be able to demonstrate that your need has been addressed?** |
|  |

|  |
| --- |
| **PDP Objective**  |
| **Learning development needs** |
|  |
| **Agreed action or goal** |
|  |
| **Date this will be achieved**  |
|  |
| **How will you be able to demonstrate that your need has been addressed?** |
|  |

|  |
| --- |
| **PDP Objective**  |
| **Learning development needs** |
|  |
| **Agreed action or goal** |
|  |
| **Date this will be achieved**  |
|  |
| **How will you be able to demonstrate that your need has been addressed?** |
|  |

# Sign off

|  |
| --- |
| **Health and Probity** |
| I accept the professional obligation placed upon me about my personal health and probity relating to my name listed on the managed voluntary register/GMC register, held by the Faculty of Physician Associates and its associated code of conduct underpinned by the principles contained in the GMC guide Good medical practice (*Found* [*here*](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/additional-information-required-for-your-appraisal)). |
| Signed : |  |

|  |
| --- |
| **If you are unable to sign the above statement, please explain why below:** |
|  |

|  |
| --- |
| **I certify that this is an accurate record of the appraisal** |
| Appraisal date: |  | Physician Associate: |  |
| Appraiser: |  | Appraisers signature: |  |