**This appraisal should be conducted with reference to the relevant clinical and academic guidance documentation.**

**APPRAISAL DOCUMENTS**

**CONTENTS**

|  |  |
| --- | --- |
| Form 1 | Background Details |
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| Form 5 | Health & Probity Statements  |
| Form 6  | Sign Off for HSC Appraisal |
| Form 7 Form 8Form 9Form 10 | Revalidation Progress QUB Academic Activities – ObjectivesQUB Appraisal Summary Sign Off for Academic Appraisal |

**FORM 1 - BACKGROUND DETAILS**

1. *This form should be completed by the appraisee in advance of the appraisal.*
2. *The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.*
3. *The form includes an optional section for any additional information.*

|  |  |
| --- | --- |
| 1.1 Full name |  |
| 1.2 QUB Employment (Job Title) |  |
| 1.3 QUB Employment (School) |  |
| 1.4 QUB Employment (Date Started Post) |  |
| 1.5 QUB Employment (Contract Full-Time/Part-Time) |  |
| 1.6 GMC Registered address (contact address if different) |  |
| 1.7 Main HSC employer |  |
| 1.8 Main HSC place of work |  |
| 1.9 Other employers/ places of work |  |
| 1.10 Date of primary medical qualification |  |
| 1.11 GMC registration number and type |  |
| 1.12 Start date of first substantive appointment in HSC as a trained doctor |  |
| * 1. GMC Registration date and specialties
 |  |
| 1.14 Title of current HSC post and date appointed |  |

**Double click on box to enter your name and GMC Number which will then appear on each page**

|  |  |
| --- | --- |
| 1.15 For any specialist registration / qualification outside UK, please give date and specialty |  |
| * 1. Please list any other specialties or sub-specialties in which you are registered
 |  |
| 1.17 Is your registration currently in question? |  |
| 1.18 Date of last revalidation (if applicable) |  |
| 1.19 Please list all posts in which you have been employed in HSC and elsewhere in the last five years (including any honorary and/or part-time posts not already mentioned above)  |  |

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| **ANY ADDITIONAL INFORMATION** |
|  |

**FORM 2 –: CURRENT MEDICAL ACTIVITIES**

1. *This form should be completed by the appraisee in advance of the appraisal.*
2. *The aim of Form 2 is to provide an opportunity to describe your current post(s) in the HSC, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held or held in the past year.*
3. *Information should cover your practice at all locations since your last appraisal or during the last 12 months whichever is longer.*
4. *You may wish to comment in addition on factors which affect the provision of good health care.*

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| * 1. Please give a short description of your work, including the different types of activity you undertake
 |  |
| * 1. List your main sub-specialist skills and commitments / special interests
 |  |
| * 1. Please give details of any emergency, on-call and out of hours responsibilities
 |  |
| * 1. Please give details of out-patient work if applicable
 |  |
| * 1. Details of any other clinical work
 |  |
| * 1. In which non-HSC hospitals and clinics do you enjoy practising privileges or have admitting rights? Please give detailsincluding:
* Number and type of cases.
* Any audit or outcome data for the private practice.
* Details of any adverse events, critical incidents.
* Details of any investigations into the conduct of your clinical practice or working relationships with colleagues
 |  |
| * 1. Give a description of your work in education in QUB.
 |  |
| * 1. Give a description of research and scholarly activity in QUB.
 |  |
| * 1. Give a description of your work in management and administration in QUB.
 |  |
| 2.10 List any other non-clinical work that you undertake which relates to teaching  |  |
| 2.10.1 List any non-clinical work that you undertake which relates to management |  |
| 2.10.2 List any other non-clinical work that you undertake which relates to research |  |
| 2.10.3List any work you undertake for regional, national or international organisations.  |  |
| 2.10.4 Please list any other activity that requires you to be a registered medical practitioner |  |

**CURRENT JOB PLAN**

If you have a current job plan, please attach it. If you do not have a current job plan, please summarise your current workload and commitments in the space below: -

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**ADDITIONAL INFORMATION**

Please use to record issues which impact upon delivery of patient care. **FORM 3 - SUPPORTING INFORMATION & SUMMARY OF APPRAISAL DISCUSSION**

|  |
| --- |
| **DOMAIN 1 - Knowledge, Skills and Performance**  |
| **Attribute: 1.1 Maintain your professional performance** **Attribute: 1.2 Apply knowledge and experience to practice****Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.** |
|  | **List of Supporting Information**  | **Applicable Date** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
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| **9** |  |  |
| **10** |  |  |
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| **Discussion** |
| **Actions Agreed** |

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| **DOMAIN 2 - Safety and Quality** |
| **Attribute: 2.1 Contribute to and comply with systems to protect patients****Attribute: 2.2 Respond to risks to safety****Attribute: 2.3 Protect patients and colleagues from any risk posed by your health** |
|  | **List of Supporting Information**  | **Applicable Date** |
| **1** |  |  |
| **2** |  |  |
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| **5** |  |  |
| **6** |  |  |
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| **Discussion** |
| **Actions Agreed** |

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| **DOMAIN 3 - Communication, Partnership and Teamwork** |
| **Attribute: 3.1 Communicate effectively****Attribute: 3.2 Work constructively with colleagues and delegate effectively****Attribute: 3.3 Establish and maintain partnerships with patients** |
|  | **List of Supporting Information**  | **Applicable Date** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
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| **Discussion** |
| **Actions Agreed** |

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| **DOMAIN 4 - Maintaining Trust**  |
| **Attribute:4.1 Show respect for patients****Attribute:4.2 Treat patients and colleagues fairly and without discrimination****Attribute:4.3 Act with honesty and integrity** |
|  | **List of Supporting Information**  | **Applicable Date** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
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| **Discussion** |
| **Actions Agreed** |

**FORM 4 - PERSONAL DEVELOPMENT PLAN FOR QUB/HSC - REVIEW OF LAST YEAR**

In this section the appraiser and appraisee should review progress against last year’s personal development plan and identify key development objectives for the year ahead, which relate to the appraisee’s personal and/or professional development in both QUB/HSC. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

|  |
| --- |
| **Review of last year’s Personal Development Plan for QUB/HSC** |
| **Development needs** | **Actions agreed** | **Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?** |
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| **PERSONAL DEVELOPMENT PLAN for the year ahead in QUB/HSC** |
| **Development needs** | **Actions agreed** | **Target dates** |
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**FORM 5- HEALTH AND PROBITY STATEMENTS**

HEALTH DECLARATION

Professional Obligations

The GMC’s guidance *Good Medical Practice* (2006) states that;

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.

1. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
2. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where they apply am taking the appropriate action.

Signature: …………………………………………. Date: …………………

**Name in capitals …………………………………………………………………...**

Regulatory and Voluntary Proceedings

Since my last appraisal/revalidation **I have not,** in the UK or outside:

* Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
* Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

**OR**

If I have been subject to either of the above, I have discussed these with my appraiser.

Signature: …………………………………………. Date: …………………...

**Name in capitals …………………………………………………………………...**

**PROBITY DECLARATION**

Professional obligations

I accept the professional obligations place upon me in paragraphs 56 to 76 of *Good Medical Practice (2006).*

**Signature**…………………………………… **Date** …………………….

Name in Capitals……………………………………………………………………..

*Convictions, findings against you and disciplinary action*

Since my last appraisal/revalidation I have not, in the UK or outside:

* Been convicted of a criminal offence or have proceedings pending against me.
* Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
* Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

OR

If I have been subject to any of the above, I have discussed this with my appraiser.

Signature ………………………………………….. Date ………………….

Name in Capitals …………………………………………………………………..

**FORM 6 - SIGN OFF**

|  |  |  |
| --- | --- | --- |
| **CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS**  | APPRAISER SIGNATURE  | DATE  |
|  |  |  |
|  |  |  |
|  |  |  |

**When you have completed the appraisal, the appraisers should check and sign the following:**

|  |  |
| --- | --- |
| **GMC REQUIRED INFORMATION** | PRESENT |
| Continuing professional development  |  |
| Quality improvement activity |  |
| Significant events review |  |
| Review of complaints and compliments  |  |
| Feedback from colleagues | Year undertakenOR Planned Year: |  |  |
| Feedback from patients (where applicable) | Year UndertakenOR Planned Year: |  |  |
|  |  |
| **APPRAISAL CHECKLIST** | COMPLETED |
| Check that all sections of the documentation have been completed.  |  |
| Ensure the previous year’s Personal Development Plan has been reviewed. |  |
| Forward required Forms according to the organisation’s appraisal policy. |  |

|  |
| --- |
| **HSC APPRAISAL COMPLETION** |
| We confirm that this summary is an accurate record of the HSC appraisal discussion, the key documents used, and of the agreed personal development plan:**APPRAISEE**Signature of Appraisee: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**QUB APPRAISER**Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HSC APPRAISER**Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CO-APPRAISER** (if applicable)Signature of Co-Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Co-Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FORM 7- REVALIDATION PROGRESS**

|  |
| --- |
| **Year 1** |
| I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactorily completed.

|  |  |
| --- | --- |
| **Current Outstanding Issues:**  | **Action Required** **Resolution** |
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Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Year 2** |
| I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactorily completed.

|  |  |
| --- | --- |
| **Current Outstanding Issues:**  | **Action Required** **Resolution** |
|  |  |
|  |  |
|  |  |

Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Year 3** |
| I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactorily completed.

|  |  |
| --- | --- |
| **Current Outstanding Issues:**  | **Action Required** **Resolution** |
|  |  |
|  |  |
|  |  |

Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Year 4** |
| I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactorily completed.

|  |  |
| --- | --- |
| **Current Outstanding Issues:**  | **Action Required** **Resolution** |
|  |  |
|  |  |
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Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Year 5** |
| I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactorily completed.

|  |  |
| --- | --- |
| **Current Outstanding Issues:**  | **Action Required** **Resolution** |
|  |  |
|  |  |
|  |  |

Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Year**  |
| I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactorily completed.

|  |  |
| --- | --- |
| **Current Outstanding Issues:**  | **Action Required** **Resolution** |
|  |  |
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Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **GMC Supporting Information Requirements** | **Year Completed** | **Reviewed by** | **Date** |
| Feedback from colleagues 1 in 5 years |  |  |  |
| Feedback from patients (where applicable) 1 in 5 years |  |  |  |
| Significant Events Review  |  |  |  |
| Review of complaints and compliments  |  |  |  |
| Continuing Professional Development  |  |  |  |
| Quality Improvement Review  |  |  |  |

**FORM 8 - QUB ACADEMIC ACTIVITIES - OBJECTIVES SUPPORTING DOCUMENTATION SHOULD BE INCLUDED WHERE POSSIBLE** (Please note : Forms 8-10 should be completed with reference to the academic standards relevant to the post holder and QUB professional standards. (Annex A refers to QUB Professional Standards)

| **To Be Completed by Appraisee. In Columns 1-2 record last year’s agreed :** |
| --- |
| **1. Key Objectives** | **2. Measurable Outcomes / Milestones (Including Target Dates for Completion)** | **3. Achievement**  |
| **A. Research/Teaching and Scholarship (Outcome, Income, Esteem, Supervision, Academic Impact** |  |  |
|  |  |  |
|  |  |  |
| **B. Education (Quality of Delivery, Student Engagement, Course Development)** |  |  |
|  |  |  |
|  |  |  |
| **C. Academic Leadership (Leadership and Responsibility : School, Faculty/University, External)** |  |  |
|  |  |  |
| **D. Societal and Economic Impact (Knowledge, Transfer and Enterprise, Social Engagement and Outreach)** |  |  |
|  |  |  |
| **TO BE COMPLETED BY APPRAISEE IN 1st INSTANCE : TO BE AGREED WITH APPRAISER(S) AT MEETING**  |
| **1. Key Objectives** | **2. Measurable Outcomes / Milestones (Inc Target Dates for Completion)** |
| **A. Research/Teaching and Scholarship (Outcome, Income, Esteem, Supervision, Academic Impact** |  |
|  |  |
|  |  |
|  |  |
| **B. Education (Quality of Delivery, Student Engagement, Course Development)** |  |
|  |  |
|  |  |
|  |  |
| **C. Academic Leadership (Leadership and Responsibility : School, Faculty/University, External)** |  |
|  |  |
|  |  |
|  |  |
| **D. Societal and Economic Impact (Knowledge, Transfer and Enterprise, Social Engagement and Outreach)** |  |
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NB : Any amendment to objectives should be agreed with the appraiser(s) and recorded on a final version of this form after the relevant meeting.

**FORM 9 : Appraisal Summary (QUB) To be completed by the QUB Appraisee and Appraiser**

| Achievement of Objectives re : QUB Clinical Academic Role : QUB Appraisee’s CommentsThe appraisee should consider those factors which assisted them in achieving objectives and those which may have hindered them. |
| --- |
|  |

| Appraiser’s Comments re : Achievement of Objectives re : QUB Clinical Academic Role. Please complete the section below .  |
| --- |
| 1. Areas in which the appraisee’s performance is particularly strongA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Areas of challenge or development for the appraisee.A)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. The extent to which the objectives are being met, exceeded or not being met bearing in mind the relevant academic standards and QUB professional standards.4. Where the appraisee has demonstrated outstanding, exceptional achievement or output please provide further detail below.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you consider that the agreed objectives have been met bearing in mind the previousthree year academic cycle and academic and QUB professional standards? Yes No\*If not, please confirm you have spoken to the Dean of School\*\* to indicate this. Yes\*Where academic standards and QUB professional expectations are not being met, this will result in the appraisee transferring into the Capability Procedure.\*\*Where the Dean of School is the appraiser, he/she should speak with their Faculty PVC. |

|  |
| --- |
| **FORM 10: ACADEMIC APPRAISAL COMPLETION** |
| We confirm that this summary is an accurate record of the academic appraisal discussion, the key documents used, and of the agreed personal development plan:**APPRAISEE**Signature of Appraisee: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**QUB APPRAISER**Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HSC APPRAISER**Signature of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
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| **COUNTERSIGNATURES:** |
| **QUB COUNTERSIGNING OFFICER : DEAN OF SCHOOL**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HSC COUNTERSIGNING OFFICER : MEDICAL DIRECTOR**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Queen’s****Professional Standards**Our staff are Queen’s most valuable resource and, at any time, our most significant investment. Our ongoing success depends on the outstanding performance of all our staff and, as with our students, it is important that staff feel proud to work at Queen’s and are engaged with its goals and plans.Queen’s ‘Professional Standards’ are a set of 9 statements which articulate how the University expects all its staff to behave. These statements provide a clear description of the types of behaviours that underpin effective performance. They are applicable across all roles and focus on ‘How’ tasks are achieved and not ‘What’ is achieved.This reference guide can be used as a communication tool when discussing effective and less effective behaviour with others, providing staff with clear expectations about what is required to be successful in their jobs. |  Annex A**Queen’s expects its staff to:**  |
| 58change | **Communicate with Clarity**Ability to effectively communicate ; both verbally and in writing. Demonstrate an understanding of the views of others and communicate in a realistic and practical way using appropriate language in a courteous and effective manner. |
|  | **Collaboratively Work with Others**Work co-operatively and flexibly with others. Understand and be tolerant of differing needs and viewpoints. Foster a collegiate environment. |
|  | **Provide Excellent Customer Service**Provide an excellent service to meet internal and external customer needs. Understand the needs of the customer and look for ways to provide added value.  |
|  | **Embrace Change**Recognise the need for change and be forward looking. Be willing and able to make changes to the way you work. Adapt to changing circumstances. Accept new and different ideas and approaches. Be receptive to new ideas and see change as a necessity to maintain and enhance effectiveness. |
|  | **Work in a Planned and Managed Way**Organise own time effectively. Create own work schedules, prioritise workload, prepare in advance and set realistic timescales. Monitor progress towards operational or strategic objectives. Ensure all activity and resources are used efficiently and effectively. |
| **Adopt an Analytical Approach to Problem Solving and Decision Making**Ability to analyse situations, diagnose problems, identify the key issues, establish and evaluate alternative courses of action and produce logical, practical and acceptable solutions.Be able to make effective decisions on a day-to-day basis, taking ownership of decisions, demonstrating sound judgement. |
|  | **Continuously Seek Ways to Improve Performance**Have an inner drive to do things better, to meet and exceed expectations despite obstacles, to strive for excellence. Ability to set and meet challenging goals, consistently seeking ways to improve performance.  |
| MC900434667[1]  | **Use Initiative and Think Creatively** Think ahead, identify opportunities and take action where appropriate. Ability to develop new insights into situations and apply innovative solutions to make improvements.  |
| MP900427683[1] | **Encourage Inclusive Participation and Diversity**Treat individuals with respect, encourage involvement, and challenge behaviours, actions and words that do not support the promotion of equality and diversity. |

