ACADEMIC PERSONAL DEVELOPMENT REVIEW



Clinical Academic Staff Form

School of Medicine, Dentistry and Biomedical Sciences

* ***This form should be completed and uploaded to the Regional Appraisal System to enable discussion at the joint appraisal meeting.***
* ***Please also forward a copy, along with a downloaded PDF of the on-line Regional Appraisal information, to your Queen’s appraiser [Academic***

***Reviewer] at least one week prior to the appraisal meeting.***

* ***This form is intended to capture details relating to the Academic component of your joint appraisal which are not otherwise specifically addressed in the current on-line Regional Appraisal system and in the interim to developing an integrated on-line solution.***
* ***Please note that all Development Goals, including academic, should be included/addressed in Form 4 (Previous and New PDP sections) on the on-line Regional Appraisal System.***

Reviewee Name:

Current Grade/Position:

School/Centre:

Academic Reviewer Name:

Main HSC Employer:

Other Employers:

GMC or GDC Number:

Appraisal (Calendar) Year:

This form should be used to inform your Queen’s Priorities for the review period.

These should be aligned to your School/Centre Priorities and Queen’s overall strategic Priorities.

Section 1 - Priorities

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| **PRIORITIES** | **REVIEWEE ACHIEVEMENT** | **REVIEWER COMMENTS** |
| Research / Scholarship | Max. 250 Words | Max. 250 Words |
| Teaching and Learning | Max. 250 Words | Max. 250 Words |
| Citizenship | Max. 250 Words | Max. 250 Words |

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| Section 2 – End of Review Period Summary | |
| **END OF REVIEW PERIOD SUMMARY** | |
| Reviewee | A summary to include progress over the past review period including successes and challenges, any feedback received during the year, including examples of where you have demonstrated the [Queen’s Core Values](http://www.qub.ac.uk/about/Leadership-and-structure/Core-Values/), ICARE. (250 words max) |
| Reviewer | A summary to include progress over the past review period including successes and challenges, any feedback received during the year, including examples of where you have demonstrated the [Queen’s Core Values](http://www.qub.ac.uk/about/Leadership-and-structure/Core-Values/), ICARE. (250 words max) |
| Section 3 – Priorities for New Review Period | |
| **AREAS OF FOCUS FOR NEXT REVIEW PERIOD\*** | |
|  | **PRIORITIES** |
| Reviewee | List the Priorities (max 5) for the next review period. |
| Reviewer | List the Priorities (max 5) agreed for the next review period. |

*\*Development goals should be included/addressed in Form 4 (PDP) of the on-line Regional Appraisal system.*

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| **SECTION 4: ACADEMIC/PDR COMPONENT OF CLINICAL ACADEMIC APPRAISAL -SIGN OFF** |
| We confirm that this summary is an accurate record of the academic/PDR component of the clinical academic PDR/appraisal discussion.  **Reviewee**  Signature of Reviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Academic Reviewer**  Signature of Academic Reviewer: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Reviewer : \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GMC/GDC Number -----------------------------------------------------  (if applicable) |
| **COUNTERSIGNATURE** |
| **QUB COUNTERSIGNING OFFICER FOR JOINT APPRAISAL : HEAD OF SCHOOL**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |