

**Medical Appraisal Feedback Questionnaire**

Dear Doctor

Now that your recent appraisal has been signed-off as complete, I would be very grateful if you will complete the following questionnaire. It will be used to provide information to the responsible officer about the quality of the appraisal and feedback to help your appraiser. All feedback will be collated so that it is anonymous before being fed back to the appraiser.

Please note that if you have a serious concern about the conduct of your appraisal, do not use this form but please contact Dr Alison Cooper. directly, at: Alison.cooper@rothgen.nhs.uk

If you answer ‘no’ to any of the ‘yes/no’ questions below, please use the relevant

comments box to provide an explanation and constructive suggestions for improvement.

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| **Medical appraisal feedback questionnaire** |
| **Name of designated body** | Rotherham NHS Foundation Trust |
| **Name of doctor** |  |
| **Name of medical appraiser** |  |
| Date of appraisal discussion |  |
| Duration of appraisal discussion | Hours | <1☐ | 1-2☐ | 2-3☐ | 3-4☐ | >4☐ |
| Was there sufficient protected time for the appraisal discussion? | Yes ☐ No ☐ |
| Was the venue private and professional? | Yes ☐ No ☐ |
| Comments Click here to enter text. |

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| **The administration and management of the appraisal system** |
| Is the appraisal process satisfactory? | Yes ☐ No ☐ |
| Did you have access to all necessary forms and materials for your appraisal? | Yes ☐ No ☐ |
| Were you able to collect the necessary supporting information from the organisation(s) where you work? | Yes ☐ No ☐ |
| Did the administrative support for the appraisal process meet your needs? | Yes ☐ No ☐ |
| Any comments about the administration or management of your appraisal systemClick here to enter text. |
| **The appraiser*****(Please give your appraiser feedback for their personal development)*** | **Poor** | **Borderline** | **Satisfactory** | **Good** | **Very good** |
| Please rate your appraiser’s skills in… | 1 | 2 | 3 | 4 | 5 |
| Establishing rapport | ☐ | ☐ | ☐ | ☐ | ☐ |
| Demonstrating thorough preparation for your appraisal | ☐ | ☐ | ☐ | ☐ | ☐ |
| Listening to you and giving you time to talk | ☐ | ☐ | ☐ | ☐ | ☐ |
| Giving constructive and helpful feedback | ☐ | ☐ | ☐ | ☐ | ☐ |
| Supporting you | ☐ | ☐ | ☐ | ☐ | ☐ |
| Challenging you | ☐ | ☐ | ☐ | ☐ | ☐ |
| Helping you to review and reflect on your practice | ☐ | ☐ | ☐ | ☐ | ☐ |
| Helping you to identify gaps and improve your portfolio of supporting information for revalidation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Helping you to review your progress against your last personal development plan (PDP) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Helping you to produce a new PDP that reflects your development needs | ☐ | ☐ | ☐ | ☐ | ☐ |

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| Managing the appraisal process and paperwork | ☐ | ☐ | ☐ | ☐ | ☐ |
| Would you be happy to have the same appraiser again? | Yes ☐ No ☐ |
| Any other comments about your appraiser Click here to enter text. |

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| **The appraisal overall*****Was the appraisal useful overall for…*** |
| Your personal development? | Yes ☐ No ☐ |
| Your professional development? | Yes ☐ No ☐ |
| Your preparation for revalidation? | Yes ☐ No ☐ |
| Promoting quality improvements in your work? | Yes ☐ No ☐ |
| Improving patient care? *(where applicable)* | Yes ☐ No ☐ |
| Any other comments about your appraisal overall Click here to enter text. |

Thank you for taking the time to complete this questionnaire. Please return it to Click here to enter text.