

**FAMILY PRACTITIONERS
QUALITY ASSURANCE FEEDBACK FOR MEDICAL APPRAISAL
SELF ASSESSMENT FORM**

Appraiser: _____

Date of annual review meeting _____

This Self-assessment will form part of your 1:1 with the Lead Appraiser. Please complete it honestly and openly and RETURN to john.snelling@gov.im at least 2 days prior to meeting.

Please complete the questions below based on appraisals you have completed in the last 12months.

What went well in your Appraisals over this period?	
What do you feel are your strengths as an appraiser?	
What challenges have you faced in appraisal this year?	
How were these resolved?	
What would you do differently as a result of these challenges?	
What support / resources might you need to help do things differently?	
What would you like to focus on in next year's appraisals?	
Any other Comments/things you wish to discuss with the lead appraiser:	