

Objective assessment

Please complete this form and add it to your **Appraisal and Revalidation portfolio**.

Ask your colleagues to check your subjective assessment of knowledge, skills, attitudes, and practice, and to make comments using the form below.

Area	Assessment by your colleagues
Knowledge	<i>Overall very good and up-to-date. Interest is in dermatology problems. Problems with eye cases may reflect educational need.</i>
Skills	<i>Consultation style tends to be doctor-centred. Examination skills good.</i>
Attitudes	<i>Doctor-centred approach. Cares for the patient's well-being overall.</i>
Practice	<i>Works well with the staff. Issues tend to be avoided.</i>
Learning needs	<i>Consultation style and communication skills Ophthalmology update Recognition of issues</i>

Your name:

Signed:

Date:

Names of colleagues carrying out assessment:

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