

Subjective assessment: practice

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

Note down what you know about your practice and what you perceive to be a learning need.

The Practice	What you know	Perceived learning need
Vision	<i>Have both long and short term plans</i>	–
New roles / Responsibilities	<i>Have plans, not sure how to implement</i>	–
Systems	<i>Generally good, some deficiencies</i>	↑ <i>audit</i>
Priorities	<i>All equal ranking</i>	?
Team relationships	<i>Good team, want to stay together</i>	<i>Need to do what I say I will do!</i>
Patient profile	<i>Good, no need to change</i>	–

Your name:

Signed:

Date: