

Monitoring sheet for Personal Development Plan

UNIVERSITY OF LEEDS: DEPARTMENT OF POSTGRADUATE MEDICAL EDUCATION

Dr	Given Name _____	Surname _____
Address:		
Telephone Number:		e-mail:

Monitoring of Personal Development Plan – Summary for Year

date	activity	duration	% education	education hours
Total				

Continue on next page - Please photocopy this page if you wish to add more items

Record of education / development activity
Please photocopy this page as required for further events

Date	Subject / Title			Duration
Location	Educational resource (e.g. name of group, lecturer, journal or book)	% of time that was education (excluding managing your own patients / business / caseload transfer)	Category (ABC) (your assessment)	Method of teaching / learning

Education gain / review of educational activity

If this involved a lot of time (e.g. half a day or more) or has a specific outcome (e.g. an audit a formulary or a document to present to others in the practice) please append this or other details.

End of year review

What have been your major achievements?

How has this year's educational effort helped you? How could it be improved next year?

What are the outstanding needs not yet addressed

Tutors Comments

	Hours in total
Dated	