responsibility without direct supervision

Demonstrated increasing ability to take decisions and carry

•

appraisal and feedback

Made every reasonable effort to participate in 360 degree

•

Additional Criteria for passing through Threshold 2:

Date………………..

Signature…………………………………

Clinical Manager:

Date……………….

Signature…………………………………

Specialty Doctor/Associate Specialist:

Fulfilled criteria to progress through Threshold 1 / Threshold 2

to a wider role

Provided evidence to demonstrate contribution

•

Made every reasonable effort to meet objectives

•

Participated in appraisal process

•

Please tick appropriate boxes to confirm completion of Incremental criteria:

Date threshold two due:

Date threshold one due:

Year…………………

Doctors Name………………………………………………

**Model Sign off form for Pay Thresholds**

appraisal and feedback

Made every reasonable effort to participate in 360 degree

•

Additional Criteria for passing through Threshold 1:

**-------------------------------------------------------------------------------------------------------**

Participated in job planning process

•

Made every reasonable effort to fulfil job plan

•