

**IN CONFIDENCE**  
**Form B**  
**RECORD OF DISCUSSION OR APPRAISAL OF PROPOSED PDP**

**PDP of:**

**Agreed Objectives**

**Level 1 - The Common Core – Common to All Medical Practitioners**

Item	Intended Completion Date	Proposed Review Date
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**Level 2 - Common to All Psychiatrists**

Item	Intended Completion Date	Proposed Review Date
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**Level 3 - Common to All [state specialism within psychiatry] Psychiatrists**

Item	Intended Completion Date	Proposed Review Date
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**Level 4 - Related Specifically to My Job**

Item	Intended Completion Date	Proposed Review Date
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Form B**

**Agreed Educational Programme  
to  
Deliver the Personal Development Plan**

**Level 1**

**Knowledge**

**Skills**

**Application**

**Level 2**

**Knowledge**

**Skills**

**Application**

**Level 3**

**Knowledge**

**Skills**

**Application**

**Level 4**

**Knowledge**

**Skills**

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Application

Date:

Agreed Review Date:

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**Names of Members of Peer Reference Group**

**Comments of Peers**

**Comments of Psychiatrist**

**Date Objectives Agreed**

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