

## Appendix 18: Specialist Rotation Form



### HEALTH PROFESSIONS COUNCIL OF ZAMBIA SPECIALIST PERFORMANCE APPRAISAL FORM FOR A PERIOD OF 3 MONTHS OR 768 HOURS FOR CLINICAL ROTATION AND 480 HOURS FOR NON-CLINICAL ROTATION

(to be completed and returned to the council in confidence by the consultant/approved supervisor)

#### CONFIDENTIAL

Please read these instructions carefully:

1. This appraisal form is an official record.
2. The specialist applicant must complete the matrix only and forward it to the Consultant/Supervisor.

Practitioner's Name	Name of Current Workplace	Current Registration number if registered with HPCZ	Undergraduate Professional Qualification	Postgraduate Professional Qualification	Name of Training Institution for postgraduate qualification	Duration of Postgraduate Training	
						Year started training	Year completed training

#### SPECIALIST PERFORMANCE APPRAISAL

Name of practitioner supervised.....

Name of Department.....Duration of Supervised practice from..... /...../.....To...../...../..... At (name of teaching hospital).....in Zambia.

Field of specialization.....

\*Comments on the performance and conduct of the practitioner during rotations (to be completed by the Consultant or a registered specialist in the same field as the appraisee)

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I declare that the information given above is true and accurate to the best of my knowledge, and: (tick appropriately)

I RECOMMEND Prof/Dr/Mr/Ms..... for Specialist registration.

I DO NOT RECOMMEND Prof/Dr/Mr/Ms.....

for specialist registration and recommend this follow-up action:-

.....  
.....Name  
of Teaching Hospital.....  
Full Names of The Supervisor..... Signature .....  
HPCZ SPECIALIST REGISTRATION No.....  
FIELD OF SPECIALIZATION..... *Date Stamp*.....