

Multi-Source Feedback

Trainee's Name:

Trainee's GMC Number:

Trainee's Year:

Assessor's Name:

Assessor's Email Address:

Assessor's Registration Number (e.g. GMC, NMC, GDC):

Assessor's position: Consultant SAS SpR SHO GP Nurse Other

If Other, please specify:

How do you rate this Doctor in their:

Well below expectations for stage of training	Below expectations for stage of training	Borderline for stage of training	Meets expectations for stage of training	Above expectations for stage of training	Well above expectations for stage of training	Unable to comment*
---	--	----------------------------------	--	--	---	--------------------

Communication skills: Communicates effectively with patients and families:

Comments:

Communication skills: Communicates effectively with healthcare professionals:

Comments:

Attitude to patients: Respects the rights, choices, beliefs and confidentiality of patients:

Comments:

Attitude to staff: Respects and values contributions of other members of the team:

Comments:

Well below expectations for stage of training	Below expectations for stage of training	Borderline for stage of training	Meets expectations for stage of training	Above expectations for stage of training	Well above expectations for stage of training	Unable to comment*
---	--	----------------------------------	--	--	---	--------------------

Team player skills: Supportive and accepts appropriate responsibility; Approachable:

Comments:

Reliability and Punctuality:

Comments:

Leadership skills: Takes responsibility for own actions and actions of the team:

Comments:

OVERALL PROFESSIONAL COMPETENCE:

**Unable to comment: Please mark this if you have not observed the behaviour and therefore feel unable to comment*

Honesty and Integrity, do you have any concerns?

Yes No

If yes please state your concerns:

Anything especially good?

Please describe any behaviour that has raised concerns or should be a particular focus for development: