

# RCP MSF ASSESSMENT OF SPECIALIST REGISTRARS

SpR's GMC Number

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Date of assessment (DD/MM/YY)

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Year of SpR training

1  
  2  
  3  
  4  
  5  
  6

Name of person completing this assessment form

Please indicate your profession by filling in one of the following circles

- Consultant                     
  SpR                     
  SHO or HO                     
  Nurse  
 Allied Health Professional                     
  Clerical or Secretarial Staff                     
  Self Assessment

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the SpR against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

### THE MSF IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS

<b>1. Attitude to staff: Respects and values contributions of other members of the team</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 UNSATISFACTORY                      SATISFACTORY                      ABOVE EXPECTED
<b>2. Attitude to patients; Respects the rights, choices, beliefs and confidentiality of patients</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<b>3. Reliability and Punctuality</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<b>4. Communication skills: Communicates effectively with patients and families</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<b>5. Communication skills: Communicates effectively with healthcare professionals</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<b>6. Honesty and Integrity, do you have any concerns?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>7. Team player skills: Supportive and accepts appropriate responsibility; Approachable</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<b>8. Leadership skills: Takes responsibility for own actions and actions of the team</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<b>9. OVERALL PROFESSIONAL COMPETENCE</b>	<input type="radio"/> Don't know <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

Comments about the SpR (BLOCK CAPITALS PLEASE)

Your signature

**Please place form in the attached self addressed envelope and return to the Educational Supervisor named on the envelope, NOT the SpR**

