**Multi-Source Feedback**

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| **Trainee’s Name:** |  |

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| **Trainee’s GMC Number:** |  |

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| **Trainee’s Year:** |  |

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| --- | --- |
| **Assessor’s Name:** |  |

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| **Assessor’s Email Address:** |  |

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| **Assessor’s Registration Number (e.g. GMC, NMC, GDC):** |  |

**Assessor’s position:** Consultant [ ]  SAS [ ]  SpR [ ]  SHO [ ]  GP [ ]  Nurse [ ]  Other [ ]

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| --- | --- |
| **If Other, please specify:** |  |

**How do you rate this Doctor in their:**

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| --- | --- | --- | --- | --- | --- | --- |
| 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: |
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| --- | --- | --- | --- | --- | --- | --- |
| 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 is 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:**

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**Anything especially good?**

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

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