**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 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:**

|  |
| --- |
|  |

**Anything especially good?**

|  |
| --- |
|  |

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

|  |
| --- |
|  |