

PLEASE UPLOAD THE COMPLETED ASSESSMENT TO THE ISCP

| Trainee | Rater |
|-------------------------------|---|
| Name: | Name: |
| GMC/GDC/IMC number: | GMC/GDC/IMC number: |
| Specialty: | Position: |
| Hospital/Organisation: | Institutional e-mail: |
| Training level: | Have you read the MSF guidance notes: Yes <input type="checkbox"/> No <input type="checkbox"/> |

FEEDBACK

- Please read the [MSF Guidance](#) before completing the form.
- The primary purpose of this feedback is for the trainee's learning and professional development.
- You should undertake your assessment without discussion with either the trainee or other raters and judge the standard of the trainee against that set by other doctors at the same level with whom you work, or have worked.
- Please give specific examples of areas that you have rated as Outstanding or Development required
- Your anonymised comments will be passed on to the trainee. If you have identified serious concerns, or if more than one rater makes similar comments, the trainee's Assigned Educational Supervisor (AES) may approach you for more information.
- Under paragraphs 24 & 25 of the [Data Protection Act 2018](#), Schedule 2 Part 4, as well as the Third Party Information provisions of Part 3 paragraph 16, responses within the MSF are exempt from disclosure to trainees.

| How do you rate this trainee in their: | Outstanding | Satisfactory | Development required | Not observed by me |
|---|-------------|--------------|----------------------|--------------------|
| Clinical Care | | | | |
| 1. History taking and examination skills | | | | |
| 2. Relevant knowledge and diagnostic skills | | | | |
| 3. Ability to formulate appropriate management plans | | | | |
| 4. Procedural (technical) skills | | | | |
| 5. Record keeping (timely, accurate, legible) | | | | |
| Maintaining good medical practice | | | | |
| 6. Ability to manage time and work under pressure | | | | |
| 7. Decision making and implementation skills | | | | |
| 8. Awareness of own limitations (willing to ask for help) | | | | |
| 9. Initiative and leadership skills | | | | |
| 10. Focus on patient safety (clinical governance) | | | | |
| Learning and teaching | | | | |
| 11. Willingness to ask for feedback and to learn from it | | | | |
| 12. Teaching (enthusiasm and effectiveness) | | | | |
| Relationships with patients and colleagues | | | | |
| 13. Communication with patients and their relatives | | | | |
| 14. Communication with colleagues | | | | |
| 15. Active involvement with your team | | | | |
| 16. Accessibility and reliability | | | | |
| Summary | | | | |

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|---|--|--|--|--|
| Overall, how do you rate this doctor compared to other doctors at the same level with whom you have worked? | | | | |
|---|--|--|--|--|

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| <p>Please give specific examples relating to any area in which you feel this trainee is outstanding:</p> | <p>Please give specific examples relating to any area in which you feel that this trainee requires development:</p> |
|--|---|

Do you have any concerns about this doctor's probity or health? Yes No

If yes, please state your concerns:

Environments observed: Primary care Specialist practice

Hospital:

- A&E/admissions
- Critical care
- MDT
- Outpatients
- Theatre
- Ward
- Other (please specify):

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Thank you for completing this MSF. Please upload your completed assessment to the ISCP.