# Consultant Feedback Form

Suggested feedback form – this may be modified by Schools to suit local requirements

<table>
<thead>
<tr>
<th>Trainee:</th>
<th>Dates of period assessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Training:</td>
<td>Assessor:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outstanding for level of training</th>
<th>Appropriate for level of training</th>
<th>Cause for concern*</th>
<th>Unacceptable*</th>
<th>Not applicable or unable to comment</th>
</tr>
</thead>
</table>

**CLINICAL SKILLS**
- Pre-op assessment
- Record keeping
- Clinical judgement
- Practical skills
- Knowledge

**ATTITUDES AND WORKPLACE BEHAVIOUR**
- Reliability and Punctuality
- Initiative
- Confidence
- Organisational ability
- Communication skills
- Department involvement

**RELATIONSHIPS**
- Patients and relatives
- Staff and colleagues
- Team working

**OVERALL ASSESSMENT**

*Examples must be provided if ‘Cause for concern’ or ‘Unacceptable’ is ticked

**Have any problems been identified with honesty/integrity?**  Y / N
If yes, provide details:

**Comments or concerns:**
Any concerns **must** be explained.

**Have any aspects of this assessment been discussed with the trainee?**  Y / N
If yes, provide details:

**Signature:**  
**Date:**