

The Royal College of Anaesthetists

CONSULTANT FEEDBACK FORM

Trainee:	Dates of period assessed:
Year of Training:	Assessor:

	Outstanding for level of training	Appropriate for level of training	Cause for concern*	Unacceptable*	Not applicable or unable to comment
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:
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