

**HIGHER PHYSICIAN TRAINING IN _____ SPECIALTY
EVALUATION OF CLINICAL AND PROFESSIONAL COMPETENCE**

**For distribution to Members of Interim & Exit Assessment Boards
To be completed every six months or at the end of each training period lasting <six months**

TRAINEE

SUPERVISOR (Name & Position)

QUALIFICATION (m/y)

SPECIALTY PROGRAMME DIRECTOR

_____ (_ m _ y)

_____ (_ m _ y)

INSTITUTION/DEPARTMENT/UNIT

PERIOD OF TRAINING

_____/_____/_____ to _____/_____/_____
(DD/MM/YY) (DD/MM/YY)

EVALUATION

Please use the following 10-point Scoring System.

- 10 Outstanding**
- 9 Excellent**
- 8 Very good**
- 7 Good**
- 6 Fairly good**
- 5 Definite pass**
- 4 Borderline failure**
- 3 Definite failure**
- 2 Bad failure**
- 1 Very bad failure**
- 0 Exceptionally bad failure**

1 Clinical judgement

0 1 2 3 4 5 6 7 8 9 10

2 Medical knowledge

0 1 2 3 4 5 6 7 8 9 10

3 Clinical skill:

Medical history 0 1 2 3 4 5 6 7 8 9 10

Physical examination 0 1 2 3 4 5 6 7 8 9 10

Diagnostic/procedural skill
Overall assessment 0 1 2 3 4 5 6 7 8 9 10

Particular diagnostic/procedural skill
(Please specify)

	0	1	2	3	4	5	6	7	8	9	10
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	0	1	2	3	4	5	6	7	8	9	10

4 Humanistic qualities

0 1 2 3 4 5 6 7 8 9 10

5 Professional attitudes and behaviour

0 1 2 3 4 5 6 7 8 9 10

6 Commitment to continued medical education and scholarship

0 1 2 3 4 5 6 7 8 9 10

Conferences/Research/Publications (append details if necessary) _____

7 Administrative ability and leadership

0 1 2 3 4 5 6 7 8 9 10

8 Overall assessment

0 1 2 3 4 5 6 7 8 9 10

Comments _____

Has this evaluation been discussed with the trainee? Date __/__/__
Yes No (DD/MM/YY)

Has a copy of this evaluation been given to the trainee? Date __/__/__
Yes No (DD/MM/YY)

Supervisor

Specialty Programme Director

Name _____

Name _____

Title _____

Title _____

Signature _____

Signature _____

Date _____

Date _____

Note: Supervisors please review the trainee’s logbook and ensure they have been completed in order. Please submit the completed logbooks to the Programme Directors before Interim Assessment process.