

End of Assignment Assessment Report - Assignment 1 Week & Above

Locum Doctor Information					
Candidate Name:					
Candidate Grade:					
GMC Number:					
Locum Role Performed					
Position Title:					
Locum Assignment Start Date:		Locum Assignment End Date:			
Locum Doctor Evaluation (please circle or bold)					
Overall Performance	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
Overall Conduct/Behavior	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
GMC Good Medical Practice Framework Domain1: Knowledge, Skills, Performance	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
GMC Good Medical Practice Framework Domain 2: Safety & Quality	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
GMC Good Medical Practice Framework Domain 3: Communication Partnership & Teamwork	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
GMC Good Medical Practice Framework Domain 3: Maintaining Trust	Unsatisfactory	Borderline	Satisfactory	Good	Excellent
Please describe any issues or concerns:					
Additional					
Would you be happy for this Locum Doctor to be employed in the same role in the future?	Yes / No <i>(please circle or bold)</i>	If No, please describe reasons:			
Does this Locum Doctor have any training needs that you have identified?	Yes / No <i>(please circle or bold)</i>	If Yes, please describe:			

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Details of the Customer's Reporting Officer	
Name:	
GMC Number (if appropriate):	
Title/Role:	
Hospital/Trust:	
Contact Details: (email/phone number)	
Signature:	
Date:	

Locum Doctor Statement	
I have seen the above End of Assignment Assessment Report and I agree / disagree* with its contents. <i>* (please circle or bold)</i>	
Name:	
Position:	
Signature:	
Date:	

Please return this report at your earliest convenience to:

Global Medics / Doctors on Call

Fax: 020 8566 4222

Email: evaluations@globalmedics.com