



**Confidential**

Dear Colleague,

You have been invited to participate in Peer Team Rating of this doctor. PTR is a tool for multi source feedback 360° assessment. We value your independent and honest rating of our trainees.

**Please indicate your profession by filling in one of the following circles**

- Consultant                                       Registrar                                       SHO or HO
- Allied Health Professional                       Senior Registrar                               Nurse
- Clerical or Secretarial Staff                       Other specify.....

Your scoring should reflect the performance of this trainee against that which you would reasonably expect at his/her stage of training and level of experience. Please feel free to add any other relevant comments about this doctor’s strengths and weaknesses.

Please place form in the attached self addressed envelope and return to the Trainer named on the envelope. DO NOT return to the trainee concerned.

**THE PTR IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS**

Name of trainee: Specialty: Date:	Strongly Disagree	Strongly Agree
	1	2
	3	4
	5	5
<b>1. Attitude to staff:</b> Respects and values contributions of other members of the team	1	2
<b>2. Attitude to patients:</b> Respects the rights, choices, beliefs and confidentiality of patients	1	2
<b>3. Reliable &amp; punctual</b>	1	2
<b>4. Communication skills:</b> communicates effectively with patients and staff	1	2
<b>5. Team player skills:</b> Approachable, Supportive and accepts appropriate responsibility	1	2
<b>6. Leadership skills:</b> Takes responsibility for own actions and actions of the team	1	2
<b>7. Honesty and Integrity:</b> do you have any concerns?	Yes	No
<b>8. What is your overall rating of trainee’s professionalism?</b>		
<b>Very poor</b>	<b>Extremely good</b>	
1      2      3      4      5      6      7      8	9	10



**PGIM PTR ASSESSMENT OF REGISTRARS/ SENIOR REGISTRARS**

**PTR FORM  
B**

**Comments**

Name:

Signature:

Date: