**Specialty Assessor – Visit Feedback Report**

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| **General information** |
| Name : Position: |
| Date: |
| Region  |
| Name of site visited |
| Type of visit:  | Routine | Targeted (LETB/Deanery) | Triggered (GMC) |
| If targeted or triggered, please give pre-visit reason for visit |

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| **Visits Process** |
| Were you satisfied with the consistency and standard of the visit process and outcomes? | Yes/No |
| Did the feedback process reflect an accurate summary of the information collected at the visit? | Yes/No |
| Did you have sufficient opportunity to contribute to the report and are you satisfied that your contributions/suggestions have been noted? |  Yes/No  |
| Were you adequately consulted about the conduct and purpose of the visit?  | Yes/No  |
| Did you have sufficient information before the visit in time to be able to make a meaningful contribution? | Yes/No |
| Did you receive sufficient guidance from the LETB/Deanery as to your role? | Yes/No |
| Please attach visit report[[1]](#endnote-1)  |
| General comments about the process |
| **Visit Findings** |
| Main findings of the visit |
| Proposed actions and timescales  |
| Any areas of notable practice of particular interest to RCOG (e.g. curriculum delivery, workplace-based assessments, ultrasound training) |
| Any areas of concern not addressed by the visiting team (if so contact the postgraduate dean) |
| Are there any additional comments you wish to make? |
| Name: |  | Region: |  |
| Signature: |  |  Date: |  |
| * **Please attach visit report**
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Please return this form to the RCOG Specialty Education & Training Department: SpecialtyTrainingCCT@RCOG.ORG.UK

1. It is a requirement of the RCOG that, in supplying a Specialist Assessor to a LETB/Deanery for a visit, the LETB/Deanery consents to the final visit report being attached to the Specialist Assessor’s report to the College. [↑](#endnote-ref-1)