[A close up of words

AI-generated content may be incorrect.](https://training.rcog.org.uk/)

OSATS (Formative)

Title

|  |
| --- |
|  |

Key skill

|  |
| --- |
|  |

Category (please tick one of the options below)

Generic

GYN

OBS

Event date

|  |
| --- |
|  |

Procedure

|  |
| --- |
|  |

Clinical details and complexity

|  |
| --- |
|  |

What went well?

|  |
| --- |
|  |

What could have gone better?

|  |
| --- |
|  |

Learning plan

|  |
| --- |
|  |

Assessor’s additional comments

|  |
| --- |
|  |

Trainee reflection

|  |
| --- |
|  |

Assessor name (please print in full)

|  |
| --- |
|  |

Assessor role

|  |
| --- |
|  |

Assessor sign-off and date (please provide hard copy or electronic signature and date of sign-off)

|  |
| --- |
|  |