

# Template for recording annual endoscopy appraisal

TRAINEE DETAILS		
Name:	Date of appraisal:	
National Training Number:	IMCRN:	
Programme (Tick ✓)	Year of Training:	
RCPI – HST in Gastroenterology <input type="checkbox"/>	Date of Provisional Skills Approval:	
RCSI - HST in General Surgery <input type="checkbox"/>	Date of Final Endoscopy Certification:	
Other (please specify) _____		

CHECKLIST	(Tick ✓ to indicate completion or add a comment)
Review of goals/ areas for improvement arising from previous year's structured appraisal	
Review of NQI reports for current training year	
DOPS completed (minimum 1 per quarter)	
Courses Completed	
Review of progress towards provisional skills approval and/or final certification	
Feedback on endoscopy trainer(s)	
Agree learning goals/areas for improvement for coming training year (please list below)	Additional Comments by Trainee
1.)	
2.)	
3.)	

<b>SIGNATURE OF TRAINEE</b>	<b>DATE</b>

<b>SIGNATURE(S) OF APPRAISAL PANEL</b>	<b>DATE</b>