**PRACTICAL PROCEDURE SIGN-OFF (PPS)**

Trainee’s name:…………………………………………………………………….

Trainee’s GMC number:………………………………………………………..

Assessor’s name:…………………………………………………………………..

Assessor’s position;……………………………………………………………….

Procedure:……………………………………………………………………………

The trainee has:

* observed
* performed under supervision
* performed independently

All tests to be performed according to BSA, BAA or local protocols

In the case of independent performance rate the level of practice the trainee has shown for this procedure:

|  |  |
| --- | --- |
| Unable to perform the procedure |  |
| Able to perform the procedure under direct supervision/assistance |  |
| Able to perform the procedure with limited supervision/assistance |  |
| Competent to perform the procedure unsupervised and deal with complications |  |

Based on these ratings the trainee is:

* The trainee was competent
* The trainee needs more practice

Assessor’s comments on trainee’s performance

Trainee’s comments:

Assessor’s signature:…………………………………………….Date: ………......

Trainee’s signature:………………………………………………

Educational Supervisor’s signature:………………………………………………

Educational supervisor’s GMC number:………………………………………..