

**HONG KONG COLLEGE OF PAEDIATRICIANS
Accreditation Committee**

ASSESSMENT OF CLINICAL AND PROFESSIONAL COMPETENCE IN HIGHER TRAINING IN PAEDIATRICS

Name of trainee : _____

Department / Hospital : _____

Training Period: From _____ to _____
(dd/mm/yy) (dd/mm/yy)

Evaluation:

	Outstanding		Poor	
	A	B	C	D
	(1) Medical knowledge			
(2) Clinical skill				
(3) Supervision of subordinates				
(4) Teaching				
(5) Administrative duties				
(6) Academic and scientific knowledge				
(7) Research				
(8) Commitment to postgraduate education				
(9) Overall assessment				

Comments / counselling: _____

Has this evaluation been discussed with the trainee? Yes/No Date ____/____/____

Trainer: _____
(Name) (Signature) (Date)

Supervisor: _____
(Name) (Signature) (Date)

(This form should be completed every six months, kept by the supervisor and returned to the Hong Kong College of Paediatricians when the trainee applies for exit assessment by the College.)