



### BCSA - assessor declaration and candidate feedback form

Assessment type	Colonoscopy	Bowel Scope	
Please tick appropriate box			
Assessment centre		Assessment date	
Candidate name		Membership no. (eg. GMC/NMC)	
Assessor 1 name		Membership no. (eg. GMC/NMC)	
Assessor 1 signature			
Assessor 2 name		Membership no. (eg. GMC/NMC)	
Assessor 2 signature			

#### DOPS CRITERIA

Please tick the appropriate box below:

- Candidate scores 'Achieved' (or N/A) for all items on DOPS forms
- Candidate does not achieve a score of 'Achieved' (or N/A) for all items on DOPS forms

#### ASSESSOR SIGN OFF

Please tick the appropriate box below:

- The candidate should be accredited as a BCSP screening endoscopist
- The candidate should not be accredited as a BCSP screening endoscopist

If the candidate should not be accredited following this assessment, should they wish to retake the DOPS assessment they will need to do so within 12 months of their first attempt.

#### CANDIDATE FEEDBACK

Please give feedback for the candidate below. The text and recommendations **must** be completed before the assessment forms can be submitted.

Relative strengths:

1.	
2.	
3.	

Recommendations to improve practice:

1.	
2.	
3.	

The scoring below is not counted as part of the assessment; it is feedback for the candidate. Please rate from 1 (poor) to 5 (excellent).

Area of practice	1	2	3	4	5
Lower GI endoscopic knowledge / pathology management (as observed during cases / discussion)					
Lower GI endoscopic technical skills					
Endoscopic Non-Technical Skills					



## PATIENT INFORMATION

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What was the indication for the procedure?

Patient 1	
Patient 2	

Age of patient:

Patient 1	(20-30) (30-40) (40-50) (50-60) (60-70) (70-80) (80-90) (90+)
Patient 2	(20-30) (30-40) (40-50) (50-60) (60-70) (70-80) (80-90) (90+)

Was the case appropriate?

Patient 1	Yes/No	Comments	
Patient 2	Yes/No	Comments	

Was the ability to assess the candidate compromised due to the quality of the bowel prep?

Patient 1	Yes/No
Patient 2	Yes/No

### The following questions are for Bowel Scope assessments only

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Bowel prep used:

Patient 1	Oral Bowel Prep/Enema
Patient 2	Oral Bowel Prep/Enema

Was prep adequate?

Patient 1	Yes/No
Patient 2	Yes/No

If enema used, was second enema required?

Patient 1	Yes/No +N/A
Patient 2	Yes/No +N/A