**Appendix 5:** Report on Academic Trainees’ Progress  
  
**Appendix 5: Report on Academic Trainees’ Progress**   
*This form supports the annual review process and should form part of the trainee’s permanent record*

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| **Deanery** |  |  |  |
| **Deanery/LETB:** | **GMC No.:** |  |  |
| **Name:** | **Specialty:** |  | **NTN:** |
| **Date of Report**: | **Period covered:** | From: | To: |

**Type of post (circle)**; ACF / ACL / CT / ST

**Year/phase of training programme assessed *(circle)*: ST1, ST2, ST3, ST4, ST5, ST6, ST7, ST8**

**What academic time have you had during this review period**

*(3-month block – day release – 1 week per month etc)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Placement / Post / Experience Gained** *Please note if clinical or academic post* | **Dates:**  *From To* | **In / out of**  **Programme** | **PT / FPT**  **As %FT** |
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| **PDP attached** | **Mid-Year Review attached** *(if applicable)* |

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| **Achievements and Academic Activity** |  | |  |
| **Generic and Applied Research Skills** *Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio* | **Dates:**  *Month/Year* | **Learning**  **Outcome / Skills acquired** | **Evidence in Portfolio?**    ***Yes/No*** |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Research Governance**  *Courses, ethics approval – please provide copies as evidence* | **Dates:**  *Month/Year* | **Learning**  **Outcome / Skills acquired** | **Evidence in Portfolio?**    ***Yes/No*** |
| **Activity Type:**  **1.**  **2.**  **3.** |  |  |  |
| **Education and Communication**  *Tutoring experience, seminars/talks, completed higher degrees – please provide copies as evidence* | **Dates:**  *Month/Year* | **Learning**  **Outcome / Skills acquired** | **Evidence in Portfolio?**    ***Yes/No*** |
| **Activity Type:** |  |  |  |
| **Other Significant academic outputs during the period** *Grants / Fellowships awarded – National / International* | **Dates:**  *Month/Year* | **Learning**  **Outcome / Skills acquired** | **Evidence in Portfolio?**    ***Yes/No*** |
| **Activity Type:**  **1.**  **2.**  **3.**  **4.** |  |  |  |

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| **Comments from academic/research supervisor –** *information given about progress should be linked to the evidence provided by the trainee in their academic portfolio where possible.* ***You may use the boxes below or attach a letter of support*** |
| **General:** |
| **Strengths:** |
| **Areas for Improvement:** |
| **Recommendations (include details of any future academic/research plans):** *state where special attention should be given in future* |

Attachments: CV (required) [ ]. Supervisor Letter (optional) [ ]. Documentary evidence (as required) [ ]

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| **I am not aware of any non-professional, unethical or dishonest behaviour for this trainee**    **Name of Academic Supervisor:**  **Signature of Academic Supervisor:** **Date:** |
| **Signature of Trainee:** **Date:** |
| **To be completed by ARCP Panel, External Academic Review:** *external academic review of this report by an academic who is external to the specialty or medical school of the trainee’’* |
| **Comment:**    **Signature of Academic Representative:** **Date:** |