**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:**  |