**Report on Academic Trainees’ Progress**

*This form supports the annual review process and should form part of the trainee’s permanent record*

**LETB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GMC No.**

**Name: Specialty NTN/NTN (A):**

**Date of Report** **Period covered:** Fromto

Type of post (circle);,ACF, CL, or other (state) \_\_\_\_\_\_\_\_\_\_\_

**Year/phase of training programme assessed *(circle)*: 1 2 3 4 5 6 or other *(state)***

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| **What academic time have you had during this review period** *(3mnth block –day release – 1 week per month etc)* |

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| --- | --- | --- | --- |
| **Placement / Post / Experience Gained***Please note if clinical or academic post* | **Dates:***From To* | **In / out of Programme** | **PT / FPT****As %FT** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

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|  **PDP attached** | **Yes / No** |  **Mid-Year Review attached** *(if applicable)* | **Yes / No** |

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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*** |
| **Activity Type:****1.****2.****3.** |  |  |  |
| **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:****1.****2.****3.** |  |  |  |
| **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.** |  |  |  |
| **Publications and Presentations** | **Journal and meeting details** |
| **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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| **Signature of Academic supervisor completing this form****Name (please print)****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 of the trainee* |
| **Comment:****Signature of Academic Representative:****Name (please print)** **Date:** |