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| **Trainee’s name** |  | **Trainee GMC Number** |  |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s GMC Number** |  |
| **Deanery** |  | **Training Unit** |  |
| **GMC programme / Post approval number** |  | **Date of assessment** |  |
| **Dates covered by this STR** |  | **Phase(s) of PHEM sub-specialty training** |  |

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| **PHEM Training Record – Phase 1** | | | | | | | | |
| **Phase 1 (a) – Initial training**  *(1 month WTE comprising LEP induction and teaching of LEP specific knowledge and skills – with a specific focus on*  *operational practice and patient and team safety)* | | | | | | | | |
| **Date completed** |  | | | **Local Education Provider (LEP)** | |  | | |
| **Date of local formative assessment** |  | | | **Outcome of local formative assessment** | |  | | |
| **% Consultant supervision** |  | | |  | |  | | |
| **Phase 1 (b) – Developmental Training**  *(5 months WTE where trainees are expected to progressively become more autonomous in their practice during*  *this phase, whilst retaining a high level of supervision)* | | | | | | | | |
| **Date completed** |  | | | **Local Education Provider (LEP)** | |  | | |
| **Date of Phase 1 National Summative Assessment** |  | | | **Outcome of Phase 1 National Summative Assessment** | |  | | |
| **10 summative WPBAs reviewed** |  | | | **MSF review** | |  | | |
| **% Consultant supervision** |  | | |  | |  | | |
| **Tool** | **CEX** | **CbD** | **SIM** | | **DOPS** | **MSF** | **ACAT** | **TO** |
| **Completed** |  |  |  | |  |  |  |  |
| **Reviewed** |  |  |  | |  |  |  |  |

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| **Trainee’s name** |  | | | **Trainee GMC Number** | | |  | | |
| **Educational Supervisor’s name** |  | | | **Educational Supervisor’s GMC Number** | | |  | | |
| **PHEM Training Record – Phase 2** | | | | | | | | | |
| **Phase 2 – Consolidation Training**  *(6 months WTE where trainees are expected to develop a greater depth of knowledge and improved clinical*  *Performance whilst retaining, at a more remote level, supervision.)* | | | | | | | | | |
| **Date completed** |  | | | **Local Education Provider (LEP)** | |  | | | |
| **Date of Phase 2 National Summative Assessment** |  | | | **Outcome of Phase 2 National Summative Assessment** | |  | | | |
| **10 Summative WPBAs satisfactory** |  | | | **MSF review** | |  | | | |
| **Tool** | **CEX** | **CbD** | **SIM** | | **DOPS** | **MSF** | | **ACAT** | **TO** |
| **Completed** | *N/A* | *N/A* | *N/A* | | *N/A* | *N/A* | | *N/A* | *N/A* |
| **Reviewed** | *N/A* | *N/A* | *N/A* | | *N/A* | *N/A* | | *N/A* | *N/A* |

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| **Educational Supervisor Review** | | | | | | | |
| **Key events** | **Phase 1(a)** | | **Phase 1(b)** | | **Phase 2** | | |
| **Critical incidents** | *None* | | *None to date* | | *N/A* | | |
| **Complaints** | *None* | | *None to date* | | *N/A* | | |
| **Unexplained Absences** | *None* | | *None to date* | | *N/A* | | |
| **Educational activities (audits, presentations, courses, teaching, management activity etc)**  *List these here* | | | | | | | |
| **Strengths of trainee** | | | | | | | |
| **Suggestions for development** | | | | | | | |
| Does the ES recommend to the ARCP panel that this trainee should progress to the next stage of training? | | | | | | **Yes** | ~~No~~ |
| If no, reasons why and specific areas that need to be addressed | | | | | | | |
| **Trainee’s name** |  | **Trainee’s signature** | |  | | | |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s signature** | |  | | | |