**Occupational Medicine**

**Educational Supervisor’s Structured Report 2017**

The educational supervisor must complete this report for the Annual Review of Competence Progression panel, summarising the trainees learning portfolio and Workplace Based Assessments (WPBAs) since the previous assessment.-***typed information is preferred***

|  |  |
| --- | --- |
| Trainees Name |  |
| Name of Educational Supervisor submitting report |  |
| Site of Educational Supervisor |  |
| Training Programme Region |  |
| NTN |  |
| GMC Post approval number |  |

|  |
| --- |
| Previous annual assessments |
| Dates | Outcome + comment if non-standard *i.e. no. extension months and why* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

|  |
| --- |
| Previous placements in OM programme |
| Employer/ Trust |  | Clinical supervisor | Dates (from-to) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Current placement ( Has your ES changed since the last ARCP outcome-Y/N) |
| Location | Specialty | Clinical supervisor | Dates |
|  |  |  |  |

|  |
| --- |
| Work Place Based Assessments in current placements  |
| Assessment | Dates *( or summary attached)* | Number | Details ( median or range of scores if appropriate) | Outcome *(satisfactory/ unsatisfactory/ insufficient evidence)* & Comments |
| Mini-CEX |  |  |  |  |
| SLE-DOPs |  |  |  |  |
| CBD |  |  |  |  |
| Activity | Dates ( or summary attached) | Details (median or range of scores if appropriate) | Outcome *(Required/ not required; satisfactory/ unsatisfactory/ insufficient evidence)* & Comments |
| MSF |  |  |   |
| Patient survey |  |  |  |
| SAIL(OH) 1SAIL (OH) 2 |  |  |  |

|  |
| --- |
| Feedback on practical skills areas for further development: |

|  |
| --- |
| Experiential outcomes- attach separate expanded reflection/comments if needed |
| Activity | Dates(or summary attached) | Details | Outcome *(Required/ not required ; satisfactory/ unsatisfactory/ insufficient evidence)* & Comments |
| Log-book |  |  |  |
| Audits |  |  |  |
| Research projects |  |  |  |
| Publications |  |  |  |
| Teaching/Presentations |  |  |  |
| Management development |  |  |  |
| DISSERTATIONMandatory i.e. first aid, workplace visits, Environmental Health assess, Occ hygiene |  | Protocol-progressing/accepted/NA |  |
| Courses attended(external) |  |  |  |
| Serious untoward incident( Form R (A/B related) |  |  | *(resolved/pending; no case to find/learning points)* |
| Complaints |  |  | *(resolved/pending; no case to find/learning points)* |
| MFOM Exams-taken |  | PART1-fail/pass/NA | PART2-fail/pass/NA |
| Other e.g. equality diversity/safeguarding training, GMC 7 domains trainer accreditation(ST6) |  |  |  |

|  |
| --- |
| Communication and consultation skills: |

|  |
| --- |
| Clinical Management |

|  |
| --- |
| Working with colleagues |

|  |
| --- |
| Absences- sick leave\* and study leave with dates ( or summary attached)\*More than 14 days- CCT recalculation maybe needed |

**Summary of Trainees Assessment**

(Educational Supervisor to complete: strengths, areas for improvement, specific recommendations- learning plan or PDP- must be completed)

|  |
| --- |
| Trainee comments/ reflections.*Have you had an extension within the OM programme?- if yes by how many months* |

Anonymous Trainee GMC survey completed: Yes / No

CPD- appropriate to current level experience achieved: Yes/No

EXPECTED CCT/CESR COMPLETION DATE:

We confirm that this is an accurate description/summary of this trainee’s learning portfolio and WPBA, covering the period from DD/MM/YYYY to DD/MM/YYYYand has been discussed with the trainee concerned.

|  |  |
| --- | --- |
| Educational Supervisor's Name |  |
| Educational Supervisor's GMC number |  |
| Educational Supervisors signature |  |
| Date signed |  |