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***

Please note that if the trainee could not fulfil all training requirements (mapped against FOM curriculum/ARCP decision aide), the ES should additionally complete **‘COVID-19 ARCP Educational statement 2020**’.

|  |  |
| --- | --- |
| 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) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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| 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  ( NOT compulsory) |  |  | |  | |
| SAIL(OH) 1 |  |  | |  | |
| SAIL (OH) 2 |  |  | |  | |

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| Feedback on practical skills areas for further development: |

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| --- | --- | --- | --- |
| 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 (completed cycles) |  |  |  |
| Research projects |  |  |  |
| Publications |  |  |  |
| Teaching/Presentations |  |  |  |
| Management development |  |  |  |
| Dissertation  ( or **past** research accepted by FOM) |  | Protocol-progressing/accepted/NA (as MSc being undertaken but needs to meet FOM FINAL approval) | *Final version Dissertation accepted by FOM?* |
| Mandatory i.e. first aid, workplace visits, Environmental Health assess, Occ hygiene |  |  |  |
| Courses attended  (external) |  |  |  |
| Serious untoward incident (***forma*l**)  ( Form R (A/B related) |  |  | *(resolved/pending; no case to find/learning points)* |
| Complaints  ( if significant ***informal***) |  |  | *(resolved/pending; no case to find/learning points)* |
| MFOM Exams-taken |  | **PART1**-fail/pass/NA  How many attempts? | **PART2**-fail/pass  How many attempts? |
| Other e.g. equality diversity/safeguarding training, GMC 7 domains trainer accreditation(ST6) |  |  |  |

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

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| --- |
| Clinical Management |

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| --- |
| Working with colleagues |

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

**Summary of Trainees Assessment:**

|  |  |
| --- | --- |
| **Satisfactory progress**- (Please Tick)  Comments please |  |
| **Unsatisfactory progress**-request for ARCP panel decision (Please Tick) Comments please |  |

(Must *be completed below for both satisfactory or unsatisfactory progress by both trainer and trainee*)

### Trainer comments/ reflections:

What went well (positive) since the last assessment?

What went less well since the last assessment?

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| --- |
| Trainee comments/ reflections: What went well (positive) since the last assessment?  What went less well since the last assessment?  *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 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/YYYY and has been discussed with the trainee concerned prior to ARCP panel deliberations.

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