

Appendix 5: Report on Academic Trainees' Progress

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

Deanery/LETB:

GMC No.:

Name:

Specialty:

NTN/NTN (A):

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 <i>Please note if clinical or academic post</i>	Dates:		In / out of Programme	PT / FPT As %FT
	From	To		

PDP attached

Mid-Year Review attached (if applicable)

Achievements and Academic Activity

Generic and Applied Research Skills <i>Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio</i>	Dates: <i>Month/Year</i>	Learning Outcome / Skills acquired	Evidence in Portfolio? <i>Yes/No</i>

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Research Governance <i>Courses, ethics approval – please provide copies as evidence</i>	Dates: <i>Month/Year</i>	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No
Activity Type: 1. 2. 3.			
Education and Communication <i>Tutoring experience, seminars/talks, completed higher degrees – please provide copies as evidence</i>	Dates: <i>Month/Year</i>	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No
Activity Type:			
Other Significant academic outputs during the period <i>Grants / Fellowships awarded – National / International</i>	Dates: <i>Month/Year</i>	Learning Outcome / Skills acquired	Evidence in Portfolio? Yes/No
Activity Type: 1. 2. 3. 4.			

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) []

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: <i>external academic review of this report by an academic who is external to the specialty or medical school of the trainee”</i>	
Comment:	
Signature of Academic Representative:	Date: