**ADVANCED PAIN BIANNUAL REVIEW**

**DATE:**

NAME: ( ……months into training) CCT DATE:

CURRENT POST: START OF APT:

LOGBOOK: CLINICS: PROCEDURES: INPATIENT: CANCER: PAEDS: PMP:

CEX: CBD: DOPS:

MSF: Due/Completed on Comments:

EXAM:

APT STUDY DAYS/ WEBINAR ATTENDANCE:

QUARTERLY ASSESSMENTS date & agreed areas of development:

3 months:

6 months:

9 months:

12 months:

TRAINEE FEEDBACK:

IMPACT OF PANDEMIC ON PAIN TRAINING:

TARGETS PRIOR TO NEXT ASSESSMENT:

AREAS OF CONCERNS:

COMMENTS:

**TRAINEE Signature:**

**REGIONAL ADVISOR Signature:**

**Sandesha Kothari / Ashish Shetty**

**TRAINING PROGRAMME DIRECTOR Signature:**

**Fauzia Hasnie**

***Following the Advanced Pain Biannual Review, trainee to upload completed form, signed by all to their e-portfolio (on the RCoA Lifelong Learning Platform).***