**Appendix 5:  
Report on Academic / Research Trainee’s Progress**

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

*Those undertaking OOPR are still required to complete and submit this form. However they may append their academic progress form if one is required by their host university in place of the ‘Achievements and Academic Activity’ section, provided all required information is included within it. The remaining sections of the progress report must still be completed.*

**Deanery/Region: GMC No.:**

**Name: Specialty: NTN/NTN (A):**

**Date of Report**: **Period covered:** From to

**Type of post (circle)**: **SFP / ACF / ACL / CT / ST / OOPR**

**Year/phase of training programme assessed (circle): SF1, SF2, ST/CT1, ST/CT2, ST/CT3,**

**ST4, ST5, ST6, ST7, ST8**

**(For OOPR indicate level prior to entering research period)**

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| **What academic time have you had during this review period:** *(3 month block – day release – 1 week per month etc)*  **What clinical training time have you had during this review period:** *(3 month block – day release – 1 week per month etc)* |

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| --- | --- | --- | --- |
| **Placement / Post / Experience Gained**  *Please note if clinical, OOP Research or Academic post* | **Dates:**  *From To* | **In / out of Programme** | **PT / FPT**  **As %FT** |
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| **PDP attached [ ]** |  | **Mid-Year Review attached** *(if applicable)* | **[ ]** |

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| **Achievements and Academic Activity** | | | |
| **Generic and Applied Research Skills**  *Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio* | **Dates:**  *Month/Year* | **Learning Outcome / Skills acquired** | **Evidence in Portfolio?**  ***Yes/No*** |
| **Activity Type:** |  |  |  |
| **Research Governance**  *Courses, ethics approval – please provide copies as evidence* | **Dates:**  *Month/Year* | **Learning Outcome / Skills acquired** | **Evidence in Portfolio?**  ***Yes/No*** |
| **Activity Type:**  **1.**  **2.**  **3.** |  |  |  |
| **Education and Communication**  *Tutoring experience, seminars/talks, completed higher degrees – please provide copies as evidence* | **Dates:**  *Month/Year* | **Learning Outcome / Skills acquired** | **Evidence in Portfolio?**  ***Yes/No*** |
| **Activity Type:** |  |  |  |
| **Other Significant academic outputs during the period** *Grants / Fellowships awarded – National / International* | **Dates:**  *Month/Year* | **Learning Outcome / Skills acquired** | **Evidence in Portfolio?**  ***Yes/No*** |
| **Activity Type:**  **1.**  **2.**  **3.**  **4.** |  |  |  |

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| **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) [ ]

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| **Details of concerns/investigations:** |  |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint? | Yes/ No |
| If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct? | Yes/No |
| Comments, if any: | |

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| **I am not aware of any non-professional, unethical or dishonest behaviour for this trainee [ ]**  **Comments, if any:**  **Name of Academic Supervisor:**  **Signature of Academic Supervisor:** **Date:** |
| **Signature of Trainee:** **Date:** |
| **To be completed by ARCP Panel, External Academic Review:** *external academic review of this report by an academic who is external to the specialty or medical school of the trainee.* |
| **Comment:**  **Signature of Academic Representative:** **Date:** |