**SUPERVISOR REPORT**

**Out of Programme Experience (OOPE)**

This form is for doctors in training who are undertaking a period out of programme for either clinical experience (OOPE) that does not count as part of the training programme. This form must be completed by the clinical and/or research supervisor in discussion with the trainee and must be submitted (or uploaded to ePortfolio) in advance of the ARCP Panel.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trainee Name** | |  | **GMC No** |  | | |
| **ST Year:** | |  | **Placement location** |  | | |
| **Covering period from** | |  | **To** |  | | |
| **Supervisor Name** | |  | **Supervisor Job Title** |  | | |
|  | | | | | | |
| **Progress Report** | | | | | | |
| Assessment report of the doctor’s progress in in their research or clinical placement whilst out of programme. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Good Medical Practice** | | | | | | |
| Given the trainee's current level of experience, please briefly comment on the below areas which reflect the four domains of GMC Good Medical Practice: 1) Knowledge, skills and performance; 2) Safety and quality; 3) Communication, partnership and teamwork; 4) Maintaining trust. | | | | | | |
| Knowledge |  | | | | | |
| Skills |  | | | | | |
| Communication |  | | | | | |
| Team work |  | | | | | |
| Professionalism |  | | | | | |
|  | | | | | | |
| **Concerns/Investigations** | | | | | | |
| Are you aware of any non-professional, unethical or dishonest behaviour for this trainee? | | | | | | Yes / No |
| Details | | | | | | |
| Are you aware if this doctor has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? | | | | | | Yes / No |
| If “Yes”, 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 |
| Details | | | | | | |
|  | | | | | | |
| **Supervisor Signature** | |  | | **Date** |  | |
|  | | | | | | |
| **Trainee Signature** | |  | | **Date** |  | |