# APPENDIX 5: Report on academic/research progress

This form supports the annual review process and should form part of the permanent record of the postgraduate doctor in training.

Those undertaking time out of programme for research (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 this progress report must still be completed.

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| **Deanery/region:** | | **Specialty:** | |
| **Name:** | | **GMC no:** | |
| **NTN/NTN(A):** | | | |
| **Date of report:** | | | |
| **Period covered:** | From | | to |
| **Type of post** *(please circle)***:** SFP ACF ACL CT ST OOPR | | | |
| **Year/phase of training programme assessed** *(please circle)***:**  SF1 SF2 ST1/CT1 ST2/CT2 ST3/CT3 ST4 ST5 ST6 ST7 ST8 ST9  *(For OOPR, please 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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| **Personal development plan 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 evidence in your portfolio* | **Dates**  *(month/year)* | **Learning outcome/ skills acquired** | **Evidence in portfolio?**  Yes / No |
| **Activity type:**  1.  2.  3.  4. |  |  |  |
| **Research governance**  *Courses, ethics approval – please provide evidence in your portfolio* | **Dates**  *(month/year)* | **Learning outcome/ skills acquired** | **Evidence in portfolio?**  Yes / No |
| **Activity type:**  1.  2.  3.  4. |  |  |  |

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| **Education and communication**  *Tutoring experience, seminars/talks, completed higher degrees – please provide evidence in your portfolio* | **Dates**  *(month/year)* | **Learning outcome/ skills acquired** | **Evidence in portfolio?**  Yes / No |
| **Activity type:**  1.  2.  3.  4. |  |  |  |
| **Other significant academic outputs during the period**  *Grants/fellowships awarded (national and international) – please provide evidence in your portfolio* | **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 postgraduate doctor in training 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:** | |
| To your knowledge, has this postgraduate doctor in training been involved in any investigations around conduct, capability or serious untoward incidents/ significant events, or named in any complaints? | Yes / No |
| If yes, to your knowledge, have these been resolved satisfactorily (with no unresolved concerns about the postgraduate doctor in training’s fitness to practise 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 doctor.** |  |
| **Comments (if any):**  **Name of academic supervisor:**  **Signature of academic supervisor:** **Date:** | |
| **Signature of postgraduate doctor in training:** **Date:** | |
| **To be completed by the academic representative on the ARCP panel**  *(an academic who is external to the specialty or medical school of the postgraduate doctor in training)* | |
| **Comments:**  **Signature of academic representative:** **Date:** | |