

Completion of Unit of Training (CUT) Form

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Assessor Name _____

Assessor Signature _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

| | |
|--|--|
| Unit of Training (<i>Please indicate level and unit</i>) | |
|--|--|

| Core Clinical Learning Outcomes | |
|--|--|
| I have reviewed the Core Clinical Learning Outcomes for this Unit | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trainee has achieved Core Clinical Learning Outcomes for this Unit | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Logbook Review | |
|---|--|
| Is the case mix and number appropriate for the stage of training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the trainee done an appropriate mix of elective/emergency work in this unit of training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the trainee attended an appropriate number and mix of sessions for the stage of training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| WPBAs | |
|-------|------|
| Type | Date |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Please add further WPBAs at the end of the form

| Consultant Feedback | |
|--|--|
| Have the consultants with whom the trainee worked during completion of this unit given feedback? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Having considered the consultant feedback, does it support sign off of the unit? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Comments * |
|------------|
| |

Points you may wish to comment on:

| | |
|---|--|
| * | <i>Professional attitudes (commitment, compassion, honesty, personal integrity, respect for others), team working, leadership and management, innovation, safety in practice, medical ethics and confidentiality, relationship with patients, legal framework, use of information technology</i> |
|---|--|

Please add further WPBAs in this section

| WPBAs | |
|-------|------|
| Type | Date |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |