

Academic Progress Report and ARCP Panel Feedback Form

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

PART A: Report on Academic Progress- to be completed by trainee & supervisor before ARCP

Deanery/LETB: _____ GMC Training Programme Approval No: _____

Name: _____ Specialty _____ NTN: _____

Period covered: From _____ to _____ Academic Supervisor(s): _____

Year/phase of training programme assessed (*circle*): 1 2 3 4 5 6 7 or other (*state*) ____

Placement / Post / Experience <i>Please note if clinical or academic post</i>	Dates: from	to:	In / out of Prog	PT / FPT as %FT
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1.

2.

3.

Is a PDP for this academic post attached Yes / No	Are notes of a Mid Placement Review attached Yes / No
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Markers of Achievement *During this assessment period have you:*

- | | |
|--|----------|
| 1. Submitted an ethics or regulatory approval application | Yes / No |
| 2. Given any national or international presentations | Yes / No |
| 3. Presented abstracts/posters at national/international conferences | Yes / No |
| 4. Published any peer-reviewed papers | Yes / No |
| 5. Submitted (not yet published) peer-reviewed papers | Yes / No |
| 6. Won any competitive grant funding | Yes / No |
| 7. Won any prizes for your academic work | Yes / No |
| 8. Completed study for any higher degree | Yes / No |
| 9. Conducted any public or patient engagement work | Yes / No |
| 10. Provided teaching/training/supervision/mentoring for more junior academics | Yes / No |

For any you have answered "Yes", please give full details on an attached sheet

Other significant academic outputs during the period (eg Grants / Fellowships awarded – National / International):

Recommendations (Include details of any future academic plans):

Confirmation: I am not aware of any non-professional, unethical or dishonest behaviour for this trainee.

Signed by: Academic Supervisor _____ Date _____

Signed by Trainee _____ Date of next review _____

PLEASE SEE OVERLEAF FOR COMMENTS BY ARCP PANEL

PART B: ARCP Panel Feedback on Academic Progress: to be completed by independent academic assessor at or in advance of ARCP

1. Adequacy of evidence presented

e.g. academic outputs, records of supervisory meetings, personal development plan

2. Academic progress

i.e. progress to date in relation to stage of training

3. Panel feedback

Notable achievements:

Competences that need to be developed:

Recommended actions for next stage of training:

Other comments:

4. Signatures

ACADEMIC ASSESSOR:
NAME:

SIGNATURE:

Date:

Chair of ARCP Panel
NAME:

SIGNATURE:

Date:

Copy to: Trainee; Academic Supervisor; Training Programme Director