



Structured Training Report (STR)'s Preview

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Fields marked with ★ are required.

Section 1

Supervisor Name: ★

Supervisor Position: ★

Supervisor Speciality: ★

Supervisor GMC: ★

Current placement:

WPBAs in current placement:

WPBA Report

Start date ★

1/1/2021

Please note - Only forms created after the start date provided will be displayed. You will be able to amend the start date above.

MiniCEX Comments: ★

DOPS Comments: ★

CBD Comments: ★

ACAT Comments: ★

MSF Comments: ★

Other (please specify) - Comments:

Review of other evidence in portfolio Experiential outcomes Please review here all other evidence, reflection, logs, and eLearning certificates in trainee's portfolio

Activity:

Coverage of curriculum:

CG / audit activity:

Courses and teaching attended including regional training:

Teaching delivered:

Management activity:

Research activity:

Mandatory courses:

Other outcome to be considered that may not be in the learning portfolio

Activity:

Critical incidents:

Complaints:

Other:

1. Have you the Educational Supervisor completed and signed the COVID-19 checklist in conjunction with the trainee?:

2. Have you reviewed the trainees COVID statement regarding role during the pandemic and anytime out of training? Does this reflect your knowledge of the situation?:

3. Does there need to be an educational supervisor declaration for COMPENSATORY EVIDENCE for missing life support courses, MSF, common competencies/general professional capabilities?:

4. Has the trainee at least met the minimum data set for the training year?:

5. Do you, the local training faculty and/or the trainee feel that there are any training gaps or concerns that would prevent them working at the next training grade?:

Summary of Trainees Assessment

Any evidence to support the following documents should be provided in the comments box

Strengths of Trainee:

Weaknesses of Trainee:

Suggestions for improvement:

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?*: ★

By submitting this form, I confirm that this is an accurate description / summary of this clinician's learning portfolio and WPBA, covering the post specified