

Structured Training Report (STR)

(fields marked with * are mandatory)

Name of ACP *	
Date occurred *	
Description (optional)	
Supervisor name *	
Supervisor position *	
Supervisor specialty *	
Supervisor GMC *	
Current placement	

WPBAs in current placement *
NB: it is not possible to run a report in this template of WPBAs completed within this placement. Therefore, please remember to also comment on whether an appropriate number have been completed within your comments below.
MiniCEX comments *
DOPS comments *
CBD comments *
ACAT comments *
MSF comments *
Other (please specify) comments *

Review of other evidence in portfolio, including reflection, logs, and eLearning certificates *
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

Summary of ACP's assessment
Strengths of ACP
Weaknesses of ACP

Suggestions for improvement

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Are you aware if this ACP has been involved in any conduct, capability or Serious Untoward Incidents / Significant Event Investigation or named in any complaint? *:

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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 *

Signed

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Date

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