|  |  |
| --- | --- |
| **This form supports the annual review outcome and should form part of the trainee’s permanent record.** | |
| **Trainee’s Name:** |  |
| **Trainee’s GMC number:** |  |
| **Deanery/LETB\*:** |  |
| **Training programme:** |  |
| **Date of report\*:** |  |
| **Level of training being assessed\*:** |  |
| **Please report on the trainee’s progress on the following areas:** | |
| **Generic professional capabilities\*:** |  |
| **Development specific to their pathway (education, research, clinical informatics, quality improvement)\*:** |  |
| **Progress report on project work\*:** |  |
| **Overall summary of progress:** | |
| **What is going well?\*:** |  |
| **What areas require development?\*:** |  |
| **Action plan?\*:** |  |
| **Recommendation to ARCP panel (for final meeting)\*:** |  |

**Appendix 1. FPT supervisor form, paper version.**

**Flexible Portfolio Training Scheme**

FPT Lead/Supervisor – Interim Assessment Form.

To be completed by trainee and FPT Lead/Supervisor, and uploaded to personal library within the portfolio.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee’s Name:** |  | | |
| **GMC number:** |  | | |
| **Specialty:** |  | | |
| **FPT Lead/Supervisor:** |  | Email: | |
| **Period covered:** | From: | | To: |
| **Brief summary of FPT work/project including work pattern i.e. one full day, two half days, etc:** |  | | |
| **Comment on impact on clinical training/progress (if any):** |  | | |
| **Do you have any concerns about this trainee continuing with the FPT scheme?** | Yes | | No |
| **Additional comments:** |  | | |

**Flexible Portfolio Training Scheme**

Educational Supervisor – Interim Assessment Form.

To be completed by trainee and Educational Supervisor, and uploaded to personal library within the portfolio

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee’s Name:** |  | | |
| **GMC number:** |  | | |
| **Specialty:** |  | | |
| **Educational Supervisor:** |  | Email: | |
| **Period covered:** | From: | | To: |
| **Comment on clinical progress**  **to date:** |  | | |
| **Comment on FPT work/project and impact on clinical training**  **(if any):** |  | | |
| **Do you have any concerns about this trainee continuing with the FPT scheme?** | Yes | | No |
| **Additional comments:** |  | | |

**Flexible Portfolio Training Scheme**

FPT Lead/Supervisor – Initial Assessment Form.   
To be completed by trainee and FPT Lead/Supervisor, and uploaded to personal library within the portfolio.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee’s Name:** |  | | |
| **Specialty:** |  | | |
| **FPT Lead/Supervisor:** |  | Email: | |
| **Period covered:** | From: | | To: |
| **Expectations of FPT time including work pattern, scoping of projects, review of personal development plan and areas of development.** |  | | |
| **Additional comments:** |  | | |