ARCP Record Book

**For CT1 ACCS Trainees in the Peninsula School**

Version 2 July 2016

Health Education England (working across the south west)

**Introduction**

ACCS training is described under the headings of:

1. Common Competencies
2. Major Presentations
3. Acute Presentations
4. Anaesthesia in ACCS
5. ICM in ACCS
6. Practical Procedures

All information in this document refers to the ACCS April 2012 curriculum which can be found via the GMC: <http://www.gmc-uk.org/education/24935.asp>. Page references to this document will follow as appropriate to each section. Some of this training must be obtained in a particular placement, but other competencies can be achieved in any of the jobs.

ACCS CT1 EM and AM Trainees should use the relevant e-portfolio for their parent specialty. ACCS CT1 Anaesthetic trainees should use paper forms for WBPAs. Specialty-specific MSF and WPBA forms, as well as other specialty-specific paperwork can all be found on the ACCS website, hosted by the RCOA; <https://www.rcoa.ac.uk/accs>

The purpose of this booklet is to give trainees and trainers a guide as to the required competencies and clinical procedures for the CT1 year. The booklet is the paper record for anaesthetic ACCS CT1 trainees. The booklet therefore includes AM and EM Structured Training reports (STR). These should be completed by the Anaesthetic CT1 ACCS trainee with their clinical supervisor at the end of these placements. EM and AM ACCS CT1 trainees may complete these forms on their e-portfolios – but they ***must*** get the countersignature of their educational supervisor in ***this*** document as there is no countersignature equivalent on the e-portfolio.

There is also space to record the dates and details of initial, mid-term and end of placement meetings with clinical and / or educational supervisors. AM and EM trainees can record these meetings in their e-portfolios. Anaesthesia trainees who are not using the e-portfolio until year 2 should insert a paper record (as at appendix 1 in this booklet) into this record.

At the end of the year each CT1 trainee will use this booklet and their e-portfolio, where they have one, to demonstrate the outcome of their year’s training at their Annual Record of Competency Progression meeting or ARCP. **The General Information page and the Educational Supervisor countersignature box for each Structured Training Report MUST be completed in this document for all trainees and brought to ARCP as there are no e-portfolio equivalents.**

Dr Lou Mitchell,

Training Programme Director ACCS (Emergency Medicine CT1-3, AM CT1-2, Anaes CT1) Peninsula

Dr Justine Elliott,

Training Programme Director ACCS (Anaesthesia CT2&3) & Core Anaesthesia trainees Peninsula

Dr Alison Moody,

Training Programme Director ACCS (AM CT3) and Core Medical Training

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee’s Name | |  | |
| GMC number | |  | |
| ACCS parent specialty | |  | |
| College training number | |  | |
| Base Hospital | |  | |
| Educational supervisor1 | |  | |
| Training Programme Director for Year | |  | |
| Job 1 | Specialty: | | Dates: |
|  | Location: | | Supervisor2: |
|  | Initial meeting date: | | Mid term meeting date: |
|  | End of placement meeting and STR completion date: | | Educational Supervisor placement signoff date: |
| Job 2 | Specialty: | | Dates: |
|  | Location: | | Supervisor2: |
|  | Initial meeting date: | | Mid term meeting date: |
|  | End of placement meeting and STR completion date: | | Educational Supervisor placement signoff date: |
| Year 1 ARCP | Date: | | Outcome: |

1 *Educational supervisor* is a Consultant in the base hospital from the parent specialty that the trainee is training in.

2 *Clinical supervisor* is the person responsible for the trainee during that job and will be the person completing the Structured Training Report at the end of that specific job with the trainee.

**Minimum number of individual WPBA assessments in each placement on the rotation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mini-CEX | DOPS | CbD | ACAT |
| Acute Medicine | 3 | 5 | 3 | 3 |
| Emergency Medicine | 4 | 5 | 3 | 1 |

**Trainees are also expected to demonstrate evidence of the following:**

1 X MSF per placement

Academic activity- minimum of 1 audit per year; publications; Quality Improvement Project

Exams and courses attended

**Common Competencies**

Many of these competences are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level. Evidence may include mini-CEX, CBD, ACAT, MSF, DOPS, Patient Survey, or exam success.

The ‘level achieved’ descriptors of the required performance at each level can be found in the ACCS curriculum, pages 27-74.

**ACCS CT1 trainees need to have completed at least 12 of the common competences by the end of CT1.**

At least 50% of these must be signed off at level 2 or above. For a few common competences alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management & leadership competencies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency** | **Level achieved (Sign and date)** | | | |
| **1** | **2** | **3** | **4** |
| 1. History taking |  |  |  |  |
| 1. Clinical examination |  |  |  |  |
| 1. Therapeutics and safe prescribing |  |  |  |  |
| 1. Time management and decision making |  |  |  |  |
| 1. Decision making and clinical reasoning |  |  |  |  |
| 1. The patient as central focus of care |  |  |  |  |
| 1. Prioritisation of patient safety in clinical practice |  |  |  |  |
| 1. Team working and patient safety |  |  |  |  |
| 1. Principles of quality and safety improvement |  |  |  |  |
| 1. Infection control |  |  |  |  |
| **Competency** | **Level achieved (Sign and date)** | | | |
| **1** | **2** | **3** | **4** |
| 1. Managing long term conditions and promoting patient self-care |  |  |  |  |
| 1. Relationships with patients and communication within a consultation |  |  |  |  |
| 1. Breaking bad news |  |  |  |  |
| 1. Complaints and medical error |  |  |  |  |
| 1. Communication with colleagues and cooperation |  |  |  |  |
| 1. Health promotion and public health |  |  |  |  |
| 1. Principles of medical ethics and confidentiality |  |  |  |  |
| 1. Valid consent |  |  |  |  |
| 1. Legal framework for practice |  |  |  |  |
| 1. Ethical research |  |  |  |  |
| 1. Evidence and guidelines |  |  |  |  |
| 1. Audit |  |  |  |  |
| 1. Teaching and training |  |  |  |  |
| 1. Personal behaviour |  |  |  |  |
| 1. Management and NHS structure |  |  |  |  |

**Major Presentations**

These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year.

**Two** **MPs** must be completed in **Emergency Medicine** and must be assessed in a Summative assessment using the Mini-CEX descriptor tool or a pass/fail CBD . Summative tools are available for Major trauma, Shock, Altered level of consciousness, Sepsis p 201-206 of the ACCS curriculum.

**Two** **MPs** should be assessed in **Acute Medicine** and the other two can be done in any of the jobs but it is recommended that the Septic patient should be signed off in the Intensive Care Medicine module.

The knowledge, skills and behaviours to be achieved for each presentation are listed in the ACCS curriculum pages 75– 84.

Clinical presentations are assessed using the ACCS Workplace-based assessments (WPBAs):

* mini-Clinical Evaluation Exercise (M-CEX)
* Direct Observation of Procedural Skills (DOPS)
* Multi-Source Feedback (MSF)
* Case-Based Discussions (CBD)
* Acute Care Assessment Tool (ACAT and ACAT-EM)
* Patient Survey
* Audit Assessment
* Teaching Observation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Presentation** | **ACCS Placement (AM/EM)** | **Assessment method**  **(DOPS, M-CEX, CBD, ACAT)** | **Date** | **Supervisor signature** |
| 1. Anaphylaxis |  |  |  |  |
| 1. Cardio respiratory Arrest (valid ALS Certificate Mandatory) |  |  |  |  |
| 1. Major Trauma |  |  |  |  |
| 1. Septic patient |  |  |  |  |
| 1. Shocked patient |  |  |  |  |
| 1. Unconscious patient |  |  |  |  |

**Acute Presentations**

There are 38 Acute Presentations (APs) which need to be signed off by the end of the second year of ACCS but they are generally most applicable to AM and EM; a **minimum** of **10 in AM** and **10 in EM** should be signed off. There are 5 APs that require the trainee to complete specific summative (s) WPBAs in the EM placement. Up to 5 APs can be covered by a single ACAT in either EM or AM.

See ACCS Curriculum pages 85-134 for details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Presentation** | **ACCS Placement (AM/EM)** | **Assessment method** | **Date** | **Supervisor signature** |
| 1. Abdominal pain, including loin pain | EM | (s) |  |  |
| 1. Abdominal swelling, mass & constipation |  |  |  |  |
| 1. Acute Back Pain |  |  |  |  |
| 1. Aggressive/disturbed behaviour |  |  |  |  |
| 1. Blackout/Collapse |  |  |  |  |
| 1. Breathlessness | EM | (s) |  |  |
| 1. Chest Pain | EM | (s) |  |  |
| 1. Confusion (acute), delirium |  |  |  |  |
| 1. Cough |  |  |  |  |
| 1. Cyanosis |  |  |  |  |
| 1. Diarrhoea |  |  |  |  |
| 1. Dizziness and vertigo |  |  |  |  |
| 1. Falls |  |  |  |  |
| 1. Fever |  |  |  |  |
| 1. Fits / Seizure |  |  |  |  |
| 1. Haematemesis and melaena |  |  |  |  |
| 1. Headache |  |  |  |  |
| **Presentation** | **ACCS Placement (AM/EM)** | **Assessment method** | **Date** | **Supervisor signature** |
| 1. Head Injury | EM | (s) |  |  |
| 1. Jaundice |  |  |  |  |
| 1. Limb pain and swelling - atraumatic |  |  |  |  |
| 1. Neck pain |  |  |  |  |
| 1. Oliguric patient |  |  |  |  |
| 1. Pain Management |  |  |  |  |
| 1. Painful ear |  |  |  |  |
| 1. Palpitations |  |  |  |  |
| 1. Pelvic pain |  |  |  |  |
| 1. Poisoning |  |  |  |  |
| 1. Rash |  |  |  |  |
| 1. Red eye |  |  |  |  |
| 1. Suicidal ideation / mental health | EM | (s) |  |  |
| 1. Sore throat |  |  |  |  |
| 1. Syncope and pre-syncope |  |  |  |  |
| 1. Traumatic limb and joint injuries |  |  |  |  |
| 1. Vaginal bleeding |  |  |  |  |
| 1. Ventilatory support |  |  |  |  |
| 1. Vomiting and nausea |  |  |  |  |
| 1. Weakness and paralysis |  |  |  |  |
| 1. Wound assessment and management |  |  |  |  |

**General Practical Procedures**

There is a list of 44 Practical procedures in the ACCS Curriculum. 39 out of 44 (ideally all) are expected to be completed by the end of the second year, all by the end of the third year. 17 are associated with the Anaesthetic Initial assessment of competence, and 11 are associated with ICM training. The remaining general procedures are listed below and should be completed in CT1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practical procedures** | **Placement** | **WPBA type** | **Date** | **Supervisor signature** |
| 1. Lumbar puncture |  |  |  |  |
| 1. Pleural tap and aspiration |  |  |  |  |
| 1. Intercostal drain Seldinger |  |  |  |  |
| 1. Intercostal drain - Open |  |  |  |  |
| 1. Ascitic tap |  |  |  |  |
| 1. Abdominal paracentesis |  |  |  |  |
| 1. Basic airway protection | EM | DOPS |  |  |
| 1. Basic and advanced life support |  | DOPS |  |  |
| 1. DC Cardioversion |  |  |  |  |
| 1. Knee aspiration |  |  |  |  |
| 1. Temporary pacing (external or transvenous) |  |  |  |  |
| 1. Fracture manipulation and joint reduction | EM | DOPS |  |  |
| 1. Large joint examination |  |  |  |  |
| 1. Wound management | EM | DOPS |  |  |
| 1. Trauma primary survey | EM | DOPS |  |  |
| 1. Initial assessment of the acutely unwell |  |  |  |  |
| 1. Secondary assessment of the acutely unwell |  |  |  |  |

**Structured Training Report for Acute Medicine Module**

The clinical supervisor must complete this STR or the e-portfolio equivalent for AM/EM trainees, having reviewed the trainees learning portfolio and WBPA’s. The educational supervisor **must** fill in any gaps which are in this paper document but not covered in the e-portfolio STR, most importantly health issues or other pastoral considerations. They then must countersign this document in this record book as there is no e-portfolio equivalent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Placement** | | | | | |
| Base Hospital/Department | | | |  | |
| Dates | | | |  | |
| Clinical supervisor | | | |  | |
|  | | | |  | |
| **WPBAs in Current Placement** | | | | | |
| Assessment | | Number | | Comments | |
| Mini-CEXs  (min 3 in 6 months) | |  | |  | |
| DOPs  (min 5 in 6 months) | |  | |  | |
| CBDs  (min 3 in 6 months) | |  | |  | |
| ACATs  (min 3 in 6 months) | |  | |  | |
| MSF  (min 1 in 12 months, ideally 2) | |  | | Number of respondents: | |
| **Summary of outcomes (please review evidence)** | | | | | |
| Topic | | | Comments | | |
| *Major Presentations (at least 2)*; M-CEX or CBD | | | | | |
| 1. | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| *Acute Presentations (at least 10)*; M-CEX, CBD or ACAT | | | | | |
| 1. | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| 4. | | |  | | |
| 5. | | |  | | |
| 6. | | |  | | |
| 7. | | |  | | |
| 8. | | |  | | |
| 9. | | |  | | |
| 10. | | |  | | |
| *Additional Acute Presentations;* M-CEX, CBD, ACAT, e-learning, reflection. | | | | | |
| 1. | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| 4. | | |  | | |
| 5. | | |  | | |
| *Practical Procedures (at least 5);* DOPS | | | | | |
| 1. | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| 4. | | |  | | |
| 5. | | |  | | |
| 6. | | |  | | |
| **Summary of experience** | | | | | |
| **Activity** | **Details / comments** | | | | |
| Log book - numbers and case mix |  | | | | |
| Clinical governance, audit |  | | | | |
| Progress against PDP |  | | | | |
| Management, leadership |  | | | | |
| Exams, educational achievements |  | | | | |
| Courses, study days |  | | | | |
| Teaching experience |  | | | | |
| Plaudits, thanks |  | | | | |
| Other achievements |  | | | | |
| Periods of absence |  | | | | |
| **Concerns, complaints, investigations:** | | | | | |
| 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? | | | | | Yes1 / No |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct? | | | | | Yes1 /No / NA |
| Details: | | | | | |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deaneryand TPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |  |
| --- | --- |
| Clinical knowledge and skills | |
| Professionalism and attitudes | |
| Communication and relationships | |
| Academic endeavour and learning | |
| Health (physical, psychological, home or other) or extenuating circumstances in the last 6 months that may have affected training. Including any periods of absence. | |
| Overall strengths of Trainee | |
| Areas for improvement | |
| Clinical Supervisor signature:  Date: | Trainee signature:  Date: |

|  |  |
| --- | --- |
| As the trainee’s Educational supervisor for the year, I have seen all evidence presented either above or the equivalent on the trainee’s e-portfolio (the trainee must show you this). I have ensured that all areas above, particularly pastoral concerns, have been discussed and documented either on the e-portfolio structured training report or on the paper report above. To the best of my knowledge there are no other outstanding issues with progression of their training. | |
| Educational Supervisor signature:  Date: | Trainee signature:  Date: |

**Structured Training Report for Emergency Medicine Module**

The clinical supervisor must complete this STR or the e-portfolio equivalent for AM/EM trainees, having reviewed the trainees learning portfolio and WBPA’s. The educational supervisor **must** fill in any gaps which are in this paper document but not covered in the e-portfolio STR, most importantly health issues or other pastoral considerations. They then must countersign this document in this record book as there is no e-portfolio equivalent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Placement** | | | | | |
| Base Hospital/Department | | | |  | |
| Dates | | | |  | |
| Clinical supervisor | | | |  | |
|  | | | | | |
| **WPBAs in Current Placement** | | | | | |
| **Assessment** | | **Number** | | **Details / comments** | |
| Mini-CEXs  (min 4 in 6 months) | |  | |  | |
| DOPs  (min 5 in 6 months) | |  | |  | |
| CBDs  (min 3 in 6 months) | |  | |  | |
| ACATs  (min 1 in 6 months) | |  | |  | |
| MSF  (min 1 in 12 months) | |  | | Number of respondents: | |
| **Summary of outcomes (please review evidence)** | | | | | |
| **Topic** | | | **Outcome / Comments** | | |
| *Major Presentations (at least 2); s*ummative M-CEX or CBD (by consultant or senior specialty doctor) | | | | | |
| 1. | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| *Acute Presentations (at least 5);* summative M-CEXs or CBDs (by consultant or senior specialty doctor) | | | | | |
| 1. Chest Pain | | |  | | |
| 2. Abdominal pain | | |  | | |
| 3. Breathlessness | | |  | | |
| 4. Mental Health | | |  | | |
| 5. Head Injury | | |  | | |
| 6. | | |  | | |
| *Acute Presentations (at least 5);* 1 ACAT-EM (required), formative M-CEXs, CBDs; additional APs can also use e-learning or reflective practice | | | | | |
| 1. | | |  | | |
| 2. | | |  | | |
| 3. | | |  | | |
| 4. | | |  | | |
| 5. | | |  | | |
| 6. | | |  | | |
| *Practical Procedures (at least 5);* formative EM-DOPS | | | | | |
| 1. Basic Airway | | |  | | |
| 2. Trauma primary survey | | |  | | |
| 3. Wound management | | |  | | |
| 4. Fracture manipulation and joint stabilisation | | |  | | |
| 5. | | |  | | |
| 6. | | |  | | |
| **Summary of experience** | | | | | |
| **Activity** | **Details / comments** | | | | |
| Log book - numbers and case mix |  | | | | |
| Clinical governance, audit |  | | | | |
| Progress against PDP |  | | | | |
| Management, leadership |  | | | | |
| Exams, educational achievements |  | | | | |
| Courses, study days |  | | | | |
| Teaching experience |  | | | | |
| Plaudits, thanks |  | | | | |
| Other achievements |  | | | | |
| Periods of absence |  | | | | |
| **Concerns, complaints, investigations:** | | | | | |
| 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? | | | | | **Yes1****/ No** |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct? | | | | | **Yes1****/No / NA** |
| Details: | | | | | |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deanery andTPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |  |
| --- | --- |
| Clinical knowledge and skills | |
| Professionalism and attitudes | |
| Communication and relationships | |
| Academic endeavour and learning | |
| Health (physical, psychological, home or other) or extenuating circumstances in the last 6 months that may have affected training. Including any periods of absence. | |
| Overall strengths of Trainee | |
| Areas for improvement | |
| Supervisor signature:  Date: | Trainee signature:  Date: |

|  |  |
| --- | --- |
| As the trainee’s Educational supervisor for the year, I have seen all evidence presented either above or the equivalent on the trainee’s eportfolio (the trainee must show you this). I have ensured that all areas above, particularly pastoral concerns, have been discussed and documented either on the eportfolio structured training report or on the paper report above. To the best of my knowledge there are no other outstanding issues with progression of their training. | |
| Educational Supervisor signature:  Date: | Trainee signature:  Date: |

**Appendix 1 – adapted RCOA clinical supervision record form for anaesthetic trainees to photocopy and use as basis for recording initial and mid - term meetings with clinical supervisors (use STR for end of term meeting)**

**Initial / Interim Progress Report**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trainee’s surname | |  |  | | | | | |
| Trainee’s forename(s) | |  |  | | | | | |
| GMC number |  | |  | | | GMC NUMBER MUST BE COMPLETED | | |
| Deanery Training Number | | |  | | | | CRN |  |
| Educational Supervisor | | |  |  | | | | |
| GMC number |  | |  | | | GMC NUMBER MUST BE COMPLETED | | |
| Name of Clinical Supervisor | | | if any)  ( | |  | | | |

|  |  |
| --- | --- |
| **GMC Survey** | DATE |

**Training Year (circle year):**

ACCS1 ACCS2

|  |  |  |  |
| --- | --- | --- | --- |
| **Training placement** | | | |
| Hospital |  | | |
| Dates | From: To: | |  |
| **Unit(s) of Training completed:** | | **Comments** | |
|  | |  | |
|  | |  | |
|  | |  | |
| **Initial meeting specific discussion points;** | | Trainee written/updated PDP for discussion?  Trainee given clear advice re: clinical duties? Knows where to find details of / how to troubleshoot rota? Familiarised with clinical setting? Knows how to reach clinical advice in and out-of-hours? Knows where to access approved clinical guidelines? | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Practice** | **Satisfactory?** | | **Comments** | |  |
| Clinical care | YES | NO |  | |  |
| Maintaining professionalism | YES | NO |  | |  |
| Relationships with patients | YES | NO |  | |  |
| Relationships with colleagues | YES | NO |  | |  |
| Teaching and training | YES | NO |  | |  |
| Probity | YES | NO |  | |  |
| **Educational Appraisal** | **Satisfactory?** | | **Comments** | |  |
| Curriculum vitae | YES | NO |  | |  |
| Summary of work place assessments | YES | NO |  | |  |
| Logbook summary | YES | NO |  | |  |
| Record of educational activities | YES | NO |  | |  |
| Personal development plan | YES | NO |  | |  |
| Number of leave days taken **excluding** annual leave and study leave: | | | |  |  |
| **Health Record** | | | | |  |
| Any significant health issues? | | | | YES | NO |
| If so, please give details: | | | | |  |
| Number of sick leave days in this placement: | | | |  |  |
| Has any essential training been missed? | | | | YES | NO |
| If so, please give details: | | | | |  |

|  |  |  |
| --- | --- | --- |
| **Details of concerns/investigations:** |  |  |
| 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? | YES | NO |
| If so, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct? | YES | NO |
| **Details of concerns/investigations:** |  |  |
| Comments, if any: |  |  |

|  |
| --- |
| **Recommended personal development for remainder of training year:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the trainee fulfilling your expectations for a trainee at this level?** | | | |
| YES | NO | PLEASE TICK AS APPROPRIATE |  |
| **If no, please comment below detailing any specific evidence:** | | | |
|  | | | |

|  |
| --- |
| **Supervisor/Tutor statement:** |
|  |

|  |
| --- |
| **Trainee statement:** |
|  |

We confirm that this is an accurate summary covering the period:

from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

|  |  |
| --- | --- |
| *Signed by:*    -------------------------------------------------------  ***Trainee*** | *Signed by:*    -------------------------------------------------------  ***Educational Supervisor/College Tutor*** |