**WPBA SUMMARY**

|  |  |
| --- | --- |
| Trainee Name |  |
| Programme (Deanery) |  |
| Expected date of completion  |  |

Please indicate in the boxes below the number of WPBAs completed during your entire PHEM sub-specialty training.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CEX** | **CbD** | **SIM** | **DOPS** | **MSF** | **ACAT** | **TO** |
| Minimum recommended | 15 | 30 | 10 | 30 | 2 | 25 | 5 |
| Trainee number |  |  |  |  |  |  |  |

Please enclose/attach all WPBAs.

I confirm that I have undertaken all of the above WPBAs myself as part of the PHEM sub-specialty training.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signed |  |

|  |  |
| --- | --- |
| Date |  |