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| **Trainee name** |  | **Trainee GMC Number** |  |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s GMC Number** |  |
| **Deanery** |  | **Training Unit** |  |
| **Dates covered by this STR** |  | **Phase(s) of PHEM sub-specialty training** | 1a/b |

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| **PHEM Training Record – Phase 1** |
| **Phase 1(a) – Introductory Training** *1 month WTE comprising operational introductory training (ideally the IBTPHEM National Introductory Course) followed by LEP induction, clinical introductory training and acquisition of LEP-specific knowledge and skills, with a specific focus on operational practice and individual, patient and team safety* |
| **Date completed** |  | **Local Education Provider (LEP)** |  |
| **Date of local formative assessment** |  | **Outcome of local formative assessment** |  |
| **% Consultant supervision** |  |  |  |
| **Phase 1 (b) – Developmental Training***5 months WTE of continued supervised operational experience, where trainees are expected to progressively become more autonomous in their practice, whilst retaining a high level of supervision.* |
| **Date completed** |  | **Local Education Provider (LEP)** |  |
| **Date of NSA 1** |  | **Outcome of NSA 1** |  |
| **% Consultant supervision** |  | **PHEMTA Survey completed (Date)** |  |
| **MSF Review** |  |
| **Syllabus mapping review** | (Ensure one piece of evidence is linked to each capability in practice with an overall rating 3+) |
| **Tool** | **OSAT** | **MSF** | **FEGS** |
| **Completed** |  |  |  |
| **Reviewed** |  |  |  |
| **Tool** | **CEX** | **CbD** | **DOPS** | **SIM** | **TO** |
| **Completed** |  |  |  |  |  |
| **Reviewed** |  |  |  |  |  |

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| **Trainee’s name** |  | **Trainee GMC Number** |  |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s GMC Number** |  |
| **Deanery** |  | **Training Unit** |  |
| **Dates covered by this STR** |  | **Phase of PHEM sub-specialty training** | 2 |
| **PHEM Training Record – Phase 2** |
| **Phase 2 – Consolidation Training***6 months WTE, where trainees are expected to develop and apply a greater depth of knowledge and improved clinical performance with greater autonomy and more remote supervision.* |
| **Date completed** |  | **Local Education Provider (LEP)** |  |
| **Date of NSA 2** |  | **Outcome of NSA 2** |  |
| **% Consultant supervision** |  | **PHEMTA Survey completed** |  |
| **MSF Review** |  |
| **Syllabus mapping review** | (Ensure one piece of relevant evidence mapped to each capability in practice with an overall rating of 4) |
| **Tool** | **OSAT** | **MSF** | **FEGs****(FINAL)** |
| **Completed** |  |  |  |
| **Reviewed** |  |  |  |
| **Tool** | **CEX** | **CBD** | **DOPS** | **SIM** | **TO** |
| **Completed** |  |  |  |  |  |
| **Reviewed** |  |  |  |  |  |

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| **Educational Supervisor Review** |
| **Key events** | **Phase 1(a)** | **Phase 1(b)** | **Phase 2** |
| **Critical incidents** |  |  |  |
| **Complaints** |  |  |  |
| **Time out of training** |  |  |  |

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| **Educational activities (audits, presentations, courses, teaching, management activity etc)** |
| **Strengths of trainee** |
| **Suggestions for development** |
| Does the ES recommend to the TAP panel that this trainee should progress to the next stage of training? | **Yes** | No |
| If no, reasons why and specific areas that need to be addressed |
| **Trainee’s name** |  | **Trainee’s signature** |  |
| **Educational Supervisor’s name** |  | **Educational Supervisor’s signature** |  |